

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



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

Slide 4

MSOffice1

J Paul Getty Jnr Charitable Trust and Merchant Taylors' Company

Focussed on homeless 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 outcomes



- *“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]
- QNI involved in launch – welcomed focus on support for workforce and importance of leadership

'Inclusion Health' building blocks



- 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

Opportunities

Messages re
workforce & leadership
for vulnerable people's
services

Inc Health



Commissioners
Employers
Educators

Future
Forum



Government
Public Health
England
Health Education
England

QNI resources



- Online learning package 'Nursing Vulnerable People' www.qni.org.uk
- 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*

Summary



‘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.’