**Minutes
The** **London Meeting of Faculty for Homeless and Inclusion Health**

**Tuesday 3rd November 2015 - 6pm to 8pm**
**UCH Education Centre**

**Attendees**

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| Paul AshtonDavid AstonAlex Bax, PathwayAlison BelloKate Bowgett, GroundswellStan Burridge, PathwayPeter ChambersPam Campbell, Nurse ConsultantHelen ChapmanAmanda ClarkElizabeth ClowesPeter CockersellJohn Connolly, CLCH NHS TrustJane Cook, Pathway / IndependentFlorence Cumberbatch, Pathway UCLHAnita DaviesSteve Davies, RECHCHelen Davies, PathwaySam Dorney-Smith, Pathway / GSSTJenny DrifeSteve Field, CQC | Ursula Gallagher, CQCAndrew Hayward, UCLGrant KennedySophie Koehne, CNWL / CLASHHabiba Nabatu, Lankelly ChaseHelen Mathie, Homeless LinkStephen Moore, Luther Street Medical CentreEileen O’Sullivan, Oak FoundationMatina PapaioannouTim Robson, PathwayCaroline Shulman, GPAl Storey, TB Find and Treat teamElaine Styles Brian SwannNicky TannerLouise TweedMartin WarrPeter Wood, 999 ClubRosemary Wright |

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**1. Welcome and introductions**

Nigel Hewett welcomed attendees to the November 2015 meeting of the Faculty and each participant introduced themselves.

**2. Faculty news**

Alex Bax, Chief Executive of Pathway and Nigel Hewett, Secretary of the Faculty for Homeless and Inclusion Health, updated colleagues on developments and plans, including the following.

**Lankelly Chase Foundation Funding**

Alex shared the good news that Lankelly Chase Foundation has awarded Pathway a 3-year grant to sustain the Faculty over that period and, in particular, support:

* further work on the Standards and their use;
* development of resources and learning opportunities for Expert by Experience involvement;
* Faculty hubs (of which there are now five, London, South Coast, Thames Valley, Eastern and Northern with plans for additional hubs in Scotland and the Midlands); and
* education / CPD across professions, and continued work to influence health policy and practice.

**2016 International Conference**

Alex reported on the progress being made towards the 2016 Faculty conference, taking place at the Ibis Earl’s Court Hotel on Wednesday 2 and Thursday 3 March. Most plenary speakers have been confirmed, including Richard Wilkinson, Michael Marmot, and service leaders and researchers from Perth Australia, Philadelphia, and Ontario. The programme of parallel sessions is also filling fast, with a range of seminars and workshops including an increased focus on homeless families.

Pathway continues to facilitate the active involvement of Experts by Experience, and has received funding from NHS England to increase the involvement of people from a range of excluded groups, notably vulnerable migrants, Gypsies and Travellers, as well as building on the successful involvement of people with lived experience of homelessness. There is a small bursary fund available to support Faculty members and other practitioners who are genuinely unable to secure funding to attend.

**Action:** Faculty members are encouraged to register, and to share information about the conference with colleagues, distribute leaflets and signpost people to the conference website: [www.homelessnessandhealth.co.uk](http://www.homelessnessandhealth.co.uk).

**CPD for Inclusion Health**

Plans for development of registerable qualifications for Inclusion Health are progressing. Chris Sargeant is leading the process, supported by a small working group of Faculty members. Middlesex University have agreed to offer a certificate level course in Inclusion Health which will be available at all levels - from people with little formal education to those working for CPD points towards post-graduate qualifications. This will build on existing core materials and courses such as the introductory package developed by colleagues in Oxford and series of CPD days in London and Brighton.

**Action:** Faculty members interested in contributing as active members of a new Faculty sub-committee are invited to contact Nigel - a key task of the group will be to support development of resources and ensure they are relevant across professions and academic levels.

**Royal College of Emergency Medicine (RCEM)**

Nigel reported on emerging partnership work with the RCEM, supported by their President Clifford Mann. Faculty members and others working in emergency medicine have contributed to the next version of the Faculty’s Standards for Commissioners and Service Providers of Homeless and Inclusion Health Services.

The RCEM has developed an audit tool based on the draft standards, and a pilot audit will shortly be carried out with 17 hospital Trusts. The results will be launched in December and it is hoped a national audit will follow next year.

**Royal College of Physicians (RCP)**

Nigel and Alex are continuing to build links with the RCP, supported by their president Jane Dacre. The RCP has commissioned a survey about physicians’ experience of, and attitudes to, working with homeless patients. The online survey has been completed by over 3,000 doctors. The results will be triangulated with the experience of Care Navigators (formerly homeless people who have been trained to support an acute Pathway team), training needs for doctors will be identified as a result.

**Academy of Medical Royal Colleges**

In her role as both RCP President and Vice-President of the Academy of Royal Medical Colleges, Jane Dacre is working with the Faculty to develop a ‘Marmot-inspired’ joint statement on health inequalities, with a view to all medical colleges signing a commitment to this.

**3. Medication storage and use in hostels**

Al Story of TB Find and Treat and Steve Davies of Riverside Housing King George’s Hostel presented a summary of the legal framework and practical challenges around supplying, dispensing, or administering prescription medication in hostel settings.

In theory, hostels ‘don’t provide care’ so the regulatory guidance for non-nursing care or residential homes does not cover them. An informal audit of hostels demonstrated a wide range of practice. Individual staff and service providers may be left vulnerable by interpretations of what is allowed, conflicting with the need to ensure vulnerable residents are supported to take medication.

A discussion of challenges and some pragmatic approaches to meeting them followed, including the risks associated with doing nothing, and the cost of not tackling this issue. The meeting agreed a need to

* gather information about existing practical guidelines or policies
* clearly articulate what sensible good practice looks like
* identify what is needed to support colleagues
* investigate the possibility of e-learning or other training resources and guidance for non-clinical staff ‘administering’ prescription medications.

**Action:** Homeless Link, TB Find and Treat and other interested Faculty members will work together to identify what could be done to gather existing information with a view to developing practical guidelines and identifying if/where further legal advice is needed to support hostel staff.

**4. The Care Quality Commission (CQC) and health inequalities**

Ursula Gallagher (Deputy Chief Inspector of General Practice and Integrated Care, and London Nursing Lead) and Steve Field (Chief Inspector of General Practice) provided an update on CQC work and invited the Faculty to join with them in shaping next steps. Ursula emphasised that the CQC is interested in building relationships, hearing from others about their reputation, supporting improvement, and demonstrating what it takes for health services to succeed. She reported they are part way through inspecting over 10,000 primary care services, and are assessing around 4% as ‘outstanding’ and around 4% as inadequate.

Steve reported that the CQC recently published work on the characteristics of outstanding services, several of which specialise in providing services to homeless and excluded groups. Other shared features of excellent practices seem to be about their structure (e.g. as social enterprises or community interest companies), the way staff are involved and treated, and local community links.

Steve and Ursula explained the CQC is keen to move towards more thematic reviews, and to develop more creative approaches to inspection and regulation. For example, they might review a range of service types within a locality, rather than inspecting primary care, hospitals, and social care separately as now.

Nigel welcomed the CQC’s interest in involving the Faculty and invited interested members to attend a seminar on this issue at the 2016 conference.

**Action:** Faculty members are invited to further engage with the CQC at the Faculty conference

**5. AOB**

 Paul Ashton is interested in recording a future meetings to share more widely via a blog. Will need consent of those present at the time, but no objection in principle.