

Nursing Vulnerable People 'Opening Doors' to 'Inclusion Health'

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Aims



- Update on QNI's Opening Doors project
- Describe Inclusion Health work
- Demonstrate opportunities to influence on workforce & leadership

The 'Opening Doors' Project









MSOffice1

The 'Opening Doors' Project



- Started Jan 2011, funded by J Paul Getty Jr Trust & Merchant Taylors
- Focused on substance misuse & homelessness
- Using HHI network to make real changes in lives of clients

MSOffice1 J Paul Getty Jnr Charitable Trust and Merchant Taylors' Company Focussed on homless health with a specific refernece to substance misuse and children and families I dont call it the HHI netowkr anymore, its referred to as the project network, or Opening Doors network. Built on orginial network from HHI project , 13/10/2011

The 'Opening Doors' Project



- Network of 650 nurses and other health professionals working with this client group – an increase of 131 people this year
- Monthly e-newsletter
- 2 workshops held: London and Newcastle

The 'Opening Doors' Project - outcomes



- Safeguarding Homeless Families guidance published
- Input into consultations by NTA, NICE, Homeless Link
- Network members making a difference

The 'Opening Doors' Project in the Queen's Nursing Institute

- "Sharing what I've learnt today with my team to influence the way we work with substance misuse clients"
- "I will work with (various partners) to implement Hepatitis B vaccination in all babies born to mothers with substance misuse issues"
- "Offering all substance misuse clients BBV screening"
- "Working on discharge planning meetings for substance misusers"

'Inclusion Health'



- Launched March 2010
- Aims:
 - To improve health outcomes of most vulnerable
 - 6 'building blocks' [see below]
- ONI involved in launch welcomed focus on support for workforce and importance of leadership

'Inclusion Health' building blocks

- Ihe **** Queen's
- Leadership dynamic movement for change
- Workforce strong, stable and capable to drive change and make a difference
- From needs to outcomes *better picture of needs*, priorities to make a difference
- Responsive and flexible services *joined-up, cost*effective, equitable care
- Health promotion and prevention raising aspirations, intervening early
- Assurance and accountability *best use of incentives* and leavers

Because ...



- Population health & health system improved in last 10 years, but ...
- Poorer still have poorer health
- Poorer have more serious conditions
- Most deprived areas have fewer GPs & nurses, and higher A&E attendances

Barriers to care



- Paucity of services for complex needs e.g. homeless people
- Transience of population
- Stigma and discrimination
- Cultural expectations & health aspirations
- Language and literacy
- Institutional factors

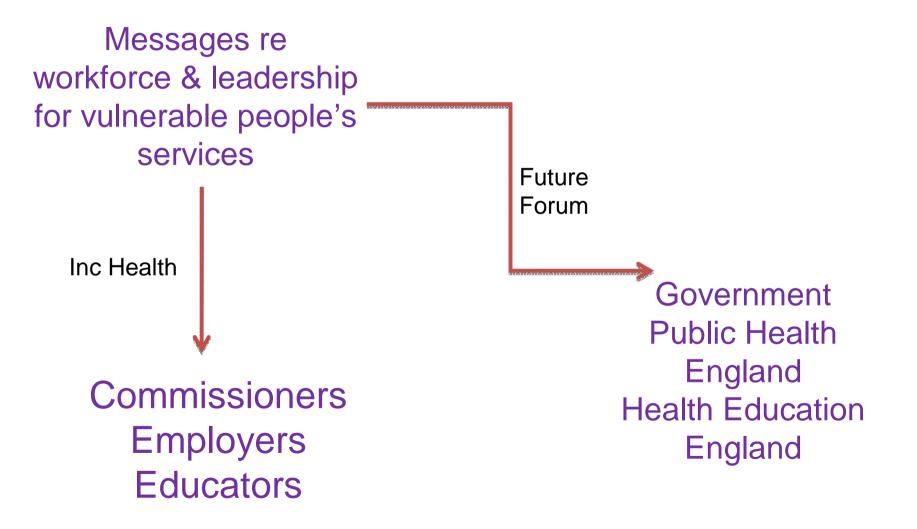
Fast forward ...



- April 2011 IH work continues
- National Board and subgroups on each of 6 building block areas
- Chairing Leadership & workforce
 - Linked to Opening Doors project
 - Opportunity for OD network members to influence at highest level











- Online learning package 'Nursing Vulnerable People' <u>www.qni.org.uk</u>
- OD network (600+): for queries, link-ups, advice, publications, guidance, etc
- Free workshops on homeless healthcare issues
- Opportunities to make voices heard
- Queen's Nurse title: bursaries, regional groups, profile, support.

Working with QNI



- **Right Nurse, Right Skills campaign** sign up online, recruit others, publicise to public
- **Queen's Nurses** apply to join QNs, encourage others, help us to influence
- Fund for Innovation apply for funding, run a project, join the project leaders
- HHI network contact Jo Fitzpatrick to join jo.fitzpatrick@qni.org.uk





'For evil to thrive, it is only necessary that good men do nothing'

'For vulnerable people to suffer, it is only necessary that good nurses do nothing.'