



**2<sup>nd</sup> NATIONAL INCLUSION HEALTH BOARD MEETING NOTES**  
**2 May 2012**  
**Richmond House**

**Attendees**

**Board members:** Professor Stephen Field, Professor Sir Michael Marmot, Councillor Gareth Barnard, Charles Fraser, Sandie Keene, Professor Lindsey Davies.

**DH Ministerial Lead:** Minister of State for Public Health, Anne Milton MP

**Working group Chairs:** Dr Nigel Hewett, Dr Bobbie Jacobson, Alice Evans (Deputising for Rosemary Cook)

**DH staff:** Martin Gibbs and Nerys Cross (Health Inequalities and Inclusion Health, Alison Ismail Deputy Director of Health Inequalities, Mark Davies Director of Children Families and Health Inequalities

**Apologies:** Jim Easton

**Introduction: Professor Steve Field (Chair)**

1. Professor Steve Field (SF (Chair)) welcomed and thanked the Board members and the Working Group chairs for taking the time to attend. SF(Chair) informed the Board that the:
  - Health and Social Care Bill is now an Act which contains health inequalities duties for the Secretary of State, the NHS Commissioning Board and the Clinical Commissioning groups.
  - The review of the NHS Constitution is beginning and SF(Chair) is leading the review in his role as Chair of the Future Forum.
  - Dr Helen Lester would be stepping down from Chair of the Assurance and Accountability working group. SF(Chair) thanked Dr Helen Lester for the contribution that she had made.
  - SF(Chair) continued to come across people who faced barriers in accessing GP Services.

## Chair updates

SF(Chair) invited the Chairs of the Inclusion Health Working Groups to update the Board on their progress so far.

### **Dr Bobbie Jacobson – Chair of Data and Research Working Group**

- Set out the main objective of the Working Group, which is to focus on highlighting the gaps in data and research and set out possible solutions.
- Informed the board of an upcoming workshop on the triggers of vulnerability. The workshop is vital as it will inform the work of all groups and the Inclusion Health programme when thinking about triggers of vulnerability.
- Emphasised the need to keep checking back on the links between these groups and to keep the balance on the social determinants of health.
- Highlighted the difficulty in making these groups visible in a quantitative way.

### **Alice Evans from Homeless Link (deputising for Rosemary Cook Chair of the Leadership and Workforce Working Group)**

- The Leadership and Workforce group has met twice. They have agreed on their objectives and they have set out short, medium and long term activities.
- The first piece of work will focus on staff competencies when working with vulnerable patients. This competency project will build upon work already undertaken by the QNI and others around homelessness competencies. The group agreed to take forward this work mapping it out for all the Inclusion Health groups and mapping them against the NHS Leadership framework.

### **Professor Nigel Hewett Provision Prevention and Promotion**

- Money has gone to the London Pathway to support the Working Group. (More information is outlined in the budget document)
- The Working Group will meet shortly to finalise their objectives.

### **Discussion**

- Charles Fraser (CF) emphasised that whilst a focus on access is important, we also need to focus on useability. CF gave an example of

of where a St Mungo's client had to go through 14 different stages before they were treated for the illness they presented with.

- Professor Sir Michael Marmot (MM) highlighted the likely impact on health inequalities of the economic problem. The Institute of Health Equity are working to develop monitoring tools for local authorities to monitor the impact of the economic situation on health.
- Sandie Keene (SK) highlighted the need to listen to people's experience.
- Cllr Gareth Barnard (GB) Emphasised the need to look at the data at a local level and how to scale this up. There is a need to know what local areas can practically do.
- LD suggested that there could be more public health representatives on the Working Groups

**Action:** MM agreed to feed into the vulnerability workshop.

### **Gypsies and Travellers – barriers and possible solutions**

Helen Jones CEO of Leeds Gypsy and Traveller Exchange (Leeds GATE)  
Sophia Vale and Grace O'Malley Irish Travellers Movement in Britain (ITMB)  
Zoe Matthews and Lisa Bruton Friends Families and Travellers (FFT)

Helen Jones (HJ) thanked for the Board for the invitation to speak. The speakers outlined the barriers that Gypsies and Travellers face and what as representative organisations they felt should change to address the issues.

#### **Issues**

- Monitoring and gathering data on Gypsies and Travellers interaction with health services needs to be improved.
- Services have not been joined up so far there is the question as to what is going to force integration to occur.
- There is still a large amount of prejudice facing the Gypsy and Traveller communities.
- Access to GP services is poor.
- Poor access to housing and accommodation means that access to health services is more difficult.
- The Irish Traveller Movement in Britain carried out a survey of PCTs asking whether they collected data about Gypsies and Travellers and if so how they did this. The organisation only received 4 positive replies out of the 152 that were sent the survey.

#### **Solutions**

- Positive DH equality delivery system, we need to build on this.

- Services should ask who is not accessing services, why they are not accessing services and the impact of people not accessing services.
- Services such as the Traveller education service are popular as many people do not want to engage with statutory services and need specialised services to begin the integration into mainstream services.

## Discussion

- PS(PH) emphasised that local councils know local populations and that the development of the Health and Wellbeing Boards offer new opportunities that weren't there previously.
- GB highlighted the importance of linking with other services asked if linking with education then is there less 'ghettoisations'.
- MM highlighted that in order to map these issues onto the social gradient, exclusion needs to be thought of as a process.
- PS(PH) emphasised that the Joint Strategic Needs Assessments (JSNAs), the Joint Health and Wellbeing Strategies (JHWSs), and the new health inequalities duties would guide thinking on tackling health inequalities at a national and local level.

SF(Chair) thanked Helen Jones, Zoe Matthews, Grace O'Malley, Sophia Vale and Lisa Bruton for taking time out to share their knowledge with the Board members.

### **Sex workers – barriers and possible solutions: Georgina Perry representing the UK Network of Sex Work Projects (UKNSWP) and Open Doors service in Hackney.**

Open doors is based in Hackney and provides a wide range of services to sex workers. This includes provision of specialised services, linking up with mainstream health services and linking with the benefits and criminal justice systems.

Georgina Perry (GP) set out the differences between the needs of on and off street sex workers and the main barriers they face. GP also set out possible solutions to addressing these issues.

## Issues

- Sex workers face multi-dimensional health issues
- GPs still exclude the most vulnerable groups from their services
- Dual diagnosis still confounds health issues
- The way that the benefit system is set up means that people fall between the gaps.

- Not every area has an organisation like Open Doors which will provide support. This means that support across the country is inconsistent.
- Lack of recourse to public funds can leave people destitute.
- There is some evidence that gate-keeping around termination of pregnancies is leading to backstreet abortions amongst sex workers. The result of many of these backstreet abortions is that they present at hospital with complications.
- Commissioning is not consistent and institutional memory is very often lost with a high turnover amongst commissioners.
- Criminal justice system is double whammy for irregular migrants

### **Solutions**

- Key to addressing the issues that sex workers face is evidence based commissioning.
- Specialised services are vital, they ensure that people have access to health care and are supported into using mainstream services where appropriate.
- The impenetrability of the benefits system is meaning that exit from sex work is harder. There needs to be a review of how the benefits system operates,
- Staged housing for up to 3 years is key.
- Developing a service which works with other services to get late appointments with housing and other services is key.
- Need to think about harm reduction as well as exiting.

### **Discussion**

- PS(PH) highlighted that there is some really interesting cross-Government work ongoing on cross government payment by results drug pilots.
- BJ emphasised the need to add up perspectives as there are some very local issues that do not map consistently nationally.
- GB suggested that there is a need to look at transient issues and how you get money to follow transient people and transient issues.
- NH highlighted that the common theme was how to ensure evidence based commissioning.
- GB emphasised the need to think about the role of local government officials and ensure that elected councillors understand human, social and financial effects of these issues. It was agreed that every local authority should play a role in narrowing the gap reducing health inequalities.

SF(Chair) thanked Georgina Perry for taking time out to share her knowledge with the Board members.

## AOB

- **Future Board meetings:** It was agreed that more time should be set aside for future Board meetings if the meeting involved both presentations and discussion. This would allow more time for discussion amongst the Board. It was agreed that the next Board meeting would be set aside for an in-depth discussion on the Inclusion Health programme work and there would only be short presentations from the Working Group Chairs.
- CF requested that the Board get more involved to help the Working Groups make a big difference

SF(Chair) thanked the Board members, the Working Groups and the Minister for attending the meeting.

### Table of Actions

Serial	Action – issued 2 May 2012	Owner	Comments
1	MM to feed into the vulnerability workshop.	Professor Sir Michael Marmot	
2	Professor Steve Field to discuss with CF ideas to increase involvement of the Board members	Professor Steve Field and Charles Fraser	