

London Network of Nurses and Midwives Homelessness Group

5th anniversary conference



‘Still discharging to the streets’

Friday 12th October 2018
Conference Summary



CONFERENCE REPORT 2018

INTRODUCTION

On Friday 12th October the London Network of Nurses and Midwives Homelessness Group ran its fifth one-day conference for 253 attendees entitled 'Still Discharging to the Streets'.

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 82 nurses / midwives and health visitors, 11 doctors, 16 allied health professionals, 22 senior service managers / policy leads / charity directors, 47 hostel, outreach, addictions service, advice service or other voluntary sector workers, 27 peer workers and/or experts by experience, 9 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 £9537.87.

The cost deficit was made up with ticket sales. Tickets were released in June 2018. Early Bird tickets cost £30, rising to £45 per ticket 6 weeks after release. Student tickets were made available at £10. 173 tickets were sold in total. Speakers, workshop facilitators, organisers, peers, some students, and Ab Fab award nominees received free tickets (124 tickets). Some of the income is still outstanding due to invoices (invoice total £750), however the current projected income (including the £5000 from the LHF) totals £10,765 if all the invoices are paid. (N.B. note that 297 tickets were released, but 253 attended). (We do still have some money outstanding from invoices 2 years ago, but do continue to chase.)

[N.B. The 253 attendees did not include the 55 Choir with No Name attendees, or 20 Hillsong conference support volunteers who also attended. These attendees did not attend any of the rest of conference, but were given lunch. Pret a Manger kindly provided catering for the Choir with No Name, but we provided afternoon tea. The total number of attendees we provided lunch for on the day was 328.]

PROGRAM

Speakers

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

- **Corinne Clarkson** – Specialist Midwife for Migrant Women, Kings College Hospital / Chair, LNNM
- **Jeremy Swain**, Head of Rough Sleeping Initiative Team at the Ministry of Housing, Communities & Local Government
- **Tasmin Maitland**, Head of Innovation and Good Practice, Homeless Link
- **Dr Gabriel Galea** – Lead Veterinarian, StreetVets
- **Dr Alistair Story** – Clinical Lead, TB Find and Treat team (who was back by popular demand!)

Workshops

There were 14 workshops from experts in their field including: **Dr Sarah Kettle**, Consultant Psychiatrist, Great Chapel Street /CNWL; **Debbie Fawcett**, Specialist Health Visitor and Queens Nurse, Merton; **Dr Vaneesh Singh**, Lead GP, Feltham Prison; **Memuna Sowe**, Lead Midwife, Vulnerable and Marginalised Women, Rainbow Health Centre and BJM Midwife of the Year 2018; **Dr Gemell Geraghty**, Lead Nurse, Tissue Viability, Royal Free; **Roz King** Deputy Director Local Services Development Hounslow CCG; **Ian Swift**, Group Services Manager for Housing Solutions, London Borough of Southwark and **Jennie Corbett**, UK Policy Lead / **Katherine Taylor**, GP Lead, Doctors of the World.

The workshops covered a variety of topics which included: Adverse childhood experiences, supporting homeless families, best practice in prison and hospital discharge, universal credit awareness, safeguarding in a rough sleeping context, the NHS charging extension, health street outreach and the Homelessness Reduction Act.

Discussion groups

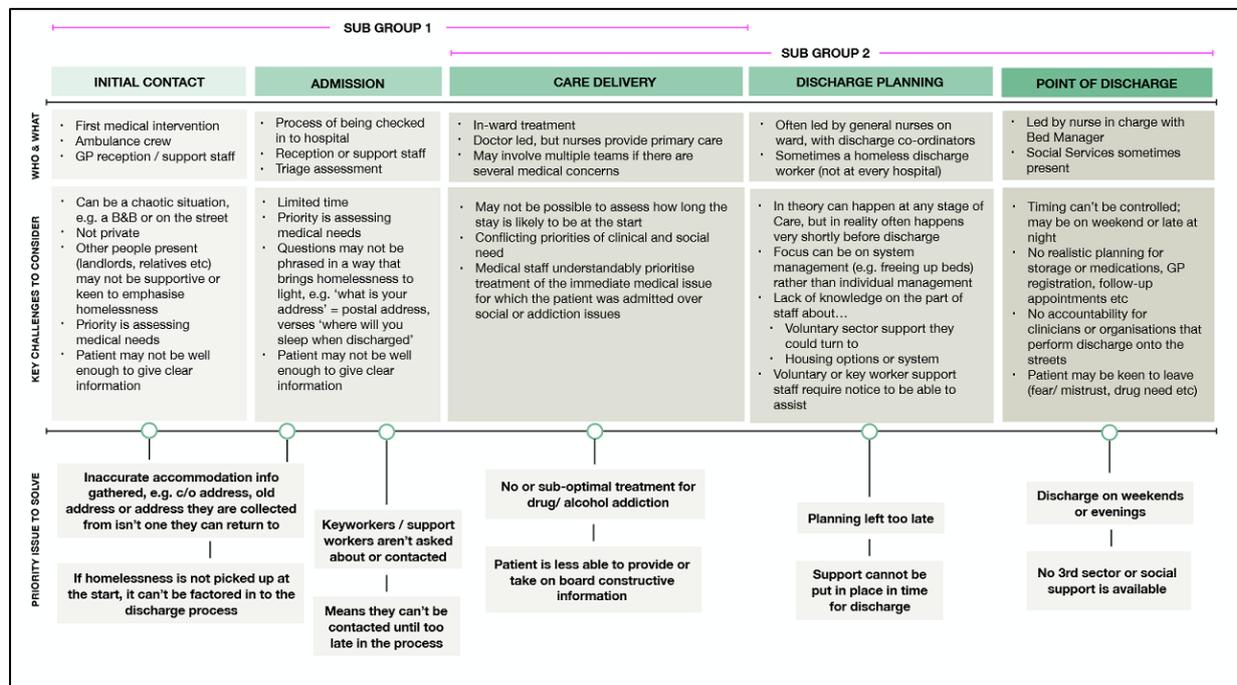
Discussion groups this year focused on the topic of hospital discharge specifically.

Prior to the conference some work in partnership with Groundswell with people who had first-hand experience with being homeless and being discharged unsafely to the streets. Some key issues in the pathway from admission to discharge were identified in this work which were felt to directly contribute to unsafe discharges.

The hospital to discharge pathway was then divided into 5 main stages based on this dialogue. The task of the discussion groups was then to attempt to identify realistic recommendations to improve safety of discharging homeless patients from hospitals based on the issues identified.

Conference attendees were split into groups of around 20, and then into 2 again. The two groups of 10 were then asked to focus either on the first or second part of the admission – discharge journey (see diagram below), and come up with at least 2 realistic recommendations in each area.

Ideas were collected up, and these will be collated. The London Homeless Health Programme has committed to reading the ideas, and to seeing what can be done to take them forward. The report should be complete in March 2019, due the large amount of analysis required and the other commitments of those involved.



Panel Debate

There was a post lunch panel discussion involving. 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 members were:

- **Dr Eamonn O'Moore** - National Lead, Health and Justice Team, Public Health England
- **David Eastwood** - Service and Commissioning Manager - Rough Sleeping and Housing Mobility, Greater London Authority
- **Gwen Kennedy** - Lead Nurse Safeguarding, NHS England, London Region
- **Helen Donovan**, Lead Nurse Public Health, Royal College of Nursing
- **Jon Glackin**, Founder, Streets Kitchen

The questions chosen concerned:

- Hospital and prison discharge and the Homelessness Reduction Act (HRA)
- Whether it is ever acceptable to discharge someone homeless
- The increasing role of the voluntary sector on a background of austerity
- Whether soup runs should be stopped
- The worse plight of homeless women

Within the discussion there was a clear recognition that homelessness was a risk factor to both the hospital and prison revolving door, with Universal Credit also featuring in the case of prisons. Eamonn reported on a new duty on prison governors to deliver the Homelessness Reduction Act, with the Ministry of Justice / HM Prisons and Probation service committing to monitor this. This was well received by the audience. There was agreement from all panel members that the HRA was a good thing, but that much more staff training was needed, and also that work was needed in both sectors to better enable identification and recording of homelessness. David specifically noted the lack of funding to support implementation across all sectors, but there was agreement that everyone needed to spread the word as much as possible in the absence of funding.

All panel members said that they thought discharge to the street was unacceptable, although they also said that personal choices sometimes had to be supported. All said that routine training across the workforce was needed for staff in prisons and hospitals to really understand the issues faced by people experiencing homelessness. David focussed on the tricky topic of clients with no recourse to public funds and noted that with a Rough Sleepers Initiative commitment to solve homelessness by 2027, sustainable solutions for clients with no recourse to public funds needed to be found.

John was key to the discussion about the increasing role of the voluntary sector, and the sensitive topic of soup runs. John described feeding Streets Kitchen 1000 a night 'We **have** to exist in some areas', but experiencing considerable challenges – 'we dare not touch down in central London'... 'in Nottingham we were raided for Mamba. I think 4 people were arrested, but it really puts other people off'... 'In Haringey we had the border control'... Overall his message was that austerity had made soup runs necessary, and the panel agreed with this. There was also agreement that the causes of increased food bank use – e.g. austerity and detrimental welfare changes - needed to be tackled.

On the issue of homeless women there was discussion on whether there was a need for gender specific guidance on engagement approaches, as it was acknowledged that women are more hidden. David noted that austerity had led to the closure of some specialist hostels, which may be negatively affecting women. Discussion with the audience revealed clear support for a confidential enquiry (suggested in the conference opening address by LNNM Chair Corinne Clarkson) on homeless deaths, which might also give more understanding on the plight of women generally.

Key points from the discussion were thus:

- Routine training is needed for all staff in hospitals and prisons on homelessness and the Homeless Reduction Act
- Concern about welfare reform, particularly Universal Credit
- Support for a confidential enquiry on homeless deaths

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).

Poster competition

12 entries of high quality were judged by Great Chapel Street GP Natalie Miller and Dr Getrud Buerstedde Greenhouse Surgery GP

Posters are now available on our website for viewing. 1st, 2nd and 3rd places received a prize - £25, £15 and £10 vouchers (perceived as encouragement for people to engage in this important element of the conference).

Certificates of entry and thanks were given to all those who entered a poster.

- 1st place - **Targeted contraception reduces births among opioid dependent women.** Elana Covshoff, Service Manager, SHRINE
- Joint 2nd place – **HepFriend: Peer Support and Community Engagement in Underserved Populations in the UK, Ireland, Romania and Spain as Part of the HepCare Programme.** Julian Surey, Research Nurse, Institute of Global Health
- Joint 2nd place - **How can we facilitate access to palliative care for people who are homeless. A systematic review.** Dr Caroline Shulman and Dr Briony Hudson, End of Life Care Project

Find and Treat and Greenlight vans

For the second time 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.

Exhibition

This year we made an effort to invite exhibitors, and we know from feedback that this was appreciated, and people would like this again next year, possibly with more exhibitors, and more time to spend talking to them.

The exhibitors were:

Doctors of the World	Greenlight Medical Van	Queens Nursing Institute	Health Inclusion Team, GSTT
Street Vets	Groundswell	Pathway	Medact
Docs not cops	Praxis	Royal College of Nursing	Royal College of Midwives

Ab Fab awards

We received 16 individual or team nominations for our 'Absolutely Fabulous' awards this year. 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, and a brief excerpt of their nomination was read out at this time. They also received a card in an envelope with whatever the nominator (s) had said about them.

1. **Ala Miah**, Peer Support Worker, Groundswell – 'improving testing and treatment support amongst under-served populations at risk of Hep C' (nominated by Yasmin Appleby, Julian Surey, Al Story, Marie Francis and Dee Menezes)
2. **Clifton Millington**, Chef, Ace of Clubs – 'lunch at the Ace of Clubs is the highlight of the day' (nominated by Dr Rudi Pittrof)
3. **David Woodley**, Care Navigator for Westminster Homeless Health Team, Groundswell, – 'friendly, proactive and responsive approach to everything makes him a pleasure to work with and a great support to the patients on his caseload' (nominated by Rosa Ungpakorn)
4. **Harbi Ghatore**, Community Engagement Worker, Change Grow Live – 'caring, never flustered, not afraid to dive under bushes and wade through brambles looking for people' (nominated by Yasmin Appleby, Julian Surey, Al Story, Marie Francis and Dee Menezes)
5. **HIV and Sexual Health Team Dean Street** – 'they have been absolutely wonderful in being flexible and incredibly kind, gentle and understanding with some very complex patients' (nominated by Katie Baxter)
6. **Johanna Imeson**, Community Psychiatric Nurse, Supported Living Team – 'At times working with a client group who pose many challenges, Jo never gives up' (nominated by Serina Aboim)
7. **John Gibbons**, Peer Support Worker, Groundswell – 'is not afraid of pushing boundaries to help others' (nominated by Yasmin Appleby, Julian Surey, Al Story, Marie Francis and Dee Menezes)
8. **Lambeth Safer Streets Team** – 'even when faced with challenging situations, they go above and beyond to achieve good outcomes for their clients' (nominated by Kendra Schneller)
9. **Lisa Burnard**, previously Health Support Worker, St Mungos– 'had an exceptionally wonderful working relationship with the clients' (nominated by Kendra Schneller)
10. **Marcin Troc**, Eastern European Case Worker, Groundswell – 'incredible balance he keeps with professionalism and being so personable with everyone' (nominated by Katie Baxter)
11. **Mario Butkiewicz**, Duty Manager, Barry House Initial Accommodation – always friendly, helpful and clearly really cares about the residents and other staff...' (nominated by Sarah Entwistle, Emma Clewer, Viv Monaghan, Enid Grennan, Tracey Reeves, Shazia Munir, Uzma Mahmood, Corinne Clarkson, Camelia King-Martey and Sandra Oritsesan)
12. **Dr Sara Ketteley** – 'always prepared to try something different or innovate, or simply to drink tea' (nominated by Maxine Radcliffe)

13. **Southwark Street Population Outreach Team** – ‘always looking at innovative ways to meet the needs of their clients’ (nominated by Kendra Schneller)
14. **Steve Doherty**, Southwark Outreach Worker, Change Grow Live – ‘has real skill at making chaotic and vulnerable clients feel at ease whilst making sure that they understand exactly what is happening’ (nominated by Eammon Egerton)
15. **Terri Filkins**, Outreach Worker, London Street Rescue – ‘the one stop person to go to in that area of London when you’re looking for someone.’ (nominated by Kirit Sehmbi)
16. **Yasmin Appleby**, TB Nurse Specialist, Find and Treat – ‘always talks about her patients with real passion and commitment and is really devoted to her work’ (nominated by Claire Joels)

Entertainment

Peer poet Rod Cunningham delivered a short spoken word performance, supported by his key worker.

The Choir with No Name provided an excellent 15 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

OVERVIEW

This year we changed our feedback forms to make them easier to fill in. We received 38 forms – 15% of the attendees.

- 91% of people said the content was good or excellent (55% excellent, 36% good)
- 74% of people said the venue was good or excellent (58% excellent, 16% good). We did receive a number of comments about the acoustics of the venue being less than ideal, particularly during the times of the discussion groups.
- 84% said the catering was good or excellent (68% excellent, 16% good)
- 87% said the entertainment element of the conference was good or excellent (58% excellent, 29% good)

Lots of comments focused on the event as a whole:

‘a really welcoming and friendly environment like no other conference I have been’

‘the atmosphere was nice, and the event ran smoothly’

‘I think a lot of bigger organisations could learn a lot from this conference’

‘inspirational talks from so many experienced speakers’ ‘It was awesome’

‘It was all really amazing’ ‘So much variety and info to take away’

‘a day to reflect and take stock’ ‘It was all very informative’

‘There seemed to be a real positive energy which I personally found energising and encouraging at a time when resources are reducing and pressure building so it was much appreciated.’

NETWORKING

As always, the value of the networking element of the event was identified:

‘Networking and catching up with those I know and meeting people I didn’t know. Being in one big room with a lot like minded people!’

‘I made loads of contacts’

KEY NOTE SPEECHES AND PANEL

All the key note speakers got a mention

‘Corinne gave an excellent introduction’

‘Great to have Jeremy up on stage to start the day off’

‘Tasmin Maitland – a good overview’

‘Dr Gabriel – really interesting, great pictures’

However, Dr Story was the run-away favourite yet again

‘Dr Al Story was a great speaker’

‘Loved Al Story’

‘Al Story’s session – great’

‘Dr Al Story – Excellent presentation’

‘Dr Al Story – really thought provoking’

The panel was well evaluated

‘Having a Q&A with a commissioner was very useful’

Jon Glackin was a firm favourite on the panel, described as ‘a great addition to the panel’ and ‘very good’.

WORKSHOPS

The workshops were well evaluated this year, with several people asking for more time to attend workshops. In all cases feedback has been passed on to the individuals involved as part of a thank you for them contributing their time.

‘Great Chapel Street Psychiatrist was very passionate and knowledgeable’

‘Susan Harrison spoke really well’

‘Homeless families - Great session, thought provoking and informative.’

‘I attended the wound care one, it was brilliant.’

ENTERTAINMENT

As usual the ‘Choir with No Name’ went down well, and the members stayed for afternoon tea afterwards allowing conference attendees to find out more about the organisation.

‘The ‘Choir with no name’ were fab, and it was great to meet some of the members after.’

WHAT COULD WE DO BETTER NEXT YEAR?

Feedback on what we can do next year will be useful for our next conference.

- Slides more quickly on website after the conference
- Slight problem with timings on the day – squeezed workshop sessions
- Better management of speakers on panel
- I think we should bring in more speakers to challenge the way we think
- A little more time to visit the information stalls
- Would be good to have a strategic commitment to take forward
- More participation from local authorities
- More family sessions

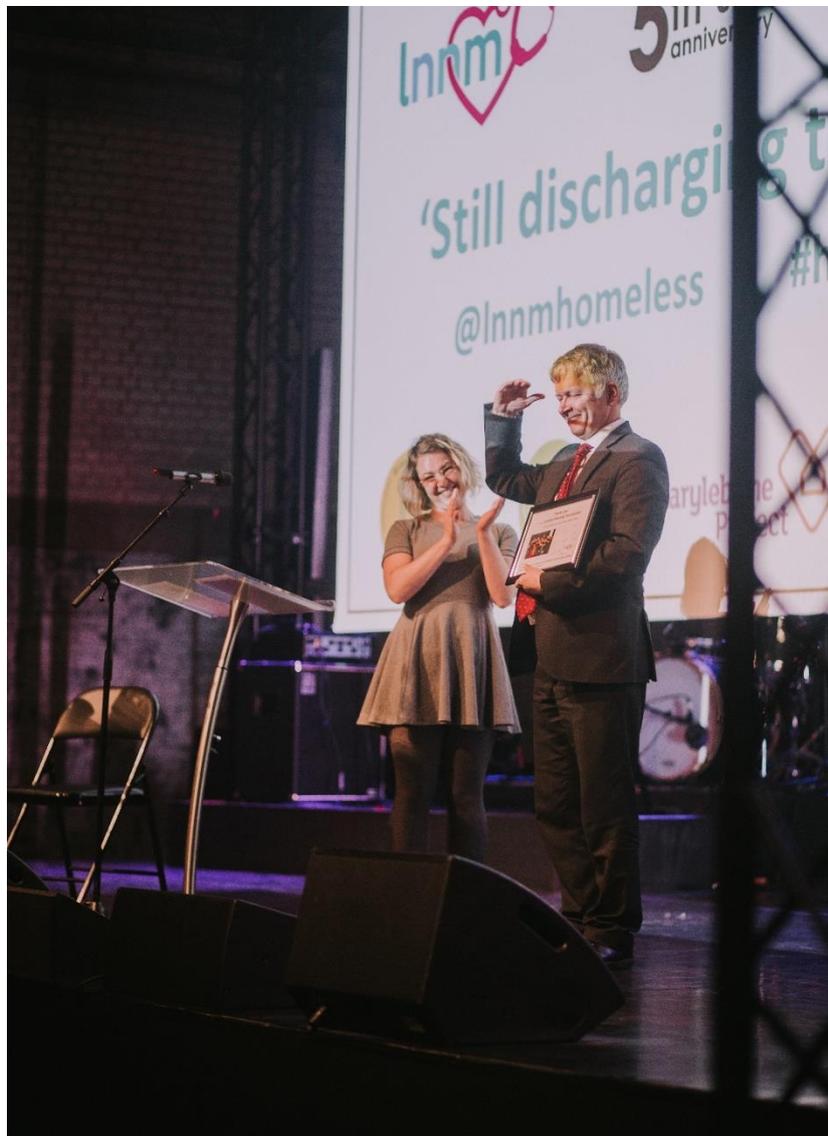
Summary

Overall the event was another outstanding success, and we are extremely grateful to the London Housing Foundation for continuing to support us with this event.

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

Photos

Jeremy is presented with an 'Ab Fab award' for the London Housing Foundation from the LNNM



Questions for the panel discussion are chosen



EbE Jose talking in a discussion group



Yasmin with 'Munch' catering – the Marylebone homeless women's catering project



The LNNM stall



The Panel discussion



The Choir with No Name



Dr Al Story holds the crowd



All our 'Ab Fab' nominees receive their award



LNNM CONFERENCE AGENDA – Friday 12th October 2018

9.15 - 9.30	Opening address	Corinne Clarkson , Chair, LNNM
9.30 – 9.50	Speech and questions:	Jeremy Swain , Head of Rough Sleeping Initiative Team at the Ministry of Housing, Communities & Local Government
9.50 – 10.15	Speech and questions:	Tasmin Maitland , Head of Innovation and Good Practice, Homeless Link - Hospital discharge, prison discharge and street deaths
10.15 – 10.30	Tea / Coffee Break	
10.30 – 11.30	Workshops – Morning Session	6 sessions to choose from (see next page)
11.35 – 12.30	Discussion groups	Brainstorming solutions to unsafe discharge...
12.30 - 13.15	Lunch Break	Catered by Munch in Marylebone
13.15 – 13.30	Reflection on a life in nursing: Catching Homelessness	Dr Josephine Ensign , Professor of Nursing, University of Washington, Fulbright scholar
	Poetry	Rod Cunningham , Poet
13.30 – 14.30	Panel Discussion with questions from the floor	Facilitated by Stephen Robertson , CEO, Big Issue Foundation <ul style="list-style-type: none"> • Dr Eamonn O'Moore - National Lead, Health and Justice Team, Public Health England • David Eastwood - Rough Sleeping Lead Manager, Greater London Authority • Gwen Kennedy - Director of Nursing, South London, Regional Lead for Safeguarding • Helen Donovan, Professional Lead for Public Health Nursing, Royal College of Nursing • Jon Glackin, Streets Kitchen
14.30 – 14.45	Entertainment	Choir with No Name
14.45– 15.00	Tea / Coffee Break	
15.00 – 15.55	Workshops – Afternoon Session	7 sessions to choose from (see next page)
16.00 – 16.20	Speech and questions:	Dr Gabriel Galea , StreetVet Team Lead - Pets as a barrier to access, but also a tool of engagement
16.20 – 16.40	Speech and questions:	Dr Al Story , Clinical Lead, Find and Treat service - What is inclusion health?
16.40 – 17.00	Poster competition, Awards & Chair's thanks	Kendra Schneller , Vice Chair; Corinne Clarkson , Chair
17.00 onwards	Evening drinks reception	Everyone welcome!

WORKSHOPS

Workshops – Morning session - 10.30-11.30am	
ROOM 1 (MAIN AUDITORIUM) - Adverse Childhood Experiences: the importance of relationships and trauma informed clinical practice	Dr Sarah Kettley , Consultant Psychiatrist, Great Chapel Street /CNWL
ROOM 2 (UPSTAIRS - LARGE ROOM) - Supporting Homeless families	Debbie Fawcett and Nicola Ford , Specialist Health Visitors, Merton
ROOM 3 (BEHIND STAGE) - Prison Discharge: best practice	Dr Vaneesh Singh , Lead GP, Feltham Prison
ROOM 4 (DOWNSTAIRS - COFFEE BAR END) – Caring in an uncaring system	Martine Burke , Psychotherapist, Wellbeing Specialist, Health Inclusion Team
ROOM 5 (DOWNSTAIRS - STAGE END) - What is safeguarding and how can it work for adults who are homeless? (Workshop developed in partnership with Groundswell)	Susan Harrison , former London Homeless Health Programme lead / Groundswell Trustee
ROOM 6 (DOWNSTAIRS - GLASS WALLED ROOM) - Universal Credit awareness	John Nelson , Strategic Improvement Team, Universal Credit Programme, DWP
Workshops – Afternoon session – 15.00-15.55pm	
ROOM 1 (MAIN AUDITORIUM) - Violence against women as a route into homelessness	Memuna Sowe , Lead Midwife, Vulnerable and Marginalised Women, Rainbow Health Centre / BJM Midwife of the Year 2018; Janet Fyle , Professional Policy Advisor, Royal College of Midwives
ROOM 2 (UPSTAIRS – LARGE ROOM) - Hospital discharge: best practice	Steve Wynne , Lead Nurse, Anna McCormick OT, and Gavin Blethyn , Care Navigator, Royal London Pathway Team
ROOM 3 (BEHIND STAGE) - Wound care - managing tissue viability challenges in clients experiencing homelessness	Jemell Geraghty , Lead Nurse, Tissue Viability, Royal Free
ROOM 4 (DOWNSTAIRS - COFFEE BAR END) – Health related street outreach, what is the right approach?	Rosa Ungpakorn , Homeless Health Nurse Practitioner, Westminster Homeless Health Team, Katie Baxter , Senior Practice Nurse, GCS
ROOM 5 (DOWNSTAIRS - STAGE END) - Homelessness Reduction Act - lessons from applying the Act	Ian Swift , Group Services Manager for Housing Solutions, London Borough of Southwark
ROOM 6 (DOWNSTAIRS - GLASS WALLED ROOM) - NHS charging implementation: evidence of the impact on health outcomes in London	Jennie Corbett UK Policy Lead and Katherine Taylor GP Lead Doctors of the World, Saminah Shaikh Pathway
ROOM 7 (UPSTAIRS – SMALL ROOM) - Evidencing care and getting funded: what do health commissioners want?	Maxine Radcliffe (former CLCCG Homeless Clinical Lead), Roz King Deputy Director Local Services Development Hounslow CCG

QUESTIONS FOR THE PANEL 2018

1. Is it ever acceptable to discharge people from prison or hospital homeless?
2. We still cannot get real time information on homeless deaths. What can and should be done about this?
3. Many people without recourse on the streets have deteriorating health, and are likely to die on the streets, because they often do not demonstrate obvious care needs due to their survival tactics, and therefore do not meet the criteria for national assistance act. These people are then cared for by homeless health services and the voluntary sector who struggle to provide a humanitarian, dignified response due to a lack of resources. Who should take ultimate responsibility for this situation?
4. Is the voluntary sector picking up too much of the slack in this time of austerity, and what should be done about this?
5. Across Europe homelessness is increasing at an alarming rate, and sadly a shared common fact is that the average age of death in homeless women is lower than homeless men. For example, in Ireland the average age of death of homeless women is 39 years of age, yet there is little explanation or exploration of this finding. Why are we not shouting loudly about this, are women's lives less valued? What should be done about it?
6. It is said that £9 out of every £10 of NHS money goes into funding hospitals, yet the burden of keeping people out of hospital and promoting a healthier nation sits on the shoulders of the community - how do we get more of our share of the money?
7. Homeless health teams are constantly asked to prove how they are reducing secondary care usage. It seems that the commissioning argument goes that services will only be commissioned if it saves the NHS money. This is not true in other specialities / areas. Is this discriminatory, and how can this dialogue be shifted?
8. Will the Homelessness Reduction Act make any difference, and how will e.g. hospitals and prisons be monitored regarding the duty to refer?
9. Should soup runs be stopped?
10. The ongoing failure of the system to provide an effective mechanism of data sharing across the homeless health sector means that alerts on patients of concern still have nowhere to be shared? Who is responsible for making sure this changes, and what should be done?
11. The numbers of specialist health visitors working with families who are homeless has been cut over recent years. What is being done to address this as generic health

visitors do not have the time needed to work with families who are homeless who often present with complex and multiple health needs including safeguarding issues?

12. Should there be a confidential enquiry on homeless deaths, and if so, who should be responsible for delivering this?