SIXTH NATIONAL INCLUSION HEALTH BOARD MEETING NOTES 4 June 2013

Richmond House

Attendees

| Board Members | |
|-----------------------|---|
| Professor Steve Field | Chair of the National Inclusion Health Board |
| Michael Marmot | Director, International Institute for Society and |
| | Health |
| Charles Fraser | CEO, St Mungo's |
| Ann-Marie Connelly | Director of Health and Equity Impact, Public Health |
| (deputising for | England |
| Duncan Selbie) | |
| Lead Minister | |
| Anna Soubry, MP | Minister of State for Public Health |
| Working Group Chairs | |
| Paul Hitchcock | Director of Allied Health Professionals Federation |
| | (AHPF) |
| | Joint Chair, Leadership and Workforce Working |
| | Group |
| Dr Bobbie Jacobson | Institute of Health Equity |
| | Chair, Data and Research Working Group |
| Dr Nigel Hewett | Clinical lead, University College Hospital |
| | Medical Director, London Pathway |
| | Chair, Provision, Promotion and Prevention Working |
| | Group |
| DH Officials | |
| Alison Powell | Policy Manager, Inclusion Health |
| Martin Gibbs | Lead for Inclusion Health |
| Other invitees | |
| Helen Mathie | Head of Policy, Homeless Link |
| Jessica Allen | Deputy Director, Institute for Health Equity |
| Observers | |
| Ranjit Seenghera | Inclusion Health Lead, NHS England |
| Hannah Rees | Project Co-ordinator, NHS England |
| Ruth Passman | Head of Equalities and Health Inequalities, NHS |
| | England |

Welcome and introductions

- 1. The Chair welcomed everybody to the meeting.
- 2. The minutes from the meeting held on 5 March were accepted as accurate.

Department of Health update - Anna Soubry, MP

- 3. On 13 May, the Minister had announced that the Government would be investing £10million to improve hospital discharge arrangements for the homeless.
- 4. The Health and Social Care Act 2012, introduced the first ever legal duties relating to health inequalities. While these fall on NHS England, clinical commissioning group and the Secretary of State, there is not a statutory duty for local authorities. The Minister is keen that this is addressed and will be looking to ensure that this is included in future legislation. Board members welcomed this proposal.

Primary care for vulnerable groups - Helen Mathie

5. Helen joined the Health Inequalities Team in DH on secondment from Homeless Link between January and March to look at some of the barriers to primary care for vulnerable groups.

GP registration

- 6. Barriers to registering with GPs is frequently sighted as an ongoing issue. This review was initiated to give a fresh look
- 7. The report shows that improvements have been made:
 - 85 per cent of homeless people are registered with a GP
 - 70-80 per cent of Gypsies and Travellers are registered with a GP
- 8. Despite these improvements, homeless people, asylum seekers, and other transient groups are still frequently being refused registration by GP practices. Information suggests registration is a particular barrier for migrants or those with perceived 'irregular' immigration status.
- 9. There is a continued misunderstanding about immigration status and entitlement and confusion about whether or not proof of address is a requirement.
- 10. The Board agreed that that there was a need for clearer guidance around entitlement and information on where to go to challenge decisions.

Commissioning

- 11. Current models of primary care usually require patients to conform to patterns of access which assume certain characteristics and resources. For those with additional needs or whose circumstances make it difficult to meet these expectations, engagement in traditional models of care can be problematic and can lead to exclusion from many mainstream services.
- 12. This report reviews current practice approaches and examines some examples of innovative, targeted service models of commissioning that have been developed to try and overcome this.
- 13. Board members welcomed the report. In order to embed good practice, it was thought that thorough evaluation of the initiatives would be necessary.

IHE literature review on sex workers – Jessica Allen

- 14. The Inclusion Health programme has identified that is a significant lack of data available about sex workers.
- 15. The Institute of Health Equity completed a comprehensive literature review to establish what information is available on sex workers and their experiences of the health system. The findings from the review were presented to the Board.
- 16. The report focuses on:
 - the factors driving entrance into sex work;
 - health and sex work
 - types of sex work and levels of exclusion
 - stabilising the lives of sex workers
- 17. The Board agreed that a working group, consisting of representatives from DH, PHE, IHE, NHS England and local government, should be established to consider a programme of work based on the findings in the report.

 Action: Alison Powell to find a date for an initial meeting.

RCGP social inclusion commissioning guide and proposal for dissemination

- 18. The final draft of the toolkit had been circulated to the Board members prior to the meeting for comment. The Board was asked to sign off the final version.
- 19. Board members were content with the amendments that had been made to toolkit since the earlier draft was presented to them in December. It was agreed that the final version could be signed off.
- 20. Board members felt that the proposal for dissemination was too expensive and not in line with the plans for dissemination of other products from the programme. It was agreed that funding would not be provided, but that the RCGP should publish the toolkit on their website.

JSNA and JHWS toolkit

- 21. In order to meet their objective of improving the health and wellbeing of local communities and reducing health inequalities, JSNAs and JHWSs must include those in disadvantaged areas or vulnerable groups who experience health inequalities.
- 22. This toolkit has been created to underpin the statutory guidance. It aims to bring a greater focus on tackling health inequalities, by supporting health and wellbeing boards to ensure that their JSNAs and JHWSs identify the needs of the most vulnerable and set clear priorities for how these can be met.
- 23. It is intended to signpost to sources of additional information.
- 24. Subject to a few amendments, Board members were content to sign of the toolkit and for it to be published alongside other JSNA and JHWS resources.

Date of the next meeting

25. The next meeting will be held on between 14:30 and 17:00 on 9 September 2013.