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London COVID-19 Homeless Health Operations Centre
Overview & key contacts

This document provides an overview of the Homeless Health Operations Centre, its role in supporting the multi-agency response to managing health needs and minimising transmission of COVID-19 within the homeless population in London, and handover to London's Integrated Care Systems and local areas.

1. Introduction
Many people who experience rough sleeping need access to secure and appropriate accommodation to enable continued self-isolation following the COVID-19 pandemic. Moreover, most of these individuals present underlying health conditions, are high users of emergency services, experience delayed discharge due to unmet needs, or are discharged onto the street without access to appropriate accommodation. Together, these factors omit the self-isolation of symptomatic or clinically vulnerable individuals and increase the likelihood of spreading the virus.

In response to the COVID-19 pandemic, Healthy London Partnership (HLP) redeployed a number of staff to form an operations centre to assist and support the efforts of the Greater London Authority (GLA), Ministry of Housing Communities and Local Governments (MHCLG) and London's NHS and Local Authorities in providing temporary accommodation and healthcare support to London's rough sleepers. This team is now being stepped down and work handed over to the partnerships mentioned.

2. London COVID-19 Homeless Health Operations Centre
The Operations Centre staffed by the Healthy London Partnership was responsible for the management and escalation of incidents as they occurred in real time, brokering communication between accommodation sites and each service area and where possible, troubleshooting issues and connecting the system. This work will need to continue, particularly in light of a potential second surge, but be delivered on a more local footprint until all the clients have moved on from the hotels. Responsibilities for system partners:

- Updated clinical guidance and relevant information to effectively manage and care for COVID Care & Protect clients will remain on the Healthy London Partnership website for organisations to access https://www.healthylondon.org/resource/homeless-health-during-covid-19/
- Local authorities rough sleeping leads and their health partners to work together to ensure health needs assessments carried out to assist with plans for move on, priority needs and shielding identified and entered into the CHAIN database
- Integrated Care Systems and GLA/LA will need to proactively manage health related incidents, risks and issues in conjunction with the local systems as they surface ensuring mitigations are actioned and escalation pathways are clearly defined and accessible
- Continuation of regular strategic and operational system calls in the five ICSs to support, influence and engage key stakeholders to discuss issues, priorities and develop guidance to enable move on to happen smoothly for clients. HLP have connected teams with GLA and housing lead connections.
- ICS leads and GLA representatives to attend the London Homeless Health Integrated Care System Partnership board
- The Rough Sleeping Strategy Group will continue with the HLP Delivery Director attending
- Regional sit-reps to be provided to NHS E/I and the ICS PB

3. Governance and key meetings

The success of the Homeless Health response depended on effective multi-agency working between the NHS, local and national government and the voluntary sector and this will need to continue Key meetings, convened by the Healthy London Partnership, include:

3.1. London COVID-19 Homeless Health Delivery Group

The Delivery Group oversaw the planning, requirement setting and development of a pan-London model of care for implementation across temporary accommodation sites for London's homeless population and the associated move on. This has now been stepped down.

3.2 London Homeless Integrated Care Systems Partnership Board

The Partnership Board oversees the strategic planning and development of pan-London models of care delivery for London's homeless population in the next 3 years. Membership includes ICS leads, clinicians, providers, GLA, voluntary and third sector organisations, Directors of Adult Social Services, public health, housing and employment leaders.

The ICS PB is the accountable governance body that provides advice and direction on the following:

- Strategic oversight and advice on London's homeless population including exit strategy planning
- Provide independent evaluation at a strategic level of the activities and efforts undertaken by partners to address homeless health, including strategic emphasis and priority-setting
- Identify and advise on new opportunities to collaborate and international initiatives and learnings

3.3 London COVID-19 Homeless Health ICS Leads Group

The Homeless Health ICS Leads Group oversees the ICS planning, development and implementation of pan-London or pan-ICS models of care for London's population experiencing homelessness, including the following activities:

- Oversight and direction of the service planning process including clinical workforce resourcing and allocation
- Implementation of the COVID-19 Homeless Sector Plan, Rough sleeping strategy and any National guidance; ensuring a sustainable and robust approach is in place for each element of implementation
- Implementation of any future plans for step down

3.4 London COVID-19 Homeless Health Clinical Leads Group

The Homeless Health Clinical Leads Group is a subgroup of the ICS PB whose role is to oversee the development of pan-London models of care that support the health needs of clients as they move into new accommodation. It includes the following activities:

- Advice for future service planning including the development of clinical protocols or guidance required
- Clinical oversight including issue escalation and management
- Implementation of National guidance and primary care standards; ensuring a sustainable and robust approach is in place for each element of the implementation
- Task and finish work identified by the ICSPB

4. Roles & Responsibilities

Organisation	Responsibility
Public Health England	Responsible for issuing and updating national guidance for those working with people who are experiencing rough sleeping and living in hostel environments
Greater London Authority	Responsible for the commissioning and set up of regionally led accommodation
Local Authorities	Responsible for the commissioning and set up of borough-led accommodation
Ministry of Housing, Communities and Local Government	Working with the GLA to identify and source appropriate accommodation sites
Integrated Care Systems	Health and care responsibility for their geography, providing links with borough leads and liaising with GLA and HLP Homeless health team
CCGs	Providing links and support with the staff on the ground to support the accommodation sites
HLP Homeless health team	Convening system partners and providing secretariat support to key meetings. Connecting the system and troubleshooting issues as they arise.
Homeless Drug and Alcohol service (HDAS)	London commissioned service responsible for supporting boroughs with Drug and Alcohol needs until Sept 2020 https://www.healthylondon.org/wp-content/uploads/2020/04/Launch-of-HDAS-London-07042020.pdf
Local Primary Care/PCN/GP Federation	Providing clinical coverage and support to local accommodation sites and post transition
Local Mental Health Support teams	Providing support prior to and after transition
Local Drug and Alcohol team	Providing support during and after transition linking in with HDAS

Homeless Health Partnership Leads

Name	Position	Organisation
Alex Bax	Chief Executive	Pathway
Alex Davis	Head of Rough Sleeping	MHCLG
Emma de Zoete	Interim Consultant of Public Health	GLA
David Eastwood	Rough Sleeping Lead	GLA
Gill Leng	Health & Homelessness Advisor	MHCLG / Department of Health & Social Care

Huda Yusuf	Consultant in Dental Public Health	PHE (London Region)
Olivia Butterworth	Lead on Homeless Health COVID-19 response	NHS England and NHS Improvement
Emmert Roberts	Clinical Lead Homeless Hotel Drug and Alcohol Service	(HDAS-London)

Healthy London Partnership's Homeless Health Team

Name	Position	Contact
Jemma Gilbert	Director of Transformation; Acting Incident Director Homeless Health	jemma.gilbert2@nhs.net
Susan Harrison	Deputy Incident Director	susan.harrison22@nhs.net
Sara Nelson	Deputy Director	sara.nelson@nhs.net
James Thornton	Senior Communications Manager	james.thornton1@nhs.net
Steve Solasta	Programme Manager	steven.solasta@nhs.net
Kim Hunt	Project Officer	kim.hunt3@nhs.net

Integrated Care System Leads

ICS Area	ICS lead	Clinical lead	Primary care lead	Mental health lead	Drug and alcohol lead
NEL	Selina Douglas	Rhiannon England		Rhiannon England	
NCL	Clare Henderson	Jasmin Malik/ Jill Britton		Sara Tiplady	
NWL	Joe Nguyen or Kevin Driscoll	Billy Hatifani/ Natalie Millar	Natalie Millar/ Dana Beale	Katie Horrell/ Catriona Darling	Jody Lombardini
SEL	Martin Wilkinson or Kenneth Gregory	Adrian Mclachlan	Caroline Schulman/ Zana Khan	Fran Busby	Gareth Earnest
SWL	Tonia Michaelides	Mark Creelman	Hasan Alogaily/ Mark Creelman		Sarah Warman

Greater London Authority Leads

ICS	Contact	Email
SWL	Johanna Cooper – Croydon David Orton- Wandsworth	Johanna.Cooper@london.gov.uk
SEL	Ben McDonnell	Ben.McDonnell@london.gov.uk
NEL	David Orton	David.Orton@london.gov.uk
NCL	TBC	
NWL	Luke Oates	Luke.Oates@london.gov.uk

5. Escalation for health-related incidents

Any health-related issues, risks or incidents will follow existing pathways and are to be managed by the appropriate clinical and/or Place based/ICS lead with support from the GLA/LA where necessary
All health-related issues, risks and incidents should be reported to your local health contact person, this includes:

- COVID +ve/symptomatic clients identified (referred to Find and Treat Team for testing and if positive to the Mildmay hospital see website and information on page 7)
- Absence of required medical input onsite
- Issues with accessing healthcare, medications or equipment
- Other queries, risks or incidents arising related to the health of clients or staff at the hotel

The local Place based/ICS team to support in proactively managing health related incidents, risks and issues as they surface, ensuring mitigations are actioned and that there is a clear escalation pathway within the health system for any unresolved issues. They will notify the GLA of any significant risks and incidents reported to them.

Normal action should be taken if a client or staff member is unwell (e.g. contacting 999/111 and/or reporting to relevant healthcare professionals onsite or at partner health services).

5.1 Other issues and incidents

For issues and incidents in GLA hotels that require immediate escalation, the provider should contact the designated site lead in the GLA rough sleeping commissioning team. If the lead is absent or unavailable, they should contact another member of the team or email roughsleepingcommissioning@london.gov.uk. Local authorities will have their own escalation process. Contact the local rough sleeper/housing lead.

This includes very serious incidents which are not health related but for which the GLA/LA should be immediately notified e.g. fire which caused damage or injury, serious assaults, deaths or any issues which carry significant reputational risk. It can also include any other issues and queries, however urgent, which require support or advice outside the support provider's own management structure[1].

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[1] GLA Rough Sleeping Team Policy: Reporting of risks & incidents

6 Health Needs Assessments for move on

It is important to consider clients continuing health needs to help inform future offers of accommodation to assist with this health needs assessments need to be undertaken by the local area teams A CHRISP tool developed by UCLH in conjunction can be used to support this and training is available. The information from this must be used alongside the welfare information obtained by the GLA and LA teams to inform CHAIN and any future housing offer. Clients should be assessed for their vulnerability and need for ongoing shielding. If required social service assessments should be considered or safeguarding referrals as required.

6.1 Hospital Drug and Alcohol Service (HDAS)

If a resident is currently in treatment, and is transferring to a new borough, based on this information, the current treatment provider will ensure continuity of care (e.g. communicating the transfer to the provider in the new borough, ensuring continuity of prescribing, liaising with GP and pharmacy).

If a resident is not currently in treatment, based on this information HDAS will review their need and agree a suitable onward plan with the professional effecting the transfer, e.g. referral into treatment in the receiving borough.

6.2 Mental health

Parity of esteem is essential and clients with complex mental health needs should have the same access to health care services and support as people with physical health needs. Evidence shows that people with serious mental health needs die between 15 to 20 years before the rest of the general population.

Personalised care and support planning will be needed to ensure a holistic, person-centred process that enables the person to identify their needs and outcomes. A one-size-fits-all health and care system simply cannot meet the complexity of rough sleepers needs, difficulties advocating for those needs, vulnerability and chaotic social context. Therefore, referral to local services is essential.

6.3 Testing

Referrals for testing
Residential settings for the homeless (Hostels and pay to sleep locations):
If you have a resident showing COVID-19 symptoms, please refer to the **Find and Treat Team** **please contact the Find and Treat team by email on haltTeam.cnwl@nhs.net** and complete and attach the referral form available **here**

Welfare checks, social distancing, hand hygiene and environmental cleaning are still essential to reducing the risk of outbreaks in your setting.

For further information about what action hostels should take if they have a symptomatic case please see the **frequently asked questions**

How do I refer to the team?
Outreach teams: If you are referring a **symptomatic individual** from an Outreach Team, please contact Covid care directly on **07376 185873.**

6.4 Referrals to COVID care

Referrals from an Outreach Team please contact the COVID CARE team directly **07376 185873**. Once accepted please arrange transport to the Care site.

All outreach referrals to CARE need to take place only with the agreement that if the client tests negative the referring team maintains responsibility.

Hostel and Hotel Referrals If you are referring from a residential setting for the homeless, please call COVID CARE on 07376 185873 or email Covidcare.mildmay@nhs.net

Once the referral has been accepted, please complete the transfer form for people accepted into COVID CARE from hotel or hostel and arrange transport.

COVID CARE process map from hostels and hotels

Guidance for non-clinical settings referring into COVID CARE

Hostel Frequently Asked Questions and guidance on adapting facilities and procedures during the coronavirus (COVID-19) pandemic.

6.5 Hospital discharge

Discharge for patients experiencing, or at risk of, homelessness should follow the usual approach, making use of local step down or local authority provision. The statutory 'duty to refer' remains a legal requirement during this time, and therefore anyone experiencing, or at risk of, homelessness must be referred to the local authority housing department. Discharge to assess pathways should also apply in the same way to this group.

If for some reason the local authority is unable to accommodate the client they may be referred to a GLA pan-London hotel by emailing ch@mungos.org. This is strictly limited to those in the **PROTECT** category and will be prioritised based on clinical need, on a case by case basis. Only where all local options including local authority hotel provision and existing services have been exhausted for discharge, can a referral be made to a GLA pan-London hotel provision by the local authority.

Management of Homeless patients who **remain positive** on discharge from hospital or the emergency department; Please contact COVID care to discuss the referral on **07376 185873.** If accepted complete COVID CARE referral form for hospital discharge. Please see below or on our website for further information

Hospital discharge to COVID CARE pathway,

Hospital discharge to step down beds at Mildmay

Patients who need additional rehab may be referred to one of the 10 Pan London step down beds by referral to the London Integrated Discharge Hubs in collaboration with Pathway teams where there are Pathway teams. All referrals are cc'd to the East London Discharge Hub so they have the complete picture.

Management of Homeless patients on discharge from the emergency department process and pathway

Information on Duty to Refer

6.6 Referrals to Social Services for people in homelessness hotels

If a need for social services input for an individual is identified a Local Authority social services referral for an assessment under the Care Act 2014 should be made. In the first instance this should be made to the Local Authority where the hotel is located. (The only exception would be if the individual has a clear and unambiguous ordinary residence in another Local Authority)

They should seek the individual's consent to do this. However, if the individual lacks the mental capacity to decide, the referral should be made in the individual's best interests. Where there are adult safeguarding needs, the referrer along with multidisciplinary colleagues should also consider making the referral without consent on safeguarding grounds. Each Local Authority in England advertises their Care Act assessment team contact details on the Local Authority website. If you go to the Local Authority website and search for adult social care you will find the contact details. There is often an online referral portal so that people themselves or a worker or family member can also make the referral.

Local Authorities must make a judgement as to whether that person has substantial difficulty in being involved and if there is not an appropriate individual to support them. The Local Authority must appoint an independent advocate to support and represent the person for the purpose of assisting their involvement. Care Act factsheets https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets

7 Useful information and resources

Useful resources on Homeless health are available NHS Future Collaboration Platform
To access the workspace you need to be registered then you can request access to the workspace by emailing: HomelessHealthCOVID19-manager@future.nhs.uk. Once you're on the workspace you are automatically added to the weekly update email list. The space includes all inclusion health groups so e.g. those in contact with the justice system, Gypsy, Roma Traveller communities, sex workers, people living in deprivation

Safeguarding and homelessness
https://www.local.gov.uk/sites/default/files/documents/25.158%20Briefing%20on%20Adult%20Safeguarding%20and%20Homelessness_03_1.pdf

Information for local authorities on what to expect from the NHS
London NHS commitments to former rough sleepers being resettled in London

PPE Contacts	Email
NEL	thccg.nelcoronavirus@nhs.net, lucie.jaggar@nhs.net, sanjit.deo@nhs.net, carolyn.botfield@nhs.net
NCL	ncl.covid-19enquiries@nhs.net, pia.larsen@nhs.net, mickcorti@nhs.net, teresa.callum@nhs.net, p.sinden@nhs.net, jenny.goodridge2@nhs.net
NWL	nwl.covid19@nhs.net, suzanne.scannell@chelwest.nhs.uk, stephen.bloomer@nhs.net, denis.kelliher@nhs.net
SEL	selccg.incident@nhs.net, joanne.mccaffrey@nhs.net, Ann.Wood@gstt.nhs.uk, usman.niazi1@nhs.net
SWL	SWL.COVID@swlondon.nhs.uk john.goulston@swlondon.nhs.uk, daniel.james1@nhs.net, David.Main@stgeorges.nhs.uk, William.Cunningham-Davis@swlondon.nhs.uk