The Queen's Nursing Institute

Transition to Homeless Health Nursing

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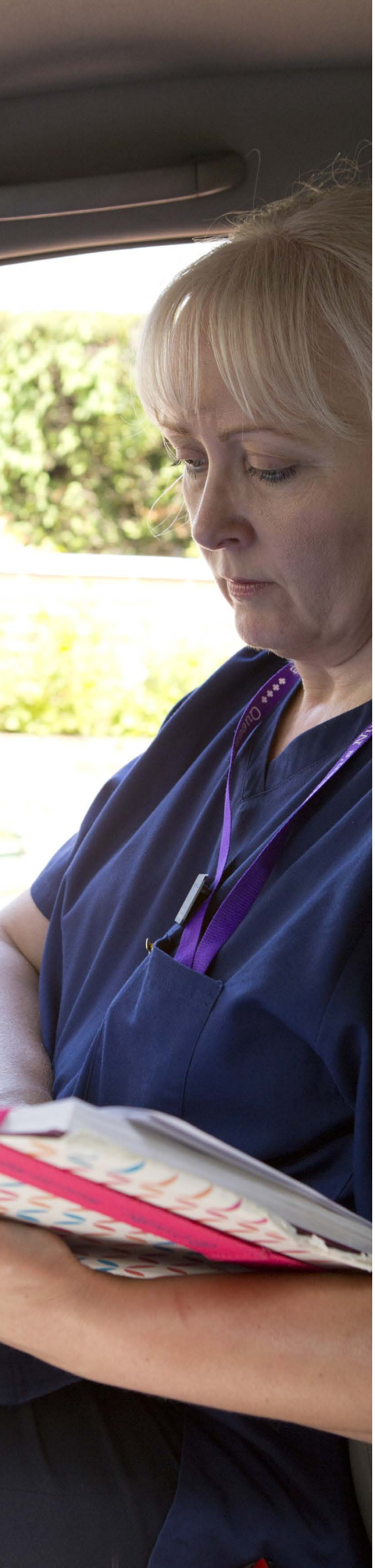


Section B - Working in the community nursing setting

Chapter 7 - Responding to policy and capturing evidence

Completing this chapter will enable you to:

- Understand key relevant national policy documents
- Consider the future for community nurses within an integrated health and social care system
- Develop your emerging knowledge about complex trauma
- Use evidence to develop new partnerships
- Develop your own evidence and demonstrate your impact
- Undertake literature searches and gather evidence on a topic of interest

Introduction

'It is well recognised that homeless people face barriers accessing mainstream services and experience high and complex health needs. These people often have the highest health needs, the poorest health outcomes and require the most costly services if left untreated.[1]'

'Homelessness is often more than a housing crisis. For too many people, money issues, family breakdown, addiction, health problems or a criminal history escalate from a personal crisis into homelessness. And having to face the reality of life without a stable home often makes these problems worse. In order to address these needs, individuals require intensive support, not just a roof over their heads.[2]'

There are many external policy factors that will impact on your work, while caring for patients experiencing homelessness. It is good practice to know about key policy in homelessness, health and nursing, so that you understand, use and respond to the policy environment through your work. This chapter explores recent health policy, and emerging approaches to working with people at risk of poor health because of social conditions like homelessness.

Results from health audits of the homeless population show that preventative healthcare is very poor. For example, bowel screening uptake is much poorer in people from a lower socioeconomic group[3]. There are also potential risks to public health as people experiencing homelessness are at higher risk of contracting tuberculosis and other communicable diseases[4].

Government has a human and an economic reason for wanting to prevent homelessness and support people if they do become homeless. Having a solid understanding of why people become homeless helps national and local authorities to target their funds most effectively. Reducing homelessness reduces dependence on costly, crisis services and helps to meet the challenges of limited public funding. The chapter will also focus on ways in which you can capture the evidence available and use it to improve service provision.

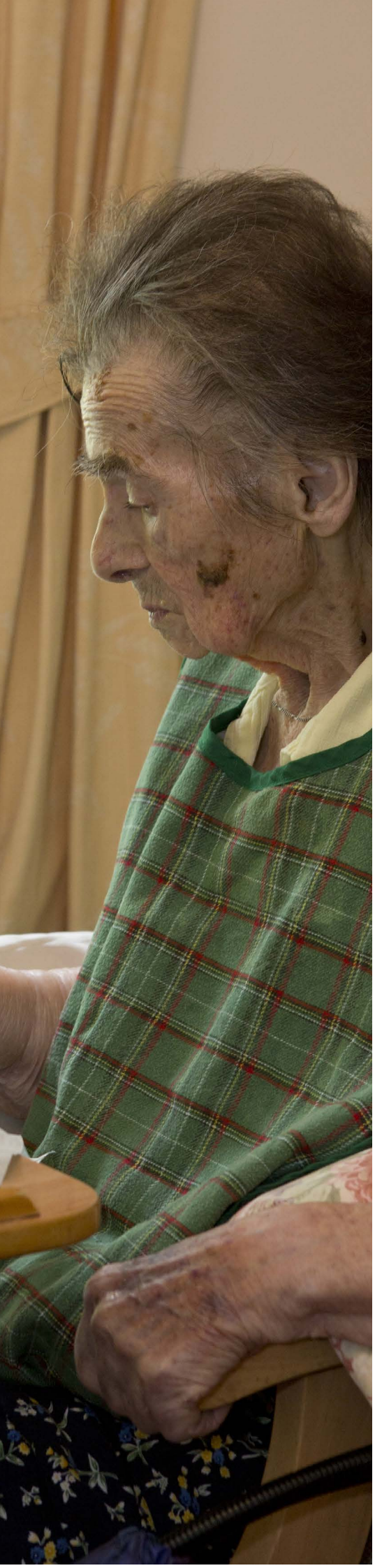
‘For too many people, money issues, family breakdown, addiction, (...) escalate from a personal crisis into homelessness.’

Figure 7.1 - Emerging trends and policy responses in healthcare, nursing and homelessness - A timeline of activities since 2009

2009	• Crisis publishes the Homelessness Kills report, which highlights that the average age of people who die while homeless is 30 years younger than the average age of death. • Professor Aidan Halligan sets up homeless health team at UCL Hospitals.
2010	• The Department of Health (DH) publishes Healthcare for Single Homeless People, which states use of A&E by homeless people costs at least £85 million a year. • The charity Pathway is founded to improve quality/ provision of homeless healthcare. • Professor Sir Michael Marmot publishes ‘Fair Society, Healthy Lives’, which concludes that poorer people experience poorer health outcomes and that health inequalities at population level are largely down to society. The report goes on to become influential among medical professionals and governments globally. • DH launches the ‘Inclusion Health’ Programme to improve the health outcomes of people experiencing homelessness, people from Gypsy, Traveller or Roma communities, people with refugee status /seeking asylum or people working as sex workers. The Inclusion Health Board for England includes the QNI because of their expertise of community nurse networks working with homelessness.
2012	• The Health and Social Care Act makes it duty for Secretary of State, CCG’s and Local Authorities to regard the need to reduce health inequalities.
2013	• The Royal College of General Practitioners (RCGP) launch an evidence-based commissioning guide to improving access to healthcare for Gypsies, Travellers, homeless people and sex workers.
2014	• NHS England publishes the Five Year Forward View, setting out a new agreed vision and direction for the NHS based upon prevention, more care in the community and multidisciplinary health teams.
2015	• Lankelly Chase Foundation releases the influential ‘Hard Edges’ report which clearly links experiences of childhood trauma to an increased likelihood of being in contact with criminal justice, homelessness, and substance misuse services in adult life.
2016	• The QNI’s ‘Inclusion Health: Education and Training for Health Professionals’ Report is published by the Department for Health. It suggests better quality and further training in inclusion health is needed as part of standard nurse education. • The Chief Nursing Officer for England launches ‘Leading Change, Adding Value’ a national framework for all nurses, midwives and care staff in England. This highlights that preventative action must happen to tackle health inequalities. It puts nurses and care staff at the heart of evolving care to ensure no-one gets less than the best. • The Crisis Homelessness Monitor Report highlights trends showing more people experiencing homelessness in the UK. Since 2010, the report found a 55% increase in the numbers of people sleeping rough, and a 34% increase in local authority homelessness case actions (up to 275,000 in the 2014/15 monitoring year).[5] • The Homelessness Reduction Bill, which seeks to intervene earlier to prevent homelessness and give people who are homeless more rights to support from their local authorities, passes stage two of the legislative passage (at time of writing).

An integrated health and social care system

Since 2010, the NHS has undergone a restructure to change the system of who buys healthcare, moving it from PCTs (Primary Care Trusts), to CCGs (Clinical Commissioning Groups). This move is aimed to ensure that health professionals have more influence in organising the healthcare needed in each local area. In 2015, a further change was announced in England - that regions would create sustainability and transformation plans (STPs) in an attempt to make it easier to bring together services such as healthcare and social care.



The Five Year Forward View was published in October 2014 and it set out the current vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. The purpose of the Five Year Forward View is to explain why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, and defines the action required to deliver it. It covers areas such as disease prevention; tailoring care to local populations and needs; integration between services; and consistent leadership across the health and care system.

Changing population health needs and financial pressures are already placing a big strain on the healthcare system. The Five Year Forward View reflects this and suggests England needs to change the way care is delivered. The new models envisaged include new partnerships between health services, local communities, local authorities and employers. The vision also includes more focus on preventing ill health and protecting public health. New models of out of hospital care (such as integrated hospital and primary care providers) are proposed.

The changes proposed in the Five Year Forward View are consistent with the need to develop and expand the community nurse workforce. This workforce is ideally skilled and to develop the new community-based care models needed under this strategy. This is particularly relevant to patients experiencing homelessness, as healthcare for these groups can be effective when delivered in a more integrated way.

The nursing profession has evolved in line with changing disease patterns, new treatments and different service delivery. This trend for nurses to develop new knowledge and skills, accept more responsibility and accountability and create robust education opportunities will continue. Alongside this, is more emphasis on returning to the fundamentals of nursing care, characterised in the 6C's of nursing. The Department of Health Nursing Vision 'Compassion in Practice' was launched in December 2012 by the Chief Nursing Officer for England, and featured the 6C's of care, compassion, competence, communication, courage and commitment.

In 2016, NHS England's Framework for Nursing 'Leading Change, Adding Value' united the nursing and care professions around key themes including preventing ill health, improving care quality, saving money and demonstrating the impact of the nursing profession. Part of this strategy emphasis the need to 'close the health gap' and tackle health inequalities such as the poorer health of people who are homeless.

The Royal College of General Practitioners (RCGP) also published its vision of the National Health Service as it might exist in the year 2022. It acknowledges that the health needs of our population are changing; that there is an ageing population in which an increasing number of people have multiple long-term conditions. This may also include people who are homeless, or others with high levels of need who are inadequately served by current services.

‘You may need to develop a range of generalist skills, to meet the needs of patients with a growing range of long-term conditions.’

Alongside your specialist advanced skills in homeless healthcare, you may need to develop a range of generalist skills, in order to meet the needs of patients with a growing range of long-term conditions. Your team is uniquely placed to develop and incorporate a ‘whole-person’ understanding of the patient and their family; to manage risk safely and to share complex decisions with patients and carers, while adopting an integrated approach to care.

Activity 7.1

- In an integrated health and social care system, what can you do to promote good health:

a) personally?
b) with your patients?
c) within your immediate team?
d) within your wider multidisciplinary/multi-agency teams?
e) across your community?

Designing services for complex trauma

Patients experiencing homelessness can be among the most difficult to treat as they can create an emotive response; they can be non-compliant, demanding or display anti-social behaviour. The Care Quality Commission has rated some homeless health specialist health services as outstanding due to their ability to run values-led services that respond well to the needs of their patients.

Health policymakers and professionals across the country are increasingly recognising the impact of trauma on the long-term health of children and adults. Trauma, including physical, emotional, or sexual abuse; neglect; discrimination; and violence increases an individual’s risk of serious physical and behavioural health problems, often leading to more need for long-term healthcare.

Adopting trauma-informed approaches to care can potentially improve patient engagement, enhance outcomes, and reduce avoidable costs for both health and social care services.

There is a growing understanding that the behaviours exhibited by long term rough sleepers may be the result of chronic abuse or neglect in childhood, which Nick Maguire (2009) termed as ‘Complex Trauma’. He argues that substance misuse and antisocial behaviour are coping mechanisms adopted by people damaged by years of abuse. He recommends that people suffering from complex trauma need consistent, holistic care from the agencies supporting them. Agenda’s Hidden Hurt report, mapped complex trauma in women who had experienced domestic violence with similar findings[6].

Maguire argues that health and support environments need to be psychologically-informed spaces that create a sense of emotional safety and are welcoming. Well-designed spaces can help people to feel included and valued, and have an impact on their patient experience. The Government’s ‘Places of Change’ scheme provides funding to refurbish homeless hostel accommodation. The funding was used to:

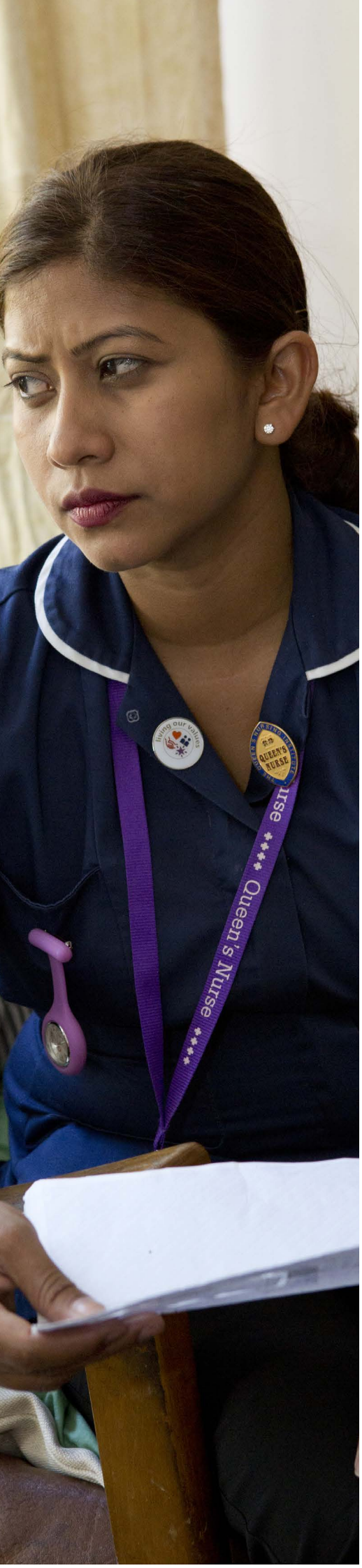
- upgrade dormitories to single room accommodation
- create welcoming reception areas
- provide therapy rooms and clinical spaces
- provide space for meaningful occupation (including gardens).

As you become more experienced, there may be opportunities to get involved with service design to help services become more welcoming and psychologically-informed.

Using evidence to develop new partnership working

Dealing with complex patient care requires you to be flexible and innovative in your role to adapt to working with multiple needs and different agencies.

The Homeless Link Health Needs Audit is a useful document to help you get insight into the health needs of people who are homeless. It highlights data about people experiencing homelessness, their barriers and



complex health needs and their access to primary healthcare[7].

The homeless charity St Mungo's 'Health and Homelessness: Understanding the costs and role of primary care services for homeless people[8]' was commissioned by the Department of Health to gather evidence regarding homeless people's use of primary health services. The report found common themes in providing appropriate primary care to homeless people, including a flexible approach, longer appointments to enable assessments and investigation of more complex health needs, assertive outreach, offering support in a range of settings such as day centres or hostels, including street – based support, and a triage approach where different health needs are prioritised and addressed through a structured health programme. Implicit in this is the need for primary care to work closely with a range of services, including substance misuse, mental health and housing, to ensure a continuity of care. This report identifies that you and your colleagues can have a role in shaping the way services are delivered to give a better experience to the patient.

The new model of 'integrated community care' that focuses on prevention of ill health as opposed to treating people when they become ill, is viewed as forward thinking. An integrated model will require all key stakeholders to work in partnership in the co-ordination of care. A network of primary care providers that promote and maintain continuity of care and act as links for the provision of chronic disease management and generalist care[9]. For nurses that may mean delivering primary health care screening and vaccinations in a variety of settings including, hostels, daycentres, and substance misuse clinics.

Figure 7.2 – Using evidence to develop new partnership working

Case Study – Exeter

Closer partnership working between health, social care, criminal justice and housing creates an opportunity to better integrate services for people who are socially excluded. Integrated Care Exeter (ICE) is exploring 'joint Commissioning' between the Hospital, Trust CCG, Public Health, Local authority Housing, Police and Fire service. An executive group meets to look at how parts of each organisations budget might be pooled to target specific populations who currently excessively use acute services, including people who are homeless.

Having an impact and developing your own evidence

You will need to consider ways in which you can capture data that show the impact of your work on the health of the patients you are seeing. Are they visiting hospital less often? Are they reporting feeling better? How do you know that the work you do with patients is making a positive difference on their health? Measuring your impact as a health professional using outcomes is gaining more validity internationally and there are sets of indicators you can use, both within NHS systems and globally through organisations such as the International Consortium for Health Outcomes Measurement or the Institute for Healthcare Improvement.

Don't forget the human element when measuring your impact – sometimes the comments from your patients about their experiences and the impact of their care can be as powerful as reams of data.

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You will need an understanding of the basis of clinical commissioning decisions and their potential for impact on patient care. You could identify who your lead CCG nurse is and make links, to highlight the needs of your patients. Inviting the CCG board members to see your work is a valuable strategy. As you advance in your career, you may wish to apply for a lead nurse position on a CCG board yourself.

The NHS Outcomes Framework forms part of the way in which the government holds the NHS Commissioning Boards to account. The NHS Outcomes Framework includes 5 domains:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions;
3. Helping people to recover from episodes of ill health or following injury;
4. Ensuring that people have a positive experience of care;
5. Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Care for people with complex health and social care needs must be made a real priority with commissioners and providers[10].

Updating your knowledge

Continuous professional development and regularly updating your knowledge is a requirement of NMC registration. You are required to maintain currency in your field of practice to ensure that the care that you deliver is “on the basis of the best evidence available and best practice” in order to ensure that members of the public are always the recipients of safe and effective practice[11]. It is also crucial given the changing nature of healthcare and politics that nurses monitor changing policy and respond appropriately.

Literature searches and consultations

One method of keeping updated is to perform a literature search of a particular topic of interest related to your practice. It is a way of broadening knowledge on a topic and can increase your general and specialist knowledge. It hones your skills in searching and critically appraising evidence to draw conclusions for practice. It can help you to become more confident and assertive in a given topic area.

Benefits of undertaking a literature search

1. It broadens your knowledge on a topic.
2. Increases your general knowledge, specialist knowledge, vocabulary and confidence.
3. Shows your skill in finding relevant information.

Contributing to consultation documents should also be an important aspect of the nurse role. This means ensuring that you are signed up to relevant e-mail lists for professional forums such as the RCN, QNI or Institute of Health Visiting. Your managers may be on circulation lists from different organisations, such as government departments. You should ask that any information relating to your scope of practice is forwarded to you. Anyone can contribute to policy consultation documents, either as an individual or as part of a group and this is crucial in raising the profile of community nursing.

Activity 7.2

1. What are the advantages of working in an integrated way for the patient and yourself? What are the potential risks and difficulties, and how might you overcome these?
2. Choose a topic on the theme of nursing care for people with ‘complex needs’. Make this topic something that interests you or something you know very little about.
   - **Step 1** - Search for relevant literature on the Department of Health, NHS England, Public Health England, QNI, RCN Library, King’s Fund, Health Foundation and other relevant websites
   - **Step 2** - Search for literature using the Google scholar search engine, the Pubmed search engine and the Cochrane library. Filter all searches to ensure you have information from the last 5 years (or 2 years on a well-researched topic), and research from the UK.
   - **Step 3** - Search for NICE guidance
   - **Step 4** - Look at any resources you may have in your clinic or local surgeries

Summary

In this chapter you have learned about the importance of understanding the relevance of healthcare policies and other evidence relating to your field of work. You have also learned about how you might keep updated with this evidence and contribute to the body of evidence by effectively measuring the impact of your care.

As you learn and develop your knowledge, there is a real opportunity for you to be involved in service planning and the work of the Clinical Commissioning Groups. In order to do this they will need to be up to date of how the changes could impact on the delivery of primary care services. You will also have real understanding of how current healthcare commissioning impacts on your patients and how effectively it works to support them. By collecting good evidence of your own, it will be easier to:

- Help commissioners to understand the needs of your patients
- Make the case for the value of your service

Finally, you need to maintain updated knowledge of policy, through reading evidence from trusted sources and continually evolve this knowledge and reflect on what it means for your practice.

Further learning resources

- NHS Clinical Commissioning Groups

The King's Fund gives more information about current issues with NHS Clinical Commissioning groups

- QNI Guides and Reports

The QNI's website has a set of online homeless health guides and reports, which provide useful learning on specific topics such as health assessment, epilepsy and homelessness, foot care and homelessness, oral health and homelessness and the impact of homelessness on babies.

- RCN Library

The Royal College of Nursing (RCN) Library is a good source of information in relation to search for nursing and care literature. It is Europe's largest collection of nursing specific literature and contains over 54,000 books, 30,000 e-books and 1100 e-journals. You can use the library for reference purposes if you are not a member and you can have full access to the library if you are a member of the RCN. RCN library contains subject guides on different topics.

- Undertaking a literature search

See RCN Library video guides on undertaking a literature search.

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