# Case study: Homeless health in London – the response to Covid-19

## Version: 1 Last updated: 3 June 2020

**Author:** NHS England and Improvement, supported by Healthy London Partnership, Pathway and other partners

# Summary

Across London, the NHS, local authorities and voluntary sector organisations have come together to house, protect and support the health of homeless people with and at risk of COVID-19. <u>The Healthy London Partnership</u> (HLP) has created the <u>Homeless Health Operations Centre</u>; a cross-system approach to support the London COVID-19 Homeless Health Response Cell. Working in partnership, they have been offering GLA supported accommodation, GP registration and health care to some of the most vulnerable members of society during the pandemic. The whole project is being managed using a triage and cohorting process to move people into one of three types of managed accommodation:

- Covid Care: providing higher level of medical support for those presenting with symptoms.
- Covid Protect: providing support and care for people who are most at risk.
- Covid Prevent: providing support and care or those who are less vulnerable.

To date, the quick and decisive response has been a huge success: infection rates among the rough sleeping community in London at the peak of COVID-19 stood at around 5-6%, compared to similar international cities such as Chicago and San Francisco, where this has been 50-60%. It has also provided unique opportunities to test and treat people for conditions such as HIV and hepatitis, and to assess needs more generally, registering them formally with General Practice to give best opportunities to receive the right, ongoing care.

## Background

The Healthy London Partnership provided a foundation for the work that needed to be done to support homeless people in the COVID-19 pandemic. Prior to that, programmes were already underway as part of the London Vision to bring together health, housing, local government and voluntary sector providers to improve the Health of Homeless people across London. Collaborative working was in motion with initiatives including the Homelessness Reduction Act; <u>the rough sleepers initiative</u>; improving GP access and commissioning support for homeless people up and running. Whilst challenges existed, the relationships had been formed.

However, getting this system of support for COVID-19 up and running has only been possible because of the experience and willingness of health and care professionals in the area. Stretching the boundaries and an 'all-hands-on-deck' approach has enabled things to move at pace.

When COVID-19 hit, a meeting was held between HLP, GLA, the NHS and charity organisations to identify roles and plan. There are now 14 GLA supported hotels providing a safe space for homeless people across London's boroughs and many more being provided by London local authorities directly, so the vast majority of the capital's rough sleepers have accommodation.

## How it has been working

The partnership has been able to use several systems including the Combined Homelessness and Information Network (<u>CHAIN</u>) to locate and identify rough sleepers. The multi-agency database, commissioned by the GLA and managed by St Mungo's, records information about people who are rough sleeping in London.

Individuals have been brought in directly from the streets or from other shelters that are unable to accommodate the social distancing rules. In just a matter of weeks these organisations have been able to pull this together and have now got over 1200 homeless people in GLA-backed hotels, and around 4,500 in total being housed and cared for in London.

A large amount of support has come from the voluntary sector, helping develop models of care and coordination for homeless people admitted to hospital, training NHS staff and supporting individual healthcare needs. This includes five partners delivering care in the GLA-backed hotels (Depaul, Lookahead, Pathway, St Mungo's and Thames Reach) and support (in the GLA hotels and in some cases London more widely) has also come from the likes of Crisis, Groundswell Médecins Sans Frontières, Pathway, Red Cross and the Single Homeless Project.

## In practice: a south east London example

The most recent hotel to open was in Lambeth, South East London, offering space for 150 people. Setting up and managing has needed a multi-agency approach with partners from across the system getting involved to support where they can:

- Housing charity Look Ahead has been delivering on-site support.
- Pathway GPs have given expert support to the start-up
- <u>South London and Maudsley NHS Trust</u> has been providing mental health support to residents
- <u>Lambeth Drug and Alcohol Treatment Consortium</u> has offered their services for individuals dealing with substance misuse
- UCLH <u>Find and Treat Team</u> has provided mobile outreach to offer Covid testing and screening for blood borne viruses and needs assessments
- HLP team providing support from the operations centre

With regards to health and primary care needs, for those not already registered with a GP, two local practices are offering registration and access to healthcare. Phone, video and online consultations with GP surgeries are playing a huge role in making sure individual needs are met, whilst minimising risk of coronavirus transmission, with follow-up face to face visits to the hotels arranged if required. This is supported by a specialist nurse led Health Inclusion Team, part of <u>Guy's and St Thomas' NHS</u> <u>Trust Community Services</u>.

## Impacts

- Infection rates among rough sleepers in London has been kept at around 5-6% - in comparison, international cities where people were not 'brought in' and cared for in such a strategic way, Covid infection rates have been 50-60%
- As well as Covid testing, having homeless people among the hardest to reach in society – accommodated has allowed a successful testing and treatment programme for conditions such as HIV, hepatitis and TB
- A comprehensive need assessment programme is underway. This links people with the right care and means they're in the primary care system. When rehoused, they can be linked to GPs and other services
- 14 hotels have been repurposed to support the work by the Greater London Authority, and many more directly by Local Authorities in London
- Around 4,500 homeless people have been given safe and secure accommodation and health and care support for the pandemic
- New relationships have been developed within and across the boroughs, working more collaboratively than ever
- The new general practice online video and consultation systems have played a key role in being able to directly assess and support the health and care needs of what might have previously been hard to reach individuals. The change in the way information is managed in GP surgeries means GPs have more opportunities to help.

#### How the health response has improved the lives of homeless Londoners

The personal stories below have been captured by <u>Pathway</u>, a charity who have been absolutely central to both designing the health response and delivering it:

#### Case study: Joe, 28

Joe is a failed asylum seeker and has no recourse to public funds. Joe has a diagnosis of bipolar and is not on medication. Before being housed in a hotel, he was sleeping in a building where he was also working. There are concerns that he is a victim of modern slavery. This is his first contact with services in five years. He also has a newly diagnosed physical health care condition that require ongoing care. He needs further assessment, ongoing care and suitable housing.

#### Case study: Bill, 52

Bill used to work in the City, has high blood pressure and a history of smoking crack. He's been recently estranged from his family and sleeping in a car prior to being in the hotel. He has suffered significant weight loss in the last few months and is being investigated for this. He is engaging with substance misuse services for the first time.

#### Case Study: Sarah Jane, 34

Came in from rough sleeping. Recently split from male partner, after a long history of domestic violence. Newly on Methadone script and has stabilised with alcohol use. Has asthma. Would now like to engage with counselling and screening. Not from London originally.

## Some challenges of joint working on homeless health

- Truly an unprecedented move, this was the first time a major city has tried to accommodate all its rough sleepers, and at great speed (just over a week)
- This required a huge effort and goodwill and collaboration between healthcare, accommodation providers, charity partners, GLA and local authorities and the rough sleepers themselves
- Managing the different needs between boroughs was also a challenge and local solutions had to be found. For example, what is required in one borough will be different to the next, so distributing the need across London remains a core challenge. For other parts of the country rural homelessness and accessibility may prove difficult.
- Covid-19 itself has led to an increase in the number of newly homeless people. These individuals will have a very different history and set of needs to existing, or long-term rough sleepers, and the cycle of housing and providing care for them is in place

## Next steps?

Some of the biggest challenges will come to light when they approach the next phase of this work. There is a general consensus that what has been achieved and learnt should not be wasted. There is an opportunity to build on the positive changes following temporary accommodation and engagement with services to try and make sure there is no return to the street. A taskforce has been put in place to review next steps and how to continue and nurture some of the new systems and facilities that exist as a result of this work.

For the NHS there is a need to review what provision is available for people who are homeless and other inclusion health groups to ensure that they have access to services and treatment that will continue to support their continued recovery and move in to longer term sustainable accommodation.

"It is going to be incredibly challenging, not least for local authority partners meeting the accommodation needs, but 'In For Good' really can be a reality," comments Jemma Gilbert, HLP Prevention Director and London Homeless Health Operations Director. "There has been a huge and positive recalibration of how we view the vulnerable in society during Covid, and I am very encouraged by the commitment the Government has promised."

### More information and resources

- Jemma Gilbert gives a summary of London's health response in the <u>London</u> <u>Health Podcast here</u>, and further detail on how to set up a network of hotels to provide accommodation for London's homeless during COVID-19 - the challenges, staffing, equipment, logistics - and guidance for other sites can be viewed <u>here in an interview</u> with nurse, Sam Dorney Smith who talks about her own experience of setting up homeless hotels for London's rough sleepers.
- Information, resources and guidance can be found on the <u>Healthy London</u> <u>Partnership webpages</u>.

- Pathway's 'Clinical homeless sector plan: triage assess cohort care' can be viewed <u>here</u>.
- There is a national Homeless Health community on the Future NHS Collaboration Platform. To access the workspace, first register on <u>FutureNHS</u> and then you can request access to the workspace by emailing <u>HomelessHealthCOVID19-manager@future.nhs.uk</u>.