

**London Network of Nurses and
Midwives
Homelessness Group
3rd conference**

**‘How Safe is the
Safety Net?’**

Friday 20th May 2016

**Territorial Army Centre,
Adam and Eve Mews, W8 6TN**



CONFERENCE REPORT 2016

INTRODUCTION

On Friday 20th May 2016 the London Network of Nurses and Midwives Homelessness Group ran its third one-day conference for 198 homeless health professionals entitled 'How Safe is the Safety Net'. The conference was entirely run by volunteer members of the LNNM group, and co-produced with Groundswell. Attendees included 69 nurses, 11 doctors, 17 allied health professionals, 13 lobbyists / policy makers / commissioners, and 86 representatives from the voluntary sector including Experts by Experience.

The event was made possible due to the kind sponsorship of the London Housing Foundation (£5,000). The event was run at the Territorial Army Centre in Kensington, and was promoted using free website provision e.g. Eventbrite and Wordpress. Total costs were £8,252.67. The deficit was made up with ticket sales. Tickets cost £31.50, and 140 tickets were made available for sale. Speakers, workshop facilitators, organisers, and the Experts by Experience received free tickets. The event sold out, although some of the income is still outstanding due to invoices. Current income (including the £5000) totals £8120.83. [Any profits will be reinvested into next year's conference]. Food was provided by Munch - a Social Enterprise connected to the Marylebone Project that supports homeless women.

PROGRAM

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

- Maxine Radcliffe, Lead Nurse – Great Chapel Street / Chair, LNNM
- Jill Demilew, Consultant Midwife, Kings College Hospital
- Gerry Dickson, Caseworker, Groundswell
- Dr Adrian McLachlan, Chair, Homeless Health Transformation Board
- Professor Ursula Gallagher, Deputy Chief Inspector of General Practice and Integrated Care (London)

4 focus group sessions involving all attendees focused on the conference topic 'How Safe is the Safety Net?' There was also a panel discussion involving Garry Money (Associate Director, London Homeless Health Programme), Hong Tan (Head of Health in the Justice System, NHS England), Susan Munroe (CEO / Lead Nurse, Freedom from Torture), Dr Clare Shortall (Family Programme Manager, Doctors of the World UK), and Ronald Kelly (Lawyer, Southwark Law Centre). 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 11 workshops from experts in their field including Debbie Clark (Matron, Sexual Health Outreach), Dorcas Gwata (Clinical Nurse Specialist, Integrated Gangs Unit), Dr Owen Bowden-Jones, (Consultant Psychiatrist, Imperial College), and Dr Shazia Munir, Specialist GP in Refugee Health. The workshops covered a variety of topics which included: Legal highs, trafficking, sexual health, refugee health and maternity rights.

Street Opera provided an excellent 15 min performance, and there was also a fun quiz, and very successful poster competition.

Focus Groups:

How Safe is the Safety Net?

One of the aims of this conference was to have a discussion about clients that the sector sees, that the LNNM Homelessness Group believes are 'slipping through the safety net'. We aimed for a pro-active, problem-solving discussion, as will be seen from the questions below.

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

FOCUS GROUP QUESTIONS

1. We want you to spend a few minutes discussing examples of clients you have worked with who have 'slipped through the safety net'. Do your teams work with many of these clients? Can you identify any key groups who are vulnerable, or any particular themes? (10mins to discuss, 10 mins for feedback)
2. Choosing one of the key vulnerable groups you have discussed, could your group make any innovative suggestions about what could or should be done to stop some of these situations occurring? (10mins to discuss, 10 mins for feedback)
3. Referring back to your suggestions from 2, could your group suggest how the positive impact of your suggestions could be measured (5mins to discuss, 10 mins for feedback)

Feedback was captured on flip-charts, and individual notes that were taken. A formal report on the focus groups will be provided, as a huge amount of information was gained.

Panel 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 panel members) is available at the end of this report (the questions chosen are highlighted in red), but the ones that were chosen concerned:

- Continuing perceived issues with GP registration
- Problems with prison discharge arrangements
- Lack of partnership working with the Home Office, and how we can better safeguard patients
- The plight of homeless pregnant women with NRPF
- Information sharing - particularly around alerts for vulnerable clients
- Peer advocacy

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.

Poster competition

The poster competition was started last year, but really came into it's own this year. 10 entries of extremely high quality were judged by Great Chapel Street GP Dr Philip Reid and Newham Director of Public Health Dr Meredin Peachey. 8 were made specifically for the event. This allowed a higher number of people to be actually involved in the day, but also allowed people to profile their excellent practice. The general feedback from the judges was 'We thought they were all relevant, and we enjoyed the variety of subjects tackled. We encourage everyone to read them and be inspired to do their own poster next year'.

Student nurse Louise Cahill won the competition with 'Healthcare and Trafficking – a role for student nurses'. The feedback for this poster was 'Impressed that a student nurse did this on her own. Inspirational to all students that they can make their own impact on patients as they train, and a clear message about how that impact can be made.' All the posters are now available on our website for viewing.

Attendance certificates

For the first time we issued certificates confirming attendance, which will contribute to revalidation requirements, and these were very well received.

Feedback from attendees

Feedback forms

We distributed feedback forms at the end. 74 feedback forms were received back. 100% responders said they would come again if the conference became an annual event. 21 attendees (who were not on the 2016 conference committee) offered to be involved in next year's conference planning / delivery:

Attendee comments about the conference were extremely positive:

'Very motivating and progressive'

'Fabulous'

'Brilliant organisation'

'All of it was wonderful'

'The place, the people, the way it was organised...it was really good'

'I have a huge amount of respect for this conference because it is about learning, experience and networking – not a corporate money maker'

The workshops were even better evaluated than last year with an average score of 4.5 out of 5 from all scores. [We asked attendees to grade workshops 1-5 (where 1 was poor, and 5 was excellent).] In the workshops we have tried to give clinicians working in the field a platform to share their expertise. The 'Sexual Health and Precarity', 'Club Drug Clinic', and 'Meeting the challenge of treating homeless people' (from a counselling perspective) workshops received the highest average scores (further details are at the end of this report). Feedback on workshops included:

'extremely powerful and motivating' ***'an eye opener!'***

'fascinating and directly relevant to my current client group'

The panel discussion received the most mentions as the best session of the day. People also appreciated the chance to network, and found the general atmosphere at the event uplifting and inspiring.

'Sense of unity' ***'an overall positive feeling!'***

'I loved the passion and dedication that showed around the room. The openness for ideas and sharing knowledge was inspirational.'

'It really helped me to reflect on issues I have faced in the last 6 months.'

'It was like coming to a party with all my brothers and sisters!'

We also received considerable positive feedback about the low ticket cost. It enabled workers normally disenfranchised from these types of events able to attend.

'Price amazing' ***'It is superb value for money'***

Streetwise Opera's performance was described as:

'A truly moving performance'

Several people made special comments on the catering from Munch – a homeless women's catering Social Enterprise, and we are delighted to be able to feed this back to them:

'Food was great' ***'Food incredible'*** ***'Food fantastic'***

'Lunch was lovely' ***'Catering team were great'***

Contributor comments

Contributors also found the day enjoyable and useful:

Dr Adrian McLachlan (Chair, London Homeless Health Programme; Chair, Lambeth CCG) - ***'It was a very good conference'***

Dr Ursula Gallagher (Professor Ursula Gallagher, Deputy Chief Inspector of General Practice and Integrated Care (London) – ***'It was a pleasure to spend some time with you at what was such a successful event'***

Susan Munroe (CEO Freedom from Torture) - ***'It was a great programme you put together and my experience on the panel was very positive. Some really good questions from a thoughtful and engaged audience and a great range of perspectives on the panel.'***

Ronald Kelly (Lawyer, Southwark Law Centre) – ***'It was a very well run event with a really important eye on the relevant policy issues.'***

Garry Money (Assistant Director, London Homeless Health Programme) – ***'I found it very insightful (as well as being well organised). As a direct result of the event we will be following up with Trinity Hospice re End of Life, and more broadly I got to sit with some more experts by experience and hear their views about being listened to.'***

Thoughts for next year

A post conference feedback meeting will be held on Weds 6th July. Overall however the committee is extremely pleased, and it is felt that this event has proved its worth, and can easily become an annual event. Thoughts for next year so far include:

- Keep costs low – this keeps it accessible to all
- In general keep the format the same – it's a winning formula!!!
- Continue to promote multi-disciplinary, multi-agency attendance
- Perhaps reduce the amount of content (it's a very packed programme)
- Perhaps consider a different venue
- Issue CPPD certificates on better paper (this were extremely well received)
- Provide list of delegates in the conference pack
- Partner with other organisations?

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

Peer advocate Gerry Dixon gives her key note speech



Lawyer Ronald Kelly makes everyone laugh during the panel discussion...



FINAL PROGRAMME

08.30 - 9.00	Registration / networking. Coffee / Tea and biscuits.
9.00 – 9.15	Opening address: Update and progress since last year. Maxine Radcliffe, Chair of the LNNM Homelessness Group
9.15 – 09.40	Key note speech and questions: Jill Demilew, Consultant Midwife, Kings
09.40 - 10.00	Life on the front line: Gerry Dickson, Caseworker, Groundswell
10.00 – 11.00	Break Out Workshops 1 <ol style="list-style-type: none"> 1. The Club Drug Clinic - Dr Owen Bowden Jones, Consultant Psychiatrist and Lead Clinician for Club Drug Clinic, CNWL (65) 2. Midwifery 101 – Corrine Clarkson, Specialist Midwife; Morag Forbes, Family Nurse; Sue Byrne, Supervisor of Midwives; Emily Nygaard, Safeguarding Midwife – various NHS Trusts (45) 3. Partnership to combat trafficking – Karen Anstiss, Manager, Caritas Bakhita House; Detective Sergeant Phil Rashidi, Metropolitan Police Human Trafficking Unit (40) 4. Female Entrenched Rough Sleeper Project – Dagnija O’ Connell, CPN, Joint Homelessness Team (25) 5. Learning from the Family clinic at Project London – Dr Clare Shortall, Volunteer Doctor / Family Clinic Lead; Jenny Booth, Volunteer Nurse; Bettina Wanninkhof, Volunteer Midwife, Doctors of the World (15) 6. Meeting the challenge of treating homeless people – John Conolly, Lead Counsellor, Westminster Homeless Health Team, CLCH (10)
11.00 – 11.15	Coffee / Tea, Biscuits.
11.15 – 11.40	Progress on pan London Homeless Health Commissioning and questions: Dr Adrian McLachlan, Chair, London Homeless Health Programme / Chair, Lambeth CCG
11.45 – 12.45	Professionals Focus groups – ‘How Safe is the Safety Net?’
12.45 - 13.30	Lunch and poster viewing
13.30 – 15.00	Panel discussion – chaired by Stephen Robertson, CEO, Big Issue Foundation <ul style="list-style-type: none"> • Garry Money, Assistant Director, London Homeless Health Programme • Hong Tan, Head of Health in the Justice System (London Region) • Susan Munroe, CEO Freedom from Torture • Dr Clare Shortall, Volunteer Doctor / Family Clinic Lead, Project London • Ronald Kelly, Lawyer, Southwark Law Centre
15.00 – 15.15	Streetwise Opera
15.15 – 15.30	Coffee / Tea, Biscuits.
15.30 – 16.30	Break Out Workshops 2 <ol style="list-style-type: none"> 1. Meeting the Health Needs of the Asylum Seeking Population – Dr Shazia Munir, Specialist GP Refugee Health; Clinical Nurse Specialists Kirit Sehmbi and Caitlin McCullen, Health Inclusion Team, GSTT (65) 2. Sexual health and precarity – Deborah Clark, Matron, Sexual Health Outreach, GSTT; Jane Ayres, Manager, Praed Street Sex Workers Drop In, Westminster (45) 3. Maternity Rights for the most vulnerable in an age of austerity – Ros Bragg, Director, Maternity Action (40) 4. Parents and Communities Together – Imogen Moore, Manager; Grace Romero, Parent Organiser; Dayo Adude, Early Intervention Health Visitor (25) 5. Working with Gangs - Dorcas Gwata, Clinical Nurse Specialist, Integrated Gangs Unit, CLCH (15)
16.30 – 16.50	Closing speech and questions: Professor Ursula Gallagher, Deputy Chief Inspector of General Practice and Integrated Care (London)
16.50 – 17.00	Final thoughts: Stan Burrige, EBE Project Lead, Pathway
17.00 – 17.15	Results of the poster competition, quiz, and thanks: Maxine Radcliffe Drinks Reception

Questions for the panel

1. One of the conference case studies concerns a prisoner with dermatology, mental health, and addictions problems who was discharged from remand homeless. After failing to obtain housing himself, he said he wanted to re-offend to avoid homelessness. However he ended up in hospital, where a Pathway housing worker helped him to get housing. What could be done to improve prison discharge processes in terms of health and housing?
2. We know of many homeless clients who are known to the Home Office and have no current legal status, yet they have not been detained, and are also deteriorating from a health point of view. In health we are desperately waiting for them to go over the 'care needs threshold', so we can get them some support. How can health care professionals influence the Home Office to enter into a discussion about a humanitarian approach to the management of these individuals?
3. Vicarious trauma is a known issue for professionals working in this sector. What does the panel think professionals working in this sector should be doing to mitigate against this?
4. This year NHS England issued guidance for practices on GP registration policy, saying that practices should not insist on ID for our client groups. However our experience is that this is still happening. Does the panel agree that this is still happening, and what should be done about this?
5. What concerns does the panel have about the Immigration Act, and will it make our work any more difficult than it already is?
6. At birth social services often offer support to children, but not the mother, presenting an unenviable choice for migrant women with no status. This tends to drive these women underground, threatening the future of both the mother and the child. What does panel think about this issue, and should more support be offered?
7. Ensuring a flow of information between services that benefits and protects our most vulnerable clients, and manages public health risk still remains out of reach despite a general consensus that data sharing should take place in these cases. E.g. there is currently no national alerting system for transient homeless pregnant women / vulnerable migrants. Does the panel agree this is an issue, and if so, how can we ensure that further work takes place in this area?
8. Should peer advocacy be a core element of all homeless and inclusion health services, and if so, why, and how should this be funded and the success be measured?
9. The number of homeless families increased 45% last year to a 12 year high. There has also been an increase in out-of-borough placements, with at least a third of homeless families now being placed outside London (2/3 in the case of Kensington and Chelsea). What does the panel think are the impacts of families being placed out of borough, and should this practice be challenged?
10. What should be in a 5 year plan for homeless health care for London?

LNNM Conference 2016 Workshop Feedback

Workshop name	Number of people feeding back	Average score
The Club Drug Clinic	23	4.5
Midwifery 101	6	4.1
Partnership to Combat Trafficking	19	4.5
Female Entrenched Rough Sleeper Project	8	3.8
Learning from the Family Clinic at project London	5	4.4
Meeting the Challenge of Treating Homeless People	5	5
Meeting the Health Needs of the Asylum Seeking Population	30	4.4
Sexual Health and Precarity	25	4.7
Parents and Communities Together	1	5
Maternity Action	3	4.3
Gangs	9	4.8
		4.5

19/ 74 (24%) said one or both of the workshops was the best aspect of the conference, and the general feedback was that the workshops were relevant to people's roles, and that presenters were felt to be expert's in their field. (To put this in context other people alternatively said the panel discussion, focus groups, key note lectures, or food were the best aspects. However the most common 'best aspect' mentioned was the ability to network and spend time with like-minded people. Hence 24% is good feedback.) The average of all the scores was 4.5, which is a steady increase on the two prior years.

The only negative feedback received about the workshops was about the venue, and in particular the room where the Female Entrenched Rough Sleeper Project and Parents and Communities Together workshops took place. This room was felt too be a bit too small, hot, and not ideally shaped – and thus a challenge for the presenters. The committee would like to sincerely apologise for this.

Several workshops got particular mentions that we wanted to feedback:

- The Club Drug Clinic – 'very relevant to my practice' 'superb' (also got one 5+++)
- Partnership to Combat Trafficking – 'very informative'
- Meeting the Challenge of Treating Homeless People - 'John Conolly's workshop - I would have loved more of him (educationally speaking)!'
- Sexual Health and Precarity workshop – 'a real eye opener' 'eye opener' (also got one 5+++)
- Parents and Communities Together – 'reference to personal stories was extremely powerful and motivating'
- Gangs workshop – 'directly relevant to my practice' 'fascinating' (also got one 5+++)

The committee would like to thank everyone for their kind involvement.