

Inclusion Health

Academy of Medical Royal Colleges and Faculty for Homeless and Inclusion Health Joint Position Statement

8 May 2017

*'Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.'*¹

*'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.'*²

Inclusion Health is a universal concept but responds to local needs. The Academy of Medical Royal Colleges (the Academy) and the Faculty for Homeless and Inclusion Health are committed to high-quality care for all who use the NHS. Those who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patients' total health, care and social needs.

There is a growing understanding of the impact of health inequalities on patients and healthcare providers. Whilst many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised. People in this situation may include homeless people, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice system.

The Academy and the Faculty of Homeless and Inclusion health are committed to:

- Promoting 'Proportionate Universalism' – health resource distribution that favours the disadvantaged and actively reverses the 'inverse care law'
- Meeting the health needs of excluded groups with respect, dignity, and compassion
- Ensuring prompt access to emergency care for all
- Offering GP registration to all who need healthcare
- Addressing cost recovery only after the patient receives urgent treatment
- Integrated care that considers patients' physical, psychological and social care needs, with complexity managed by individual care coordination supported by a multi-disciplinary team
- Empowering patients to make decisions about their health, and involving patients in the design and delivery of care
- Improving awareness that health care alone cannot transform health inequalities. It requires societal change, reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage

-
- A recognition that all clinicians must be involved in helping patients to improve their health, not just by medical treatment but through advocacy, inter-professional working and engagement with Public Health.
 - National standards for NHS recording of key data to improve future planning of care, for example housing status and Gypsy and Traveller ethnicity
 - Informing equality and equity in commissioning through ensuring data about the health of excluded people is gathered and included in Joint Strategic Needs Assessments
 - Improving medical and nursing education so that healthcare professionals are equipped with the skills and confidence to address health inequalities and care for vulnerable patients with complex health and social needs.

1 2010 Marmot Review 'Fair Society-Healthy Lives'
2 Lancet submitted