

London Network of Nurses and Midwives Homelessness Group

4th conference

‘Integrating Services for Inclusive Healthcare’

Conference Summary



CONFERENCE REPORT 2017

INTRODUCTION

On Friday 12th May 2017 the London Network of Nurses and Midwives Homelessness Group ran its fourth one-day conference for 236 attendees entitled 'Integrating Services for Inclusive Healthcare'. The conference was entirely run by volunteer members of the LNNM group, and co-produced with Groundswell. Food was provided by Munch - a Social Enterprise connected to the Marylebone Project that supports homeless women. Entertainment was provided by the Choir with No Name.

Attendees included 64 nurses / midwives and health visitors, 17 doctors, 12 allied health professionals, 6 senior NHS managers (professional background unknown), 12 voluntary sector services managers, 2 commissioners, 5 charity directors, 13 housing / support workers, 22 peer attendees, 26 medical, nursing, and allied professional students, and 1 journalist. The remainder were hard to categorise, or no job information was available.

The event was made possible due to the kind sponsorship of the London Housing Foundation (£5,000). The £5,000 was supplemented by ticket sales, sold via Eventbrite. The event was run at Hillsong in Bermondsey, and was promoted via the LNNM website, twitter account and distribution list, and the London Housing Foundation website blog. Total costs have so far been estimated to be around £9,500. This is up on last year, but includes transcription costs for the discussion groups.

The cost deficit was made up with ticket sales. Tickets were released in January. Early Bird tickets cost £30, rising to £40 per ticket 6 weeks after release. Student tickets were made available at £10. 156 tickets were sold in total. Speakers, workshop facilitators, organisers, peers, and some students received free tickets (80 tickets). Some of the income is still outstanding due to invoices (£800), however the current projected income (including the £5000) totals £9710.00 if all the invoices are paid.

[N.B. The 236 did not include the Choir with No Name attendees or conference support volunteers who also attended, but who did not attend any of the rest of conference, these attendees did get a free lunch. Thus the total number of attendees taking lunch was 278.]

PROGRAM

Speakers

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

- Maxine Radcliffe, Lead Nurse – Great Chapel Street / Chair, LNNM
- Dame Eileen Sills - Chief Nurse and Director of Patient Experience, Guys & St Thomas
- Melu Mekonnen - In-Reach Worker Intermediate Care Network / Groundswell
- Dr Al Story – Clinical Lead, Find and Treat
- Ruth O'Brien – Lead Nurse, Greenlight

Workshops

There were 14 workshops from experts in their field including Niamh Brophy (Palliative Care Worker, St Mungos), Dr Caroline Shulman (GP, KHP Pathway team), Dr Rudiger Pittrof (Sexual Health Consultant, GSTT), Dr Joanne Wood (Nurse and Psychologist, Manchester Probation Service), Alison Gardiner (Podiatrist, Westminster Homeless Health Team), Dr Louise Restricks (Consultant, London Respiratory Team), Jo Prestidge (Policy Manager, Homeless Link), and Barney Wells (Social Worker and Director, EASL).

The workshops covered a variety of topics which included: end of life care, trafficking, sexual health outreach, foot care, respiratory care, housing innovation, personality disorder, mental capacity, evidencing the care we give, and stopping the revolving door of repeat pregnancy in chaotic women.

Discussion groups

Discussion group sessions involving all attendees focused on the conference topic 'Integrating Services for Inclusive Healthcare'. It is generally accepted that integration is needed to improve care for people experiencing homelessness – who are generally in contact with a high number of services that may cross several boundaries. However, it is also generally accepted that there are numerous funding and organisational blocks to integration that currently exist.

People with complex needs are at serious risk of falling through the cracks in service provision. There needs to be an integrated response across health, housing and social care.

Joseph Rowntree Foundation. 2011

The health and social care systems are stretched to the limit and the funding gap gets wider by the day.

Paul Hackett, Director of the Smith Institute, Guardian, 2015

The aim of the discussion groups this year was to examine the current blocks that exist to integration, and discuss what could be done about this. We aimed for a pro-active, problem-solving discussion, as will be seen from the questions below. Ten focus groups were facilitated by LNNM members. Each group was split into two – three smaller groups to consider the questions outlined in the box overleaf.

Feedback was captured on flip-charts, and individual notes that were taken by students, and peer volunteers. Several of the groups were also audio recorded, and are being transcribed. A formal report on the focus groups will be provided, as a huge amount of information was gained.

FOCUS GROUP QUESTIONS

1. Identify areas where poor integration of services adversely impacts homeless people at the moment. (15mins)

Share examples of where lack of integration causes problems, and where people currently fall through the safety net. Thinking about areas where lack of integration is a problem – where is this most evident and problematic?

2. Focus on a area of specific interest for the group where you believe there is a lack of integration. Consider what could be done to improve things, and how you might go about achieving this. (15mins)

Why have you chosen this area? Who could need to work together? What would need to be done to achieve this? What work would be involved to get to where you would like to be? Could it mean sharing spaces, workers, clients, information? What could this look like in practical real terms? What barriers might be anticipated? What could be done to overcome them?

3. How could the care improvements generated by this integration project be measured, and how would you argue for funding and to whom? (15mins)

How would better integration actually improve things for service users? How could you measure the changes in client outcomes that come about directly as a result of the integration? What would be the risks & benefits for service providers? What would be the cost implications – which organisations would need to invest and which ones could save? Who would pay?

Panel Debate

There was a post lunch panel discussion involving Susan Harrison, Head of Health and Homelessness, Healthy London Partnership, NHS England, Dr. Sara Ketteley, Consultant Psychiatrist, Great Chapel Street, Briony Sloper, Director of Nursing and Quality, London Ambulance Service, Louise Butler, Tri-borough area Safeguarding Adults Lead, and David Orekoya - Lead Commissioner, Health Improvement, Lambeth. 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.

The panel debate was very well evaluated, as previously. We think attendees to the conference see the panel debate as a real opportunity to engage with policy makers, and discuss the issues of the day. The full suite of questions that was made available for voting (suggested by LNNM members) is available at the end of this report (with the questions chosen on the day highlighted in red). The panel debate was recorded, and will be available on our website. The sound recording is being transcribed so that the benefits of the debate can be maximised.

The questions chosen concerned:

- Whether housing should be an outcome for health services
- What should be done for addictions clients who experience a lightbulb moment in hospital, but have not previously been engaged with addictions services
- Concerns re patients not meet safeguarding thresholds
- Monitoring of untoward deaths in the homelessness sector
- Mental health and mental capacity assessments on the street

Poster competition

7 entries of high quality were judged by Great Chapel Street GP Dr Philip Reid and Head of Health and Homelessness. 5 were made specifically for the event. Posters from last year were also brought back, enabling a display of 12 posters in total. This allowed a higher number of people to be involved in the day, but also allowed people to continue to profile their excellent practice. All the posters are now available on our website for viewing. 1st, 2nd and 3rd places received a prize (perceived as encouragement for people to engage in this important element of the conference).

- 1st Digital inclusion – is this a realistic aspiration for people experiencing homelessness. Pathway.
- 2nd Find and Treat.
- 3rd How can we facilitate access to palliative care for people who are homeless. A systematic review. Dr Caroline Shulman and Dr Briony Hudson

Find and Treat and Greenlight vans

For the first time this year we had the Find and Treat TB Xray van, and the Greenlight mobile outreach van at the conference so that everyone could go on board, and get to understand the workings and potential of both vans/services.

Ab Fab awards

The Absolute Fabulousness awards really came into their own this year with 10 nominations being received. The idea of these awards is to give a chance to acknowledge colleagues that might not be acknowledged otherwise, and give a feel-good end to the event. All nominees were invited to the stage to receive a certificate, but Eibhlín Collins received the prize (a unanimous decision by the committee as she was leaving her post after a period of long service). Below is a summary of the comments that were made about the nominees that was displayed on the screen during the awards.

SUE MILLER - Whitechapel Mission - She is committed and works tirelessly and selflessly... She's down to earth, plain speaking, a can-doer and cheerful. We love Sue and she is totally amazing, she fights for the cause.

CECILIA SERES – The Upper Room, W12 - She has remained consistent for many years and truly cares about the people in her care. Cecelia works long hours... Cecilia always opens her door with a hug and the offer of a cuppa... I LOVE CECILIA!!!

SUSAN MORGAN – Turning Point, Croydon - Susan is a total asset to our team; she works so enthusiastically and manages to engage all the hard to reach clients that others may struggle with.

LEE SNOWDON – Ealing Rise – Lee is really down to earth and practical, and engages so well with our very long term homeless clients

HARBI GHATORE – Ealing Rise - I am nominating Harbi because she is one of the nicest people I know. Harbi has an intimate knowledge of all the homeless people in Southall, she is warm, very considerate, and kind.

DR PHILIP REID – Great Chapel Street - 200 words aren't enough!!!!

ANNE MEASURES – Greenlight, Oxford - She is a very dedicated Nurse... If it were permissible she would invite all the Service Users to her home and care for them herself. I am so privileged to have her on my team.

DR RUDI PITTROF – honorary Health Inclusion Team member - Rudi's care, passion and flexibility in reaching out to marginalised groups is recognised and hugely appreciated by staff. Although, more importantly, it is the clients who often smile when they hear his name...

EAMMON EGERTON - Street Outreach Team in Southwark (SPOT) - is the amazing manager of the street outreach team in Southwark (SPOT). He tirelessly goes out his way to ensure clients are put first and are safe. Eammon ensures clients are represented but also always reflects on how his team can strive to do better for those who are rough sleepers.

EIBHLIN COLLINS – Camden Health Improvement Team - She will be so missed but has been an inspirational and incredible colleague to work with. Working with Eibhlín is like working with some sort of superhero, just one who works in quiet, measured and deeply insightful ways.

Entertainment

The Choir with No Name provided an excellent 20 min performance, and the evening reception was very well attended.

Attendance certificates

Certificates were issued confirming attendance, which will contribute to revalidation requirements, and these were very well received.

Feedback

61 feedback forms were received. 59 of the 61 said they would come to the conference again. The other two respondents didn't answer the question (so may not have seen the question on the form).

The feedback this year seemed particularly positive and upbeat. This is quite an achievement at a time when many services are suffering cutbacks and perceived threats. Through the feedback forms the feelings of the 'regulars' are evident, as well as the impressions of people coming for the first time.

Comments have been grouped into common themes, and edited down considerably to offer key comments.

OVERALL IMPRESSION

Lots of comments focused on the event as a whole:

'This year was the best year yet'

'It was my first time at the LNNM conference and I was completely blown away!'

'This conference gets us all together and reminds us that we are all one big family working together for a common goal. Very important in these times of austerity when the outlook looks a bit gloomy!'

'A very high-class conference.'

'Incredible verve. Thoroughly enjoyable and eye opening and informative. Really inspired me to find a career / help as some way as a nurse in this population of service users.'

'All the sessions were fantastic.'

'Keep it going, and widen the scope.'

'Thank you – it was brilliant! I left feeling so inspired.'

NETWORKING

As always, and as intended, the networking element of the event was well evaluated:

'Sharing ideas – that's what I came for and it was great.'

'Great to meet such a wide range of people.'

'I really enjoyed visiting the 2 vans outside.'

'I came down from Manchester and it has been relevant to me / my service.'

'I met a lot of interesting people.'

WORKSHOPS

The workshops were well evaluated this year, with several people asking for more time to attend workshops.

'Both workshops were interactive and gave practical advice to use in own work'

'The workshops were really well presented'

'So many great workshops, I would have wanted to go to them all'

'It was a shame to choose just one workshop each time. They would all have been great.'

Feedback was sought on all the workshops individually. The average score for workshops was 4.5, a gradual steady increase over the years (2014 - 4.1, 2015 - 4.4, 2016 - 4.45, 2017, 4.5). Examples of comments made about specific workshops are outlined below.

- Working with personality disorder workshop – *'a really interesting and respectful take on this; I learned a lot.'*
- End of life workshop – *'really interesting and useful'*
- Wound care workshop – *'10++++++'*
- Introduction to trafficking workshop – *'v good & interactive without being too traumatising'*
- Innovative approaches to housing workshop – *'lovely'*
- Evidencing the value of our care workshop – *'I really enjoyed what could have been a dry subject'*
- Sexual health outreach workshop – *'made me start thinking about how we could get sexual health services linked up with our clinics better'*

SPEECHES AND PANEL DISCUSSION

Speeches were deliberately kept to a minimum with only three key note speakers. All received mentions as the best aspect of the conference by some respondents.

'Dame Eileen Sills was very encouraging.'

'Hearing stories of previous service users was a privilege.'

'Loved it all but especially Dr Al Story's presentation at the end.'

The panel discussion was mentioned less in feedback than in previous years, but still struck an important chord.

'I was so pleased that so many of the questions picked reflected the growing interest and need for debate regarding issues connected with mental health.'

GROUP WORK

Several mentioned the value of the discussion groups for their own learning.

'Discussion group – I learned so much from the other attendees'

CHOIR

The Choir with No Name gave an outstanding performance in which all audience members got involved. It is very important to the committee that conference attendees have some fun, as well as learn something. This is a perceived 'thank you' to everyone for what they are doing, but also an attempt to show that the LNNM is a supportive and inclusive network; and as such to encourage people to get engaged with LNNM activities, and keep coming back. The Choir's performance was absolutely perfect for the purpose, and the committee was very grateful.

*'The Choir with No Name should come with a health warning as I was an emotional wreck...
Just wonderful.'*

*'The Choir with No Name were uplifting and it was cheering to be able to watch and
participate at the same time.'*

'Choir with No Name were fantastic'

*'The choir was great. Set the tone for the afternoon brilliantly. Reduced the after-lunch
slump. Very emotional.'*

'The choir – inspiring +++'

VENUE AND FOOD

Finally, many people loved the rather unusual Hillsong venue, and as before, the food provided by Munch was very well evaluated.

'Fab venue this year – congratulations everyone responsible'

'Food was excellent.'

'Lunch was lovely.'

WHAT COULD WE DO BETTER NEXT YEAR?

Several suggestions were put forward for specific workshop and speech topics for next year – these have all be taken on board. Offers to contribute from Dublin, Manchester and Brighton open the possibility of extending the ticket promotion to a wider audience.

The main responses to this specific question were:

- Devote more time to workshops
- Allow more time to network
- Allow more time for EBEs to talk
- Invite more non-NHS agencies to speak
- Get more commissioners involved
- Use an easier location
- Make it a bit more affordable
- Provide free wifi

However, several people did respond that we didn't need to change anything

'Just do the same again!'

Where next?

The LNNM homeless health conference has been running for 4 years, kindly funded by London Housing Foundation. The first conference came out of an Action Learning Set that generated an aspiration to create an annual event to bring people working in homeless health in London together once a year. The main initial purposes for the conference were to influence homeless health care policy, and to run an inspirational away day / networking event to keep homeless health workers engaged. The conference has been successful in both areas, and has grown every year. Conference reports have been influential in influencing policy during the London Health Commission enquiry, and have also influenced policy direction as the recent London Homeless Health Programme has developed. Attendees are very enthusiastic that the conference will continue, and feedback is always excellent as demonstrated in this report.

However, the conference is run by volunteers to keep costs low. Low ticket prices are perceived to be vital as many attendees come from services on shoe-string budgets. (Note that one piece of feedback received was 'make it more affordable', despite the low ticket price.) For most of the conference committee this means considerable evening and weekend work every year running up to the conference. From the point of view of planning for the fifth conference (if there is to be one), the conference has probably now got to the stage where it is a little 'too big', and may need some administrative support – but the LNNM group is not a charity, social enterprise or business, and it is a little unclear what the best way to proceed with this would be. The LNNM group has had some offers of partnership, but these mainly come with requests which will most likely result in more voluntary activity, so the group has been cautious.

An additional issue is that London Network of Nurses and Midwives itself stopped receiving any funding in 2007, and does not receive any core funding for any of its other activities. The fact that the network has continued has been primarily due to the enthusiasm of the membership to continue to network to support each other, and for the benefit of patients. No other London network group has continued after the funding ceased up in 2007. The group has done some very useful lobbying work in the last few years and our opinions are valued, but most of input the group has given (e.g. to consultations etc) has again taken place on a voluntary basis.

Because of these issues the London Housing Foundation has now offered a small amount of Consultancy time to assist the LNNM group to attempt to answer the question 'Where Next?' – before moving forward to plan conference number five. This is very much appreciated, and the group hope to develop a forward plan shortly.

Thanks

Many thanks to Maxine Radcliffe, the Chair of the LNNM Homelessness Group for the last 3 years who moves to Ireland in August. Without Maxine's vision and leadership with conference wouldn't have grown as it has done.

Thanks also to Mark Wall from the London Housing Foundation for providing ongoing communications support, ideas and being an excellent sounding board.

Photos



1. Dr Sara Kettley (Consultant Psychiatrist) talks during the panel debate



2. The Choir with No Name get everyone involved!



3. Ab Fab Award winner Cecilia Ceres, Dr Rudi Plttrof, Eammon Egerton and Dr Philip Reid looking quite chuffed...



4. Amazing student nurse Lousie Cahill leads one of the focus groups

AGENDA

8.45 - 9.15	Registration / networking. Coffee / Tea, Biscuits.
9.15 - 9.30	Opening address: Update and progress since last year. <i>Maxine Radcliffe</i> , Chair of the LNNM Homelessness Group
9.30 – 9.50	Speech and questions: <i>Dame Eileen Sills</i> - Chief Nurse, Director of Patient Experience & Infection Control, Guys & St Thomas
9.50 – 10.10	Speech and questions: <i>Melu Mekonnen</i> - In-Reach Worker for the Intermediate Care Network Surviving homelessness and staying healthy
10.10 – 10.30	Coffee/Tea, biscuits
10.30 – 11.30	Break Out Workshops 1 <ol style="list-style-type: none"> 1. End Of Life: Practical tools and a new approach to help identify and support homeless people with advanced ill health. <i>Niamh Brophy and Dr Caroline Shulman, End of life Care Research Project</i> 2. 'Introduction to human trafficking' what it is, immigration, accommodation and support and options for potential victims and victims. <i>Kay Foxall, Southwark Law Centre</i> 3. Sexual Health Outreach and SHRINE. <i>Dr Rudiger Pittrof, CNS Stephanie Broughton, SHRINE project, GSTT</i> 4. Working with Personality Disorder. <i>Dr Joanne Wood, Manchester Probation Service</i> 5. A Model for Integration – the KHP Pathway Homeless Team. <i>Jane Cook and Carmen Rojas, Health Inclusion Team and KHP Pathway Homeless teams, GSTT</i> 6. Feet on the Street: foot health and podiatry care for homeless and vulnerable people. <i>Alison Gardiner, Westminster Homeless Health Team, CLCH</i> 7. Respiratory health: Why it matters and what we can do to improve experience and outcomes <i>Dr Louise Restrick, London Respiratory Team</i>
11.30 – 12.30	Conference Discussion Groups
12.30 – 13.30	Lunch and Poster Viewing
13.30 – 14.45	Panel discussion facilitated by Stephen Robertson, CEO Big Issue Foundation. Panel members: <ul style="list-style-type: none"> • <i>Kenny Gibson</i> - Head of Public Health Commissioning NHS England (London) • <i>Dr. Sara Kettleley</i> – Consultant Psychiatrist, Great Chapel Street • <i>Briony Sloper</i> – Director of Nursing and Quality, London Ambulance Service • <i>Louise Butler</i> – Tri-borough area Safeguarding Adults Lead • <i>David Orekoya</i> - Lead Commissioner, Health Improvement, Lambeth
14.45 – 15.00	Entertainment – <i>Choir with No Name</i>
15.00 -15.15	Coffee/ Tea Biscuits
15.15 – 16.15	Break Out Workshops 2 <ol style="list-style-type: none"> 1. Sepsis: The Hidden Killer. <i>Diana Niland, The UK Sepsis trust</i> 2. Assessing Mental Capacity – Applying the legislation in your role. <i>Barney Wells, EASL</i> 3. Local Authority support for NRPF families. <i>Abi Brunswick, Project 17</i> 4. Innovative approaches in housing for people with multiple and complex needs. <i>Jo Prestidge, Homeless Link</i> 5. Wound Care for the homeless: Practicalities and self care. <i>CNS Jemell Geraghty and CNS Lydia Barry, Royal Free Tissue Viability</i> 6. Understanding and Preventing repeat removal: Working with women who have had children taken into care. <i>Felicity Reed, PAUSE, Southwark</i> 7. Evidencing the value of the care we deliver: <i>Serena Luchenski, Farr Institute</i>
16.15 – 16.20	About Greenlight: <i>Ruth O' Brien</i>
16.20 – 16.40	Speech and questions: <i>Dr Alistair Story</i> – Founder and Clinical Lead of Find and Treat
16.40 – 16.50	Reflections from the day: <i>Groundswell Peer Advocates</i>
16.50 – 17.00	Results of the poster competition, quiz and thanks
17.00+	Drinks reception

QUESTIONS FOR THE PANEL 2017

1. We know that homelessness is bad for your health. Should ensuring someone has adequate housing become a core achievement outcome for health services - and if so how can this be achieved?
2. We often struggle to complete Mental Health or Mental Capacity Assessments because of lack of police or Approved Social Worker availability at the time when this is needed. As a result, some people remain homeless or without treatment for much longer than necessary. How do the panel think the management of this situation could be improved?
3. How do you think that we can ensure that all services dealing with complex and vulnerable clients will be able to effectively share data by 2020?
4. What should be done for people who have a 'lightbulb' moment in hospital, want access addictions treatment, and say they don't want to return to their hostel, despite not being previously engaged with treatment?
5. Often people who are homeless are referred to Social Services due to safeguarding concerns, but are told they do not meet the threshold for assessment despite their vulnerability. Should this be monitored, and what can be done about this?
6. Is frequent attendance important - and if so how could we develop a coordinated pan-London response to frequent attendance for people experiencing homelessness?
7. Homeless medical respite beds in London have often failed to achieve their initial aims primarily due to the beds being in local authority control. Is homeless medical respite actually needed, and if so what should be done about this?
8. Sexual and reproductive health outreach to marginalised patients results in low volume, but high impact interventions. A local pilot project has recently demonstrated that this is highly cost effective, as it prevents down-stream costs such as maternity care or costs related to children in care. However sexual health care commissioning does not save money because of this intervention – whereas other areas like social care and maternity care do. How can we effectively argue for mainstream commissioning of these types of interventions?
9. Changes to charging rules for NHS maternity care have had harsh impacts on vulnerable migrant women. Although the inability to pay will not prevent them receiving care, it may deter them from seeking care. The resulting debt may adversely impact on future immigration decisions, and can prevent re-entry to the

UK, as well as causing severe stress & anxiety, which is clinically evidenced to compromise the health of both mother & baby. Maternity Action have spoken out against this policy, but national pilots are currently taking place where services are requesting womens' passports & visas on first contact with maternity services. What should the sector response be?

10. In the 5 Year Forward Plan there is a commitment to investigate untoward deaths. Is this an opportunity for there to be a pan London confidential enquiry into all deaths of homeless people (similar to that for all maternal deaths) and if so how could this be achieved?

11. How can we ensure that Sustainability and Transformation Plans are inclusive, and meet the needs of people who are homeless?

12. What if a Labour Government gets in. Will we all be saved?

REFERENCES:

Joseph Rowntree Foundation. Tackling homelessness and exclusion: Understanding complex lives. 2011.

St Mungos Broadway. A Future. Now. Homeless Health Matters: the case for change. October 2014

Paul Hackett, Director of the Smith Institute- 'Government cuts may push housing and healthcare services further apart'. 21 July 2015.