

EIGHTH NATIONAL INCLUSION HEALTH BOARD
MEETING NOTES
2 December 2013
Richmond House

Attendees

Board members	
Professor Steve Field	Chair of National Inclusion Health Board
Dr Jessica Allen (deputising for Professor Sir Michael Marmot)	Deputy Director, UCL Institute of Health Equity
Charles Fraser	CEO St Mungo's
Professor John Ashton	President Faculty of Public Health
Ann- Marie Connolly (deputising for Duncan Selbie)	Director of Health Equity and Impact, Public Health England
Jane Ellison MP	Minister of State for Public Health
Working Group Chairs	
Paul Hitchcock	Director of Allied Health Professional Federation (AHPF) Joint Chair, Leadership and Workforce WG
Dr Bobbie Jacobson	Former Director of London Health Observatory Data and Research WG Chair
Dr Nigel Hewett	Clinical lead of the homeless team at University College Hospital and medical Director of The London Pathway Provision, Promotion and Prevention WG Chair
Professor Aidan Halligan	Director of Education at UCLH Assurance and Accountability WG Chair
DH Officials	
Martin Gibbs	Deputy Director Health Inequalities
Mark Nicholas	Secondment from DCLG
Other invitees and observers	
Yvonne MacNamara Matthew Brindley Josie O'Driscoll	Chief Executive Officer Policy Officer Research Assistant The Traveller Movement
Ruth Passman	Head of Equalities and Health Inequalities, NHS England
Ranjit Seenghera	Inclusion Health Lead, NHS England

Welcome and introductions

The Chair welcomed everybody to the meeting and introduced Jane Ellison MP, attending her first meeting as the new lead minister for the Inclusion Health programme.

The Chair informed the Board that when assessing GP practices, CQC will include a rating on inclusion health. This will include the patient groups that the NIHB is concerned with but also other vulnerable groups including people with learning disabilities.

Department of Health update – Jane Ellison, MP

The Minister said she was pleased to take on the role of lead minister and looked forward to working with the members of the Board.

Minister updated the Board on the Homeless Hospital Discharge Fund: all the projects reported they are up and running; and almost all the funding grants had been made.

Minister then gave feedback from the recent meeting of the Ministerial Working Group (MWG) on homelessness which had discussed a number of items and heard a presentation on youth homelessness from the National Youth Reference Group. Minister said she was particularly struck by the problems young homeless people face in knowing about and accessing health services.

The MWG had considered proposals to examine how services can be redesigned to tackle root causes of youth homelessness more effectively and for a payment by results scheme building on the learning from the London Rough Sleeper Social Impact Bond. The MWG also agreed a pilot to explore support for homeless people to enable them to participate in the Work Programme.

Minister informed the Board that the DH Spending Review settlement for 2015/16 included £40m capital funding for tailored hostel support for rough sleepers to reduce emergency admissions to Accident and Emergency and to improve mental health. DH is working with DCLG to develop proposals for investing this funding.

During the discussion that followed, Professor Ashton told of his recent experience when he helped a stranded 16 year old at the station who had lost her ticket and was being prevented from travelling home. It caused him to ask whether there should be a duty of care on travel service providers to help young runaways who had second thoughts and wanted to travel home, as opposed to being stranded homeless.

Professor Halligan said there should be standards for care in place across the public sector on which to hold organisations and individuals to account, particularly for those individuals without a voice.

Dr Hewett mentioned the standards document he would be introducing later and said the key barriers faced in improving the health of the vulnerable were access to services and in particular to GP services, and the localism agenda which allowed local authorities to set their own agendas, which did not often feature the most vulnerable.

Ruth Passman said the new local focus provided opportunities to join up services and mentioned recent discussions about integrated services for sex workers and homeless people given the links.

Dr Jacobson said the small numbers involved presented a challenge to commissioners and service providers.

Professor Ashton suggested health and wellbeing boards should be asked to provide assurance that vulnerable groups are in their sight.

Minister mentioned recent discussions about using local democratic accountability to challenge local service commissioners and providers. The vulnerable and excluded needed a voice, a champion, at the health and wellbeing board table.

The Traveller Movement

Representatives from the Traveller Movement presented the emerging findings from their project commissioned by DH to explore the impact of site living conditions on the health of Gypsies and Travellers.

The project had identified a number of sites, some of which had been in place for many years, which lacked basic amenities and where there are reported high levels of poor health. Interviews with site residents showed the personal cost to their health.

The Board, some of whom had personal experience of working with Gypsies and Travellers, recognised the problems. The Board asked for the final report to be very clear about the action that needs to be taken to address the appalling living conditions experienced by some families.

Updates from Working Group Chairs

Data and Research

Dr Jacobson asked the Board to clear two reports “Hidden Needs” and “Inclusive Practice” for publication.

The Board recognised these reports were of high quality and moved forward our understanding of the data and research gaps that need to be addressed and what effective service provision exists for the most vulnerable. The Board agreed to publication.

The “Hidden Needs” report has led to the DH R&D Committee issuing a call for research proposals to assess health inequalities and to add to the existing evidence base of interventions to engage with vulnerable communities.

Provision, Promotion and Prevention

Dr Hewett asked the Board to clear for publication a revised version of the “Standards for commissioners and providers” from the Faculty for Homelessness and Inclusion Health. This defines the essential qualities required for services that aim to reduce health inequalities experienced by vulnerable groups. The Board agreed to publication.

Dr Hewett said the main concern of his Working Group was the commissioning arrangements being introduced by NHS England which were leading to existing specialist services no longer being funded.

Assurance and Accountability

Professor Halligan updated the Board on the project being undertaken by the RCGP for the Working Group, looking at how the views of vulnerable groups were captured by the health system.

He asked whether the Board should be considering how the recommendations in the Francis report could help to improve the situation for vulnerable people.

Leadership and Workforce

Paul Hitchcock updated the Board on the “Education and Training for Health Professionals” project. He reported that healthcare professionals and other groups who work to support vulnerable adults were pleased to be asked their views about appropriate education and training.

He reported a very general awareness across all health and social care professionals of the needs of vulnerable groups. Data collected so far indicates that the majority of staff learn on the job and have not had formal education and training. Many are self-taught.

There was very strong support for all healthcare professionals learning about inclusion health in their pre-registration programmes and that the curricula should have learning outcomes that address the requisite knowledge and skills to work with vulnerable groups. One finding of concern is the lack of trust shown by vulnerable communities towards healthcare professional.

AOB

No other items of business.