Webinar: supporting isolation and Covid vaccinations in homelessness accommodation settings

London Homeless Health Partnership

Thursday 12 August 2021

Supported by and delivering for:

Public Health England

NHS

LONDON COUNCILS

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London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Overview

Following 'Freedom Day' in England, it is important to continue protecting residents in homelessness accommodation settings from Covid-19 infections.

This webinar will share key measures to help staff in London homeless accommodation settings to support residents, including:

- mask wearing and health assessments

- supporting residents through self-isolation (focusing on residents who are awaiting testing, Covid positive residents and others who are contacts)

- reiterating the ongoing vaccine rollout offer to residents and staff

- Current 'on the ground' insights shared by peer support staff

- vaccine outreach through social prescribing

Webinar panel

Speakers
Jemma Gilbert, Director of Transformation, Healthy London Partnership (Chair)
Dr Binta Sultan Consultant physician UCLH Find & Treat team
Dr Huda Yusuf Consultant in Public Health Clinical Lead for Homelessness Public Health England (London)
Beryl Cross Vaccine caseworker Groundswell
Steph Ratcliffe Service Delivery Manager St Mungo's
Ikran Abdi Ahmed Social Prescribing Link Worker Brentford and Isleworth Primary Care Network

# COVID-19 clinical update

Dr Binta Sultan

Consultant Physician in Inclusion Health

FIND & TREAT

F&T update

- Frontline staff reporting people with symptoms early

- Awareness of symptoms and self-isolation of clients

- Number of outbreaks among staff: majority in unvaccinated staff

- Still some sites no social distancing/mask wearing among staff and clients
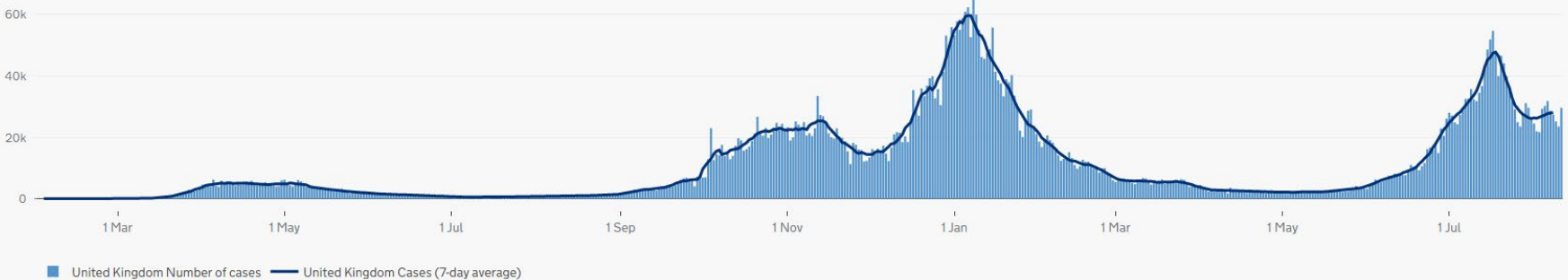
Homeless settings Wave II
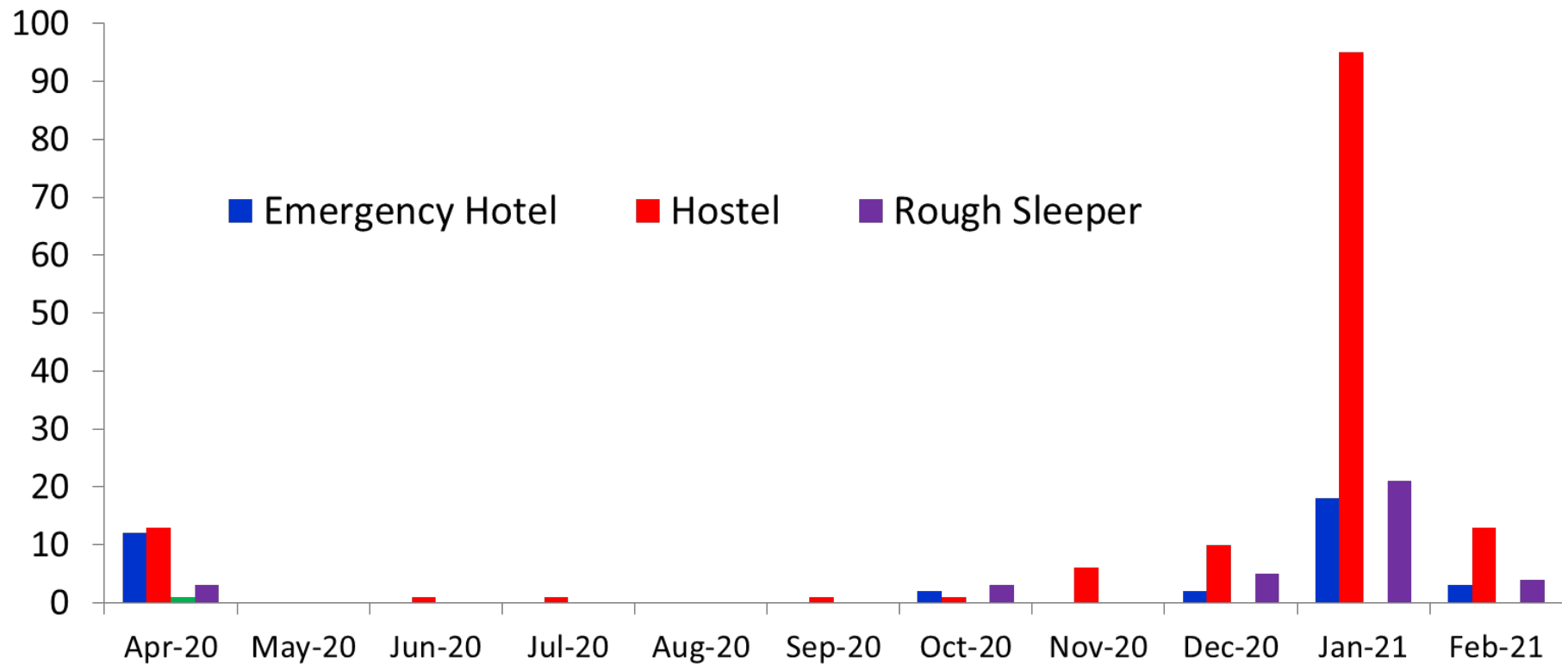
Where we are

Cases by date reported

Number of people who have had at least one positive COVID-19 test result either lab-reported or lateral flow device (England only), by date reported. Positive rapid lateral flow test results can be confirmed with PCR tests taken within 72 hours. If the PCR test results are negative, these are not reported as cases. People tested positive more than once are only counted once.

Wave 2

Wave 3

Homeless settings

Number of positive cases:

Number of outbreaks: 8 since beginning of July

Challenges

- Low vaccination rates among people who experience homelessness

- **just over 1/3 have had 2 doses vs 3/4 of general population**

- Vaccination reduces mortality from COVID

A third of adults unvaccinated in parts of London, data shows

Concerns raised as analysis finds seven out of 10 local authorities with lowest rates are in London

- Coronavirus - latest updates
- See all our coronavirus coverage

▲ People queue at a pop-up Covid vaccination centre in Camden. Nearly a third of adults in the London borough had not received a first jab by 1 August. Photograph: Vickie Flores/EPA

Concerns have been raised about the persistently low vaccination rates in parts of London, with a third of adults unvaccinated in some neighbourhoods compared with other parts of England where rates are at almost 100%.

Seven out of 10 local authorities with the lowest first-dose rates were London boroughs, according to Guardian analysis of the latest NHS England figures to 1 August.

'It's too late': US doctor says dying patients begging for Covid vaccine

Challenges

- Delta variant increased transmissibility

- High transmission settings: hostels/shelters

COVID-19
(original strain)
3 people

COVID-19
(delta strain)
7 people

R_0
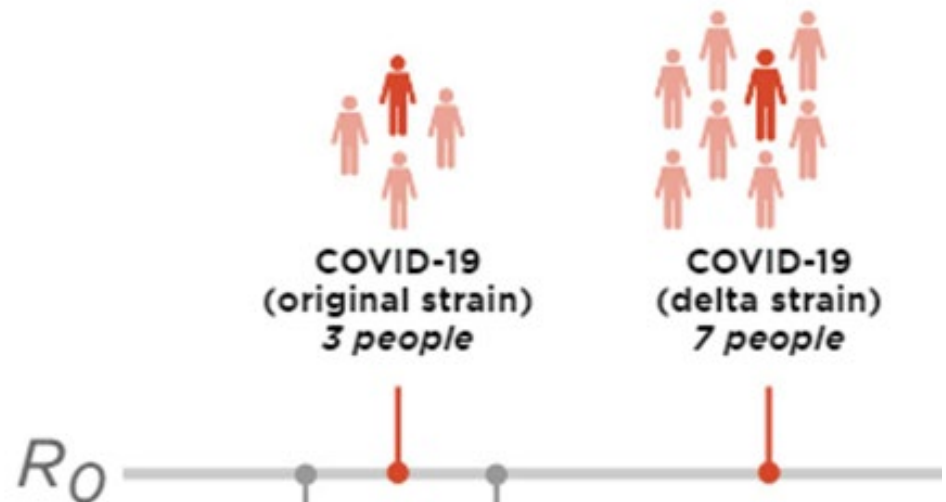
Aerosols

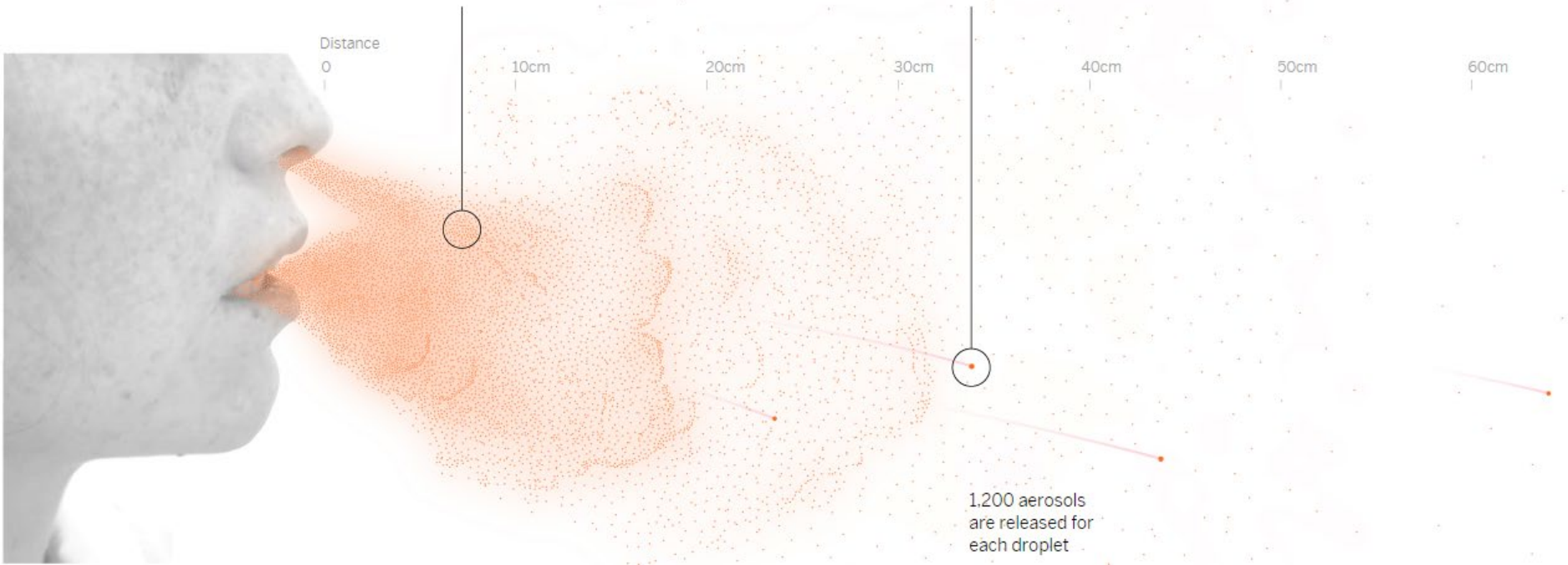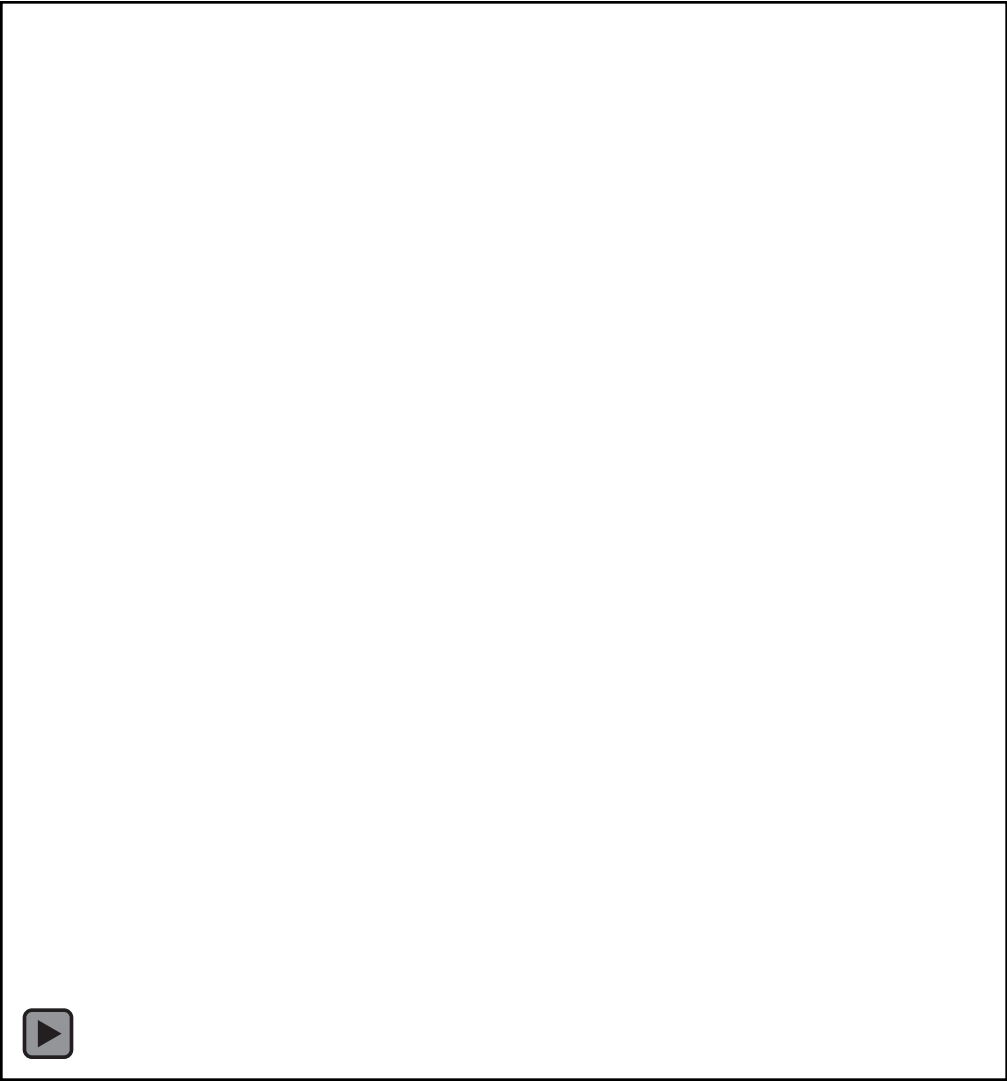These are respiratory droplets that are less than 100 micrometers in diameter that **can remain suspended in the air for hours**

Droplets

These are particles that are larger than 300 micrometers and, due to air currents, **fall to the ground in seconds**

Distance
0   10cm   20cm   30cm   40cm   50cm   60cm

1,200 aerosols are released for each droplet

Reduce transmission

- Transmission risk outside is low
  - Infection risk while wearing a mask outside is extremely low

- Distance - Duration – **Ventilation**

- Should you wear a face covering?
  - **YES** - in any interior space or when social distancing is not possible

- Should you encourage clients to wear a face covering?
  - **YES** - provide face coverings (if possible) and standard surgical masks for clients E

How to wear a mask properly

METAL BAND

PULL MASK DOWN

Clinical vulnerability

Extremely Clinically Vulnerable →
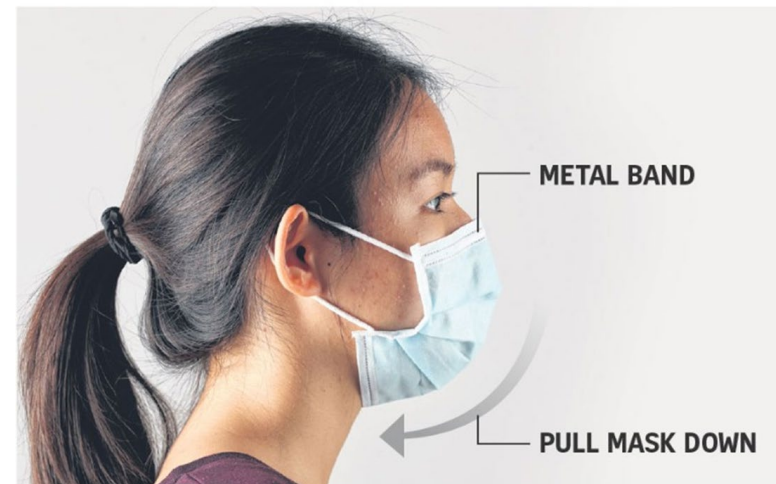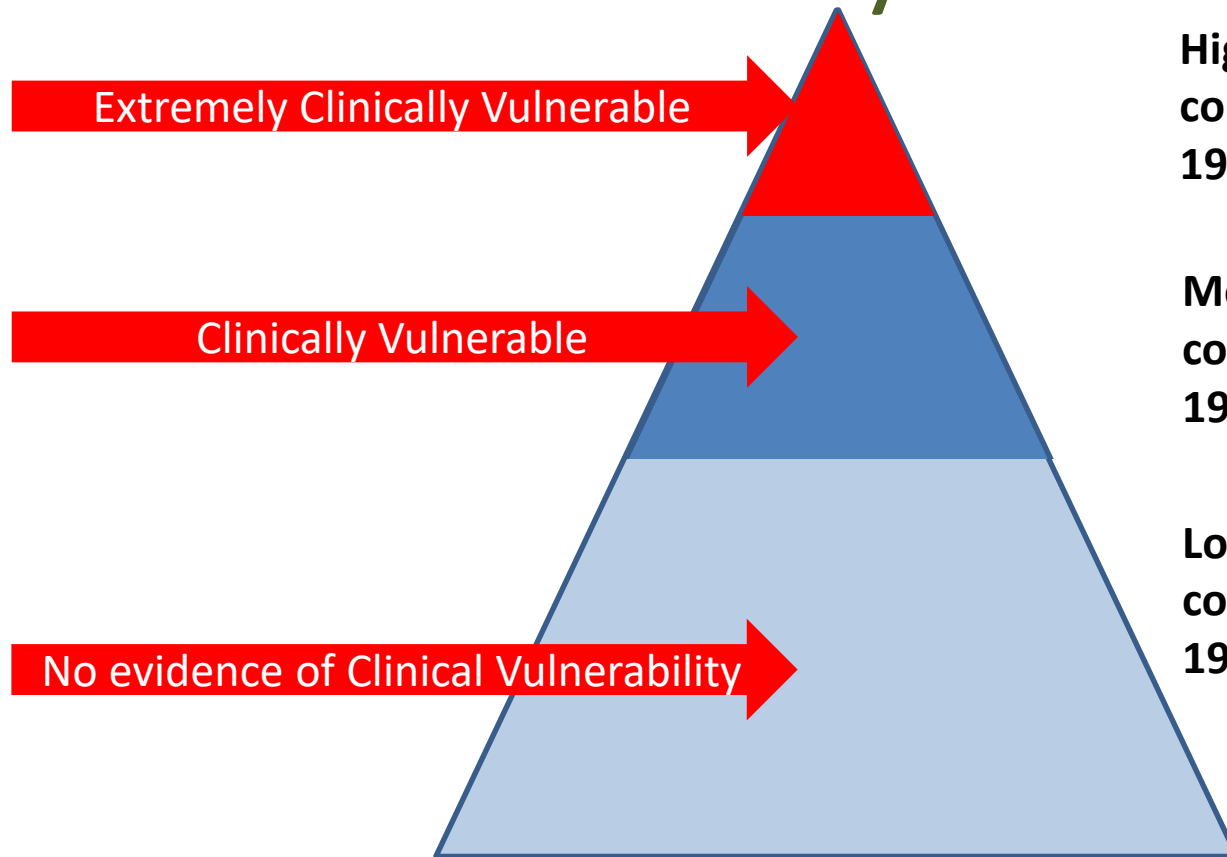
High risk of developing complications from COVID-19 infection

Clinically Vulnerable →

Moderate risk of developing complications from COVID-19 infection

No evidence of Clinical Vulnerability →

Low risk of developing complications from COVID-19 infection

VACCINES SAVE LIVES BY THE MILLIONS

COVID Clinical risk assessment: mini-CHRISP tool

The clinical risk assessment is designed to ensure that every client who is either clinically vulnerable or clinically extremely vulnerable is identified and protected.

Clinical vulnerability should be recorded on CHAIN

All those at increased clinical risk should be provided with:-

1. **Single room own bathroom accommodation at a PROTECT facility**
2. **Urgent linkage to primary care and comprehensive health needs assessment**
3. **GPs may reclassify some clients based on their clinical judgement e.g. upgrade risk to extremely vulnerable**
4. **Offer of 2 doses of vaccines**

Clinical Vulnerability

B. Clinical Risk Condition – Clinically Vulnerable		
If you are unsure about any whether the individual has any clinical risk factors then phone the Find&Treat team on 020 3447 9842		
5	**60 or older**	☐
6	**Asthma/COPD (please note below Q13 below if breathing condition is severe)**	☐
7	**Heart attack or Stroke or Angina or has chest pain e.g. when walking up stairs**	☐
8	**High blood pressure**	☐
9	**Diabetes**	☐
10	**Chronic Kidney problem e.g. Chronic UTI or Renal condition**	☐
11	**Chronic Liver problems e.g. Hepatitis**	☐
12	**Pregnant**	☐
If yes to any of the above then the individual is 'Clinically Vulnerable' If more than 1 tick then direct to GP to identify if individual should shield		
Record this on CHAIN under COVID-19 Risk Assessment		

Extreme Clinical Vulnerability

Clinical Risk Condition – Extremely Clinically vulnerable		
If you are unsure about any whether the individual has any clinical risk factor then phone the Find and Treat team on 020 3447 9842		
13	Severe Asthma/COPD not controlled by medication or leading to hospital admission in the last year	☐
14	HIV	☐
15	Sickle Cell disease	☐
16	Currently has cancer	☐
17	Severe kidney disease or on dialysis or is recommended to be on dialysis	☐
18	Down's syndrome	☐
19	Has been advised to shield by their GP since the start of the pandemic	☐
If yes to any of the above then the individual is 'Extremely Clinically Vulnerable'		
Record this on CHAIN under COVID-19 Risk Assessment		

Challenges of self-isolation

- Distressing

- Substance misuse

- Mental health issues

- Short isolation period 10 days

- Risk of COVID transmission

- Risks of eviction of vulnerable people

Challenges of self-isolation

- This checklist is to aid hotel/hostel/emergency accommodation teams in supporting the self isolation of the residents. The aim is to prevent the eviction of service users due to not self isolating.

- If client has COVID symptoms:

- Clinical triage by Find and Treat or local health team ☐

- COVID tested ☐

- Safety: clients and staff aware of when to seek medical attention: safety netting

Homeless settings self isolation support check list

This checklist is to aid hotel/hostel/emergency accommodation teams in supporting the self isolation of the residents. The aim is to prevent the eviction of service users due to not self isolating.

If client has COVID symptoms:

- **Clinical triage by Find and Treat or local health team** ☐
- **COVID tested** ☐

Safety: clients and staff aware of when to seek medical attention

Food
- Food and other necessities delivered to door

Alcohol
- Have you asked about the alcohol intake? ☐
- Do you know what to do when a client is withdrawing from alcohol? ☐
- If problematic alcohol use; do you have access to alcohol enabling self-isolation? ☐

Tobacco needs.
- Do you have a supply of e-cigarettes to offer? ☐
- Do you have the relevant training materials to support use? ☐

Substance use
- Have you identified substance use? ☐
- If using opiates, are they scripted?

HDAS support
- have you contacted HDAS for support? ☐
- do you know what HDAS can offer in terms of resources? ☐
- please see below for HDAS service and resources available.

Distraction
- do you have the HDAS activity and distraction packs? ☐
- do residents have access to entertainment such as TV?

Mental health
- have you identified any mental health needs? ☐
- Is the resident engaging with a mental health service? ☐

Challenges of self-isolation

Police involvement
- May exacerbate situation
- May lead to change in behaviour

Section 21:
The COVID regulations that came into force in December 2020 provide a power for public health officers to require someone to remain in, or be removed to a suitable place, for isolation ,if there is a concern that they will not (or have not been complying) with the need to self- isolate
- Last resort
- More useful as a threat
- Often isolation period has ended by the time this can be enacted
- Contact local public health teams for advice

Challenges of self-isolation

Inform local public health teams early on about the challenges

Providing formal and informal support

Letter of warning

Thank you

Contact Find&Treat team on
020 3447 9842
Haltteam.cnwl@nhs.net

Inclusion Health: COVID vaccination programme in London

Huda Yusuf - Lead for Homeless Health PHE London
Sarah Kaddour- StR in Dental Public Health
Emma Blair - Public Health Support Officer

Webinar 12th August 2021

Overview

- To describe the approach to COVID vaccination roll out for the homeless population in London

- To provide insights into the challenges and facilitators in terms of data capture, data collection and areas of good practice

- To provide an update on the current SitRep

Homelessness and COVID-19

Those experiencing homelessness are especially at high risk of exposure due to:

- being in congregate settings or living on the streets
- challenges in adhering to social distancing IPC measures
- poor symptom recognition
- difficulties with isolation
- challenges with contact-tracing

SAGE report on 5th July 2021:

'High levels of transmission can occur in institutional settings including hospitals, care homes, prisons, and homeless shelters with infection seeded back into the community'

Therefore, appropriate controls will need to be maintained and/or enhanced in these settings

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992738/S1216_Considerations_in_implementing_longerterm_baseline_NPIs.pdf

The five-point plan to manage the virus in the next phase

1. **Reinforce the country's vaccine wall of defence through booster jabs and driving take up.**

   - **We will continue to offer COVID vaccination to the homeless to ensure they have had the opportunity** to receive two doses of the vaccine by mid September

   - We will offer **booster jabs and the flu vaccinations** to the most vulnerable subject to final advice from the JCVI-however in London we have prioritised this group in previous years

   Evidence: vaccines are effective against symptomatic disease with the Delta (B.1.617.2) variant. After a full course, vaccine effectiveness reached 88% with the Pfizer/BioNTech vaccine and 67% with the AstraZeneca

Therefore, findings indicate very high levels of protection against hospitalisation with the Delta variant with 1 or 2 doses of either vaccine.

https://khub.net/web/phe-national/public-library/
/document_library/v2WsRK3ZlEig/view_file/479607329?_com_liferay_document_library_web_portlet_DLP
ortlet_INSTANCE_v2WsRK3ZlEig_redirect=https%3A%

The five-point plan to manage the virus in the next phase

2. Enable the public to make informed decisions through guidance, rather than laws.

SAGE recommends appropriate controls will need to be maintained and/or enhanced in these settings

- IPC guidance in London has bee updated
- Webinar held on 19th July 2021
- Continue with measures:

Vaccinations

Single rooms

Social distancing

Good ventilation

Masks

Protecting clinically vulnerable

The five-point plan to manage the virus in the next phase

3. **Retain proportionate test, trace and isolate plans.**

   - We will continue with test, trace and isolation with support from Find and Treat and the LCRC

4. **Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK.**

5. **Retain contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.

   - We will continue to monitor the data with weekly Sit Reps on exposures and outbreaks in collaboration with LCRC, Find and Treat and LA
   - Working with partners on identifying suitable isolation sites
   - 4 bed capacity at Mildmay

Definitions of homelessness for COVID vaccination

1. Rough sleepers (those residing on the streets)   2287
2. Individuals housed in emergency accommodation
3. Individuals residing in hostels   13398

Estimation of flow:
- Attempted estimation of the 'flow' number by including weekly CHAIN reports, based on an average of 150 individuals per week recorded as rough sleeping for the first time

- Movement of this population is 'fluid' and adults may move into different categories of accommodation settings, which may result in double counting

- Estimated total population for vaccine purposes: **15,685**

London COVID vaccination programme

Data Collection

- Weekly London COVID vaccination meeting with NHSE/I, ICS, GLA, PHE, HLP, Find and Treat, Groundswell

- PHE working with the GLA and ICS developed a template for data collection

- PHE has supported the weekly SitRep on COVID vaccination uptake
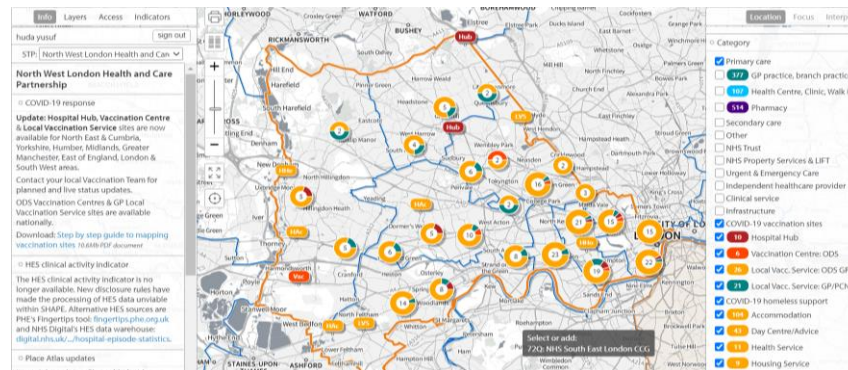
Why is it important to vaccinate the homeless and rough sleepers?

- High underlying clinical vulnerability levels in this group mean high risk of hospitalisation and death

- High risk of outbreaks in shared accommodation settings

- New Delta variant more easily spread

However, **2 doses of vaccine** highly effective **against variant**

What can you do to support vaccination roll out?

- Encourage staff to get vaccinated and advocate for clients to get vaccinated. Staff vaccinated at the same time as clients (F&T offer staff vaccination as drop in options)

- Work with your vaccination borough lead to jointly plan and actively monitor offers and uptake in homeless/rough sleeping group, working together to ensure maximum uptake.

- Please support data collection and vaccines (dose 1 and 2) can now be recorded on the CHAIN database

- Support the planning of a vaccination 'outreach' or 'drop in' with providers, and work in advance to encourage vaccination. Use peer support where possible.

- Outreach teams have a key role identifying, encouraging and escorting rough sleepers to 'pop up' or 'drop in' provision

Challenges and Facilitators in Vaccine Delivery

Key resources:
- COVID-19 Cohort 6 Homeless Mobilisation Guide
- Groundswell: the COVID-19 vaccine and GP registration for people experiencing homelessness.
- Homeless Link: information on COVID-19 and Homelessness
- NHS: Guidance for vaccination centres https://www.glassdoor.org.uk/news/campaign-aims-to-increase-vaccine-uptake
- Trauma informed approached from ANEEMO
- Doctors of the World Translated COVID-19 information
- Case studies: Queens Nursing Institute on homeless and inclusion health in action
- Glass Door: campaign to improve vaccine uptake

Challenges
- Stigma and mistrust
- Low levels of access to primary care
- Conflicting priorities
- Booking appointments and travel

Facilitators
- Peer Advocacy and training of vaccinators
- Planning and engagement
- Opportunistic vaccinations
- Outreach

- Partnership working
- Time: informed decision
- Continual offer
- Communication and use of language

Challenges

1. Communication

  - Early planning and communication between stakeholders
  - Engagement is key and building of trust and role of peer advocates

2. Data capture and data collection

  - Challenges in accessing the vaccine for those who are not GP registered
  - Homelessness not recorded in data capture
  - Data collection from different LA and delays in data capture
  - Denominator may vary

3. Delivery model

  - Flexibility in delivery models: in-reach, outreach
  - Low reach among rough sleepers

4. Variation in ICS activity and data collection

Cumulative London vaccination total: Homeless population-3 August 2021

Completed 1st doses: 8,928
(57% calculated denominator; 63% local intelligence figures)

Completed 2nd doses: 4,083 (46%)

This data has caveats and should not be shared widely - only with permission from NHSE/I and PHE

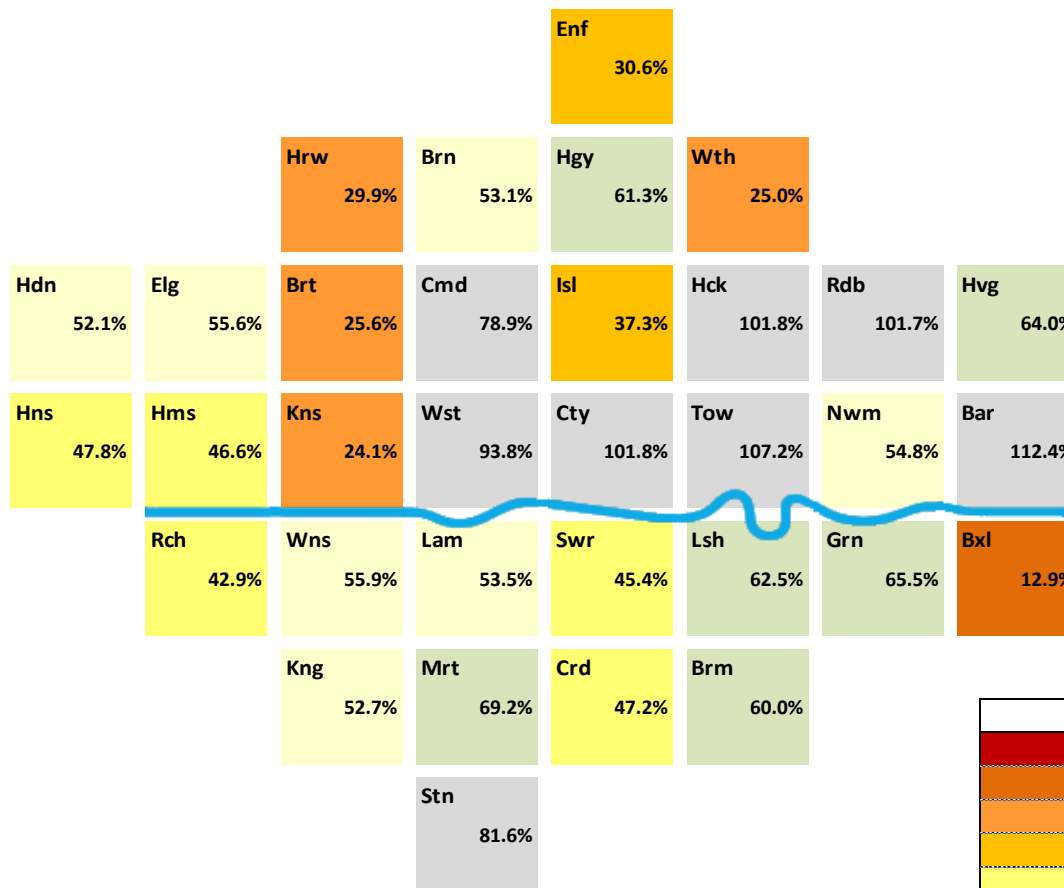# Map visualisation of cumulative % of completed 1st dose vaccinations:

Local baselines figures for homeless populations are provided by ICS's and are subject to change

Due to the nature of the homeless cohort data, some double counting is likely as data is captured from multiple sources and different providers; we are aware of this and will work with ICS's to identify where there are issues and look to resolve with data analyst support

The data may not reflect the entirety of local vaccination activity

Data collection for the homeless is from various resources, formats and systems. Therefore, data is captured 'at a point in time' and hence it is difficult to track

All %'s are calculated against local intelligence denominator figures

				Enf			
				30.6%			

		Hrw	Brn	Hgy	Wth		
		29.9%	53.1%	61.3%	25.0%		

Hdn	Elg	Brt	Cmd	Isl	Hck	Rdb	Hvg
52.1%	55.6%	25.6%	78.9%	37.3%	101.8%	101.7%	64.0%

Hns	Hms	Kns	Wst	Cty	Tow	Nwm	Bar
47.8%	46.6%	24.1%	93.8%	101.8%	107.2%	54.8%	112.4%

Rch	Wns	Lam	Swr	Lsh	Grn	Bxl
42.9%	55.9%	53.5%	45.4%	62.5%	65.5%	12.9%

Kng	Mrt	Crd	Brm
52.7%	69.2%	47.2%	60.0%

Stn
81.6%

Key:	
	>10%
	10-19%
	20-29%
	30-39%
	40-49%
	50-59%
	60-69%
	70+%

Map visualisation of cumulative % of completed 2nd dose vaccinations:

				Enf		
				56.8%		

	Hrw	Brn	Hgy	Wth		
	0.0%	81.5%	0.5%	10.3%		

Hdn	Elg	Brt	Cmd	Isl	Hck	Rdb	Hvg
32.6%	17.4%	29.5%	24.5%	8.9%	47.5%	61.9%	0.0%

Hns	Hms	Kns	Wst	Cty	Tow	Nwm	Bar
48.1%	48.7%	34.7%	63.0%	47.5%	71.3%	9.7%	0.0%

	Rch	Wns	Lam	Swr	Lsh	Grn	Bxl
	6.7%	17.5%	58.2%	35.3%	64.9%	66.7%	0.0%

	Kng	Mrt	Crd	Brm		
	51.8%	63.0%	69.1%	58.3%		

	Stn					
	0.7%					

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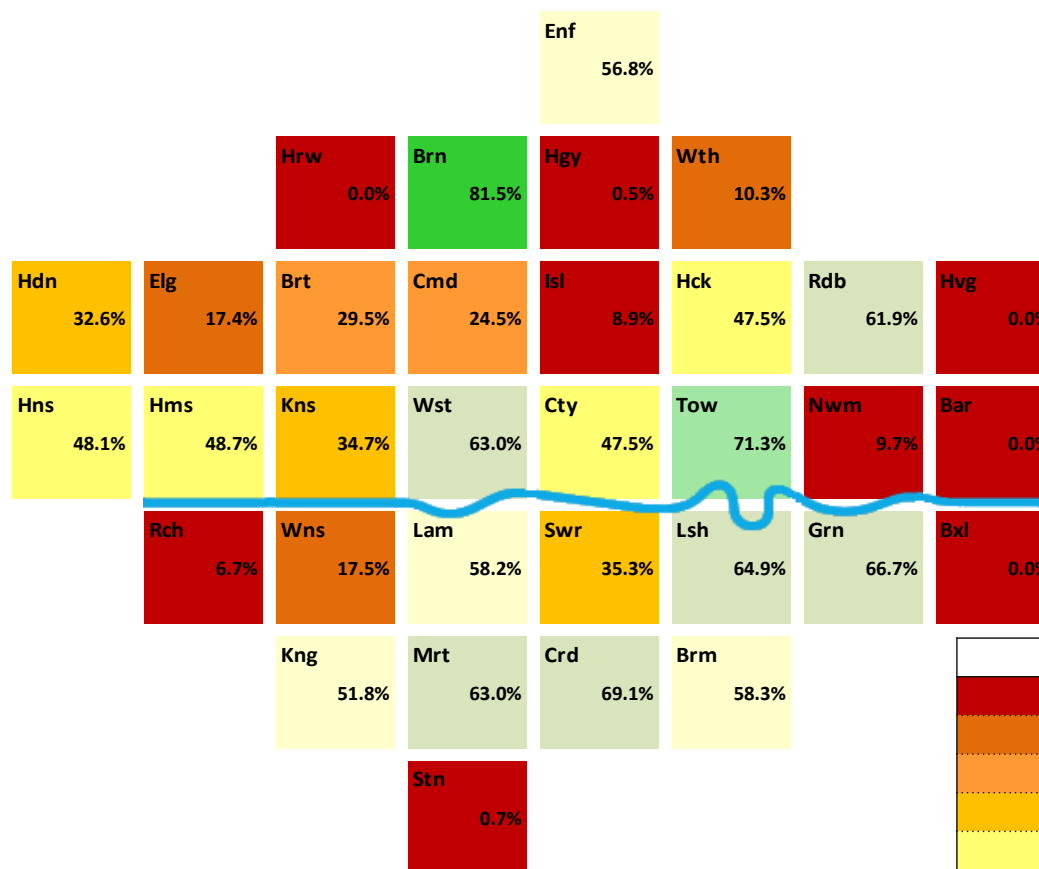
2nd dose vaccinations are calculated as a % of completed 1st dose vaccinations

Key:

	<10%
	10-19%
	20-29%
	30-39%
	40-49%
	50-59%
	60-69%
	70-79%
	80-89%
	90-100%

Next Steps

- Supporting ICS with data collection and activity

- Sharing of SitRep with partners

- Bottom-up approach: linking homeless settings, with LA and clinical providers

- Targeting areas where there is low uptake

- Planning for the second dose and beyond including winter planning and the flu vaccine
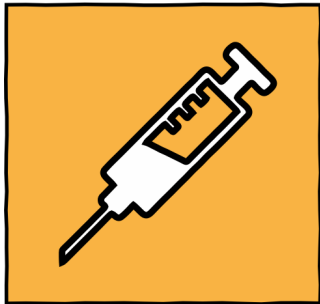
Thank you for all your efforts

What I'm hearing...

...from people experiencing homelessness being offered vaccination

Fed up with the repetition

The vaccine gives you COVID

Scared of the side effects

Conspiracy theories

Groundswell
Out of homelessness

Where I'm hearing it
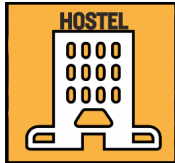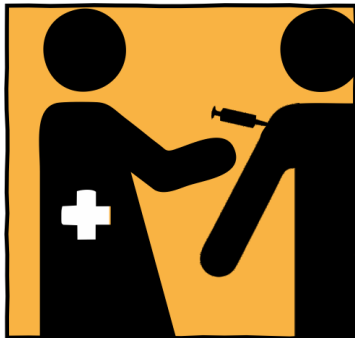
In reach – hostels/day centres

Outreach

Clients attending health appointments

What's encouraging people...

...to take up the offer of vaccination?

- ✓ **Working in partnership**
- ✓ **Introducing what Groundswell offers**
- ✓ **Initial chat about how person is feeling**
- ✓ **HHPA support offered whatever person's views on vaccination**
- ✓ **Co-produced written information**
- ✓ **In reach/outreach on same day as vaccine offered**
- ✓ **Events that include health checks, social time, food, fun and....vaccines on the spot**

Groundswell
Out of homelessness

What next?

- Building on partnership expertise, knowledge and shared learning

- Continuing to support health promotion/checks and social time offered together with vaccine opportunities?

- Testing out evening vaccination opportunities?

- One to one appointments

Contact

Beryl Cross

Vaccine Caseworker

beryl.cross@groundswell.org.uk

Oz Gencalp

Vaccination Coordination Administrator

ozgur.gencalp@groundswell.org.uk

Thank You

Groundswell
G
Out of homelessness

📞 020 7725 2851   🔍 www.groundswell.org.uk   🐦 @ItsGroundswell

Any questions?

Additional questions can be submitted to:
hlp.homelesshealthcovid19team@nhs.net

Today's webinar recording and accompanying resources will be available at: https://www.healthylondon.org/our-work/homeless-health/covid-19-resources/

Thank you to all speakers and attendees for joining us today