Addressing health inequalities through engagement with people and communities

A self-assessment and improvement framework for integrated care systems

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Foreword from The King's Fund

Health inequalities exist as a result of systematic variations in factors across a population, with many being avoidable, unfair and systematic differences between different groups of people. Action on health inequalities needs a coherent approach nationally, regionally and locally. The latest data shows that men living in the most deprived areas of England die almost 10 years earlier than those living in the least deprived areas, and women almost 8 years earlier. Much of this is a result of more severe and earlier experience of multiple long-term conditions where people living with more than one long-term condition too often experience fragmented care. On average, the most deprived fifth of the population develop multiple long-term conditions 10 years earlier than those in the least deprived fifth.

This contributes to those from most disadvantaged backgrounds experiencing 20 fewer years spent in good health than those in the least disadvantaged.

This pattern of inequalities is a product of many things, which can be summarised into differential exposure to 4 key factors or 'pillars' of population health:

- First, and most important, are the wider or social determinants of health; put simply whether we have good employment, live in good quality housing, and have access to a clean and high-quality environment.
- Second are health behaviours – whether we smoke tobacco, our relationship with alcohol and whether we eat well and are physically active. These can cluster in certain population groups, leading to health inequalities.
- Third, is having access to good, timely and appropriate services, especially health and care services. CQC's State of Care report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.
- Fourth, and combining the other factors, are the communities we live in. Good support and positive relationships can help protect our health, whereas loneliness and lack of support can do the opposite.

It is in this context that integrated care systems (ICSs) have been created. Together with their partners, they have a key role in tackling health inequalities.

Under the Health and Care Act 2022, integrated care boards, which sit within each ICS, are required to focus on reducing inequalities between people's ability to access health services, and between the outcomes for patients through providing health services. Tackling health inequalities is set out as one of the 4 core principles of ICSs alongside improving population health, enhancing value for money and making a wider social and economic contribution to society.

Tackling health inequalities and their causes are at the centre of ICS strategies and joint forward plans, but system leaders need support to do this. Health and care systems can support this through:

- designing and delivering care by working **with** people and communities – not just for them – with emphasis on listening to and acting on the insight from communities with the poorest access to services, experiences of care, and health outcomes
- understanding their wider role in local economies, helping to support people into employment and through procurement that supports local firms
- supporting people to change their health behaviours
- using the findings of research across the factors that drive health inequalities.

The introduction of NHS England's core20plus5 approach to health inequalities, and it's extension to children and young people has been an important development. This recognises the complexity of health inequalities and the role of the NHS. To support NHS staff and community members to contribute to the goals of core20plus5, NHS England provides tools and a wide range of support, including core20plus5 NHS ambassadors and community connectors.

With funding from the Regulators' Pioneer Fund, CQC's partnership with National Voices and the Point of Care Foundation has developed a framework to support a whole-system approach to embedding meaningful engagement and reducing health inequalities. The framework ensures that engagement strategies are customised to meet the unique needs of each community. It helps ICSs identify marginalised groups and assess their current engagement strategies. Where gaps are identified, the framework encourages collaboration with external networks that have stronger ties to these communities, all aimed at tackling health inequalities. It is not just about listening but also using the framework to explore how well an ICS is listening to, understanding and responding to the need of people and communities to reduce health inequalities.

This aligns with The King's Fund's own work on Understanding integration: how to listen and learn from people and communities, where we made clear how critical it is that health and care systems hear from all parts of the communities they serve.

The framework responds to this and recognises that the needs, strengths and experiences of communities are very different between, and within, different ICSs. But it is based on the principles of what we know is likely to be most effective including: the integration of qualitative and quantitative data and insight; the design of services with communities; and ensuring that there is an ongoing relationship with communities that is not purely transactional but is based on long-term listening, understanding and visible change and improvement in health inequalities in response.

The Health and Care Act 2022 gives CQC new regulatory powers to assess integrated care systems and aims to understand how they are working to tackle health inequalities and improve outcomes for people. This means looking at how services are working together within an integrated system, as well as how systems

are performing overall. While the inequalities framework does not form part of CQC's assessment methodology, ICSs will be able to use it to enable them to demonstrate and assure outcomes in reducing health inequalities.

Success in applying the framework, as with any serious approach to health inequalities, will therefore require committed leadership, consistency over time, and genuine partnership and trust in communities themselves. The framework itself cannot 'solve' health inequalities, this requires a much broader range of action from government, civil society and communities themselves. But it can make a difference and is designed so that difference is made visible. This visibility is critical, as communities with the greatest health needs have the right to know how our health and care systems are responding to their needs and how this can shape services, as well as people's access to and experience of care, and inequalities in health outcomes. This is what the legal duties on reducing health inequalities mean in practice, and this framework will help ICSs deliver on those duties.

Dan Wellings and David Buck, Senior Fellows, The King's Fund

Introduction

This self-assessment and improvement framework is designed to support integrated care systems (ICSs) to address health inequalities by improving their engagement with people and communities. It is a structured, flexible tool that helps ICSs to reflect on current practices, identify areas for improvement, and take strategic action to support their People and Communities Strategies and ensure compliance with the Public Sector Equality Duty.

The resource was co-designed and developed with:

- ICS leaders
- public health practitioners
- engagement experts
- voluntary, community and social enterprise (VCSE) partners
- people with lived experience.

The framework supports a whole-system approach to embedding meaningful engagement and reducing health inequalities.

ICSs can also use the learning from the process as evidence for internal or external assurance processes, where appropriate. Above all, this framework is designed to stimulate honest reflection, shared learning, and practical action planning.

Core principles

The ICS Health Inequalities Engagement Framework is underpinned by a set of core principles. These help to ensure that ICSs can apply it in a practical and meaningful way. The principles reflect the values and approaches needed to tackle health inequalities through effective, inclusive, and sustainable engagement practices.

- **Co-design and co-ownership:** Co-design ensures that the framework reflects real-world challenges and opportunities, while co-ownership encourages accountability and shared responsibility across all system partners. It empowers stakeholders to work collaboratively in addressing health inequalities.
- **Lived experience:** Meaningful engagement with people who with lived experience is essential to addressing health inequalities. This framework recognises and prioritises the unique insights of people and communities who are directly affected by health inequalities as critical to developing practical solutions that have an impact. Incorporating lived experience throughout the engagement process builds trust, fosters inclusion, and ensures that decisions are grounded in the realities of those most affected.
- **Holistic engagement:** Engagement goes beyond those conversations with people and communities that take place at designated meetings and events. The framework's holistic approach emphasises the need to engage with people and

communities at every stage of the decision-making process. This includes understanding community assets, barriers, and opportunities, as well as embedding engagement into strategic planning, service design, delivery, and evaluation. A holistic view ensures that engagement is not a one-off activity but a continuous and systemic practice.

- **Flexibility and adaptability:** Recognising the diversity of ICSs, this framework is designed to be flexible and adaptable to local contexts. It allows each ICS to tailor its approach to its unique priorities, resources, and challenges, ensuring it remains relevant and practical. The framework encourages continuous learning, improvement and innovation in addressing health inequalities.
- **Equity and inclusion:** The framework is based on equity and aims to reduce disparities by focusing on those most affected by health inequalities. It supports ICSs to take proactive steps to include marginalised and under-served communities, ensuring that everyone has a voice and a role in shaping services and outcomes. This principle challenges ICSs to embed equity into all levels of engagement and decision-making.
- **Transparency and accountability:** Transparency about engagement processes and their outcomes is vital to build trust and credibility. Clear communication about how decisions are made and how community input is used demonstrates transparency and accountability by valuing contributions and building confidence in shared goals.

Purpose and use of the framework

Aims and benefits

The self-assessment and improvement framework is designed to **support improvement** – not assurance. It supports your ICS to have honest conversations, discover learning, and develop practical actions to improve how you tackle health inequalities through partnership with people and communities. Although it is not primarily designed as an assurance tool, you may use outputs from assessments for both internal and external assurance purposes.

The framework is **optional** – it is not mandatory. It is designed to add value across your system, enabling you to address health inequalities effectively. You can adapt how you use it according to your needs and priorities.

Unlike other engagement tools, this framework is focused on **health inequalities.** It specifically supports ICSs to engage people and communities in reducing health inequalities, in line with the national Core20PLUS5 approach as well as their legal obligations under the Public Sector Equality Duty. Every decision and activity within an ICS can either address or worsen health inequalities, making this framework relevant across all system functions.

While primarily designed for strategic leadership, the framework can also be applied operationally at both system and place levels. The key is to define whether you are working at a **strategic or operational level** at each stage.

Use **across the engagement cycle.** You can use this framework at any stage of the engagement process, from planning and delivery to evaluation and learning. It is not only for retrospective review but for iterative improvement that reflects the dynamic and non-linear nature of engagement.

The framework is **flexible and adaptable**. You can develop how you use it to meet your system's needs. Avoid viewing it as a rigid or prescriptive tool.

Owners, enablers and champions

Any ICS can use the framework as it's designed to be flexible and applicable to a range of priorities, workstreams, and projects at all system levels.

Many system partners need to be involved in addressing health inequalities and delivering equitable outcomes. But the strategic use of the framework within a review and improvement process must be championed by leaders across the ICS, ensuring that addressing health inequalities remains a core priority.

Successful pilots of this framework were often led by staff in management and/or director level positions, characterised by an ability to foster strong relationships across the system. This included collaboration with leaders in the VCSE sector,

people with lived experience, community representatives, and colleagues across health and care, including senior leadership, commissioners, and providers.

To ensure buy-in at a senior level and to drive system-wide culture change, it is essential to appoint an executive lead to oversee the implementation of the framework. This role champions the importance of meaningful engagement and health inequalities as system priorities, ensures alignment with ICS strategies, and provides clear accountability for progress.

A whole-system approach

This framework supports and requires a whole-system approach. It encourages collaboration between ICS leaders, providers, VCSE organisations, and communities by providing a shared structure for planning, reflection, and action, helping to align efforts to reduce health inequalities.

The target audience is not just engagement and health inequalities teams, but anyone with knowledge of, and capacity to address, health inequalities experienced in the communities served by the ICS. However, the ICS needs to enable the process of using the framework and the degree of involvement will vary across stakeholders.

To illustrate this, the following RACI (Responsible, Accountable, Consulted, and Informed) matrix shows examples of stakeholders in each category. (**Note**: this is not a full list and may not directly reflect roles and responsibilities within your system.)

Responsible: Who is responsible for getting the work done?	**Accountable**: Who oversees the task?
• Integrated care executive teams • Community engagement teams • Health inequalities teams • Engagement practitioners • Public health practitioners	• Integrated care board (ICB) • Integrated care partnership (ICP) • Finance teams • Provider collaborative board • Local authority board
Consulted: Who needs to assist to complete a task with additional information or support?	**Informed**: Who needs to be kept up to date on the progress of a task or deliverable?
• Patients and people using services • Families and carers • Healthcare providers • Social care and support providers • VCSE organisations • Healthwatch	• Wider population • Councillors • Education providers • Housing associations • Faith leaders

Approaches to implementation

There is no prescribed way to use this framework. You can use it to reflect and prioritise actions, build on existing strengths and identify quick wins to improve engagement in the short term, while developing a long-term plan to address gaps in collaboration with partners, communities, and system leads.

During the pilot phase, ICS test sites adopted a range of effective approaches to implement it, as the following examples show.

- **Purpose-established working group:** One ICS formed a dedicated working group led by the ICB's Associate Director for Community Involvement. This group initially focused on a specific engagement workstream, using the framework to assess current activities. This process helped identify gaps in engagement with certain communities and in applying engagement findings to service improvements. The group began action planning to address these gaps, aligning the framework with existing workstreams to strengthen integration.
- **Pre-existing advisory groups and forums:** Another ICS embedded the framework into existing advisory groups and engagement forums for people and communities, such as groups with lived experience and VCSE groups. These groups conducted both self-assessments and peer assessments using the framework. This process enabled learning and action planning, such as improving the collection and analysis of demographic engagement data to better serve marginalised communities. The ICS's next steps include aligning the framework with its ICS People and Communities Strategy and securing senior leadership champions to drive action planning and review.
- **Insights and engagement team ownership:** In one test site, the Insights and Engagement team took ownership of the framework. They began by self-assessing several access and awareness projects from the past year. This highlighted opportunities to improve how to use insights in service improvement and provision, as well as how to measure the impact. The team's long-term objective is to secure support from senior leaders for using the framework to develop a strategic approach that unites engagement, community involvement, and health inequalities functions with operational service planning and delivery.

Features of successful approaches

Successful approaches to implementing the framework share key characteristics:

- **Combining existing expertise** in engagement, health inequalities, lived experience, and system partnership working.
- **Establishing and strengthening partnerships** with new stakeholders.
- Ensuring **alignment with ICS People and Communities Strategies** to drive governance, action planning, and review.

At its core, successful use of the framework promotes meaningful reflection, avoids duplication of work, and supports sustainable use of resources.

Practical tips for using the framework

The framework is designed to support developing activity at any stage. You can begin at any of the 7 phases to match your current needs, priorities and capacity. It allows you to focus on specific areas where improvement is needed while maintaining a whole-system view. For example, you may wish to:

- use it retrospectively to review past projects and identify lessons learned
- apply it prospectively to strategically plan future engagement activities
- continuously capture evidence of your activities and include them in existing reporting processes or develop new ones as needed.

Your resources: If you have limited resources, start small by focusing on one phase or improvement area that aligns with your immediate priorities. Use the framework to identify existing assets and resources, so you can build on these sustainably over time rather than starting from scratch.

Involving communities: Pilots showed that VCSE organisations and community representatives bring invaluable insights. You can use simplified tools, such as checklists or discussion guides to involve communities in reviewing, planning, or implementing engagement activities.

Measuring success: You can measure how well your engagement aligns with addressing health inequalities. This includes improvements in identifying affected populations, amplifying community voices, and translating engagement into meaningful changes in services and outcomes.

How often to use the framework: The framework is designed for ongoing use as part of a continuous improvement cycle. You can apply it regularly at different stages of planning, delivery, and evaluation to ensure continuous progress in addressing health inequalities.

Supporting resources

An online resource hub will accompany the framework. This will provide practical examples, case studies, tools, and templates to help you get the most out of the framework for your ICS.

Framework overview

CHALLENGE

Examine assumptions, address power dynamics, and foster leadership that prioritises equity and values community contributions to enable meaningful, collaborative engagement.

INVOLVE

Empower communities and lived experience voices through co-design and shared ownership, embedding inclusive participation in all stages of decision-making and action.

ENGAGE

Use inclusive, accessible methods to gather insights and involve communities meaningfully, ensuring engagement informs decisions and drives equitable improvements in services and outcomes.

CHECK

Identify key stakeholders, review evidence, and assess resources, skills, and capacity to ensure engagement is inclusive, targeted, and capable of addressing health inequalities effectively.

PREPARE

Build trust and relationships by addressing past barriers, ensuring readiness among stakeholders, and creating the conditions for diverse, equitable participation.

EVALUATE

Measure engagement outcomes, reflect on lessons learned, and share findings transparently to ensure continuous improvement and build trust through accountability.

PLAN

Establish a clear purpose for engagement, identify populations most affected by health inequalities, and create an actionable, evidence-based plan that reflects community needs and priorities.

Care Quality Commission

The Point of Care Foundation

National Voices

Phase 1: Check

Identify relevant existing assets and knowledge (and gaps).

Identify the foundations for engagement by gathering existing knowledge, data, and resources while highlighting any gaps. Establish who needs to be involved, focusing on those most affected by health inequalities and people with protected characteristics. This phase ensures that all subsequent engagement is targeted, evidence-based, and capable of addressing disparities effectively.

Improvement areas

a. **Identifying stakeholders:** Identify all stakeholders who may influence or be affected by the project, including system partners, VCSE organisations, and people and communities - particularly those most at risk of health inequalities.

b. **Reviewing evidence:** Review data and evidence to identify health inequalities, prioritise needs, and guide targeted, effective engagement and interventions.

c. **Resources:** Allocating resources to ensure equitable engagement, prioritising accessibility, and addressing barriers faced by under-served communities experiencing health inequalities.

d. **Skills and capacity:** Equipping staff with skills to engage inclusively and equitably, addressing health inequalities through culturally competent, community-centred approaches.

1a. Identifying stakeholders

Summary

Identify all stakeholders who may influence or be affected by the project, including system partners, VCSE organisations, and people and communities – particularly those most at risk of health inequalities.

Link to health inequalities

Identifying key stakeholders ensures that efforts focus on those most affected by health inequalities. Best practice enables targeted, inclusive engagement informed by robust evidence and lived experience. This builds trust, ensures accountability, and empowers communities to contribute meaningfully, reducing disparities and improving outcomes for under-served populations and people with protected characteristics.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Identify all individuals, groups, and communities who may influence or be affected by a specific project or workstream ('the stakeholders'). ☐ Make initial contact with stakeholders to share details about upcoming work. ☐ Gather preliminary insights from stakeholders to inform planning.	☐ Collect data on stakeholder needs and priorities using existing sources such as Joint Strategic Needs Assessments (JSNAs) and population health data. ☐ Perform a gap analysis to identify missing or incomplete stakeholder data. ☐ Set up processes to regularly review and update stakeholder data to ensure accuracy and relevance.	☐ Engage directly with stakeholders to understand their needs and priorities. ☐ Identify and map community assets, such as strengths, skills, and resources that can be leveraged to support a given project or workstream. ☐ Share feedback from engagement with relevant teams to ensure alignment with stakeholders' needs and priorities.	☐ Foster an organisational culture that values community co-ownership of projects, supported by leaders who advocate for and prioritise meaningful community collaboration. ☐ Implement structured processes to routinely work with communities in identifying and prioritising needs, such as co-design workshops or collaborative problem-solving sessions. ☐ Establish long-term partnerships with community

		☐ Highlight and document groups or communities currently experiencing health inequalities.	☐ Clearly communicate to stakeholders how their engagement at this stage informs the design and delivery of a given project or workstream.	members and leaders, involving them in regular planning and decision-making activities. ☐ Work collaboratively with community representatives to analyse data and findings, ensuring they have a voice in interpreting insights and setting priorities. ☐ Establish mechanisms for ongoing feedback from communities, allowing the project to adapt and improve based on shared insights and evolving needs.

1b. Reviewing evidence

Summary

Review data and evidence to identify health inequalities, prioritise needs, and guide targeted, effective engagement and interventions.

Link to health inequalities

Reviewing evidence ensures interventions focus on actual needs and avoids duplicating past efforts. Best practice involves identifying data gaps, incorporating community insights, and building comprehensive evidence on health inequalities – with particular reference to the specific needs of people with protected characteristics. This results in more targeted, effective actions that reduce disparities and address barriers to equitable health outcomes.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Use existing datasets to identify communities that may be affected by or influence the project, with a focus on identifying disparities within the data (particularly in terms of health outcomes). ☐ Document and summarise what is known about the needs and characteristics of communities.	☐ Conduct a gap analysis to identify what information is missing or incomplete in current datasets. ☐ Review and evaluate existing data, highlight uncertainties, and determine if additional data collection is needed. ☐ Document and share the identified knowledge gaps, creating a record of missing information to guide future engagement or data collection.	☐ Organise meetings, workshops or surveys to directly involve communities in reviewing and validating the relevance, accuracy, and quality of the data. ☐ Document community input regarding the data, noting any discrepancies or additional needs identified by the community. ☐ Establish communication methods (for example, regular updates, follow-up sessions) that keep the	☐ Routinely collect and synthesise data from multiple sources (local, regional, national) to build a comprehensive understanding of the community and its evolving needs. ☐ Compare data across different population groups to identify any disparities or unique needs. ☐ Develop an ongoing process to validate synthesised data with the

			community informed about how their feedback is used.	community, ensuring that data insights remain accurate and relevant. ☐ Implement tracking systems that monitor and document changes in community needs over time, helping adapt engagement and service delivery.

1c. Resources

Summary

Allocating resources to ensure equitable engagement, prioritising accessibility, and addressing barriers faced by under-served communities experiencing health inequalities.

Link to health inequalities

Dedicated resourcing enables the development, implementation and evaluation of tailored interventions that address the specific inclusion and accessibility needs of people and communities that experience health and care inequalities. Financial and practical commitments also demonstrate genuine investment in, and the importance of, the experiences and insights of communities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Allocate a dedicated, ringfenced annual budget for community engagement. ☐ Identify existing resources and assets that can be used to support engagement activities. ☐ Develop policies to cover participants' expenses, such as travel, childcare, or other costs related to their engagement.	☐ Establish a flexible budgeting process that allows funds to be adjusted according to the unique engagement needs of each project or workstream. ☐ Expand policies to cover additional expenses that may arise from specific engagement needs, such as digital access support or interpretation services for certain communities. ☐ Foster a culture of flexibility within finance and engagement teams, enabling	☐ Schedule regular dialogue with community members, lived experience partners, and community groups to inform funding decisions. ☐ Develop processes to incorporate community input into budget planning and allocation decisions, with mechanisms to prioritise their needs and recommendations. ☐ Ensure resources are consistently available to cover all engagement expenses, with clear	☐ Allocate funds to cover all aspects of engagement, including preparation, participation, and follow-up activities (pre- and post-session). ☐ Expand reimbursement policies to cover not only direct expenses but also the time, input, and expertise of participants across all engagement stages. ☐ Proactively allocate resources for varied engagement methods (for example, digital, in-person,

		them to respond to varying engagement demands efficiently.	guidelines on reimbursement (for example, time compensation, accessibility needs).	small group discussions) to accommodate the unique needs of different communities.

1d. Skills and capacity

Summary

Equipping staff with skills to engage inclusively and equitably, addressing health inequalities through culturally competent, community-centred approaches.

Link to health inequalities

It is essential to have trained, resourced staff with the capacity to support work with people and communities experiencing health and care inequalities. This supports engagement efforts that have the potential to address complex issues, build trust and foster inclusive participation to be successful.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Identify and confirm at least one board-level leader who actively advocates for engagement as part of health equity efforts. ☐ Assess if current staffing levels allow practitioners to engage meaningfully with communities without overloading their workload. ☐ Ensure engagement practitioners have allocated time in their schedules specifically for working	☐ Facilitate regular communication between engagement practitioners and other ICS staff to foster cross-functional collaboration. ☐ Develop clear processes and defined roles for ICS staff to support community engagement activities effectively. ☐ Create shared resources, such as toolkits or communication guides, to support consistent	☐ Develop or implement a standardised training programme on best practices in community engagement, making it a requirement for all ICS staff. ☐ Include topics such as effective communication, cultural sensitivity, and trauma-informed approaches in engagement training. ☐ Establish lived experience peer roles as a standard practice across	☐ Provide comprehensive cultural competency training for all ICS staff, focusing on understanding diverse backgrounds, traditions, and community experiences. ☐ Offer ongoing support, such as workshops or mentorship, to help staff consistently apply cultural competency in their interactions. ☐ Establish frameworks for shared decision-making, where lived experience peers have an equal voice in

	directly with people and communities. ☐ Provide foundational training for engagement practitioners on effectively working with diverse communities, covering essential topics relevant to health inequalities. ☐ Ensure practitioners are aware of the key health inequality issues and drivers specific to their ICS area.	engagement practices across departments. ☐ Train engagement practitioners and ICS staff in effective cross-functional collaboration and active listening skills. ☐ Identify and define initial roles for individuals with lived experience, even if only in a limited capacity, and outline clear responsibilities and expectations in collaboration with community members.	the ICS, with clear job descriptions, responsibilities, and fair compensation.	planning, analysing, and implementing engagement activities. ☐ Formalise processes for co-designing and co-delivering projects, with clearly defined roles and responsibilities for peers alongside ICS staff.

Phase 2: Challenge

Interrogate power dynamics, leadership culture and commitment to engagement.

Critically examine the assumptions, dynamics, and commitments shaping engagement efforts. Address power imbalances and foster leadership that prioritises collaboration and equity. Build a culture that values community contributions, ensuring that engagement is meaningful and genuinely responsive to the needs of people experiencing health inequalities.

Improvement areas

a. **Valuing communities:** Fostering a culture that values collaborative, meaningful engagement with communities affected by health inequalities.

b. **Understanding power:** Address power imbalances to ensure inclusive, respectful engagement with communities experiencing health inequalities.

c. **Committing to work:** Demonstrate sustained commitment to meaningful engagement with communities by providing time, funding, and resources.

d. **Sharing responsibility:** Create shared responsibility for engagement to ensure co-ordinated, integrated work that addresses health inequalities.

e. **Valuing insights:** Recognise and apply community insights to drive innovative, effective actions that reduce health inequalities.

2a. Valuing communities

Summary

Fostering a culture that values collaborative, meaningful engagement with communities affected by health inequalities.

Link to health inequalities

A culture that values communities enables meaningful engagement with those most affected by health inequalities. Leaders who prioritise equity ensure trust, transparency, and accountability, empowering communities to shape decisions and drive equitable health outcomes.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Define explicit goals that connect community engagement with health equality outcomes. ☐ Consistently model and advocate for good practice in engagement, demonstrating its priority within the organisation.	☐ Create processes that allow insights from communities to be collected, documented and reviewed alongside other data sources. ☐ Evaluate and consider community insights equally with other data during decision-making. ☐ Implement mechanisms to communicate how community insights have influenced decisions, showing communities the impact of their input.	☐ Develop clear guidelines on how to incorporate community input into project decisions, ensuring consistency and inclusivity. ☐ Establish mechanisms for practitioners to collaborate across teams and functions to integrate community insights across projects.	☐ Develop and maintain ongoing partnerships with communities, ensuring sustained, two-way communication and mutual trust. ☐ Embed mechanisms for ongoing feedback between ICS teams and communities to build a dynamic, responsive engagement process. ☐ Collect and share successful engagement practices and lessons learned to encourage continuous improvement across the ICS.

2b. Understanding power

Summary

Address power imbalances to ensure inclusive, respectful engagement with communities experiencing health inequalities.

Link to health inequalities

Understanding and acknowledging power imbalances between health and care systems and communities that experience health and care inequalities builds humility, respect and trust. It enables more equitable, inclusive engagement strategies that make sure communities are genuinely heard and valued.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Decision-makers and practitioners engage in self-reflection on their own role and influence when engaging with communities. ☐ Decision-makers and practitioners explicitly acknowledge how their status may affect trust, perception in the community, and control of discussions.	☐ Seek guidance and support from community organisations and partners to address any underlying power imbalance. ☐ Engage with local community organisations and lived experience partners to identify community needs and strengths.	☐ Conduct targeted outreach and engagement specifically with under-served communities to bring their perspectives into discussions. ☐ Collaborate with communities to establish an equitable space where providers and communities work together as equal partners. ☐ Involve community members actively in planning and decision-making for projects aimed at addressing health inequalities.	☐ Develop and implement formal processes that ensure no decisions are made without meaningful community involvement. ☐ Establish mechanisms to regularly evaluate whether power is effectively shared and adjust practices as needed.

2c. Committing to work

Summary

Demonstrate sustained commitment to meaningful engagement with communities by providing time, funding, and resources.

Link to health inequalities

Financial and time commitments ensure sustained and meaningful engagement with people and communities experiencing health inequalities. This enables thorough planning, implementation and evaluation of work alongside communities, demonstrates respect for the community's input and builds trust with communities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Actively acknowledge the time and resources necessary for meaningful community engagement. ☐ Communicate the importance of dedicating resources to community engagement to other stakeholders. ☐ Develop plans to allocate the necessary time and resources to support engagement activities.	☐ Incorporate explicit, binding commitments to time and resources for engagement within high-level strategic and business plans. ☐ Ensure that these commitments explicitly support the goal of addressing health inequalities. ☐ Establish a process for reviewing and approving plans to verify that they include engagement commitments.	☐ Integrate time and resource commitments for engagement into routine ICS systems, such as service contracts and project workflows. ☐ Develop standard procedures to ensure resources for engagement are consistently allocated at all levels. ☐ Set up systems to monitor and enforce adherence to engagement commitments within routine processes, ensuring consistency.	☐ Ensure that binding commitments to ongoing community engagement are built into all ICS planning and delivery stages, from initial design to final implementation. ☐ Link engagement commitments to the ICS's goals for high-quality, sustainable health outcomes. ☐ Develop a system for evaluating the impact of ongoing engagement commitments on health outcomes and sustainability

				goals and report findings regularly. ☐ Implement continuous improvement mechanisms to refine engagement practices based on feedback and outcome evaluations.

2d. Sharing responsibility

Summary

Create shared responsibility for engagement to ensure co-ordinated, integrated work that addresses health inequalities.

Link to health inequalities

Shared responsibility enables a more integrated and holistic approach to working with people and communities experiencing health and care inequalities. It ensures that work with communities is prioritised and embedded, leading to more comprehensive and co-ordinated interventions.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Advocate for engagement to be prioritised beyond dedicated teams, embedding it across the ICS. ☐ Highlight the importance of robust engagement practices for addressing health inequalities.	☐ Upskill select practitioners and partners outside engagement teams to support health inequality-focused engagement. ☐ Provide practical tools and resources to build confidence in shared engagement responsibilities.	☐ Expand training and responsibilities to most ICS practitioners and partners. ☐ Position engagement teams as system-wide advisors on best practices.	☐ Make engagement a shared responsibility across all teams and projects, with clear accountability measures in place. ☐ Monitor adherence to shared engagement practices and refine them based on community feedback.

2e. Valuing insights

Summary

Recognise and apply community insights to drive innovative, effective actions that reduce health inequalities.

Link to health inequalities

Recognising and applying community insights builds trust and ensures strategies directly address health inequalities. Collaborative decision-making fosters innovation and empowers communities as equal partners.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Explicitly acknowledge the value of community insights in addressing health inequalities. ☐ Use insights to guide initial planning and decision-making processes.	☐ Foster open dialogue to build trust and encourage shared learning with communities. ☐ Ensure insights are considered equally to internal priorities during decision-making.	☐ Create processes to integrate community insights, even when they challenge internal perspectives. ☐ Use feedback loops to show communities how their contributions have shaped decisions.	☐ Collaborate closely with communities to co-design innovative solutions that address health inequalities. ☐ Treat communities as equal partners in all decision-making processes.

Phase 3: Plan

Establish a clear purpose for engagement and identify target populations.

Develop a clear strategy for engagement by defining its purpose and identifying the populations most affected by health inequalities. Establish objectives, priorities, and an actionable roadmap that ensures efforts are transparent, focused, and aligned with community needs. This phase creates the structure for impactful and inclusive engagement.

Improvement areas

a. **Purpose:** Define a clear purpose to align engagement with community needs and reduce health inequalities.

b. **Identifying at-risk populations:** Identify and prioritise populations most affected by health inequalities to target engagement and interventions effectively.

3a. Purpose

Summary

Define a clear purpose to align engagement with community needs and reduce health inequalities.

Link to health inequalities

A clear purpose ensures transparency, accountability, and focused action on health inequalities. It aligns efforts with evidence and community needs, efficiently using time and resources. Collaborative goal-setting builds trust, manages expectations, and roots work in lived experiences, leading to more effective and equitable outcomes for affected populations.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Specify clear goals for a given workstream or project. ☐ Clearly articulate the need for engaging people and communities in a workstream or project.	☐ Identify and provide a clear rationale for proposed approaches to engagement. ☐ Create a clear plan for engaging people and communities.	☐ Develop a clear, shared need and goals for the workstream or project, ensuring it is informed by evidence. ☐ Identify and provide a clear, shared rationale for proposed approaches to engagement, ensuring it is informed by evidence and context. ☐ Create a clear plan for engaging people and communities, ensuring it is tailored to community needs.	☐ Work with communities to identify a clear, shared need and co-develop achievable goals for the workstream or project. ☐ Work with communities to identify and co-develop a clear, shared rationale for proposed approaches to engagement. ☐ Work with communities to co-create a clear, actionable plan for engagement based on shared needs, goals and priorities.

3b. Identifying at-risk populations

Summary

Identify and prioritise populations most affected by health inequalities to target engagement and interventions effectively.

Link to health inequalities

Identifying affected populations is key to tackling health inequalities, ensuring efforts focus on those most at risk and those with protected characteristics. Using data, addressing gaps, and including community insights makes engagement inclusive and relevant. Collaboration builds trust, empowers communities, and improves accountability, driving better care and reduced disparities for under-served groups.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Use existing data to identify populations that may influence or be affected by a specific project or workstream.	☐ Analyse the quality of available data and whether it is applicable. ☐ Identify gaps in existing knowledge. ☐ Recognise emerging patterns of over- and/or under-engagement.	☐ Interrogate available data (as previous). ☐ Identify and incorporate complementary 'soft' intelligence, including from non-traditional sources.	☐ Work with communities to identify populations that may influence or be affected by – a specific project or workstream. ☐ Work with communities to co-create a plan to meaningfully engage those populations in decision-making related to that project or workstream.

Phase 4: Prepare

Build trust and relationships with stakeholders and populations.

Build the trust and relationships necessary for meaningful engagement. Create open communication channels, address any past mistrust, and ensure readiness among all stakeholders. Lay the groundwork for inclusive participation by fostering mutual understanding and ensuring that diverse voices are represented and valued.

Improvement areas

a. **Reaching under-served people and communities:** Engage diverse groups to ensure marginalised voices are heard and included in addressing health inequalities.

b. **Building trust:** Establish trusting relationships to foster participation and open communication with communities affected by health inequalities.

c. **Defining scope:** Clarify the scope of the engagement to set realistic expectations and focus on achievable goals with communities.

4a. Reaching under-served people and communities

Summary

Engage diverse groups to ensure marginalised voices are heard and included in addressing health inequalities.

Link to health inequalities

Working with a diverse range of people who experience health and care inequalities helps bring in a wider range of experiences and perspectives, ensures that marginalised voices are heard, and leads to more effective insights.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Work with small groups of patients, service users and community representatives who have volunteered and are already engaged with the system. ☐ Facilitate simple engagement activities.	☐ Commit to bringing in new voices beyond established groups of patients, service users and community representatives. ☐ Work with community partners and trusted community leaders to connect with under-served communities. ☐ Use culturally sensitive approaches to engage populations that have historically been overlooked. ☐ Recognise that initial relationships with under-served groups may take time to establish due to a lack of previous engagement.	☐ Collaborate with communities to identify barriers to engagement. ☐ Allocate resources to reduce engagement barriers. ☐ Address issues such as time/cost constraints, trust deficits, and consultation fatigue. ☐ Avoid over-reliance on established groups.	☐ Work with partners and communities to map and build on existing skills and networks to bring in new and diverse voices. ☐ Customise engagement methods based on project needs.

4b. Building trust

Summary

Establish trusting relationships to foster participation and open communication with communities affected by health inequalities.

Link to health inequalities

A strong working relationship based on trust encourages participation, fosters open, honest communication, and ensures that people and communities who experience health and care inequalities feel valued and heard. This leads to more accurate identification of community needs and priorities. Building trust is particularly important in communities that have had negative experiences of health and care services, and/or of statutory services more broadly.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Explicitly acknowledge where there is a lack of trust. ☐ Take steps to understand local history and context. ☐ Identify and address gaps in knowledge about communities. ☐ Recognise that building trust requires sustained time and commitment.	☐ Work through system partners, VCSE organisations, and community groups. ☐ Use these partnerships to establish regular, open and transparent communication channels to encourage honest dialogue with communities.	☐ Build knowledge, skills, and capacity to engage with communities equitably. ☐ Use a trauma-informed approach to acknowledge (and where possible address) past harms. ☐ Take deliberate steps to (re)build trust with communities.	☐ Have established, two-way relationships with communities defined by consistent communication, accountability and mutual trust. ☐ Ensure communities feel that their input is heard, valued, and used effectively to drive positive change.

4c. Defining scope

Summary

Clarify the scope of the engagement to set realistic expectations and focus on achievable goals with communities.

Link to health inequalities

A clear scope helps set realistic expectations, focuses energies on achievable goals, builds trust and fosters transparency with people and communities experiencing health and care inequalities. This is particularly important when working with people and communities that have felt let down or disillusioned by past processes.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Develop a clear internal understanding of what is in and out of scope for projects or workstreams (and why). ☐ Identify which decisions are open for discussion with communities. ☐ Create a simple decision-making framework to clarify how scope decisions are made and who has authority	☐ Clearly explain to communities what is in and out of scope and the reasoning behind these decisions. ☐ Include information on decisions that have already been made (and why).	☐ Make binding commitments to revisit decisions if communities present compelling cases. ☐ Develop clear criteria for when and how scope decisions can be revisited, ensuring consistency and transparency. ☐ Provide timely feedback on the outcomes of any revisited decisions.	☐ Collaboratively establish the scope with communities from the outset. ☐ Develop robust processes to communicate how the scope reflects both ICS priorities and community needs. ☐ Regularly review and co-adapt scope boundaries with communities to ensure they remain relevant and responsive.

Phase 5: Engage

Utilise appropriate and transparent engagement methodologies.

Implement engagement activities using appropriate, inclusive, and transparent methods. Enable open dialogue, ensuring that communities, particularly those facing health inequalities, feel heard and valued. Use these interactions to gather insights that directly inform decision-making and improve the relevance and equity of services.

Improvement areas

a. **Methods, tools, and skills:** Use diverse, inclusive methods to ensure engagement with communities experiencing health inequalities is effective and representative.

b. **Accessibility:** Remove barriers to ensure all groups, especially those facing health inequalities, can participate equally in engagement activities.

c. **Inclusion:** Ensure engagement is respectful and inclusive, valuing all perspectives to address health inequalities.

d. **Insights and decision-making:** Collaborate with communities to ensure insights inform meaningful, equitable decisions that address the root causes of health inequalities.

5a. Methods, tools, and skills

Summary

Use diverse, inclusive methods to ensure engagement with communities experiencing health inequalities is effective and representative.

Link to health inequalities

A diverse range of methods helps ensure that work with people and communities experiencing health and care inequalities is inclusive, equitable and effective. The ability to draw on different methods helps to involve a wider range of people, address different needs and enhances the reliability of findings.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Use a single, established methodology to engage people and communities. ☐ Develop a clear understanding of the scope and limitations of the current methodology. ☐ Identify areas where additional methods could enhance engagement with under-served communities. ☐ Begin exploring alternative engagement tools to complement the existing approach.	☐ Customise applied methodologies to different community contexts. ☐ Actively encourage practitioners to try new approaches and share outcomes. ☐ Document the effectiveness of different methods to build a knowledge base.	☐ Provide comprehensive training in a range of engagement methods. ☐ Develop processes to systematically select appropriate methods based on specific contexts. ☐ Create a framework to guide the selection and implementation of methods.	☐ Collaboratively design engagement methods with communities to reflect their unique contexts. ☐ Ensure methods include clear feedback mechanisms for continuous improvement. ☐ Regularly adapt methods based on evolving community insights and priorities.

5b. Accessibility

Summary

Remove barriers to ensure all groups, especially those facing health inequalities, can participate equally in engagement activities.

Link to health inequalities

Accessibility is crucial to ensuring that people in communities who experience health and care inequalities have an equal opportunity to participate (in accordance with the Equality Act 2010). This ensures that there is a diverse representation of perspectives as part of work with people and communities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Avoid jargon and acronyms in engagement material. ☐ Use plain language and culturally sensitive communication to improve inclusivity. ☐ Create or signpost to easy-to-understand guidance for staff on physical accessibility. ☐ Host events in physically accessible venues.	☐ Extend accessibility to digital platforms, ensuring compliance with international web standards. ☐ Provide materials in multiple formats (for example, Braille, large print, audio). ☐ Ensure staff have the necessary training in digital accessibility standards and tools.	☐ Work with communities to identify specific accessibility needs. ☐ Address issues like transportation for physical events and real-time interpretation for online engagement. ☐ Develop a checklist for both physical and digital accessibility measures tailored to under-served groups.	☐ Make accessibility a fundamental aspect of engagement planning and delivery. ☐ Establish continuous feedback loops with people and communities who need additional support to guide ongoing improvements. ☐ Regularly review and adapt accessibility practices to incorporate new technologies and evolving needs.

5c. Inclusion

Summary

Ensure engagement is respectful and inclusive, valuing all perspectives to address health inequalities.

Link to health inequalities

Inclusion is vital to ensuring that everyone in communities that experience health and care inequalities feels valued, respected and able to contribute in a way that works for them. This ensures that engagement includes all relevant perspectives, leading to more effective insights.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Include a diverse range of participants. ☐ Achieve basic demographic representation in engagement activities. ☐ Use clear, inclusive communication that avoids jargon and acronyms.	☐ Train staff to recognise and address intersectional barriers such as language, cultural norms, and socioeconomic status. ☐ Develop materials that are accessible and relevant to participants from diverse backgrounds.	☐ Involve community leaders and members from diverse backgrounds in co-designing engagement activities. ☐ Work with community groups to explore hidden barriers to inclusion. ☐ Include a diverse range of participants effectively.	☐ Gather and incorporate community feedback regularly to adapt inclusion practices. ☐ Integrate lessons from feedback into future planning.

5d. Insights and decision-making

Summary

Collaborate with communities to ensure insights inform meaningful, equitable decisions that address the root causes of health inequalities.

Link to health inequalities

Exploring insights with communities experiencing health inequalities ensures that findings are relevant, meaningful and accurate, and are therefore more likely to address the root causes of any identified problems. Collaborative approaches also respect the knowledge and experiences of the community, building trust and a sense of ownership over any recommendations. Furthermore, ICSs' Public Sector Equality Duty obligations require them to clearly show evidence of consideration of equality implications in their decision-making.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Routinely collect qualitative and quantitative insights from communities. ☐ Establish standardised approaches for recording and analysing data. ☐ Use community insights as part of decisions around strategic or commissioned service decisions.	☐ Triangulate insights from people and communities with other datasets. ☐ Identify gaps and opportunities for improvement. ☐ Use as part of decisions around strategic or commissioned service decisions.	☐ Build data literacy within communities to enable more effective collaboration in data exploration. ☐ Work with communities to interpret insights and identify shared priorities. ☐ Use as part of decisions around strategic or commissioned service decisions.	☐ Use insights to create specific, actionable recommendations for addressing health inequalities. ☐ Establish transparent feedback and accountability mechanisms for communities. ☐ Regularly report back on progress and outcomes of data-informed actions.

Phase 6: Involve

Expand opportunities for participation and tackle barriers to engagement.

Create meaningful opportunities for communities to actively participate in shaping decisions and solutions. Break down barriers to participation and empower those with lived experience to take a leading role. Ensure that the engagement leads to shared ownership, accountability, and outcomes that address systemic health inequalities.

Improvement areas

a. **Community-led approach:** Ensure health strategies and services are co-designed with communities to align with their needs and reduce inequalities.

b. **Lived experience peer roles:** Incorporate lived experience roles to provide authentic insights and build trust in addressing health inequalities.

6a. Community-led approach

Summary

Ensure health strategies and services are co-designed with communities to align with their needs and reduce inequalities.

Link to health inequalities

Working with people and communities ensures that health and care strategies and services are relevant, responsive, and aligned with the actual needs and concerns of communities. It fosters collaboration, trust, and ownership, and enhances the legitimacy and impact of health initiatives, ensuring they are rooted in real experiences and address the root causes of inequalities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Involve people and communities in engagement activities in response to needs or issues as they arise.	☐ Proactively identify key areas where input from people and communities would be most valuable. ☐ Develop processes for prioritising engagement efforts based on pressing issues or gaps.	☐ Engage community groups as partners. ☐ Support community groups with the resources and capacity needed to effectively contribute to collaboration. ☐ Establish processes that ensure trust and transparency in interactions with community groups. ☐ Incorporate feedback from community groups about root causes into the development of health and care strategies and services.	☐ Involve communities as equal partners in decision-making from the earliest stages of project planning. ☐ Facilitate co-design workshops or forums where community members and stakeholders jointly shape strategies and services. ☐ Ensure transparency in how decisions are made and how outcomes are implemented in co-design processes. ☐ Establish feedback loops to evaluate and refine co-

				designed initiatives based on ongoing community input.

6b. Lived experience peer roles

Summary

Incorporate lived experience roles to provide authentic insights and build trust in addressing health inequalities.

Link to health inequalities

Lived experience roles build trust, ensure relevance and help provide authentic insights as part of working with people and communities experiencing health inequalities. This leads to more effective, equitable, and sustainable work alongside communities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Identify opportunities to use people's lived experience in short-term activities or specific projects. ☐ Partner with trusted organisations (for example, VCSEs) to engage individuals with relevant lived experience. ☐ Provide clear information about the scope and expectations of engagement activities.	☐ Build sustained contact with individuals to foster trust and continuity. ☐ Actively seek input from people representing diverse perspectives and backgrounds. ☐ Provide appropriate communication channels for ongoing feedback and dialogue. ☐ Begin integrating insights from lived experience into planning and delivery processes.	☐ Create formal opportunities for lived experience partners to influence policies and strategies (for example, oversight boards) ☐ Provide roles for lived experience partners in decision-making forums, with defined responsibilities. ☐ Facilitate capacity-building for lived experience partners through training and mentorship. ☐ Review and adapt policies based on feedback from lived experience participants.	☐ Establish formalised roles for lived experience partners within governance and commissioning structures. ☐ Co-chair decision-making and oversight boards with people with lived experience. ☐ Develop clear frameworks for shared accountability between lived experience partners and system leaders. ☐ Embed lived experience perspectives into organisational culture, ensuring ongoing influence on strategic decision-making.

Phase 7: Evaluate

Assess engagement outcomes and share findings for continuous improvement.

Evaluate the success of engagement activities by measuring their impact and identifying lessons learned. Use evaluation findings to refine future work, ensuring continuous improvement. Share outcomes transparently to build trust and accountability, demonstrating how engagement contributes to reducing health inequalities and improving services.

Improvement areas

a. **Planning evaluation:** Develop clear, co-designed evaluation plans to measure the impact of engagement on health inequalities.

b. **Choosing what to measure:** Identify relevant metrics to assess how engagement improves outcomes for communities facing health inequalities.

c. **Gathering data:** Use varied methods to capture diverse perspectives in evaluating the effectiveness of engagement in addressing health inequalities.

d. **Reflecting on engagement:** Learn from what works and what doesn't to improve future engagement practices and outcomes.

e. **Translating engagement into action:** Act on engagement findings to deliver meaningful, equitable improvements in health outcomes.

f. **Sharing results:** Share results transparently to build trust, accountability, and collective learning.

7a. Planning evaluation

Summary

Develop clear, co-designed evaluation plans to measure the impact of engagement on health inequalities.

Link to health inequalities

Clear evaluation planning ensures transparent, structured measurement and analysis of work with people and communities. Co-design results in better quality evaluation by ensuring what is being measured is relevant to people and communities and the suitability of the approach.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Define general evaluation aims for engagement activities. ☐ Include limited detail on data collection methods and timelines. ☐ Plan evaluations primarily through internal stakeholders like commissioners and service providers.	☐ Define specific evaluation questions, including what outcomes will be measured. ☐ Specify how, when, and who will collect data. ☐ Invite people and communities to review key aspects of the evaluation plan.	☐ Develop evaluation plans that detail aims, key questions, and indicators for outcomes. ☐ Specify how, when, and who will analyse and share collected data. ☐ Sense-check all aspects of evaluation plans with people and communities, to ensure the proposed approach reflects their needs and priorities.	☐ Co-create evaluation plans with people and communities from the outset. ☐ Actively involve people and communities in the evaluation process.

7b. Choosing what to measure

Summary

Identify relevant metrics to assess how engagement improves outcomes for communities facing health inequalities.

Link to health inequalities

Selecting the right metrics ensures engagement outcomes are meaningfully assessed for their impact on health inequalities. Comprehensive measurement highlights progress and gaps, enabling ICSs to refine strategies, improve services, and ensure that interventions address the needs of under-served populations effectively.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Measure outputs like the number of sessions delivered. ☐ Track basic data about who was reached, including demographic information.	☐ Use simple quantitative or qualitative indicators to measure outcomes for participants, such as changes in knowledge or attitudes. ☐ Use simple quantitative or qualitative indicators to measure outcomes for ICS staff, like awareness or skills gained.	☐ Use complementary, complex quantitative and qualitative indicators to measure outcomes for people, staff, and service design/delivery.	☐ Use comprehensive, complex quantitative and qualitative indicators to capture detailed information on service performance. ☐ Use comprehensive, complex quantitative and qualitative indicators to capture unintended impacts and outcomes.

7c. Gathering data

Summary

Use varied methods to capture diverse perspectives in evaluating the effectiveness of engagement in addressing health inequalities.

Link to health inequalities

Using diverse, co-designed data collection methods ensures that the voices of under-served groups are captured in evaluations. Best practice strengthens understanding of the impact of engagement on health inequalities, ensuring findings are accurate, actionable, and contribute to equitable improvements in services and outcomes.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Use basic data collection methods like surveys or participation counts. ☐ Collect data primarily at the conclusion of projects.	☐ Use qualitative methods such as interviews or focus groups alongside basic quantitative approaches. ☐ Ensure community representatives review data collection tools for appropriateness.	☐ Combine qualitative and quantitative methods, collecting data at multiple time points. ☐ Test data collection tools with people and communities before using them.	☐ Use sophisticated methods like real-time feedback and participatory approaches. ☐ Co-create adaptable data collection tools with people and communities.

7d. Reflecting on engagement

Summary

Learn from what works and what doesn't to improve future engagement practices and outcomes.

Link to health inequalities

Regular reflection on engagement activities highlights successes and areas for improvement in addressing health inequalities. Embedding learning processes ensures future efforts are more inclusive, effective, and responsive, enabling ICSs to refine their approaches and achieve better outcomes for under-served populations.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Reflect on what worked well in engagement activities. ☐ Use non-standardised tools and/or processes to document insights.	☐ Reflect on successes and areas for improvement in engagement activities. ☐ Use standardised templates and/or processes to capture lessons learned.	☐ Adopt end-of-project/workstream reviews as routine practice across the ICS. ☐ Ensure new engagement activities consistently incorporate lessons learned from previous projects.	☐ Build ongoing opportunities for reflection and learning into all engagement activities. ☐ Encourage ICS staff to challenge longstanding assumptions and practices based on learning from engagement.

7e. Translating engagement into action

Summary

Act on engagement findings to deliver meaningful, equitable improvements in health outcomes.

Link to health inequalities

Acting on findings from engagement embeds health inequalities as a priority in decision-making. Systematic application of lessons learned leads to sustained improvements in services and strategies, ensuring ICSs address inequities and create meaningful, long-term change for under-served communities.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Use engagement findings to drive improvements in the design and/or delivery of specific projects or workstreams.	☐ Use engagement findings to drive improvements aimed at addressing health inequalities relating to a specific project or workstream.	☐ Use engagement findings systematically across teams, projects and workstreams to inform ICS-wide improvements to services, policies, and engagement practices.	☐ Use engagement findings to address health inequalities through long-term improvements to services, policies, and practices. ☐ Use engagement findings to inform strategic decision-making and ensure continuous improvement.

7f. Sharing results

Summary

Share results transparently to build trust, accountability, and collective learning.

Link to health inequalities

Transparent sharing of engagement findings builds trust with communities and highlights progress in addressing health inequalities, as well as demonstrating ICSs' compliance with the Public Sector Equality Duty. Best practice ensures results are accessible, balanced, and inform collective learning, driving systemic improvements that benefit under-served populations across the ICS.

Level of practice	Emerging	Developing	Maturing	Thriving
Activities, skills and resources	☐ Share straightforward 'you said, we did' feedback with participants. ☐ Use internal reporting processes to highlight successes and positive impacts/outcomes.	☐ Provide detailed 'you said, we did, what changed' feedback in accessible formats. ☐ Create robust reporting processes that capture areas for improvement alongside successes and positive impacts/outcomes. ☐ Make reports available across the ICS to facilitate shared learning.	☐ Share detailed feedback with people and communities and wider stakeholders, with opportunities for feedback. ☒ Make reports available to stakeholders beyond the ICS to demonstrate transparency and encourage wider learning.	☐ Make all evaluation outputs publicly available in accessible formats. ☐ Create forums for people and communities and wider stakeholders to discuss evaluation findings. ☐ Develop processes to ensure feedback is captured and actioned, to inform continuous learning.