NHS
North West London
Collaboration of
Clinical Commissioning Groups

NWL Homeless Health Project

The NWL Response to the 'Everyone In' Campaign

April to July 2020

Contents

NWL Homeless Health Project Achievements Summary

- The Clinical Team assessed 803 people from an initial population of 1071 achieving a contact rate of 78%
- 307 Health Summary Letters were provided to every patient who was deemed vulnerable
- Clinical Site visits were undertaken to all 35 locations accommodating 10 or more individuals and audited against COVID-19 Public Health guidance and primary care minimum standards
- 18 MHA referrals were made and 169 people supported with substance misuse issues
- Across all 35 locations there were no reported outbreaks of COVID-19 & very few instances of COVID-19 positive individuals requiring transfer to COVID-CARE facility
- Individual MDT meetings were held with each LA / CCG area to discuss the most vulnerable patients prior to their departure from the hotels
- COVID-19 symptom screening was set up and every client requiring a symptom screen was offered it prior to moving on to other types of accommodation

The Regional & National strategic context

44 years is the average age of death for those who are homeless

126 different nationalities recorded amongst rough sleepers in London, with half born outside the UK

8,855 people were seen sleeping rough in London in 2018/19

For every person sleeping rough, there are estimated to be x13 more 'hidden homeless' who are sofa surfing, living in cars or in other precarious circumstances

The number of rough sleepers in London has more than doubled in the last 10 years

People experiencing homelessness use hospital services 4x more than general population

- No rough sleeper to die on the street
- No one is discharged from hospital to street
- Equal and fair access to healthcare for all who are homeless
- Vision being refreshed to reflect new position

Mar 2020

- Everyone In
- Test – Triage – Cohort – Care Sector Plan
- Surge capacity and enabling hospital discharge

- No return to rough sleeping – Bring In For Good
- **Next Steps Strategy** from emergency accommodation
- Continuing Level 4 Emergency

Nov 2020

Introduction

Purpose of this document

To provide an end of project report on NWL's COVID-19 response to the Government's 'Everyone In' Campaign.

Context

Following the announcement of the Government's national 'Everyone In' campaign in late March / early April 1000s of rough sleepers were moved from the street into temporary accommodation such as hotels, self-contained units and other forms of temporary shelter. The responsibility for moving rough sleepers into temporary accommodation fell to the GLA and also to Local Authorities who between them managed to secure accommodation for up to 90% of rough sleepers in London .

In NWL, the 'Everyone In' campaign resulted in approximately 1400 people being accommodated in over 100 locations that ranged from small units of under 10 through to large hotels accommodating over 140 people .

The speed and pace at which the hotels were established meant that in many cases there was little or no health input into the hotels and little or no understanding of the level and extent of need in these locations meaning that CCGs were suddenly faced with providing support to what were in essence newly established 'homeless hostels' in their localities.

The separate commissioning arrangements for the temporary accommodation established by the GLA and LAs meant that accommodation was sourced on the basis of where it could be found rather than following any particular strategy and as a result 'Everyone In' saw large numbers of people placed in locations where they had no previous connection and no existing local support networks.

The commissioning intricacies surrounding the temporary accommodation reflected both local and regional government's need to respond quickly to a fast changing situation and conveyed a clear commitment to securing safe spaces for a particularly vulnerable group but at the same time this also created a complex sectorial landscape in which to operate.

NWL Approach

NWL Approach

In NWL, following the launch of the ‘Everyone-In’ a decision was reached by MDs in early April 2020 to establish an STP-wide response to the crisis and thereafter a Homeless Health Project (ICS) was set up and a series of the stated aims and objectives were developed to guide implementation.

ICS Aims & Objectives

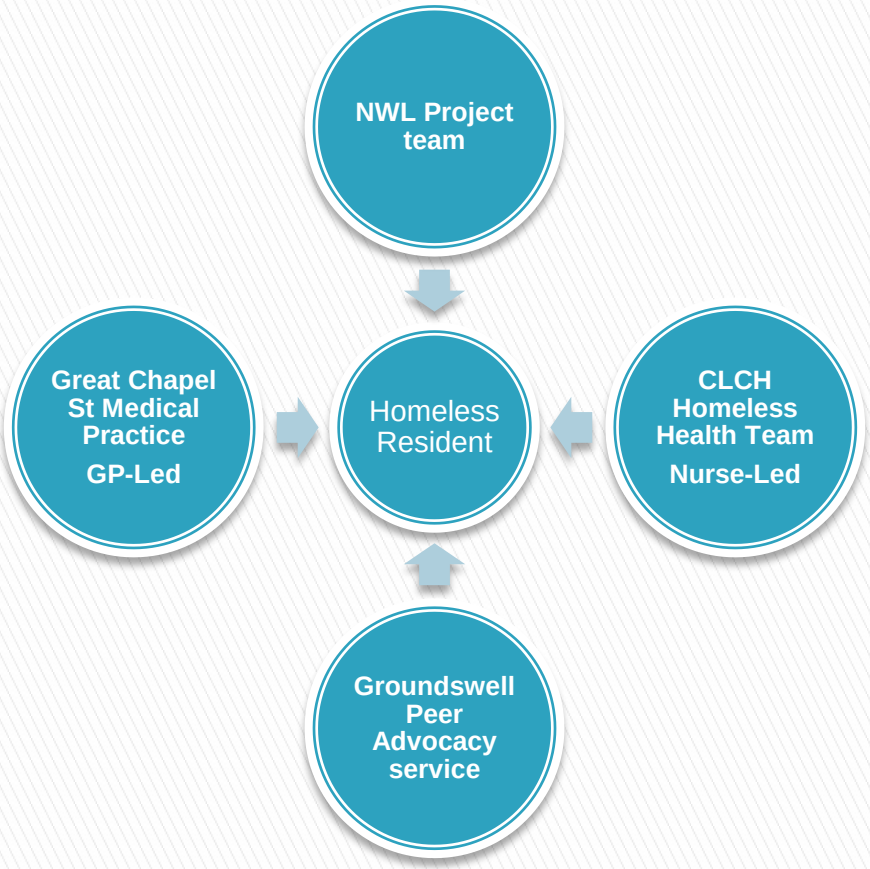
The approach adopted by the NWL ICS was based around a series of Inclusion Health principles and included the following:

1. Recognition that the health needs of those residing in hotels & temporary accommodation were likely to be significant and needed to be addressed immediately.
2. Specialist knowledge and expertise was required to frame a suitable service response to the needs of this population.
3. The totality of need in the accommodation needed to be understood quickly in order to identify and minimise risk.
4. Local services and partners needed to be involved in order to share responsibility for the sites and to ensure sustainability of the service offer beyond the lifetime of the project.

.

ICS partnership project and clinical delivery team

The NWL Homeless Health Hub Clinical Team consisted of two specialist services supported by Groundswell



The Project Team was made up as follows:

Name	Role
Joe Nguyen	SRO and Chair
Kevin Driscoll / Cameron Hill	Lead Commissioner/Programme Manager
Sonali Patel	Project Manager
Sharon Weatherall	Business Manager
Billy Hatifani	Operations Lead
Natalie Miller	Clinical Lead
Dana Beale	Clinical Lead
Georgie Herskovits / Christine Kirkpatrick	Healthy London Partnership HHOC & NWL Relationship Managers
Ieuan ap Rees	Sub-regional Homeless Lead
Anne McBrearty	Homeless Health Team Lead
Sarah Crouch	Deputy Director of Public Health (Westminster)
Niwa Sumary	Greenlight volunteers

Scope & Breadth of Challenge

From the outset, it was clear that the scope and breadth of the project was going to be substantial i.e. with an initial population of over 1,400 spread over more than a 100 locations and different sized accommodation sites from hotels to single spot purchases.

The task of supporting this cohort presented both logistical and practical challenges for the project team.

As a result, in order to ensure that the project operated within an agreed set of parameters a list of criteria were established early on to support the Hub-Team over the duration of the project.

NWL Homeless Health Project (ICS) Criteria

- Setting the Parameters for the project

- The ICS Clinical Team would direct work at units accommodating 10 or more people.

- The Pan-London Primary Care Minimum Standards (Appendix 1) would be used as the framework for auditing accommodation against an agreed set of best practice recommendations.

- As part of site visits, accommodation would be assessed for COVID-19 public health compliance including adherence to social distancing policies, security, food provision, cohorting[1], availability of PPE etc.

- Each resident would be offered an individual health screen (Appendix 2) aimed at capturing the person's global health needs including physical health, mental health, substance misuse and social care as well identifying any additional risk factors e.g. safeguarding etc.

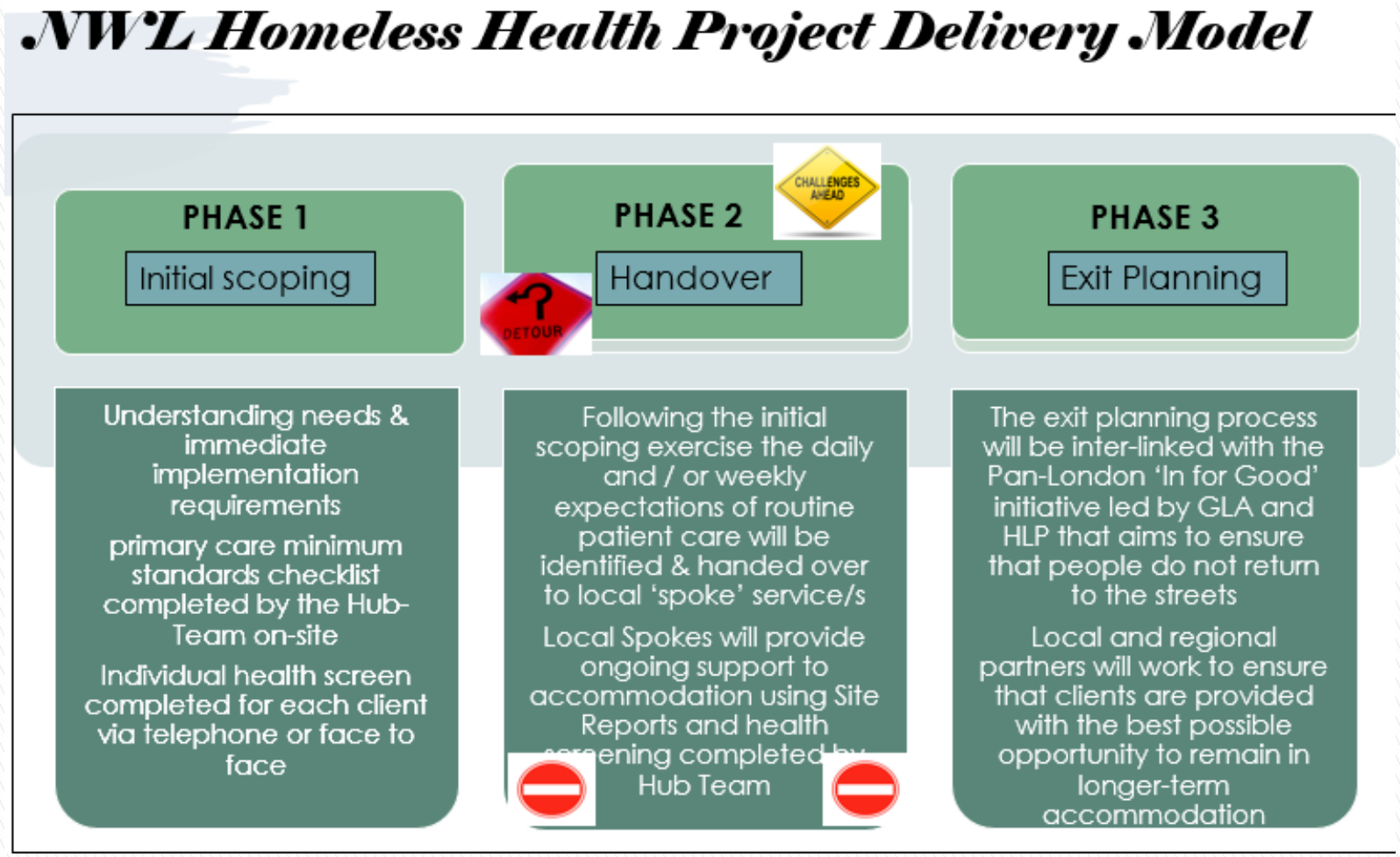
- Unregistered residents would be registered with a local link GP Practice.

- The ICS Clinical Team would take on clinical accountability for the accommodation whilst 'on-site' including being responsible for referring individuals to statutory mental health services for MHAs, identifying and raising immediate safeguarding concerns and identifying COVID-19 symptomatic patients and onward referral for testing and COVID-CARE where appropriate.

[1] COHORTING: Sites were cohorted using the following scale: **COVID CARE** (for symptomatic patients who are not ill enough to go to hospital) or **COVID PROTECT** (for asymptomatic but high risk patients) and **COVID-low risk** (asymptomatic and non-vulnerable cohorts).

NWL Homeless Health Original 3-Phased Implementation Model

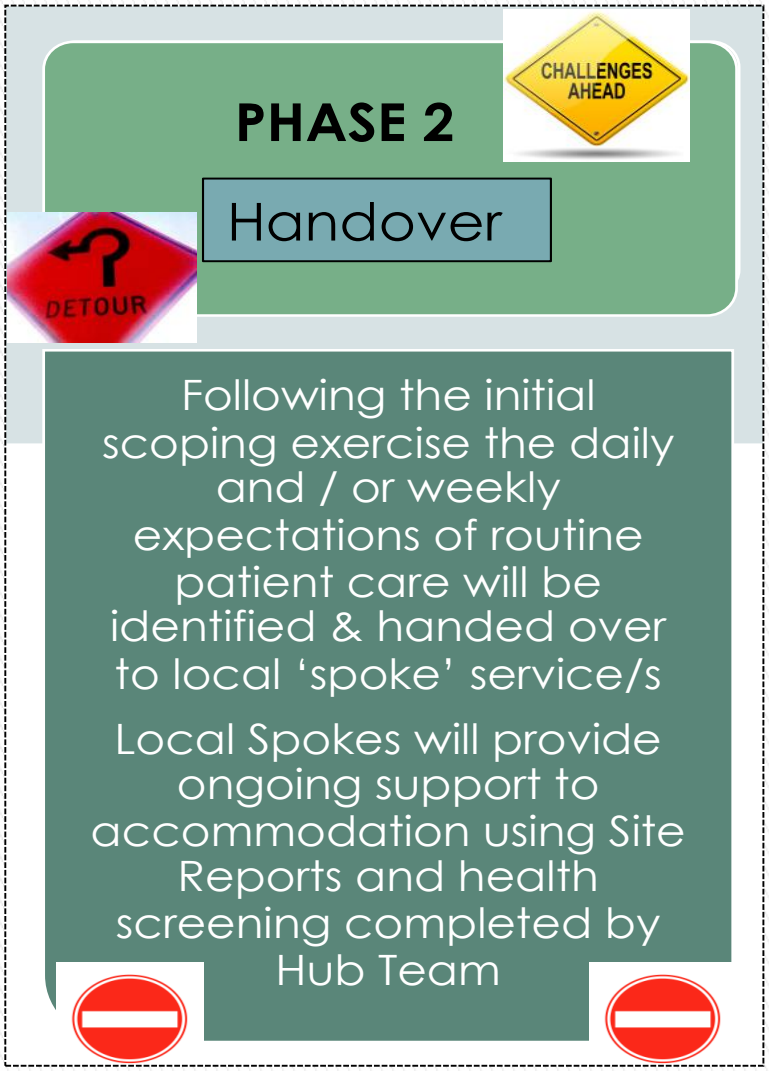
Based on the anticipated level of work involved in supporting the 'Everyone-In' Campaign a three-phased implementation plan was initially designed and developed and covered the areas outlined below.



Phase 1 challenges

- The geographical spread and level of client complexity within the sites meant that this phase of the project proved to be the most intensive.
- Site compliance with newly introduced COVID-19 Public Health measures were not evident in many cases and much of the work of the Team during site visits focused on identifying relevant issues regarding lack of social distancing, poor infection control measures, absence of food provision, incorrect resident cohorting, lack of testing and tracing, safeguarding and security concerns and lack of PPE for accommodation staff.
- The NWL Clinical team provided posters and literature in a number of languages to be displayed regarding the importance of social distancing and education on COVID-19 and the symptoms to be aware of and the Team provided information to on-site services on how to refer COVID-19 positive clients to COVID-CARE.
- PPE was sourced & provided to hotel staff and concerns were immediately escalated to LAs via site reports and discussed at MDT meetings.
- During this phase of work the Clinical Team expanded to 10 additional members in order to meet the demands placed on them by the volume of work.

Phase 2 challenges



Changes to NWL Homeless Health Original 3-Phased Implementation Model

- Once delivery of project had started it became apparent that Phase 2 of the project, 'handover to local spoke services', was going to be problematic as very few CCGs were in a position to provide local teams to step up to support the hotels once the Hub Team had completed their initial scoping exercise.
- As a result, a decision was taken by the Project Team to focus efforts on exit planning once Phase 1 had been completed.

Phase 3 challenges

PHASE 3

Exit Planning

The exit planning process will be inter-linked with the Pan-London 'In for Good' initiative led by GLA and HLP that aims to ensure that people do not return to the streets

Local and regional partners will work to ensure that clients are provided with the best possible opportunity to remain in longer-term accommodation

- Once the initial contracted period (12 weeks) with hotel providers had come to an end some LAs were looking at decanting the hotels as quickly as possible placing additional pressure on the NWL Clinical Team to complete their work e.g. Health Summary Letters etc. faster than expected
- The risk of moving fairly large numbers of people between different forms of accommodation with COVID-19 still circulating were flagged for LA Commissioners and the GLA but in many cases decanting deadlines were stuck to and as a result the NWL HH Project offered symptom screening to all residents moving onto shared accommodation as a basic IPC measure (please see slide 26 below for the data)
- Due to speed at which sites had to decant, implementing appropriate care planning processes proved to be difficult but nevertheless all vulnerable clients with highlighted needs were provided with a health summary letter to support their onward journey through services (please see slide 26 below for the data)

NWL Homeless Health Project Delivery

Initial Scoping work

The initial scoping phase was split into to two distinct elements:

Site Visits

Firstly, an on-site visit was undertaken by the Hub Team to assess accommodation using the initial scoping document

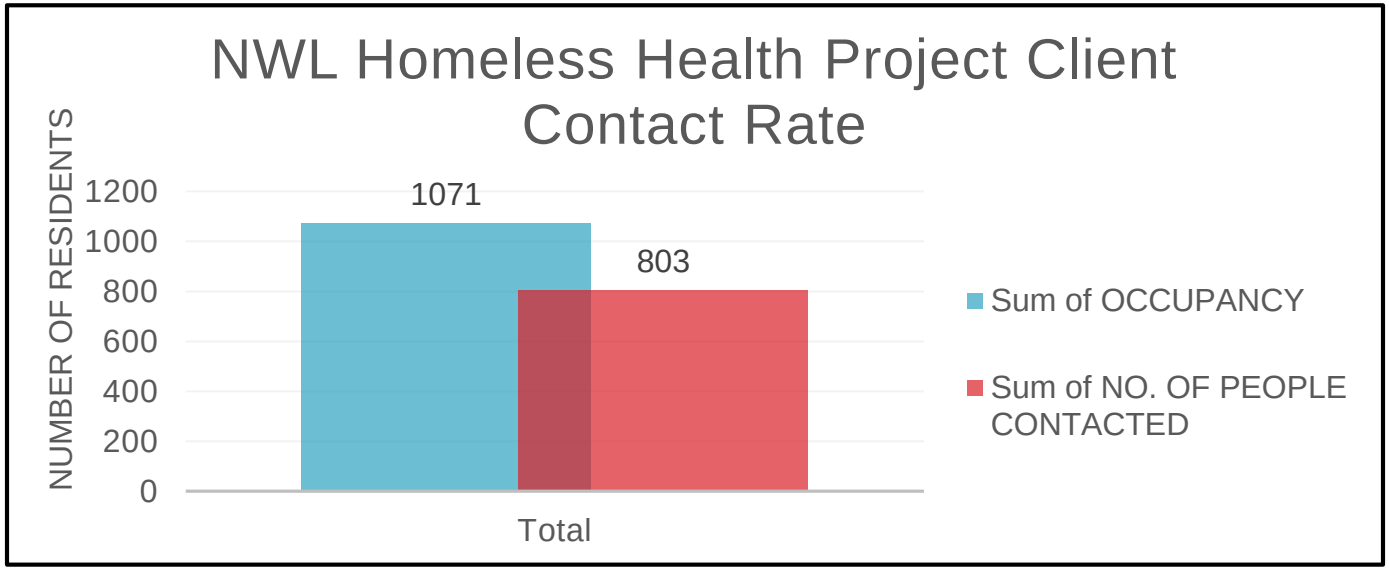
Health Assessments

Secondly, individual health screening assessments were undertaken with clients via telephone or face to face if uncontactable

Hotel Population and contact rate

The work of the Hub Team commenced in early April 2020 and was guided by a NWL Hotel Tracker which was updated daily from a range of sources in order to keep track of numbers in both existing and newly set up accommodation across the STP.

In the medium to large sites, the numbers in the hotels fluctuated from week to week, but eventually settled at around 1100 for the latter 12 weeks of the project.



The respective client contact rate for GCS exceeded 77% and for HHT (CLCH) was over 71% and when combined as a whole the project managed to contact in excess 75% (n 803) of residents.

Initial Scoping (Phase 1: Site Visits)

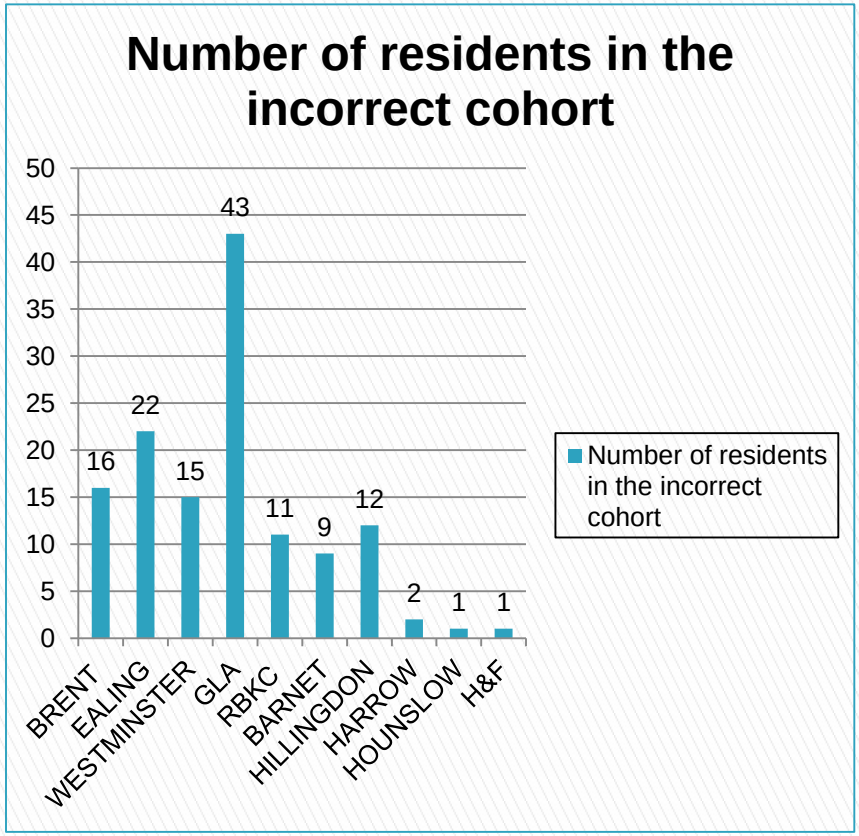
Site Visits

The site visits allowed for the Hub-Team to undertake a ‘face to face’ assessment and audit the accommodation using the HLP and PHE documentation and also provided opportunities to identify any immediate risks or issues that required escalating to the responsible Commissioner.

Once the site visits had been concluded a final site report (Appendix 3) for the 35 sites was produced and this was then shared with the relevant CCG and LA Commissioner and followed up with a teleconference call to discuss highlighted issues and concerns.

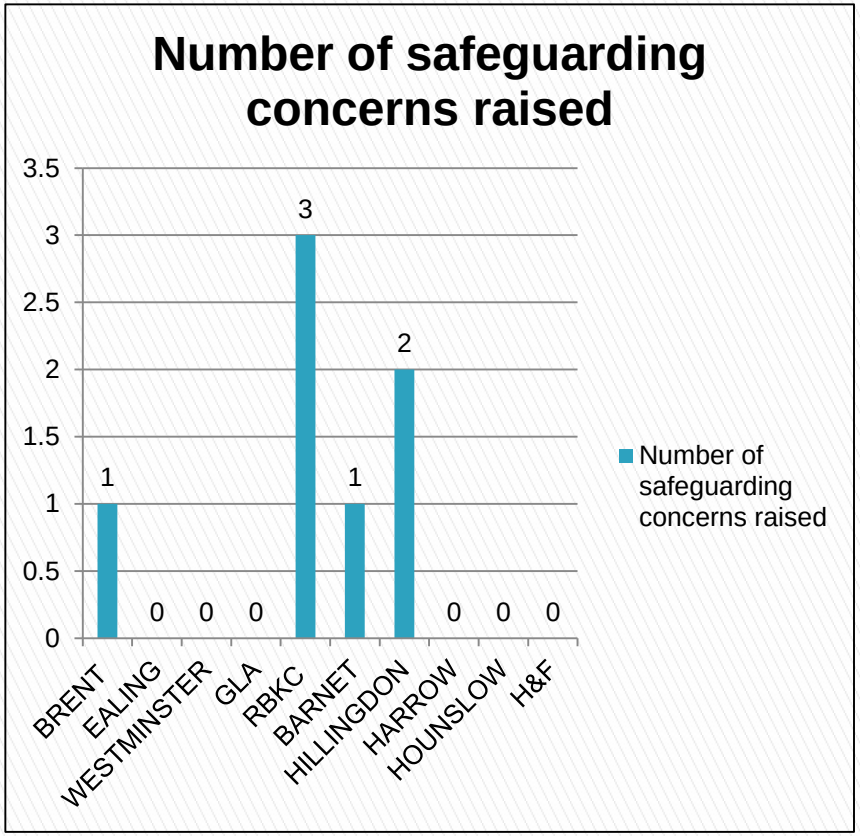
The follow up teleconference calls offered the opportunity to discuss the general needs of the cohort and proved to be an important part of the project as it created a platform for LA and CCG colleagues to come together, often for the first time, and to formulate an appropriate move-on strategy for this population within a context of health and housing.

Issues Highlighted as part of Site Visits



132 People identified as being in Incorrect Cohort with a majority (43) being in GLA hotels.

LA & GLA Commissioners advised accordingly



7 Safeguarding concerns were immediately flagged for LA Commissioners and Safeguarding Teams

Issues ranged from unexplained death of resident in Ealing (which occurred out of the site and is not reflected in the graph above) through to identification of an unaccompanied minor

Project Governance & Meeting structure

Multiple virtual meetings were conducted across the span of the project to encourage collaborative working where issues were addressed and solutions found.

NWL HH Project Team meetings	Daily 5x week → 2xWeekly meetings → 1xWeekly meetings
*NWL ICS MDT meetings with **each 8 CCG and LA including PH, MH + SM lead** to discuss interim or final site reports & issues and concerns addressed*	Weekly across 1-2 weeks
*NWL ICS MDT meetings with **each 8 CCG and LA** to discuss GP registration and exit planning*	Weekly across 1-2 months
Clinical teams and LA meetings with MH+ SM commissioners and street outreach team to discuss individual clients	Weekly across 1-2 months

KEY: MH- mental health SM-substance misuse PH- public health

803 Individual health screening assessments undertaken via telephone or face to face (Phase 1: Telephone and/or 1:1 Assessments)

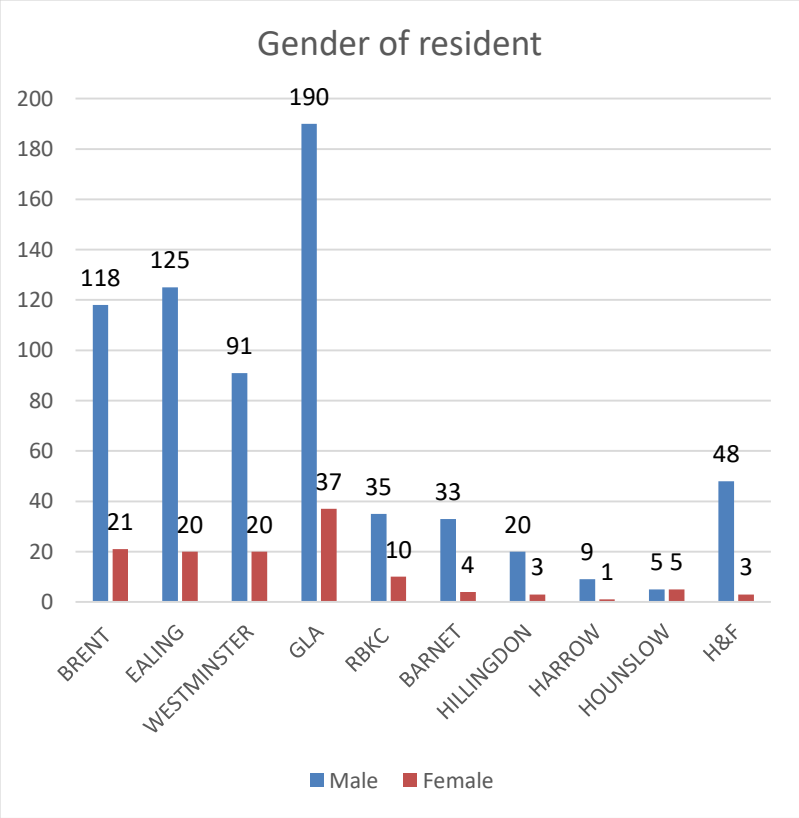
Due to the COVID-19 restrictions, it was agreed from the outset that the NWL Hub-Team would attempt to contact every resident via telephone and to then conduct a health screening assessment aimed at capturing immediate health, mental health and substance misuse needs. The logistics of contacting over a 1000 people by telephone was made more difficult by the fact that the Hub-Team did not have direct access to residents' telephone numbers as these were held either by the placing LA or in some cases by St Mungo's and at the beginning of the project these organisations were reluctant to share this information without a formal data sharing agreement being in place.

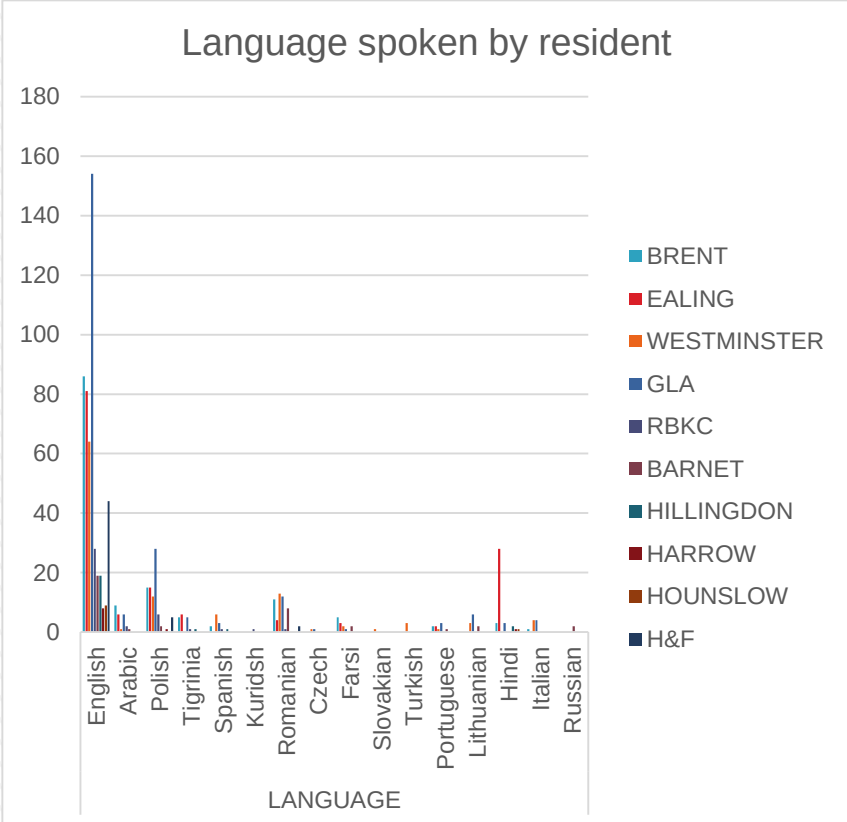
Developing data sharing agreements whilst simultaneously trying to deliver key interventions slowed the project down at the beginning and there were a number of examples of practitioners and service managers refusing to share data on the basis of GDPR. Thus, the Team had to adapt quickly and using the recently issued COPI notice drafted relevant documentation that was eventually agreed and signed by the relevant commissioners allowing for the work to continue at pace.

For those residents who could not be contacted via telephone, a clinician would visit the site and conduct a socially distanced and PPE supported health assessment instead.

For residents who did not own a mobile phone, estimated to be approximately 25%-40% of the total population, over 100 mobile telephones were sourced either through voluntary donations or directly purchased from retailers with the Hub Team distributing these to residents as and when required.

Gender & Language Profile of Hotel Population extracted via assessments





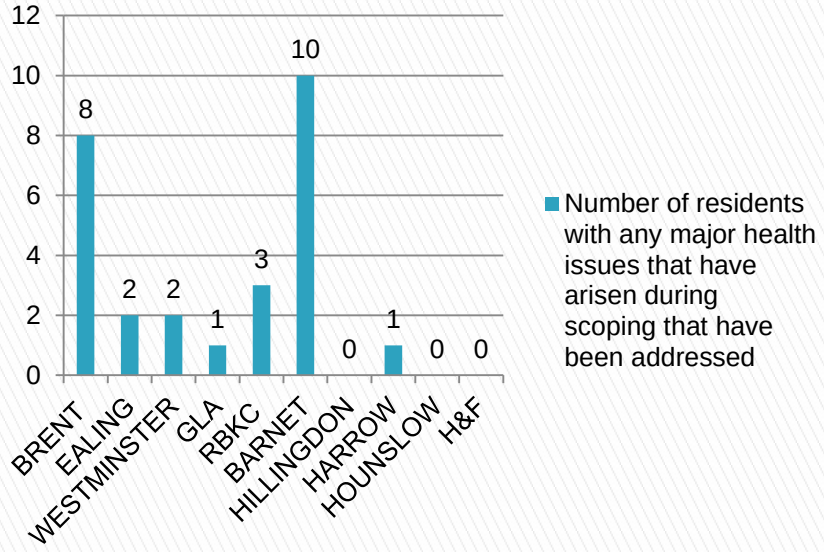
The gender split within the hotel population generally mirrored regional and national data with 85% of NWL's population being male and 15% being female.

The predominate spoken languages behind English were Polish, Romanian and Hindi with Brent, Ealing and Westminster being the most diverse boroughs in terms of languages spoken.

To aid the work of the Hub-Team, access to Language Line and other interpreter services were organised to ensure that assessment could happen in a timely manner.

Health & Mental Health Needs Identified via screening assessment

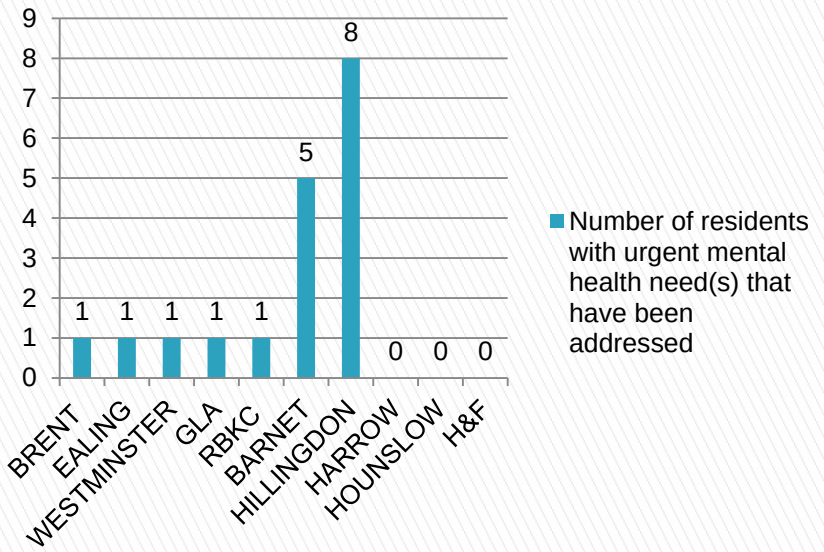
Number of residents with any major health issues that have arisen during scoping that have been addressed



The total number of major health issues (these are issues requiring immediate attention due to severity of issue) identified and addressed by the team (27). N.B Numerous other residents had health issues which were referred to their GP.

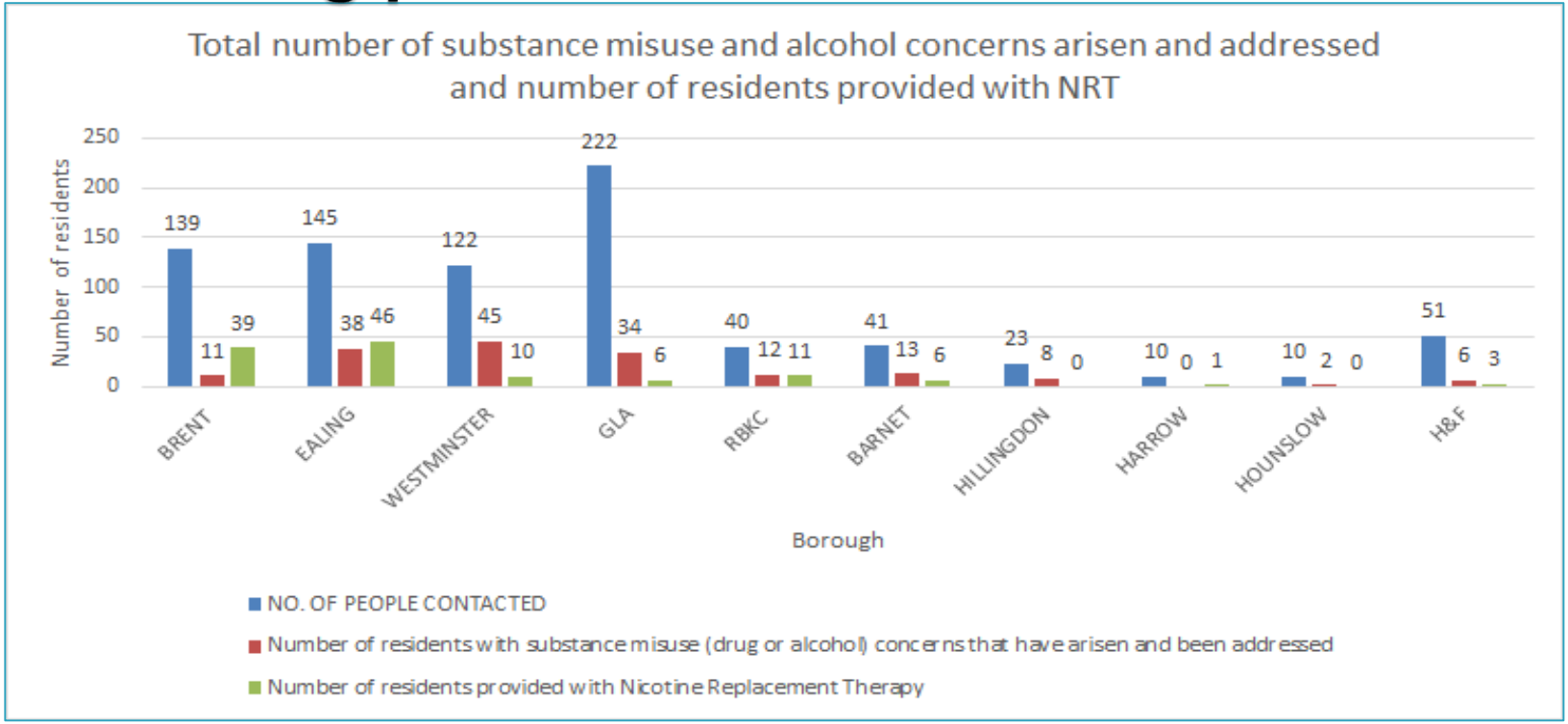
Barnet are included within this table as the LA placed significant numbers of its residents in a hotel located in neighbouring Brent and actually this cohort once assessed proved to have the majority of serious health concerns (10)

Number of residents with urgent mental health need(s) that have been addressed



18 individuals were assessed as having serious and urgent mental health needs including those requiring MHAs and thus were subsequently referred to local MH services

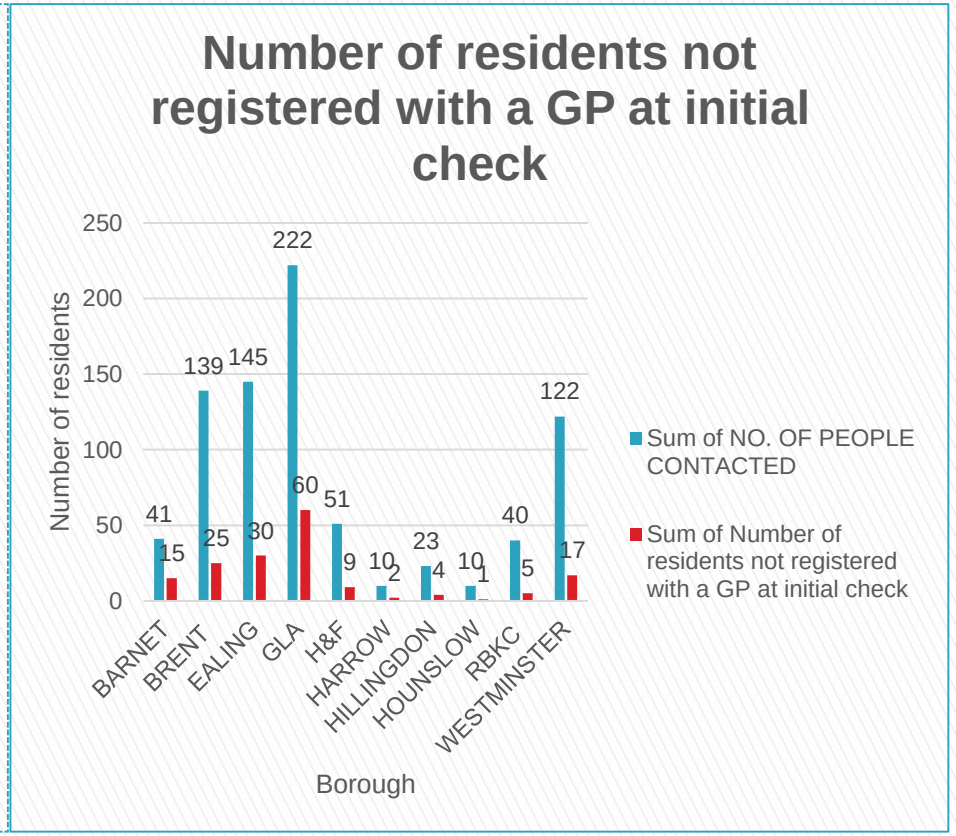
Substance Misuse Needs Identified through screening process



169 people were assessed as having a substance misuse need across the project and were referred to HDAS (1) by the clinical teams. Opioid substitution therapy scripts were moved to local chemists, Naloxone was distributed and substance misuse work books were issued to the hotels.
Numerous other residents were provided with NRT products to support them with quitting smoking. Westminster had the largest number of people with drug and alcohol issues identified (45) and Ealing recorded the highest number of residents (46) requiring and receiving NRT to help to stop smoking.

GP registration

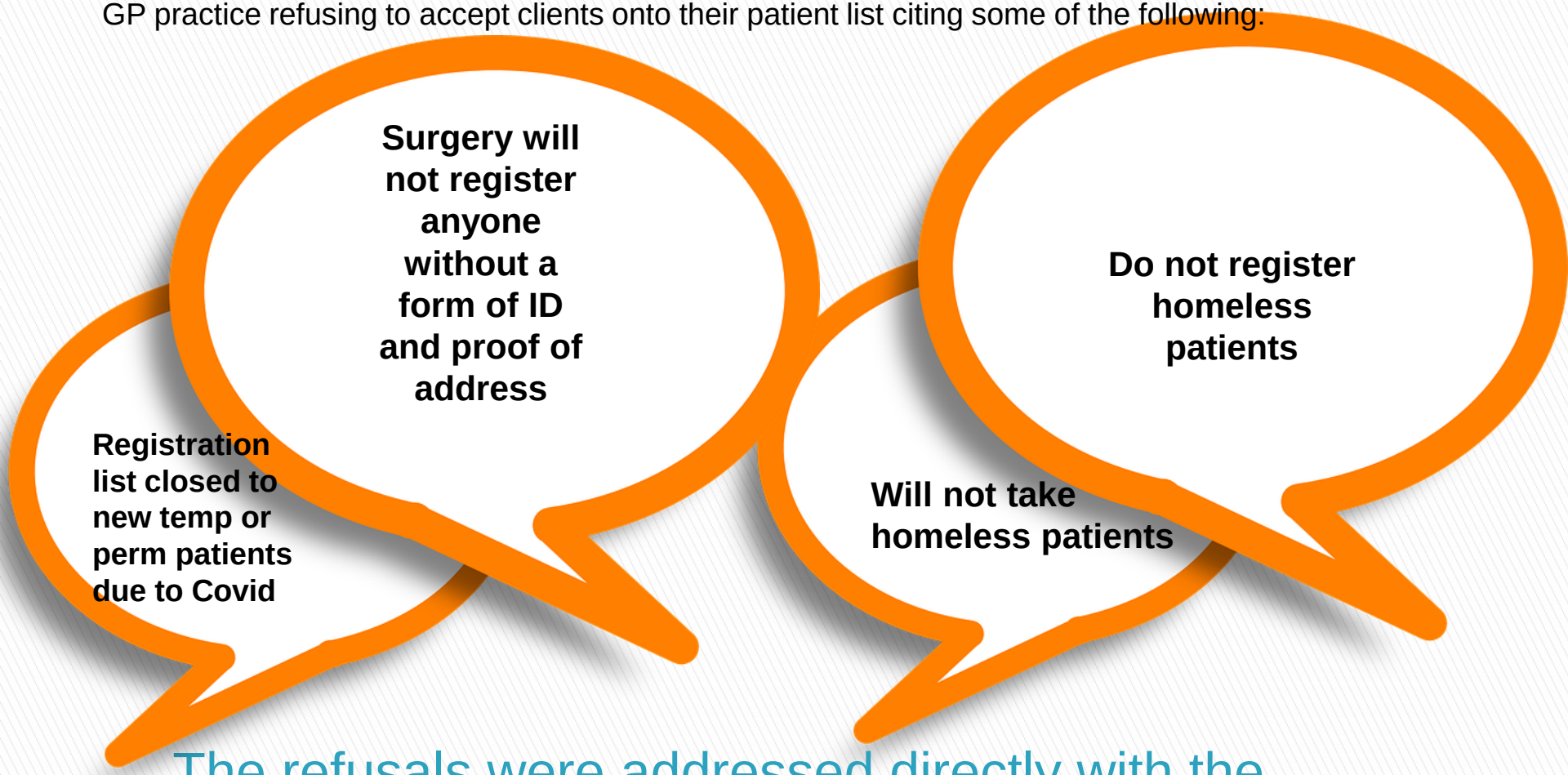
One of the key objectives of the NWL project was to ensure that wherever possible residents without current GP registration were linked into a local GP Practice in order to ensure that wraparound provision e.g. physical and mental health, substance misuse support was localised and responsive to the needs of the individual.



The total number of residents not registered with a GP at initial check numbered 168 (21%) with the GLA hotels having the highest number of unregistered patients at 60.

The work of linking in those who were unregistered fell to Groundswell who provided Peer Advocates to work across NWL and supported residents to register with a local link Practice

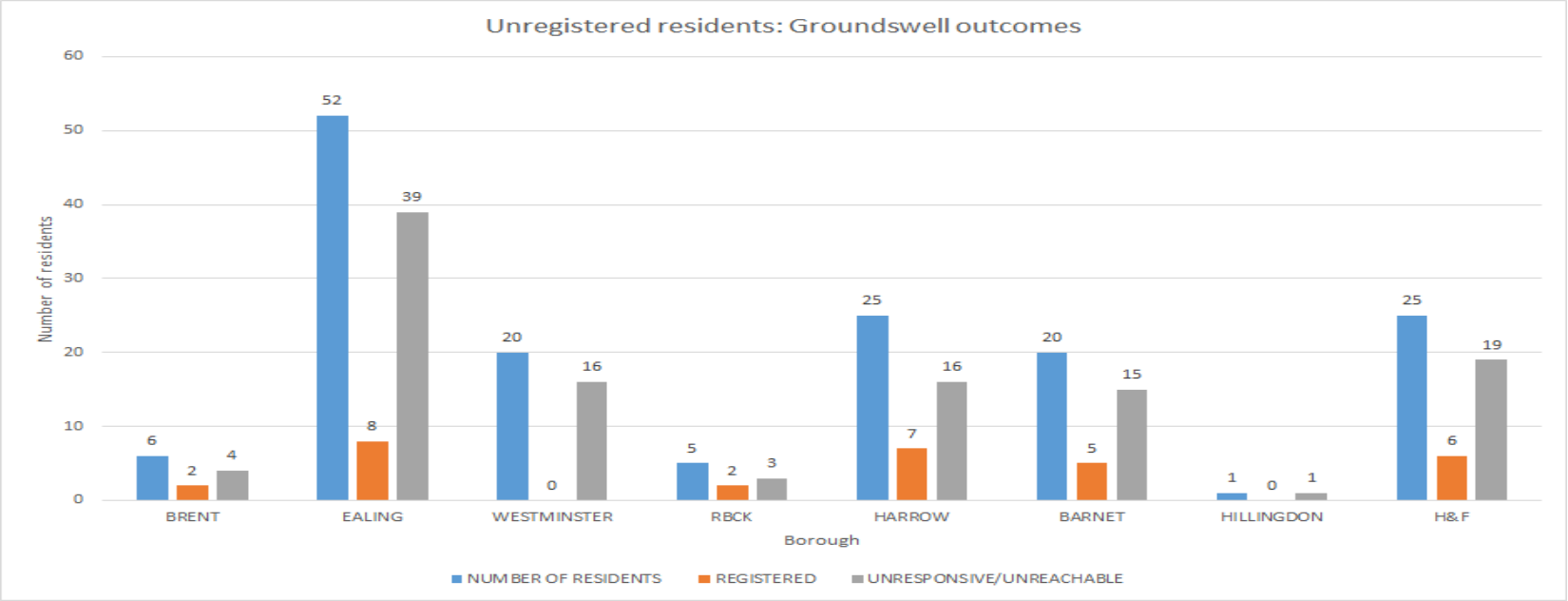
GP registration provided to be one of the projects most contentious areas with a number of GP practice refusing to accept clients onto their patient list citing some of the following:



The refusals were addressed directly with the relevant CCGs

In order to raise the profile of Inclusion Health across NWL, Groundswell provided an online training webinar to GPs and Practice Staff with over 50 people attending

Groundswell Data



Groundswell followed up with 154 of the 168 unregistered population and managed to link in 30 people (20%) with a local GP Practice. Whilst this number of successful registrations appears to be relatively small it should be considered within the context of this cohort being the most hard to reach group with no recent contact with primary care services.

Hence, for many of those successful new registrations it would be the first time seeing a GP in many years.

Groundswell report that many in the unresponsive group were very wary of registering with a GP and generally suspicious of engaging with any type of support on offer. However, the Peer Advocates were able to start the process of building relationships with this group and in a number of cases have promised to keep in contact with these clients which is the first step in engaging them in longer term solutions.

Phase 3

Exit Planning

Due to the lack of local health spokes to take over supporting the hotels once the Hub Team had completed their initial scoping exercise (Phase 1 of project) the work quickly moved to exit planning in order to support LAs with move-on plans.

Due to funding restrictions, both the GLA and LAs were aiming to close several hotels in a short time frame and as a result the NWL Hub Team identified two priority areas to ensure residents de-canted safely.

COVID-19 Symptom Screening offered to all residents moving onto shared accommodation. Greenlight Medics provided trained NHS clinicians to work alongside CLCH to undertake this exercise and again this was done via telephone with clients

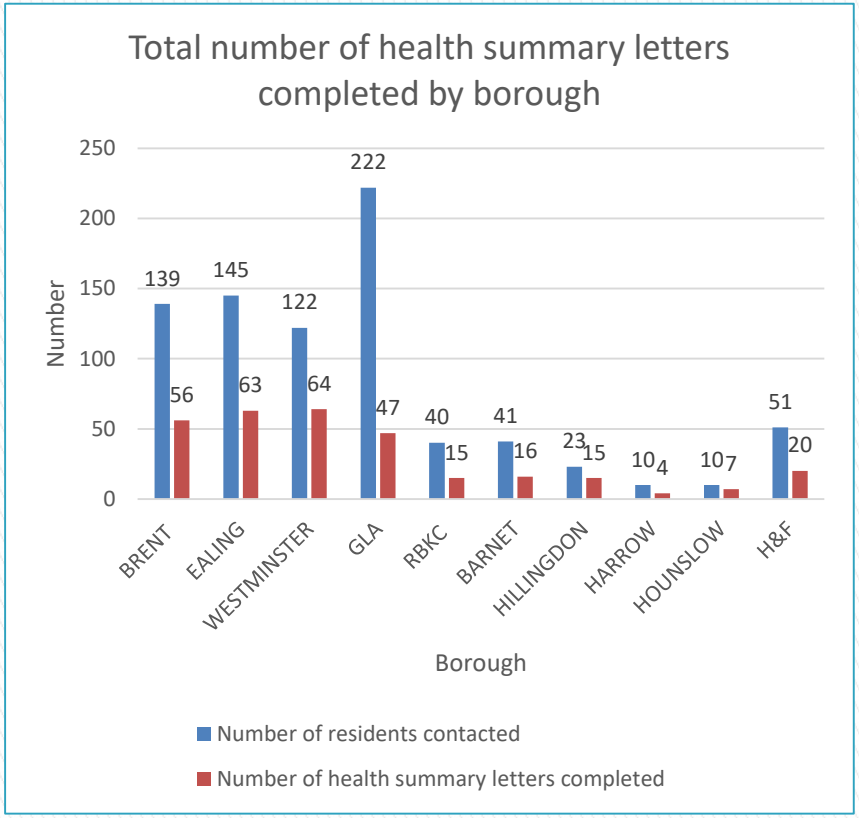
Health summary letters were provided to those clients who had been assessed as being medical vulnerable or having some other form of vulnerability by the Clinical Team and numerous follow on MDTs were held with every rough sleeper LA commissioner to talk through the individual needs of the patients.
Other interested and relevant professionals were also invited e.g. mental health social worker, drug and alcohol lead, street outreach team lead. There followed a more detailed discussion around individuals' health needs (physical, mental, substance misuse) and support needs. This sharing of knowledge and expertise helped inform most appropriate onward housing options and provided a safety net discussion around those for whom immediate concerns had been raised during scoping.

Once individuals had been symptom screened (for those where requests were made by LA) and health summary letters completed then the work of the Hub with clients was complete

Symptom screening & Health Summary Letters

- Symptom screening for COVID-19 was offered to all local authorities - for those residents moving into accommodation with shared facilities as risk of outbreak highest within these settings

- In view of relatively low numbers moving into shared accommodation across the boroughs, the majority of the uptake was in Westminster (72 exit screenings conducted) with another 2 exit screenings done in Hammersmith and Fulham.



Overall 307 health summary letters were completed on behalf of all vulnerable clients with the client receiving a copy and where consent allowed a copy was also provided to the LA to support with any onward housing application. Greenlight, provided huge support with obtaining resident consent, email addresses and explaining how these summaries letters can aid the resident.

Case Studies

Female in 20s - placed in accommodation and whilst on health scoping exercise team heard that she was pregnant.

Setting with recognised high drug use and chaotic surroundings - highlighted immediately to local authority's rough sleeping team who moved her as a priority into more appropriate setting.

The health team also referred her to the 'safeguarding midwife' at the chosen hospital for maternity.

The patient did not have a local GP surgery and so she was provided with a list of local GP surgeries. She was also then referred on to Groundswell, peer advocacy team as per NWL plan for support in local GP registration as she still had not registered with a local GP a few weeks later.

CASE STUDY 1

Male in his 50's with severe mobility concerns (in a wheelchair following limb amputation) and complex medical history, substance misuse and mental health concerns. Within a hotel setting with poor access for wheelchair and difficulty accessing food.

Level of health needs more in keeping with needing nursing home level of care. Health team contacted his GP on the day of the visit who'd expressed relief at knowing where he was in view of her having been unable to get hold of him, and being concerned for his safety and wellbeing as he was rapidly discharged from hospital when in her view he should have gone to a care home setting, or at very least an interim 'rehabilitation' period as had been the plan during admission but none of this had happened.

Now that the GP knew where he was, she did an urgent referral to social services for assessment in view of the issues above and concerns for his vulnerability. He was now 'out of borough' from his usual GP but the GP was extremely supportive and recognised the importance of not insisting on local registration and liaising 'across borough' with services.

We continued to provide support if she required it in 'unblocking' further issues but no further concerns were raised and this gentleman was rapidly moved into more appropriate setting.

CASE STUDY 2

Example feedback from collaborative local partners involved in supporting the NWL ICS

Ieuan Ap Rees- West London Homelessness Coordinator

- *The project is an excellent example of sub-regional partnership working between Health & Housing authorities. During the COVID-19 pandemic, boroughs and the GLA placed large numbers of rough sleepers and other single homeless people, including many EEA and non-EEA nationals without recourse to public funds, in hotels and B&Bs, to prevent them from sleeping rough and to reduce their exposure to the virus.*
- *I have worked as a link between the project and 7 of the boroughs. This has helped to ensure that all boroughs have engaged with the project and has given everyone a good understanding of the health needs of this cohort.*
- *The work carried out by the clinical team has been excellent, beyond the call of duty and very helpful for boroughs in their individual assessments and move-on plans.*
- *The team also provided site reports, including feedback on concerns at the B&Bs and hotels, about how they were being managed and supported and any health risks . These have been invaluable & led to follow up meetings and improved liaison.*
- *I hope that the relationships that this project has helped to develop will be built on, so that the improved liaison is continued and that boroughs are able to access health support , with triage, assessments, symptoms checking and Covid-19 testing for new rough sleepers, in order to help to minimise the risks going forward.*

Healthy London Partnership

NWL developed a wonderful, cohesive team to work on the homeless health Covid19 response. They worked in a professional manner bringing together all the parts of the system from public health, LA (housing), on-the-ground providers (the GP team), and commissioners from across the area to develop and deliver a collaborative response.

It has been so impressive to see how quickly and efficiently they all worked together with meeting all the logistical and practical challenges involved in the Covid19 response work.

The whole team liaised brilliantly with the HLP Homeless Health Covid19 operations team and it has been great working with you all.

Conclusions

The challenges posed by the Everyone-In campaign was immense with all sectors responding rapidly and imaginatively to what was an unprecedented crisis.

The process of accommodating rough sleepers quickly undoubtedly saved lives but also presented other challenges for local CCGs e.g. how to develop a suitable service response for a large unknown population often with complex needs who in many cases required access to immediate primary and secondary healthcare provision.

Once the decision was taken to adopt a NWL-wide response to the crisis the project mobilised quickly and within days the Clinical Team were operating on the ground identifying needs, highlighting risk and providing feedback to relevant commissioners at a time when most services were stepping back from frontline face to face delivery. The Clinical Team need to be commended for these actions.

Using an inclusion health approach the Team managed to assess over 800 individuals and identified significant vulnerabilities within almost 40% of this population and as a result were able to write individual health summary letters for this group enabling appropriate care planning to take place as well as supporting the client with on-going housing applications.

The Everyone In campaign was to all intent and purposes a ‘Housing First’ approach whereby regardless of need or circumstance individuals were offered safe and stable accommodation without any pre-conditions, often for the first time, and this permitted the Clinical Team to address health conditions and engage clients who otherwise would not have been in contact with services.

The benefits of this approach for individuals are clearly evident in the above data and case studies but the wider implications for collaborative and partnership working within an Integrated Care System are also significant as the Homeless Health Project has shown that system-wide and cross-sectorial working is achievable if the right operational framework is in place and partners feel a shared sense of ownership of both the problem and the solution.

For more information or questions please contact:

Kevin Driscoll- Programme Manager, Integrated and Unscheduled Care, Central London CCG
at kevin.driscoll@nhs.net

Sonali Patel- Prescribing Advisor, Hillingdon CCG at sonali.patel1@nhs.net

Appendices

Appendix 1- Hotel minimum standards for primary care

HOTEL MINIMUM STANDARDS FOR PRIMARY CARE	YES	NO	Don't know / other
Health Proforma completed for each resident?			
GP registration for each resident?			
PPE available on-site?			
Brief assessment of health needs done (PH/MH/SM/Alc)?			
Local pharmacy identified incl for Substitute prescribing e.g. Methadone?			
Existence of daily health check-in by support staff?			
Flagged list of patients needing regular input (eg wound dressings etc)?			
Residents all aware how and when to report symptoms?			
Linked drug and alcohol contact details available?			
All patients have access to a phone in their room (mobile / room phone)?			
Minimum standards equipment on site (please see items marked in red in Appendix C below)?			
Linked MH team / crisis number available?			
Patients can access Nicotine Replacement Therapy / Vape etc?			
Naloxone on site?			
Staff have PHE PPE information appropriate for the setting?			
Staff aware of referral pathways for COVID testing and to COVID-CARE hotel?			

Appendix 2- Part A: Clinical data capture

(To be completed by NWL Homeless Health Hub Team) Hotel site: Total number of residents: Borough Commissioned:	Figure	Additional Information/comments
Number of residents not registered with a GP at initial check		
Number of symptomatic residents identified and referred		
Number of residents in the incorrect cohort		
Number of residents with whom contact was NOT possible		
Number of prescribing issues that have arisen and been addressed		
Number of residents with any major health issues that have arisen during scoping that have been addressed		
Number of residents with urgent mental health need(s) that have been addressed		
Number of residents with substance misuse (drug or alcohol) concerns that have arisen and been addressed,		
Number of residents provided with Nicotine Replacement Therapy		
Number of safeguarding concerns raised		

Appendix 2- Part B: Health Proforma example

PROFORMA FOR HOTEL FACILITY (COVID-19 HOMELESS SECTOR) **DB/NM 05/2020**

*Name:.....

*DOB: .....NHS #.....

*Age: .....

*Phone: .....

Address/Hotel Unit number:.....
.....

Language spoken:.....

Interpreter needed.....Y...../....N

*Where referred to hotel from: .....

*Keyworker/team and contact details
.....:.....
NOK name and contact details.....

GP details.....

Any vulnerability factor(s)? (circle all that apply + details):

>55 - Asthma - COPD/bronchitis - Chronic heart disease - Diabetes - Epilepsy - CKD stage 3/4/5 - Chronic liver disease -	Chronic neurological disease (PD/MND/LD etc) - Splenic dysfunction - HIV/AIDS - Cancer treatment - Weakened immune system due to disease - Morbid obesity BMI>40 - Pregnant -

Additional comments re health or
circumstances.....
.....
.....

Addictions: Alcohol/Substances:.... .....
.....

Addictions: Active use and route/OST/Detoxification.....

Smoking: Y / N / Non-tobacco:.....

Appendix 3- Site report

NWL STP- CLCH- Homeless Health CIC (Great Chapel Street Medical Centre)

Circulation: Director of Public Health, Public Health lead, Local Authority Commissioner for Rough Sleeping (or lead), CCG lead, MH and SM commissioning leads, West London Alliance lead

Hotel Site	
COVID Cohort	
Borough Commissioned	
Total Number of Residents	
Clinical Lead	Name, title and contact email address
Date of report	Insert date
	Feedback points from site visit
Public Health relevant	
Resident engagement *(incl. contacts without response/ engagement)*	
Issues specific to PROTECT and LOW RISK (PREVENT) sites	
Support to residents	
Hotel site and accommodation	
Symptomatic residents needing testing?	
All clients in correct cohort?	
Specific substance/ alcohol use:	
Mental Health:	
Other issues or concerns not	

Appendix 4- Health summary letter

NWL Homeless Health Hub Team

clccg.homelesshealthcv19@nhs.net

FAO: Local Authority / Housing Options

The NWL Homeless Health Hub recently carried out a brief Health Needs Assessment on the following resident whilst in hotel accommodation:

Patient X

DOB 1/1/82

Please find below details of any health vulnerabilities **as reported by the resident/according to the resident's GP records**:

Age	e.g. 61
Ethnicity	e.g. **Asian**
Physical Health	e.g. **Type 2 Diabetes, Asthma**, mobilises with a stick
Mental Health	
Substance/Alcohol misuse	Alcohol dependence syndrome

Due to the above, we advise that Patient X:

when homeless will be less able to fend for himself than an ordinary person if made homeless so that injury or detriment to him will result where a less vulnerable person would be able to cope without harmful effects.

Additionally, the factors highlighted in **BOLD**, render this resident at higher risk of **developing complications if they contracted COVID-19**. Please take this into consideration when assessing accommodation options.

Please contact us if you have any queries regarding the above.

Kind Regards

Dr Natalie Miller & Dr Dana Beale