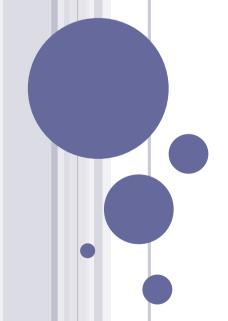


HEALTH INEQUALITIES AND INCLUSION HEALTH

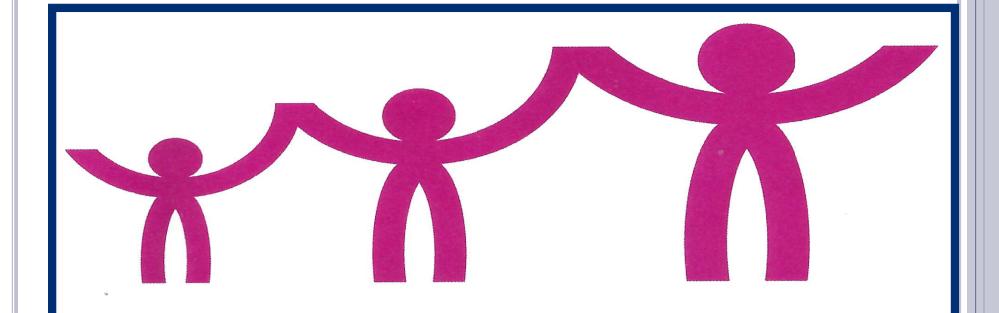


Professor Steve Field CBE FRCGP FFPH FRCP

Deputy National Medical Director – Health Inequalities, NHS CB; Chairman, National Health Inclusion Board; and General Practitioner at Bellevue Medical Centre







THE NHS CONSTITUTION

the NHS belongs to us all

The NHS belongs to the people

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most

NHS Values

- Respect and dignity
- Improving lives
- Commitment to quality of care
- Compassion
- Working together for patients
- •Everyone counts.



HEALTH INEQUALITIES: LEGAL DUTIES

- The Health and Social Care Act 2012 contains the first ever specific legal duties on health inequalities
- These duties commence from April 2013 and include requirements for:
 - the Secretary of State to have regard to the need to reduce inequalities relating to the health service
 - the NHS Commissioning Board and clinical commissioning groups have regard to the need to reduce inequalities in access to, and the outcomes of, healthcare.

NHS COMMISSIONING BOARD: LEGAL DUTIES

- o have regard to the need to reduce inequalities in access to health services and the outcomes achieved.
- exercise its functions with a view to securing that health services, health-related services or social care services are provided in an integrated way where it considers that this would reduce inequalities in access to those services or the outcomes achieved. This applies to all of the NHS CB's functions, not just commissioning

NHS COMMISSIONING BOARD: LEGAL DUTIES

- o include in an annual business plan an explanation of how it proposes to discharge its duties to have regard to the need to reduce inequalities.
- o include in an annual report an assessment of how effectively it discharged its duties to have regard to the need to reduce inequalities.
- include in an annual report an assessment of how well CCGs have discharged their duties to have regard to the need to reduce inequalities.

MARMOT: KEY THEMES



- Reducing health inequalities is a matter of fairness and social justice – inequality is avoidable
- Action is needed to tackle the social gradient in health – proportionate universalism
- Action on health inequalities requires action across all the social determinants of health
- Reducing health inequalities is vital for the economy





Barriers to GPs registering homeless patients must be removed



The Bellevue Medical Centre: embracing innovation and change in Birmingham

A passion for improvement and for providing the highest-quality patient-focused care is the ethos that drives the Bellevue Medical Centre in Birmingham. Francesca Robinson met the team ...

THE BELLEVUE MEDICAL Centre in Birmingham serves a population experiencing some of the highest levels of poverty, deprivation and social need in the UK. Yet it is not a typical inner-city practice.

The practice is staffed by an unusually sors and five GPs with research interests, three of them seconded from the Ministry of Defence to the surgery on a sessional basis.

In addition, four of the partners have

in the West Midlands. Richard Hobbs is Head of Department and Professor of Primary Care in General Practice at Birmingham University; Professor Stephen Field is Postgraduate Medical Dean for the West Midlands: Dr Andrew Carson is Associate high proportion of academics - four profes- Director of General Practice for Birmingham and Programme Director of Higher Professional Education; and Dr Patricia Houlston is Course Organiser for the Birmingham GP Vocational Training Scheme.

part-time in order to pursue outside activities, and all the GPs have specialist interests ranging from women's health, mental health, orthopaedics, diabetes and palliative care, to looking after dancers at the Birmingham Royal Ballet.

The practice was one of the first t become a Personal Medical Services pilo and has pioneered many research projects undertaken by the Department of General Practice at Birmingham University These include a model of primary care ora





General Practice—must improve access for homeless patients Or new primary care services should be commissioned







We need integrated commissioning leading to integrated provision for homeless services





The oversight of local Health and Wellbeing Boards will be critical to ensuring that appropriate services are commissioned and delivered



Joint Strategic Needs Assessments (JSNAs) must include care of the homeless



There are great examples of care provided outside general practice—they should be replicated across the country

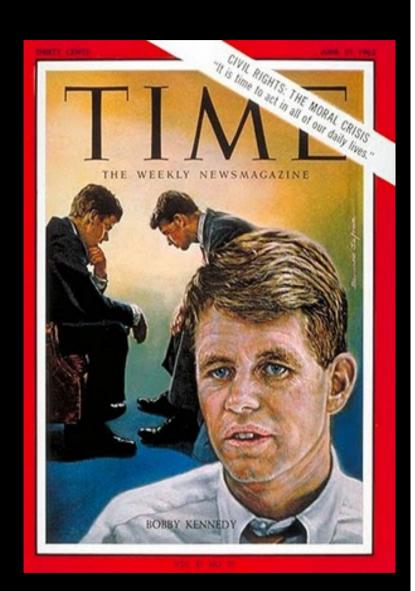


Select the people who care for homeless people for their values then support them and help them develop skills throughout their career.



"Few men are willing to brave the disapproval of their fellows, the censure of their colleagues, the wrath of their society.

Moral courage is a rarer commodity than bravery in battle or great intelligence. Yet it is the one essential, vital quality of those who seek to change a world which yields most painfully to change"



We must become the change we want to see in the world

