

Mini-CHRISP Plus tool GUIDANCE:

The mini-CHRISP PLUS tool has been adapted for use by non-clinical staff. It has been developed in collaboration with inclusion health physicians, homelessness drug and alcohol services (HDAS) and homelessness mental health services (EASL). The aim of it is to quickly identify those at increased risk to COVID-19 who need to be shielded in appropriate accommodation. It will also identify those individuals who need support from other services. Individuals are asked for their consent for sharing of information with health and/or housing teams. If you would like further support with how to use the mini-CHRISP, please contact the CHRISP team binta.sultan@nhs.net. **If you would like to collate your local data for mini-CHRISP, the Find&Treat team can support you with data collection, please contact the CHRISP team binta.sultan@nhs.net.** For people who are flagged up as extremely clinically vulnerable (shielding), the CHRISP team at Find&Treat can carry out further assessment if agreed with the local CCG. They should be referred to local GP for assessment too. The tool contains prompts for referral to specialist teams and additional guidance below.

What to do before using the tool?

Please be aware of local referral pathways for

1. GP registration
2. Urgent GP/medication issues
3. Urgent mental health issues
4. Local housing officers/housing teams
5. Safeguarding issues
6. Urgent substance misuse issues

Guide for use of tool

1. Primary care access: if not registered with a local GP, refer for GP registration. Guidance here <https://www.healthylondon.org/wp-content/uploads/2020/04/Action-update-Registering-with-a-GP-18.6.2020.pdf>
2. COVID-19 SYMPTOMS: please follow guidance to refer for COVID-19 testing <https://www.healthylondon.org/resource/homeless-health-during-covid-19/>
3. Advise to self-isolate and refer to Find&Treat team for testing at haltteam.cnwl@nhs.net using referral form on HLP website. If client has COVID-19 symptoms and is finding it difficult to breathe or is newly confused please seek urgent medical attention (urgent GP review/999/A&E).
4. **Extremely clinically vulnerable to COVID 19:** based on UK Government criteria for shielding:
If yes to following questions, then this person is considered extremely clinically vulnerable to COVID-19, should be assessed for shielding and priority need for accommodation without shared facilities:
Sickle cell disease
Asthma + admission to hospital in the last year
Asthma + shortness of breath on level ground
Asthma + on medications + breathing symptoms

COPD + admission to hospital in last year
COPD + admission to hospital in the last year
COPD + shortness of breath on level ground
COPD + on medications + breathing symptoms
Cancer + on chemotherapy
Chronic kidney disease requiring dialysis
HIV

Please contact the Find&Treat team for further clinical assessment and follow up of clients that require shielding at al.story@nhs.net

5. **Moderately clinically vulnerable:** anyone who answers yes to at least one of these questions is considered at risk of complications from COVID-19 and should be priority need for housing and referred to GP for further assessment.
6. **MENTAL HEALTH** *Answering "yes" to any of these questions indicates the need for a more detailed assessment with a specialist. In addition, it is always important to obtain corroborating information from caregivers or others close to the patient.
7. **Drug and alcohol:** Answering "yes" to any of these questions indicates the need for a more detailed assessment with a specialist or support from drug and alcohol services.
8. **Vulnerability:** ensure appropriate support and social services referral in place for clients who are flagged up as vulnerable e.g. learning disability/victim of domestic violence/modern slavery/trafficking. Anyone who reports problems with memory should be referred for a detailed formal assessment to adult social care, occupational therapy or GP.
9. **Frailty:** A frailty score of 10 or more indicates an individual with high support needs. This individual should be referred to local teams for social services and other support. Guidance on calculating frailty score.

Edmonton Frail Scale

Q24: score 0-1 Q32: score 0-2 Q33: score 0-2 Q34: score 0-2 Q35: score 0-1 Q36: score 0-1 Q37: score 0-2 Q38: score 0-1 Q39: score 0-2 Q40: score 0-1

Q41: score 0-2 Q42: score 0-2

Scoring:

0-5: Not frail	6-7: Vulnerable	8-9: Mild Frailty
10-11: Moderate Frailty	12-17: Severe Frailty	

10. Identifying people at risk of modern slavery/trafficking; government guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912824/August_2020_-_Statutory_Guidance_under_the_Modern_Slavery_Act_2015_v1.02.pdf
Details of how to report
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560813/6.2286_HO_LL_Duty_of_notice_poster_2_v2.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560826/6.2286_HO_LL_factsheet_duty_to_notify_copy_V3.pdf
Further support for frontline workers identifying victims of modern slavery/trafficking [Modern Slavery Helpline](https://www.unseen.org/modern-slavery/spot-the-signs) on 08000 121 700
<https://www.unseen.org/modern-slavery/spot-the-signs>

Mini-COVID-19 Homeless Rapid Integrated Screening Protocol

1. UNIQUE ID:..... 2. Age:
 3. Current gender: Male Female Trans Man Trans Woman
 Non-Binary Prefer not to say
 Other (please specify).....
 4. Country of birth:
 5. Language spoken: 6. Needs interpreter: No Yes (please specify).....

7. Ethnicity: White English/Welsh/Scottish/Northern Irish/British, White Irish, Gypsy or Irish Traveller, White and Black Caribbean, White and Black African, White and Asian, India, Pakistani, Bangladeshi, Chinese, African, Caribbean, Arab, Prefer not to say, Other (please specify).....

8. Current place of residence:

9. Housing status prior to hotel/hostel:
 Unconventional (Mobile home/temporary structure) With Family/friends Rough sleeping Shelter Emergency accommodation (shelter) Prison
 Insecure Secure

10. I will be asking you a series of questions about your current and past physical and mental health, as well as questions about your social circumstances. Are you happy for this information to be shared with healthcare workers planning your onward care and how they can best help you? Yes No

IF NO, STOP HERE

11. People with certain chronic illnesses are at high risk from severe COVID and are advised to take extra precautions to shield or protect themselves. Are you happy for us to share a medical assessment of your risk from COVID and your social care needs to inform future accommodation options? Yes No

A. PRIMARY CARE ACCESS 12. Are you registered with a GP? Yes / No

13. If yes, where? Location:

If no GP, organise GP registration at local practice

B. COVID SYMPTOMS:

14. Do you have any of the following symptoms at present? (Tick all that apply) Yes/No

- | | | |
|---|--|---|
| <input type="checkbox"/> Breathing difficulty | <input type="checkbox"/> Fever | <input type="checkbox"/> Dry cough (new within the last week, persistent) |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Muscle ache | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Change in sense of smell or taste | <input type="checkbox"/> Has anyone checked your temperature with a Thermometer since you arrived in the hotel? |

IF ANY OF THE SYMPTOMS IN **BOLD** ARE CURRENTLY PRESENT, PLEASE ADVISE SELF-ISOLATION AND **REFER FOR COVID TESTING**

C. CURRENT HEALTH + SHIELDING

15. Do you have a chronic health condition? Yes No

16. Did a doctor or nurse ever tell you that you had any of these health problems? (Complete for all that apply)

IF YES TO ANY OF THESE QUESTIONS AND HAS NOT BEEN SEEN BY GP IN THE LAST 6 MONTHS, PLEASE BOOK AN APPOINTMENT FOR REVIEW WITH GP. IF NO GP PLEASE CONTACT LOCAL GP TO REGISTER

Condition	Yes	Seen Nurse / GP in the last six months	Admitted to hospital for this health problem in the last year
Sickle cell disease If yes, SHIELDING			
Down's syndrome If yes, SHIELDING			
Asthma*			IF YES, SHIELDING
Other chronic breathing problems [bronchitis, emphysema or COPD]*			IF YES, SHIELDING
Heart attack or angina (chest pain)			
Problem with heart rhythm			
High blood pressure			
Diabetes – Insulin dependent			
Diabetes – non-insulin dependent			
Stroke			
Epilepsy			
Bladder problems			
Kidney problem			If severe (on transplant/dialysis list) SHIELDING
Liver problems			
Stomach problems – gastritis / reflux / abdominal pain			
Overweight/Obese			
Bowel problems			
Hernia			
Cancer*			IF current or on chemo for SHIELDING
Depression/Anxiety			
Any other mental health problem: Psychosis, Schizophrenia or Bi Polar Affective Disorder			

Arthritis / joint problems/muscle problems			
Problems with your feet			
Dental problems			
Chronic pain (pain most days or all the time)			
HIV			
Hepatitis C			
Hepatitis B			
Tuberculosis (TB)			
Problematic alcohol/drug use			

 Referral to local dentist

17. Have you managed to access your medications since moving into the hotel/hostel?

- Yes No N/A

If no, urgent referral to GP for prescription

SHIELDING Q. * If answered YES to being diagnosed with ASTHMA, COPD or CANCER, please ask the following questions to identify persons eligible for SHIELDING:

18) Do you have to stop for breath after a few minutes walking on level ground? Yes No

19) Have you been admitted to hospital for breathing problems within the last 1 year? (not for chest infection) Yes No

20) Have you been prescribed medication for your breathing? Yes No

21) If yes, does it control your breathing symptoms? (if medication does not control breathing symptoms, book GP appointment, flag for shielding)

- Yes No

22) Are you being treated with chemotherapy for cancer or should be on chemotherapy? Yes No

23) Do you have chronic kidney disease and on dialysis or should be on dialysis? Yes No

D. MENTAL HEALTH*: *Answering "yes" to any of these questions indicates the need for a more detailed assessment with a specialist. In addition, it is always important to obtain corroborating information from caregivers or others close to the patient

24. During the last month, have you often been bothered by feeling down, depressed or hopeless? Yes (EFS1) No (EFS0)

25. Do you have any other mental health issues that are causing you distress or you think you could benefit from having help with? Yes No

26. Have you had any strange or odd experiences lately that you can't explain? Yes No

27. Do you ever hear things that other people can't hear, such as noises, or the voices of other people whispering or talking? Yes No
28. Do you ever have visions or see things that other people can't see? Yes No
29. Do you ever feel that people are bothering you or trying to harm you? Yes No
30. Has it ever seemed like people were talking about you or taking special notice of you? Yes No
31. Are you afraid of anything or anyone? Yes No

E. SOCIAL CARE/SUPPORT NEEDS IF YES TO ANY OF THESE QUESTIONS: INFORM HOUSING TEAM OR GP FOR CONSIDERATION OF REFERRAL FOR SOCIAL SERVICES OR OTHER ASSESSMENT. Frailty questions are in blue, please see guide for how to calculate frailty score using Edmonton frailty scale (EFS)

32. In general, how would you describe your health? Good or better than good (EFS0) Fair (EFS1) Poor (EFS2)
33. In the past year, how many times have you been admitted to hospital? 0 (EFS0) 1-2 (EFS1) >2 (EFS2)
34. When you need help, can you rely on someone who is willing and able to meet your needs? Always (EFS0) Sometimes (EFS1) Never (EFS2)
35. Do you use five or more prescription medications on a regular basis? Always (EFS1) Sometimes (EFS1) Never (EFS0)
36. At times, do you forget to take your prescription medications? Yes (EFS1) No (EFS0) N/A (EFS0)
37. Do you have any difficulties with any of the following? (Tick all that apply) Walking Taking stairs Washing/dressing

0 ticked: EFS0 **Any 1 ticked:** EFS1 **Any 2-3 ticked:** EFS2

38. Do you have any difficulties with any of the following? Urinary incontinence Faecal incontinence **0 ticked:** EFS0 **1-2 ticked:** EFS1
39. Do you have any difficulties with any of the following? Meal preparation Taking public transport Using the telephone
 Managing money Taking medications Shopping

0-1 ticked: EFS0 **Any 2-4 ticked:** EFS1 **Any 5-6 ticked:** EFS2

40. Did you manage to eat regularly before moving into this hotel?
 Yes – no problems (EFS0) Problems getting enough food (EFS1) Missed a meal most days (EFS1) Regularly (weekly) went a day without food (EFS1)

41. Have you had any falls in last 12 months? No Yes – causing injury (EFS2) Yes- no injury (EFS1)

42. Do you have trouble remembering, learning new things, concentrating, or making decisions that affect your everyday life?

No (EFS0) Yes – occasionally (EFS1) Yes – daily (EFS2)

43. Have you ever been told you have any physical disability? Yes No 44. If yes, what?

45. Do you use a walking aid/wheelchair? Yes No

46. Do you have a problem with your vision? Yes No 47. If yes, what?

48. Have you ever been told you have a learning need or disability? Yes No 49. If yes, what?

50. Are you able to read and write? Yes No 51. If no, are you able to read and write in another language? Yes No

52. Are you able to fill in forms without assistance? Yes No

53. If no, what assistance do you need?

F. ALCOHOL

54. Do you drink alcohol daily 55. If yes:	Yes Amount:		No Years dependent:	
56. Do you need an alcoholic drink soon after you wake up?	Yes		No	
57. Have you ever attended hospital due to alcohol related injury? 58. If yes:	Yes Last attendance:		No How often?	

SIGNPOST/REFER TO LOCAL ALCOHOL SUPPORT SERVICES IF YES TO ANY OF THE ALCOHOL QUESTIONS, CONSENTS TO REFERRAL AND NOT IN CONTACT WITH ALCOHOL SERVICES. If already in treatment for alcohol use, inform treatment service (with consent) of whereabouts/plans for accommodation to ensure continuity of care

G. DRUGS

59. Have you injected street drugs in the last three months? 60. If yes:	Yes Are you currently injecting?		No If yes, how much?	
61. Have you ever OD'ed? 62. If yes:	Yes How many times?		No	
63. Have you ever had a drug related infection or abscess? 64. If yes:	Yes Did you need hospital care?		No	
65. Do you regularly smoked crack or heroin? 66. If yes:	Yes How much?		No	
67. Do you regularly smoke spice?	Yes		No	
68. Are you currently in drug treatment with addiction services or GP? 69. If yes, where is the service / who is prescribing? 70. What are you receiving (Methadone / Subutex / dose)? 71. How do you receive it/ (daily pick up or not)? 72. When are you scripted until? 73. Do you have arrangements for a follow up script?	Yes		No	
74. Have you ever been scripted for methadone or Sub? 75. If yes:	Yes Where were you last scripted? (last drug treatment centre)		No What dose of Methadone / Subutex were you prescribed?	

SIGNPOST/REFER TO LOCAL DRUG SUPPORT SERVICES IF YES TO ANY OF THE DRUG QUESTIONS, CONSENTS TO REFERRAL AND NOT IN CONTACT WITH DRUG SERVICES. If individual should be on a script and does not have access please urgently refer to local team for referral to HDAS or local drug treatment team. If already in treatment, particularly if scripted, inform drug service (with consent) of whereabouts/plans for accommodation to ensure continuity of care

76. Smoking tobacco and would like help to stop or reduce: Yes No If yes, refer to local stop smoking service/GP

H. SAFETY & VULNERABILITY:

77. Do you feel afraid of your partner? Yes No N/A

78. Have you recently experienced domestic violence/violence within the home? Yes No

79. If yes, have you received any help? Yes Yes, but not enough/would like more No, but would like some No, I don't want any

If at risk of domestic violence/recently experienced domestic violence refer to social services + other appropriate local organisations for support/ TO NATIONAL DOMESTIC ABUSE HELPLINE 0808 2000 247

80. Are you currently pregnant? Yes No N/A

81. If yes, are you in touch with antenatal services? Yes No N/A

If pregnant and not in touch with antenatal services refer to GP/local antenatal services

Other vulnerabilities please inform housing team if yes to any of these questions:

82. Has this person been:

- | | |
|--|--|
| a. A suspected victim of modern slavery/human trafficking? | Yes/No (see guidance notes on how to identify) |
| b. A looked after child (in care)/fostered as a child? | Yes/No |
| c. Recently released (within 6 months) from prison? | Yes/No |
| d. Ever been in the armed forces? | Yes/No |

83. Does this person have:

- | | | |
|--|--------|------------------------------|
| a. Learning disability? | Yes/No | If yes, please specify:..... |
| b. Serious mental illness (Psychosis, Schizophrenia or Bi Polar Affective Disorder/Severe anxiety/depression)? | Yes/No | If yes, please specify:..... |
| c. Physical disability? | Yes/No | If yes, please specify:..... |

Summary

For Local teams RISK / SUPPORT NEEDS IDENTIFIED:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Known or suspected cognitive deficit / learning disability etc. | <input type="checkbox"/> Language / literacy issues | <input type="checkbox"/> Physical disability | |
| <input type="checkbox"/> Risk of harm to self | <input type="checkbox"/> Risk of harm to others | <input type="checkbox"/> Risk of harm or abuse from others | <input type="checkbox"/> Offending history |
| <input type="checkbox"/> Victim of assault | <input type="checkbox"/> Unmet physical needs | <input type="checkbox"/> In need of medication / urgent GP registration or fuller health review | |