

**London Network of Nurses and
Midwives
Homelessness Group**

Conference report 2015

‘Austerity and Access’

**Enabling health access in
times of austerity**

Friday 17th April 2015

St. Martin-in-the-Fields



CONFERENCE REPORT 2015

INTRODUCTION

On Friday 17th April 2015 the London Network of Nurses and Midwives Homelessness Group ran its second one-day conference for 140 homeless health professionals entitled 'Austerity and Access'. The conference was entirely run by volunteer members of the LNNM group, and co-produced with Groundswell. Attendees included nurses, doctors, allied health professionals, students, lobbyists, policy makers, commissioners, and service users.

The event was made possible due to the kind sponsorship of the London Housing Foundation (£5,000). The event was run at St. Martin-in-the-Fields, and was promoted using free website provision e.g. Eventbrite and Wordpress. Total costs were around £8,500. The deficit was made up with ticket sales. Tickets cost only £31.40. 100 tickets were made available for sale (22 speakers / workshop facilitators, 12 service users attendees, and 6 medical students were given free tickets), and the event sold out.

PROGRAM

The program is attached, and involved the following key note speakers:

- Maxine Radcliffe, Lead Nurse – Great Chapel Street / Chair, LNNM
- Dr Alistair Story (PhD), Clinical Lead / Lead Nurse – Find and Treat
- Jeremy Swain – Chief Executive, Thamesreach / Board Representative, London Housing Foundation
- Dr Penny Louch (PhD), Lead Nurse – Health E1 and the Greenhouse

4 focus group sessions were run in partnership with NHS England involving all attendees. These were used to inform the current work of the Homeless Health Services Transformation Board. Feedback from the groups is presented in this report.

There was a panel discussion involving Dr Adrian McLachlan (Lambeth CCG Chair / Chair, Homeless Health Services Transformation Board), Dr Ray Earwicker (Senior Policy Manager, Health Inequalities Unit, DH), Michele Golden (Head of GP Practice Inspections – London, CQC), Jenny Travassos (Rough Sleeper Commissioner, Westminster) and Caroline Alexander (Chief Nurse for London, NHS England). This was kindly facilitated by Stephen Robertson, Chief Executive of the Big Issue Foundation. Questions were invited prior to the session, and the most popular questions (voted on by all attendees at registration) were the questions asked in the debate.

There were 10 workshops from experts in their field including Dr Philip Timms (Consultant Psychiatrist, START team), Stan Burrige (Service User Research Lead, Pathway), and Morag Forbes (Midwife, Medical Justice). The workshops covered the following topics: Alcohol reduction in the community, Personality Disorder, Hepatitis C in clients with substance misuse, TB, Housing options on acute mental health wards, Street mental health assessment, Pregnancy and sexual health, Emerging drug trends, Service user involvement, and Treating HIV in non-engagers

Street Opera provided an excellent 20 min performance, and there was also a fun quiz.

Focus Groups:

Commissioning principles and outcomes

One of the outcomes from last year's conference was representation from LNNM members to the London Health Commission in 2014 in order to lobby for a different approach to commissioning. LNNM members presented alongside the Pathway charity, and St Mungos Broadway. In response to this lobbying NHS England and the Office of London CCGs are now together leading a programme to transform London's homeless health services. The programme's mandate derives from Recommendation 31 of the Better Health for London report, which states:

'Health and care commissioners should develop a pan-London, multi-agency approach to health care for the homeless and rough sleepers, with dedicated integrated care teams and commissioned across the capital by a single lead commissioner.'

Two LNNM members are on the Board of the resulting Homeless Health Services Transformation Programme. Through these members the LNNM group suggested to the Board that our conference could be used to engage homeless health professionals pan-London in the process of shaping the programme, and this suggestion was taken up. Questions for the focus group were developed in partnership.

Four focus groups were facilitated by LNNM members. Each group was split into four smaller groups (7-8 in each group) to consider the following questions:

One of the aims of the pan-London Homeless Health Services programme is to set up a lead commissioner model, where one CCG leads on behalf of the rest of London.

This is a significant challenge.

1. We want to know what your group thinks are the key 5 core service attributes that a lead commissioner should be looking for in all homeless health services – no matter where they are, or what their core remit is. *(10mins to discuss, 10 mins for feedback)*
2. When you have decided on this we would like you to take 2 of these core service attributes and suggest 2 possible outcome measures (1 for each) that might be used to measure these. *(10mins to discuss, 10 mins for feedback)*
3. Finally we want to hear any concerns that your group has about the concept of pan-London commissioning that may have arisen from your discussion. Ideally we would like to hear 1 concern per group. *(5mins to discuss, 10 mins for feedback)*

Feedback was captured on flip-charts, and through individual notes that were taken. Medical students were asked to take notes, and these were invaluable.

A formal report on the focus groups will be provided, as a huge amount of information was gained. However the following brief summary of responses was presented to the Board in the week following the conference. This was achieved by scanning through the flip-charts, and notes, and tallying themes.

Core Service Attributes

The core service attributes that were suggested (in order of the frequency in which they were discussed):

1. Services should provide access to initial assessment for all - local connection issues and immigration issues should not come into this. Services should think about increasing hours of access if possible.
2. Services should ensure clients are registered with GPs, and aim to mainstream people as much as possible. There should be an emphasis on transitioning people into mainstream services as a move to recovery.
3. Services should be integrate physical, addictions and mental health (psychologically informed environments were recommended), and wherever possible provide a one-stop shop to housing, immigration services etc. A quote from a service user was telling '***I felt un-manageable. I was sent from pillar to post.***'
4. Services should involve peers wherever possible, ideally in a peer advocacy role.
5. Services should improve physical and mental health in a measurable way.
6. Services should provide assertive outreach.
7. Services should share data with other services (although this did create some interesting debate, around information governance)

Possible outcomes measures

The outcome measures most commonly suggested were:

- Patient satisfaction
- Increase in GP registration
- Increase in engagement in care (e.g. via a reduction in outpatient DNAs)
- Patient self-reported health outcomes (PROMs)
- Public health related outcomes
- Decrease A&E attendance
- Increase in number of clients receiving peer advocacy support
- Increase in number of clients with a multi-agency care plan following MDT discussion
- Accessibility of services could be measured

The difficulties establishing meaningful, quantifiable were commonly discussed. There was discussion regarding whether a specific set of local outcomes could be developed.

Concerns about Pan-London Commissioning

The main concerns regarding pan-London commissioning were:

- Concerns about the interface between commissioners and providers (pre-existing)
- Concern that a central commissioner might lead to a loss in responsiveness to local needs
- Concerns regarding the monitoring of process - who will ensure this the process is actually improving things. Will key concerns of staff be dealt with through this process e.g. issues regarding clients being unable to register with GPs, concerns regarding what to do with sick clients with no eligibility etc
- There was a concern about data sharing consent / protocols within integrated services e.g. those with peers
- There was a concern about the One Stop shop idea, and whether staff training would be available to ensure this could be delivered.

When the full report is available this will be widely distributed, and will have considerably more detail.

Panel Debate

The panel debate was very well evaluated. We think that attendees saw the panel debate as a real opportunity to engage with policy makers, and it was notable that several service users got involved in the debate. Attendees from NHS England and the Office of CCGs said they found the debate very informative in informing them about the current concerns of service providers.

The full suite of questions that was made available for voting (suggested by panel members) is available at the end of this report (the questions chosen are highlighted in red), but the ones that were chosen concerned:

- Issues with mainstream GP registration
- Issues with No Recourse to Public Funds clients (mainly EEA Nationals) with addictions not going home, but not being able to access addictions treatment
- Issues with some clients not being able to access outreach nursing services due to local connection issues
- Concerns about clients with high level safeguarding issues, that homeless teams are managing without support
- Training opportunities for nurses in the area of inclusion health

The panel debate was recorded, and is available on our website. The sound recording is being transcribed so that the benefits of the debate can be maximised.

A key outcome from the debate has been that guidance on GP registration making it absolutely clear that GP practices should be registering homeless patients without any requirement to provide ID has now been distributed for use by attendees.

Dr Ray Earwicker has agreed to attend an LNNM meeting later this year to follow-up on concerns regarding clients with no recourse to public funds. The group will also be meeting Caroline Alexander regarding safeguarding and training concerns.

Feedback from attendees

Feedback forms

We distributed feedback forms at the end. 45 feedback forms were received back. 100% responders said they would come again if the conference became an annual event (up from 93% last year).

Attendee comments about the conference included that the conference was:

'Thought provoking' 'absolutely wonderful' 'inspiring' 'a great day' 'best conference I have ever been to'

Al Story's opening speech was commented on several times ***'data with passion'***. It is available on our website as a sound recording, and has now been downloaded over 350 times. All the other speakers were well evaluated, with Jeremy's Swain's speech also receiving special mentions.

The panel discussion was described as ***'open and honest'***, and appeared to be viewed as extremely useful.

The workshops were described as ***'excellent & engaging'***, and the expertise of the workshop leaders was commented on. The workshops were even better evaluated than last year with an average score of 4.4 out of 5. [We asked attendees to grade workshops 1-5 (where 1 was 4, and 5 was excellent).] The 'Service user involvement' and 'HIV treatment in non-engagers' workshops received the highest average scores.

We received considerable positive feedback about the low ticket cost. It enabled workers normally disenfranchised from these types of events able to attend. The networking value of the conference was also frequently mentioned.

Streetwise Opera's performance was described as ***'amazing, really moving'***.

The conference organising committee were described as ***'legends'***, and one of our favourite comments regarded the ***'passionate spirit of courageous nurses willing to challenge the status quo'***.

Contributor comments

Contributors also found the day very useful in order to develop a dialogue:

Dr Ray Earwicker (Senior Policy Manager, Health Inequalities Unit, DH) - ***'I enjoyed Friday's session and learnt a great deal!'***

Jenny Travassos (Rough Sleeper Commissioner, Westminster) – ***'I genuinely hope I was able to challenge some perceptions that commissioners don't care! I thought they were a great bunch of people and where frustrations were voiced, I totally understood.'***

Barbara O Connor (Office of CCGs) – ***'I just wanted to say thank you for letting me attend the conference on Friday. I really enjoyed it... I thought the presentations and the panel discussion were good... it was interesting hearing the perspectives of the people on the ground... I think between us we have the makings of a good team.'***

Kate Bowgett (Director of Advocacy) – ***'I think it went really well, much better even than last year... peers felt really involved. One peer now wants to be a nurse!'***

Thoughts for next year

A post conference feedback meeting was held with LNNM members, Groundswell and some conference attendees. It was felt that the event was very successful, and we would like to continue to put on a 3rd conference next year.

Thoughts for next year were:

- Keep costs low – this keeps it accessible to all
- Keep speakers as clinical specialists and/or leaders in the field – this year's were very interesting and engaging
- Continue to promote multi-disciplinary, multi-agency attendance
- Consider a venue with more equal size workshop rooms
- Consider adding housing related updates for the workshops
- Issue CPPD certificates
- Get peers involved on the panel
- Try to get a Minister on the panel
- Consider bidding for a part-time LNNM Coordinator post

Photos of the conference were taken and can be found on our website:
homeleshealthnetwork.net

Jeremy Swain giving his key note speech.



Peer advocate Denis Rogers from Groundswell who was given an 'All Round Fabulousness Award' for his work in homeless health services pan London on the day. Photographed with LNNM Chair Maxine Radcliffe who gave the award.



Final Programme

9.00 - 9.30	Registration / networking. Coffee / Tea, Biscuits.
9.30 – 9.45	Opening address: Update and progress since last year. Maxine Radcliffe, Chair of the LNNM Homelessness Group
9.45 – 10.10	Speech and questions: The public health consequences of reducing health access. Alistair Story, PhD, Clinical Lead, Find and Treat
10.10 - 10.30	Speech and questions: How grants make a difference in homelessness. Jeremy Swain, Chief Executive, Thames Reach / Board Member, London Housing Foundation (and conference sponsors)
10.30 – 10.45	Coffee / Tea, Biscuits.
10.45 – 11.40	Break Out Workshops 1 1. Alcohol reduction for homeless people at Luther Street – Robin Feast (Lead Nurse), Eve Gibb (Practice Nurse) Luther Street Medical Centre, Oxford 2. Personality Disorder – a counsellor’s response to multiple exclusion homelessness – John Conolly (Lead Counsellor), Westminster CLCH 3. Update on Hepatitis C in clients with substance misuse – Stephanie Broughton (BBV CNS) Three Boroughs Health Inclusion Team, Sarah Hodgson, Rebecca Hawley (Liver CNS’s) Kings Liver Unit 4. Update on TB – Yasmin Appleby (TB Clinical Nurse Specialist), Find & Treat 5. Providing realistic housing options on acute mental health wards – Daniel Jones (Team Leader), Vivien Griffiths (Senior Social Worker) Westminster HPI
11.45 – 12.45	Focus groups – Pan London Commissioning Priorities
12.45 - 13.30	Lunch and poster viewing
13.30 – 15.00	Panel discussion - ‘Austerity and access’ – how can we enable access to health care in times of austerity? Panel members confirmed: Caroline Alexander, Chief Nurse for London, NHS England Dr Adrian McLachlan, Lambeth CCG Chair Dr Ray Earwicker, Senior Policy Manager, DH Health Inequalities Unit Michele Golden, Head of General Practice Inspections, South England, CQC Jenny Travassos, Commissioner of Rough Sleeper Services, Westminster
15.00 – 15.15	Streetwise Opera
15.15 – 15.30	Coffee / Tea, Biscuits.
15.30 – 16.30	Break Out Workshops 2 1. Street mental health assessment, negative symptoms of schizophrenia and capacity – Dr Phil Timms (Consultant), START team and John O Neil (Community Psychiatric Nurse), Supported Living Team, SLaM 2. Managing pregnancy, contraception and sexual health in homeless women – Amy Hall (Nurse Practitioner) Three Boroughs Health Inclusion Team with Morag Forbes (Clinical Risk Midwife), Whittington Hospital 3. Emerging drug trends / substance misuse update – David Robertson (Independent Non-Medical Prescriber), SWDAS 4. Delivering service user involvement and initiatives – Stan Burridge (Service User Research Lead), Pathway 5. Treating HIV in homeless non-engagers – Joe Philips and Theresa Burns (Nurse Practitioners), Chelsea and Westminster HIV/GUM outreach
16.30 – 16.50	Closing speech and questions: The importance of networking and the value that nurses can add. Penny Louch, PhD, Lead Nurse, Health E1 Medical Centre
16.50	Results of the poster competition and quiz and thanks. Drinks reception.

QUESTIONS FOR THE PANEL

1. As a nurse in a hospital I have recently been in the position of telling our overseas team that a patient was in the hospital, only to then have to fight them to prove she was entitled to on-going treatment. I do not feel I should be being put in this position. Do you have any thoughts on this?
2. We all know that homeless health services are not always cost effective in the short term. Engaging our clients in services can be costly, and our services are always seem vulnerable as a result. How can our services ensure they don't get cut after the election?
3. We all know there are many mainstream GP practices that turn away homeless people, on the surface of it because they have no ID to prove they live in the area. Do you think this is right, and if not, what can be done about this?
4. In Westminster some clients without a local connection are now not able to access day centre services, and as a result they cannot see the outreach nurses working in the day centres. Should local connection issues be allowed to affect access to health care?
5. There is a concern that many people with addictions problems who do not have recourse to public funds, are not eligible for treatment, but are not being deported - so they are deteriorating on the streets. What can be done about this?
6. The threshold for a response from safeguarding teams appears to be getting higher, leaving homeless teams holding responsibility for very complex patients who appear to us to be highly vulnerable. Is there a forum to which this concern could be taken?
7. The number of homeless families increased 32% last year, and there has been an increase in out-of-borough placements, breaking existing links for these families. What can be done about this?
8. People with personality disorders are still stigmatised across the board, with many mainstream services e.g. GP practices, not understanding what they can do to support these clients. In addition, there is still a lack of appropriate treatment available, largely because this is resource intensive. What can be done to address this in the short and long term?
9. There is a concern that gypsies and travellers are not being appropriately provided for - because if there are no outreach services providing services to these groups, there is no-one documenting the numbers of people that are there. Whose responsibility is it to consider this issue?
10. With recent hostel closures there is an increasing lack of provision e.g. for couples, and clients with dogs. There is also no established process for sitting dogs when clients need to go into hospital. How can we ensure that services remain responsive to individual need in these times of austerity?
11. There is an absence of professional development opportunities, leadership courses, and appropriate supervision opportunities for many specialist nurses working in homelessness. How can this be addressed?