

Inclusion health nursing – the development of a specialist discipline

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1,000 – 1,500 specialist ‘inclusion health’ nurses in the UK

Two rough sleepers died each day last year sparking urgent plea from nurses

EXCLUSIVE: The Royal College of Nursing wants to reverse cuts to addiction, mental health and other support services so 726 preventable deaths can be stopped

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19:20, 5 OCT 2019

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What is inclusion health nursing?

Inclusion health groups - how many individuals...?

- **320,000** homeless people, including children (does not include 'hidden homeless' people ? **300,000**)
- **83,787** prisoners
- **170,559** asylum seekers
- ? **500,000** illegal migrants
- ? **300,000** Gypsies and Travellers
- ? **200,000** Roma
- ? **72,800** sex workers

- **500,000** experiencing factors of severe and multiple disadvantage

In many ways this is the tip of the iceberg...

14 million people (**1:5 of the UK population**) are in poverty, according to the Joseph Rountree Foundation (JRF, 2017).



Life expectancy in two areas of Glasgow differs by 14.3 years - Bridgeton 63.7 years, Jordanhill 78.0 years (NHS Scotland, 2019).

Is this a specialist discipline?

Or is inclusive healthcare something that should just be taught and run through all health care practitioner courses?

My current answer: The specialism is needed, but inclusion health nurses need to be mindful of the need to change the whole system

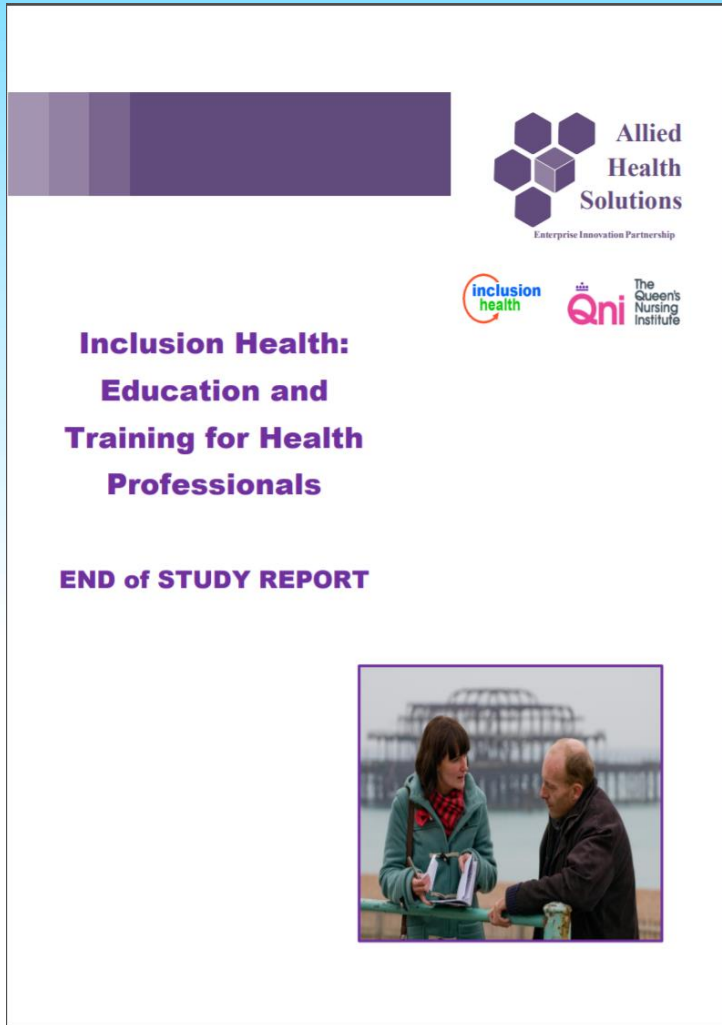
In the meantime... do we have a shared identity?

- ? Homeless Nurse (or Gypsy, Roma, Traveller / Vulnerable Migrant Nurse, Prison Nurse etc)
- ? Homeless Health Nurse
- ? Advanced Nurse Practitioner (Homelessness, GRT, etc)
- ? Clinical Nurse Specialist Inclusion Health (Homelessness, GRT, etc)
- ? Complex Needs Nurse
- ? Health Access / Equity Nurse
- ? Marmot Nurses???
- ? Who should have the title Nurse Consultant



What core skills does every nurse need?

How do we ensure nurses are competent?



Work of the Inclusion Health Board

London Network of Nurses and Midwives Homelessness Group – Knowledge and Skills Framework

Burdett Trust for Nurses funded project



Knowledge and Expertise...

- ✓ client engagement
- ✓ complex case management, and caseload management
- ✓ broad clinical knowledge across physical and mental health
- ✓ complex triage
- ✓ understanding and accommodation of communication challenges, disability, disadvantage and exclusion
- ✓ management of personality issues and complex trauma
- ✓ conflict management
- ✓ clinical advocacy
- ✓ addictions and sequelae of addictions
- ✓ harm reduction
- ✓ public health
- ✓ mental capacity and cognition
- ✓ safeguarding
- ✓ prioritisation / triage in multiple complex needs context
- ✓ housing rights, housing options and local authority processes
- ✓ rights to healthcare
- ✓ immigration status and impact on welfare rights
- ✓ support options in the community
- ✓ culture change / systems leadership

Jack of All Trades



**...and master
of so many!!!**

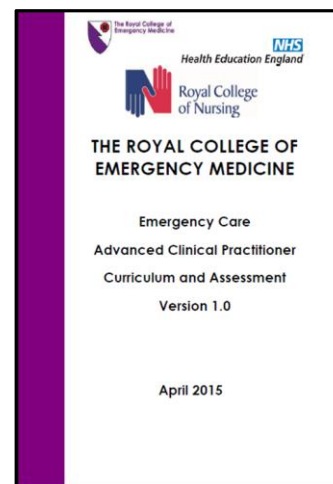
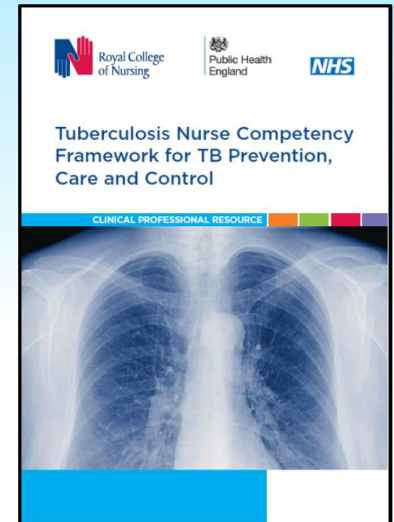
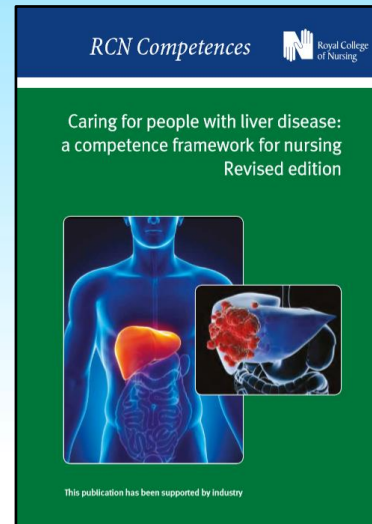
What is going on in the 'pause'



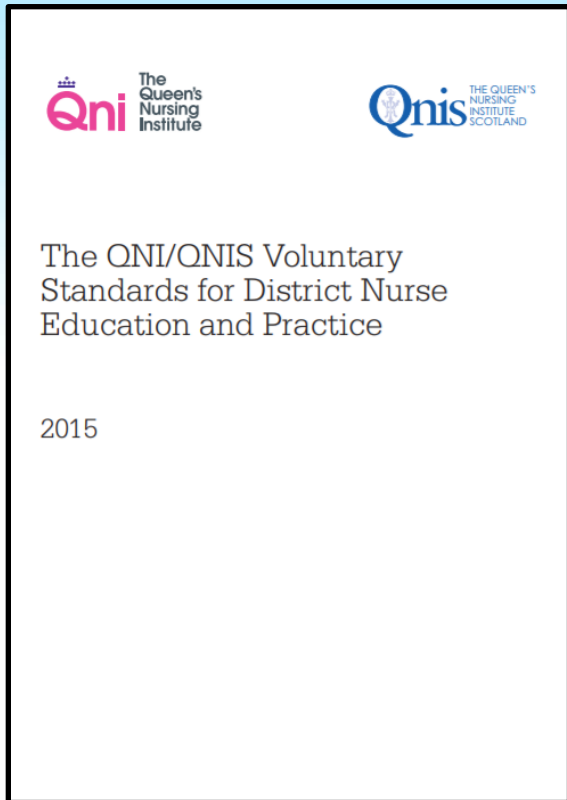
Competency framework...

Advised against this due to:

- Large amount of hours to develop
- Hard to ratify – needs multiple partners
- Is it actually useful?
- Not actually possible to deliver in the time available
- ‘Not a good use of your time now’
- Could apply for more funding to support this if needed



QNI: draft voluntary standards for inclusion health



4 DOMAINS:

1. Clinical care
2. Leadership and Operational Management
3. Facilitation of learning
4. Evidence, research and development

Related work

- Council of Deans of Health
- Academy of Royal Medical Colleges
- NMC consultation on advanced practice

Academy of
Medical Royal
Colleges

Inclusion Health

Academy of Medical Royal Colleges and Faculty for Homeless and
Inclusion Health Joint Position Statement

8 May 2017

*'Inclusion health is a research, service, and policy agenda that aims to redress extreme health and social inequities among the most vulnerable and marginalised in a community.'*¹

*'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.'*²

Inclusion Health is a universal concept but responds to local needs. The Academy of Medical Royal Colleges (the Academy) and the Faculty for Homeless and Inclusion Health are committed to high-quality care for all who use the NHS. Those who are living on the margins of society are too often poorly served. We believe that care must be tailored to reflect the particular needs of each patient, with clinicians addressing the patients' total health, care and social needs.

There is a growing understanding of the impact of health inequalities on patients and healthcare providers. Whilst many people experiencing deprivation will face the health impact of inequality, this impact is particularly acute for the most marginalised. People in this situation may include homeless people, vulnerable migrants, sex workers, Gypsies and Travellers and those in contact with the criminal justice system.

The Academy and the Faculty of Homeless and Inclusion Health are committed to:

- Promoting 'Proportionate Universalism' – health resource distribution that favours the disadvantaged and actively reverses the 'inverse care law'
- Meeting the health needs of excluded groups with respect, dignity, and compassion
- Ensuring prompt access to emergency care for all
- Offering GP registration to all who need healthcare
- Addressing cost recovery only after the patient receives urgent treatment
- Integrated care that considers patients' physical, psychological and social care needs, with complexity managed by individual care coordination supported by a multi-disciplinary team
- Empowering patients to make decisions about their health, and involving patients in the design and delivery of care
- Improving awareness that health care alone cannot transform health inequalities. It requires societal change, reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage

Whose responsibility is it...

Health Education England?

‘supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.’

Pre-registration – current situation

- Ad hoc provision in most areas/institutions
- Specialist practitioner connections drawn on
- University of Edinburgh (nursing courses), University College London notable examples

Our experience:

- Students say they have not received other training in this area
- Around 50% of students think you need ID to register
- Many students think it is their job to police the NHS

What needs to be taught - examples

- Working with literacy, language and cognition challenges
- Assisting patients with complex trauma / personality disorders
- Altering power dynamics
- Motivational interviewing
- Mentalisation and resilience
- Rights to health care access
- Housing rights / Homelessness Reduction Act
- Welfare rights
- Cultural competence
- Rules on NHS charging

Competency development – what is needed

- Further work (needs funding!) on:
 - Standards for practice
 - Development of standardised pre-registration content
 - Development of CPD modules

Home > Resources > Learning Resources > Homeless Hospital Discharge Nursing

Homeless Hospital Discharge Nursing

SOCIAL FRANCHISE

PALLIATIVE CARE

MENTAL HEALTH

UCL MSC MODULE IN INCLUSION HEALTH

ONLINE INCLUSION HEALTH COURSE



The role of nurses working in homeless hospital discharge


In 2018, funding was awarded by the [Burdett Trust for Nursing](#) under the 'Strengthening Nursing


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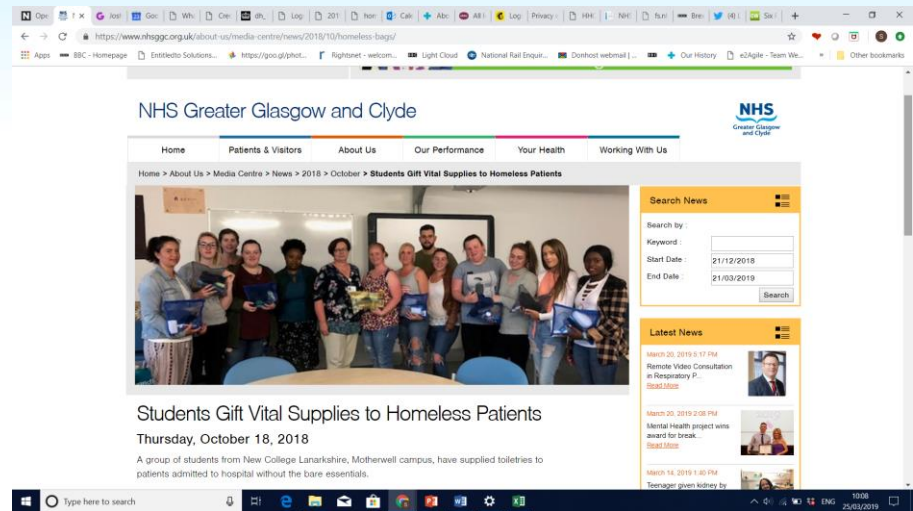
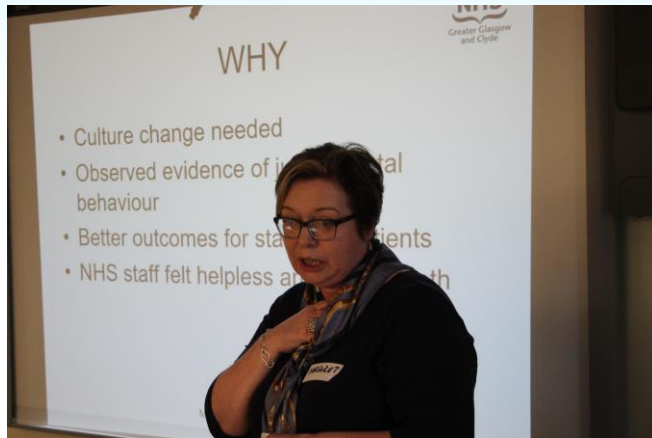
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Leadership



Example of the potential

- Margaret Montgomery in Glasgow – 14 years work – a clear move from *‘how can you help us’* to *‘how can we help you’*



Inclusion health nurses have a huge potential to deliver culture and system change

However they need support to do this and avoid the risks of isolation and 'burn out'

Why is support needed?

- *‘I’m glad to have this opportunity to reflect. I often wonder whether I’m doing the right thing. There’s no one really to ask’*
- *‘It’s been so difficult to make challenges and advocate for patients, the barriers as you know are huge.’*
- *‘It was the saddest most depressing meeting I have ever attended, it was pretty dire.’*

Voluntary clinical networks are currently promoting leadership and providing support



...with little or no statutory support currently

Case study: QNI innovation projects



10 nurse-led projects with QNI support

Example: Street outreach project

London nurses providing same day health checks for homeless

10 OCTOBER, 2018 | BY JO STEPHENSON



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Lots more case studies on the QNI website

Homeless Healthcare in Action

Examples from organisations all around the country

CASE STUDY

Homeless Patient Project in the Emergency Department

Gloucestershire Hospitals NHS Foundation
Trust

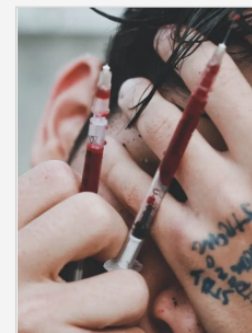


17 February 2020 

CASE STUDY

Hepatitis C Clinic for People Who Inject Drugs in a Rural Location

This clinic in Sussex provides an accessible
and client-friendly service to people with
Hepatitis C who inject drugs at rural
locations.



[Download](#)

Health Visiting



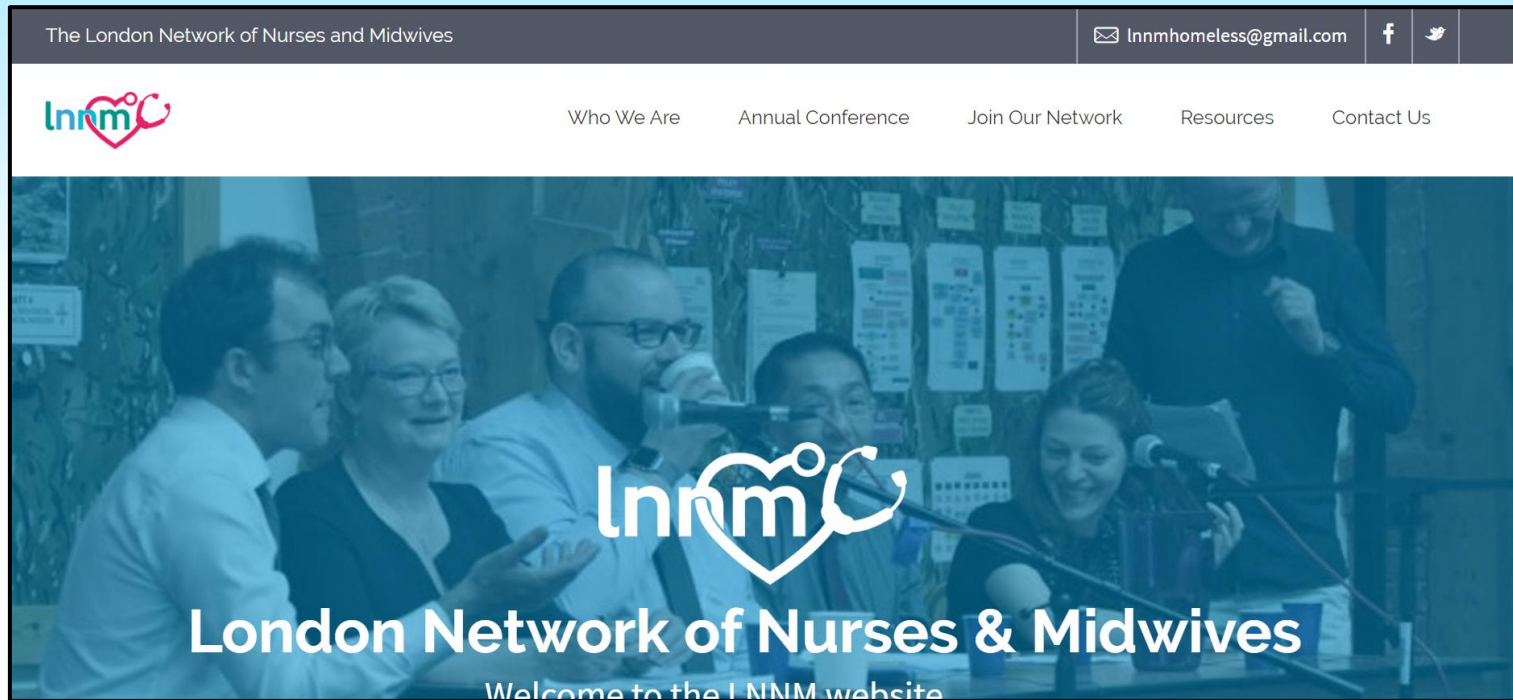
**Hoping to do the same with
GRT nurses soon...**

**84,740 households in
temporary
accommodation at the
end of March 2019. 77%
increase since December
2010.**

Current issues:

- **Notifications**
- **Out of area placements**
- **Sub standard accommodation**
- **Too long stays**
- **NRPF**
- **Adverse childhood events**

London Network of Nurses and Midwives Homelessness Group



LNNM conference will return this year



**Hoping to have a new
Network Coordinator
soon**

Nurses and Midwives for Inclusion Health: Partnership in Practice



Our aims

To develop and share excellence in nursing and midwifery inclusion health

To support practitioners in professional and practice development, education and research



Leadership - What is needed?

- **More group consciousness and self belief!!!**
- **More visibility!!!**
 - More nurses writing up their work
 - More nurses doing formal research
 - More nurses actively involved in networks, inspiring and supporting each other
- **More activism to tackle health inequality!!!**
- More support from mainstream NHS to achieve this...

Come to a network meeting

- 26th March at the QNI – Health Visitors meeting
- 29th April at Pathway – Hospital Discharge nurses
- ? Date - GRT nurses meeting
- LNNM meetings at the RCN – 7th May, 9th July, 10th September, 5th November



**We don't
bite!!!**