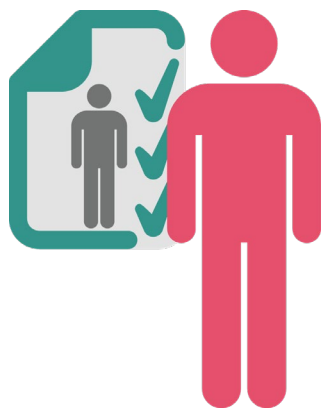


Protect and Vaccinate programme for people facing homelessness



Hosted by Homeless Link



Department for Levelling Up,
Housing & Communities

Protect and Vaccinate

Steph Larnder and Tom Preest



What is the Protect and Vaccinate Programme?

- £28.1 million new funding package made available to all local authorities in England
 - £24.9million is available for accommodating people who sleep rough
 - £3.2million is available to encourage vaccination uptake amongst people who sleep rough.
 - DLUHC working with NHSEI's Vaccine Deployment Programme to target mobile vaccination units to high need areas.
- Funding directly allocated to local authorities based on October data from LA MI. This is in addition to the Winter Pressures funding.
- Funding available until end of March 2022 – but we will be working with LAs to understand 2022/23 pressures.

DLUHC and our partners across Government will be on hand to support this work, including our adviser team.



- Accommodation is not contingent on people sleeping rough accessing vaccination but it is encouraged.
- We encourage Homeless Link members to get in touch with their local authority to discuss partnership opportunities
- Local authorities will be working to quick turnaround so Homeless Link members should be prepared to respond quickly where needed

- All individuals, regardless of immigration status, are eligible to receive a vaccine.
- We have asked that LAs include non-UK nationals currently sleeping rough in their Protect and Vaccinate plans
- Incentives covered under the fund could include mediation, translation, outreach, transport, healthcare, food vouchers.
- Incentives are at the discretion of local authorities

Inclusion Health: COVID Vaccination Programme in London

Huda Yusuf - Consultant in Public Health and Primary Care

Sarah Kaddour- StR in Dental Public Health

Hannah Crompton – Consultant, NECS CSU

James Martin – Consultant, NEL CSU

22nd December 2021

NHS England and NHS Improvement



Overview

- To justify the reasons for prioritising health inclusion groups and our achievements in London
- To provide insights into the challenges and facilitators in delivering the COVID vaccination programme
- To provide guidance on collaboration to deliver the COVID vaccination programme

Homelessness and COVID-19



- Homelessness impacts on physical, social and psychological well-being highlighting stark health inequalities
- Those experiencing homelessness are at high risk of exposure due to:
 - being in congregate settings or living on the streets
 - challenges in adhering to social distancing and infection prevention and control measures
 - poor symptom recognition
 - difficulties with isolation
 - challenges with contact-tracing procedure

Homelessness and COVID-19



- The 'Everyone in' response in London is estimated to potentially have avoided around COVID 7,000 infections, at least 90 deaths and 390 hospital and 115 ICU admissions in the capital (Lewer et al, 2020).

Vaccination uptake: we have made considerable progress but need to prioritise health inclusion groups considering the risks involved in terms of **morbidity and mortality**

Need to ensure that we are not widening health inequalities

Homeless population: Cumulative Total of Completed Vaccinations in London (15th Dec 2021)

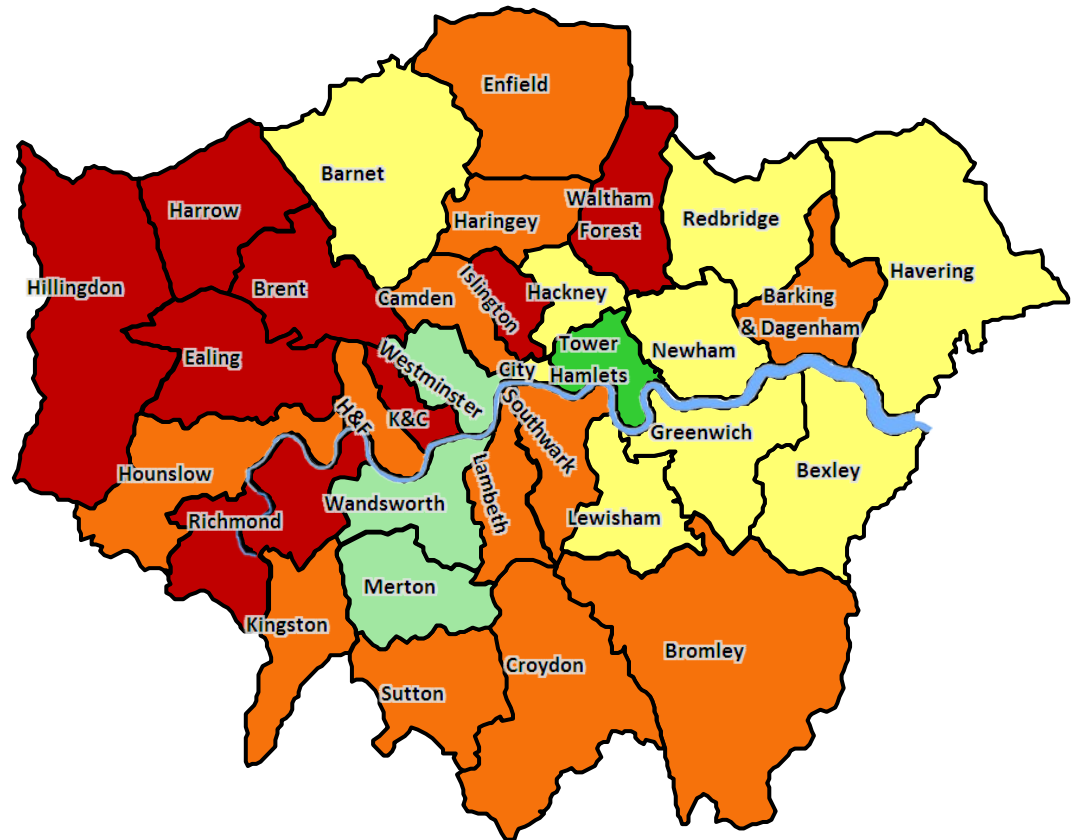
- **Completed 1st doses: 8,935** (57% calculated denominator; 64% local intelligence figures)
- **Completed 2nd doses: 5,263** (59%)
- **34% of target population in London have received both doses** (38% local intelligence figures)
- **Reported 1st dose declines: 2,248**
- **Total 1st dose reach: 11,183** (71% calculated denominator; 80% local intelligence figures)
- **Completed booster doses: 267**

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

Homeless Population: Cumulative % of Fully Vaccinated Within Total Target Population



Boroughs	Values	% Change
City of London	52.6%	
Barking and Dagenham	26.1%	
Barnet	52.6%	
Bexley	49.1%	
Brent	7.5%	
Bromley	35.0%	
Camden	26.9%	+ 2.1%
Croydon	37.9%	
Ealing	13.1%	
Enfield	25.7%	+ 7.6%
Greenwich	43.6%	
Hackney	52.6%	
Hammersmith and Fulham	27.0%	+ 4.3%
Haringey	33.2%	
Harrow	0.0%	
Havering	42.9%	- 0.4%
Hillingdon	17.0%	
Hounslow	23.0%	
Islington	6.3%	
Kensington and Chelsea	8.1%	
Kingston upon Thames	27.3%	
Lambeth	33.4%	
Lewisham	43.1%	
Merton	61.0%	
Newham	45.9%	- 4.3%
Redbridge	41.3%	
Richmond upon Thames	2.9%	
Southwark	24.8%	
Sutton	20.1%	
Tower Hamlets	83.4%	+ 0.5%
Waltham Forest	11.4%	+ 0.6%
Wandsworth	68.6%	
Westminster	64.9%	

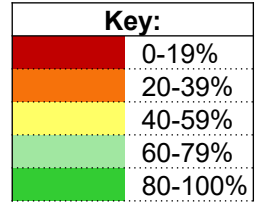


Local baseline figures for homeless populations are provided by ICSs and are subject to change

Due to the nature of the homeless cohort data, some double counting is likely as data is captured from multiple sources and different providers;

The data may not reflect the entirety of local vaccination activity

All %'s are calculated against local intelligence denominator figures



Current situation-Omicron

- The most recent data suggests that Omicron has a very high growth rate and is spreading rapidly
 - It is highly likely that Omicron will account for the majority of new COVID infections in the UK within a few weeks.
 - A swift rise in cases can lead to a rapid rise in hospitalisations, which will quickly lead to pressure on the NHS.
 - NHS England has returned to its highest level of emergency preparedness for a national response to Omicron.
-
- <https://www.gov.uk/government/publications/sage-98-minutes-coronavirus-covid-19-response-7-december-2021/sage-98-minutes-coronavirus-covid-19-response-7-december-2021>

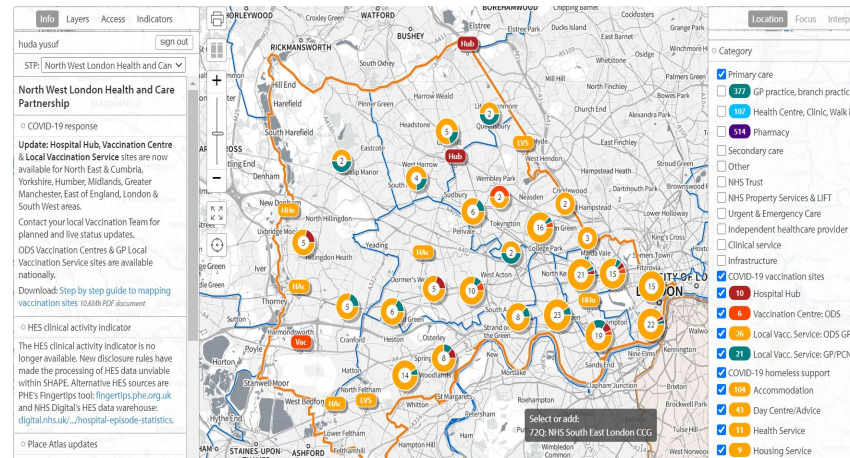
Why is it important to vaccinate health inclusion groups?

- High underlying clinical vulnerability levels in this group mean high risk of hospitalisation and death
- High risk of outbreaks in shared accommodation settings
- New variant: Omicron

Vaccines continue to remain our best line of defence: 2 doses of vaccine is highly effective against variant and the booster vaccine is recommended

London COVID vaccination programme

- Weekly London COVID vaccination meeting with NHSE/I, Integrated Care Systems (ICS), GLA, Healthy London Partnership, Find and Treat Specialist Health Inclusion Team, Groundswell
- SHAPE atlas tool- to identify homeless settings, PCN sites, GP practices, pharmacies
- Examples of good practice
- Linked rough sleeping leads with ICS leads



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 (Groundswell)



- 1/5 tried to get the vaccine but were unable due to barriers such as competing priorities, digital barriers, lack of address, mental health issues, public transport, lack of income, immigration status, and language and literacy barriers.
- Some were unconcerned with sharing personal data, others were worried about invasion of privacy or stigmatisation.
- Adverse experiences of vaccines were often characterised by a mistrust of professionals, lack of support and pressure to be vaccinated.
- Most people had safe places to recover from the vaccine.
- Few reported severe side effects but there is a concern that these could influence decisions on the second vaccine dose, especially alongside a lack of information.

[COVID-19 testing and vaccines: what's working for people facing homelessness? - Groundswell](#)

What is working well? (Groundswell report)

Communication

- Clear, appropriate, and accessible information about testing and vaccines
 - non-digital information and the opportunity to discuss any concerns in advance
- Highlight that vaccines and testing are free and people have a right to access them
- The presence of professionals to talk through any concerns especially where there are language or literacy barriers
- Building trusted relationships to support making an informed decision

Flexible models of delivery

- Access to testing and vaccinations is flexible and timely
- outreach or in-reach models- going to homeless settings to improve uptake, instead of expecting people navigate services that often have inbuilt barriers to good healthcare.
- Role for peer workers who may be in a trusted position to offer support and information

What is working well?

Coordinated response

- Co-ordinated work with partners: Public health, rough sleeping and housing leads, volunteers, ICS
- More efficient to offer the vaccine universally
- Motivation: not static and may change over time and therefore it is important that we offer doses 1, 2 and the booster vaccines
- Ideally offering a health event that includes wider health promotion and checks, the offer of vaccination, foodand a bit of fun!
- In some areas in London, we have used incentives such as food vouchers
- Fast pass: people have been given a fast pass to track people quickly at vaccination sites so they are prioritised

ENGAGE PARTNERS

Establish a specialist working group for COVID vaccination for homeless (public health, housing teams, homeless providers, social care, community vaccine champions and ICS)

CONSIDER LOCAL DATA AND INTELLIGENCE

Liaise with ICS homeless COVID vaccination lead
Review the local denominator data using local insight/SHAPE tool
ICS to record the local intelligence on the SitRep
Consider local approaches that could work best to engage and maximise uptake

PLAN DELIVERY APPROACH AND ACTIONS

Development of action plan for maximising vaccine uptake
ICS to explain the data collection requirements for the COVID vaccination programme to all partners to ensure that vaccine uptake and declines are both recorded
ICS working alongside housing and VCS providers to agree on service delivery models (in-reach/outreach/Inclusion Health GP, Find and Treat, community pharmacies etc)
Support clinical providers to engage homeless individuals in designated settings prior to the vaccine visit utilising support from specialists such as Groundswell as required

DELIVER VACCINE

Plan at least 2 visits: first visit to engage (providers may be able to support this further) and second visit for vaccine delivery

Success factors:

As much engagement as possible with setting before vaccine delivery, good communication, Groundswell peer advocates or ask vaccination champions to support engagement, building trust and ideally long term health conversations, consistent and continual offer of the vaccine

-Identify sites including soup kitchens/day centres etc

DATA MONITORING AND REPORTING

How can you support the vaccination programme?



[Home](#) > [Housing, local and community](#) > [Housing](#) > [Homelessness and rough sleeping](#)

Press release

Push to protect and vaccinate rough sleepers with £28 million government funding boost

The Protect and Vaccinate scheme will help to increase vaccine uptake among people who are homeless and sleeping rough.

From: [Department for Levelling Up, Housing and Communities](#) and [Eddie Hughes MP](#)

Published 20 December 2021

- £28 million allocated to councils across England
- The Protect and Vaccinate scheme will increase vaccination amongst people sleeping rough and provide emergency accommodation
- Supporting outreach work to share information about the risks associated with the virus and the benefits of the vaccine
- Continue with the ‘Evergreen offer’ (doses 1 and 2) and the booster

How can you support the vaccination programme?

- ✓ **Prioritisation** of health inclusion groups for both flu and COVID vaccinations
 - ✓ buy-in of service teams appears linked to higher uptake. Staff are encouraged to be vaccinated.

- ✓ **Partnership** working with public health, CCG, voluntary sector
 - ✓ estimating local denominator and sharing it with ICS and vaccination leads
 - ✓ working with your vaccination borough lead to jointly plan and actively monitor offers and uptake

- ✓ **Provision**
 - ✓ support data collection and vaccination which can be recorded on CHAIN
 - ✓ 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.**

Everybody is getting vaccinated and no-one should be left behind

- **NHS COVID-19 vaccination programme: Homelessness and rough sleeping mobilisation support pack.** <https://www.homeless.org.uk/sites/default/files/site-attachments/COVID-19%20Cohort%206%20Homeless%20%20Mobilisation%20Guide%20V1%2012%20March%202021.pdf>
- **Groundswell** -have produced resources including leaflets and a video:
<https://groundswell.org.uk/the-covid-19-vaccine/>
To order resources: email ozgur.gencalp@groundswell.org.uk or becky.evans@groundswell.org.uk
- **Doctors of the World**
Resources available in 31 languages
<https://www.doctorsoftheworld.org.uk/coronavirus-vaccine-information/>
- **NHS England/Improvement**
<https://www.england.nhs.uk/london/our-work/covid-19-vaccine-communication-materials/>
- **Healthy London Partnership**
<https://www.healthylondon.org/our-work/homeless-health/covid-vaccination-toolkit-for-homeless-health/covid-19-vaccination-programme/>

Webinar: Top Tips for frontline staff in supporting people who are homeless with the COVID-19 Vaccine

- Friday 24th December at 10 am
- The webinar is led by Steven Platts from Groundswell and Dr Binta Sultan from the Find and Treat Team (UCLH) with the aim of sharing experiences of what works when delivering the COVID-19 vaccine to people experiencing homelessness.

Groundswell

Out of homelessness

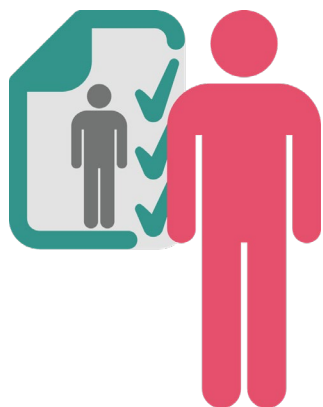


Thank you for all your support

Have a merry Christmas and

best wishes for 2022

Homelessness service providers: what can you do?



Jo Prestidge
Head of National Practice Development

Omicron and homelessness



The latest guidance

- Omicron: more transmissible, harder to detect
- **Mask wearing** (unless exempt) in communal spaces
- **Ventilation** can reduce rates of infection by 70%
- **Increased testing** of staff and people accessing services
- Communal night shelters: only with permission of LA and PH
- Day Centres: re-consider how services are delivered
- **Sign up for gov.uk alerts**

<https://www.healthylondon.org/our-work/homeless-health/covid-19-resources/>
<https://homeless.org.uk/connect/blogs/2021/dec/16/omicron-preparedness-in-homelessness-settings>

Vaccine hesitancy



Understanding why

The 3 C's defined by SAGE

Confidence e.g. trust in the vaccine/health system, personal beliefs

Complacency e.g. perception of COVID-19, personal priorities

Convenience e.g. accessibility

groundswell.org.uk/2021/covid19-testing-vaccines-whats-working/

Vaccine hesitancy



Accessibility

- **Taking vaccines to where people are:** pop up hubs and clinics, in-reach to accommodation, reminders and prompts, publicity
- **Supporting access to mainstream centres:** booking appointments, supporting people, taxis, advance paperwork and priority passes
- **Flexibility and continuity:** drop-in sessions, varied times/days, multiple opportunities, staff support and publicity is coordinated

*Think about **access to testing** too, not just vaccines*

Vaccine hesitancy



'Efforts to inform, educate and encourage'

- Providing **information**: clear, formats, different languages, information sessions
- Trusted **relationships** are key – share experiences
- **Collaboration**: health colleagues and peer advocates (allow trust to build here)
- **Continuous offer**: people change their minds, be ready when they are

<https://homeless.org.uk/understanding-and-responding-to-covid-19-vaccine-hesitancy>

<https://groundswell.org.uk/the-covid-19-vaccine/>

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/vaccine-confidence-toolkit/>

Vaccine hesitancy



A tailored approach

‘When people feel pushed, they can be pushed away’

- Actively **listen** and **respect** how people feel
- Use **motivational interviewing** techniques – keep the cycle of change in mind
- Ensure **different people** broach the conversation
- Offer private vaccinations
- Be reflective of **mental capacity** and **safeguarding**

<https://homeless.org.uk/understanding-and-responding-to-covid-19-vaccine-hesitancy>

<https://groundswell.org.uk/2021/covidvaccine-resources/>

<https://homeless.org.uk/our-work/resources/covid-19>

Incentives



'..don't push people. It's a decision they would have made anyway. But they do make people happy'

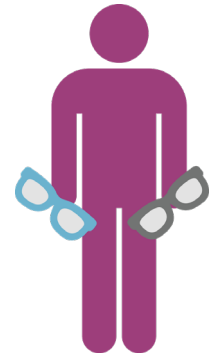
Food: hot meals and drinks, hampers and shopping bags

Vouchers: when engage with health professionals not just vaccination

Goody bags and care packages: essentials and nice-to-haves

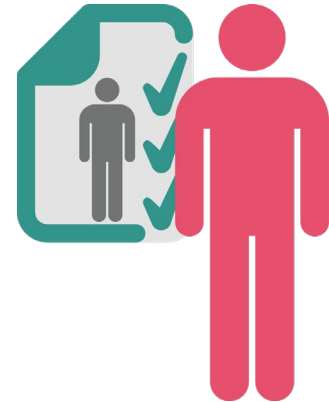
Refuges/working with **parents:** childcare and play activities

Making a day of it: wellbeing days, haircuts, DJs and music producers!

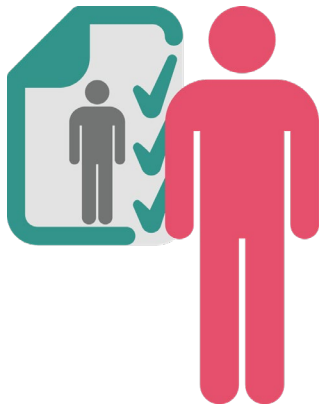


Recommendations

- Ensure your services are delivered in line with **latest guidance and recommendations**
- Staff buy in is key. Support staff to build their **knowledge and confidence**: Groundswell and DoW resources, webinar on 24th Dec
- **Partnerships** are key: work closely with local authority and health services – what is your offer?
- **Advocate** for the entitlements of individuals under this programme e.g. LAs do have powers to accommodate non-UK nationals on public health grounds but this is discretionary



Protect and Vaccinate programme for people facing homelessness



Hosted by Homeless Link