

LEADERSHIP FOR HEALTH EQUITY

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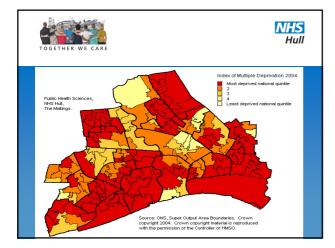


Repositioning your NHS

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- Maximise the value of the power of the brand
- Move from a National Sickness Service to a Locally Accountable Health System
- Flexibility in the Health & Social Care Act
- Good partnership is an effective survival strategy in hard times







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What needs to change?

- Us!
- Move from "top down" to "bottom up" principle of subsidiarity applies
- "Apart from the community" to "A part of the community"
- Programmes, not interventions, to drive public health improvement
- Excellence as a service provider does not in itself constitute success



Our Contribution

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- The NHS is not an end in itself
- Determinants of health education, employment, social capital, lifestyle...
- NHS is the biggest spending public service partner approx 50% in LA area
- NHS is still positioned to deal with consequences, not causes



















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How do we do it?

- Ensure the Health partners are lined up
- Get a seat at the top table(s) but don't scare the horses
- Investment in all four areas in time and money truly world class
- Bring your staff and your community with you
- Challenge what's not working
- Be bold, be different sometimes new things don't work



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The Future

- Sustainable improvement requires organisational and clinical leadership across 1 °/2° care – *this is not a financial exercise*
- The Marmot Review gives solid pointers for future working
- Develop the simple messages which everyone can sign up to
- NEVER LET A GOOD CRISIS GO TO WASTE ...

