

1. Overview

This briefing is intended to give Homeless Link members a clear picture of how health services are being delivered during the Covid-19 pandemic, and how members can:

- (a) Report urgent health concerns about individual clients
- (b) Highlight wider concerns about a wider group or cohort of clients
- (c) Engage with or influence local health services over the longer term

For more information on how the NHS in England is structured, please see our companion briefing [Structure of the NHS in England](#). More information on how Homeless Link is engaging with and influencing national health policy is covered below.

This briefing will be updated regularly given the rapidly developing situation around Covid-19 pandemic. The version control date at the top of this document shows when this was last reviewed.

2. Impact of Covid-19 on health structures and provision

Covid-19 has changed all our lives. Clearly, the focus of health staff and the wider NHS has also been transformed to address both the threat and impact of the virus. Below we outline how Covid-19 and the government responses to it have affected structures and command within the NHS in England.

2.1 Structure and command

Covid-19 has slowed the progress of the NHS Long Term Plan's aspirations for restructuring the NHS¹, but more crucially the virus has affected the consistency of health services offered locally at present. The NHS and local authorities have had to urgently restructure their approach, and prioritise Covid-19 responses above many other aims. As a result, this is an incredibly challenging time for homeless people with existing long-term health conditions, or who have a high risk of contracting Covid-19.

On 17th March 2020, NHS England declared a 'Level 4' (highest risk) incident², which means that:

- NHS England can take command of all NHS resources across England as and when needed

¹ See Homeless Link's briefing [Structure of the NHS in England](#), or go to <https://www.longtermplan.nhs.uk/>, accessed 29.4.20.

² See <https://www.hsj.co.uk/quality-and-performance/national-incident-over-coronavirus-allows-nhse-to-command-local-resources/7027045.article>, and <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200317-NHS-COVID-letter-FINAL.pdf>, both accessed 29.4.20

- NHS Trust directors and managers must review critical care and capacity
- NHS Trusts must establish a Covid-19 Incident Management Team to work seven days a week, to coordinate the coronavirus response
- All non-urgent elective operations are to be postponed for at least three months from 15th April at the latest³

As of 29th April, the NHS is putting in plans for a ‘second phase’ including returning capacity to non-Covid-19 urgent services.⁴ These measures are being continually updated, so changes may have taken place since this document was last reviewed.

On a local level, in response to Covid-19 many local health and social care providers moved to an emergency command structure. This is often referred to as ‘gold-silver-bronze’, or the equivalent of ‘strategic-tactical-operational’. While the situation is continually evolving, at present this means that conventional engagement routes may not apply. At the very least, the leads for specific health services may not be able to respond or help in the ways they would under normal circumstances.

2.2 Ongoing challenges for people experiencing homelessness

People who are homeless or at risk of homelessness are particularly at risk during this pandemic for a number of reasons. Among other challenges, these include:

- **many homeless people’s health needs fall across (or between) a range of different services**, even without taking into account other needs they may have for housing, social care, financial support and so on. The high incidence of comorbidities (multiple health conditions) among people experiencing homelessness makes it difficult for them to access the full range of health and other services they may need, while also making them particularly vulnerable to this new and easily communicable virus (or indeed other life-threatening conditions).
- given the nature of many people’s circumstances, those who are homeless are also **less likely to be able to access vital information about the virus, or what they need to do to safeguard their health**. For instance, if you have no permanent address, reliable access to a phone or to the internet, you are far less likely to be able to be reached by NHS letters or texts about your personal risk – if you are known to local NHS providers at all.
- as a result of the (justifiable) new restrictions on access to health services to reduce Covid-19 transmission, it is **more difficult for homeless people to access appointments, even those offered virtually**. Many, if not the majority of GP appointments are now being offered online or by phone. Since many people experiencing homelessness have less access to a phone or the internet than other populations, this is likely to restrict their ability to access primary care.

³ See <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200317-NHS-COVID-letter-FINAL.pdf>, accessed 1.5.20

⁴ See <https://www.england.nhs.uk/coronavirus/publication/second-phase-of-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>, accessed 30.4.20

Long term, the direction of travel for the NHS towards integrated cares may be positive for the treatment prospects of homeless people. But clearly, long term structural change does not help people right now. Targeted provision for people who are homeless or at risk of homelessness is needed immediately.

3. How to engage with local health services and commissioners during the Covid-19 crisis

The below is by its nature a summary list, and will be updated in line with developments around the Covid-19 response.

3.1 Urgent health concerns about individual clients

The below information is drawn from the latest NHS England and Public Health England guidance, correct at the time of writing.

a) If you are concerned that a client may have Covid-19:

- **Encourage or support them to use the online 111 coronavirus service** (<https://111.nhs.uk/covid-19/>) if they have symptoms of coronavirus (a high temperature or a new, continuous cough, see <https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/>). You or they can also call 111 from any UK phone
- **For life-threatening emergencies, always call 999** for an ambulance
- **Be aware of, and pass on the current advice for people with possible coronavirus infections** (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>)
- To find your key local health services for more support, **use the links below:**
 - Find your local **pharmacy** (<https://www.nhs.uk/service-search/find-a-pharmacy/>)

Pharmacies can provide medication and limited diagnostic support for some conditions. However, do not go, or send homeless clients to a pharmacist if they have symptoms of Covid-19

- Find your local **GP** (<https://www.nhs.uk/service-search/find-a-gp>)

Current guidance specifies that all patients should be triaged remotely, and remote consultations (including video consultations) should be used when possible.⁶ As above, this may be challenging for some people who are homeless and without reliable access to the internet or broadband.

⁵ Please see Homeless Link's companion briefing [Structure of the NHS in England](#)

⁶ See p.5 here https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0133-COVID-19-Primary-Care-SOP-GP-practice_V2.1_6-April.pdf, accessed 4.5.20

However, access to urgent care and essential routine care should be maintained for all patients, which clearly would include people who are homeless. GP practices have also been mandated to increase the minimum number of appointments to make available via NHS 111⁷, and some will be providing 'enhanced support'⁸ to patients in the highest risk groups, which may include some people who are homeless.

The guidance offered to Primary Care services, including GPs and pharmacies is available at <https://www.england.nhs.uk/coronavirus/primary-care/>, and updated regularly.

- If you think a client may be putting other residents as a hostel or day centre at risk, **use the most relevant government guidance** (see **5. Levers** below)

b) If you are concerned that a client may be suffering from a non-Covid-19 condition:

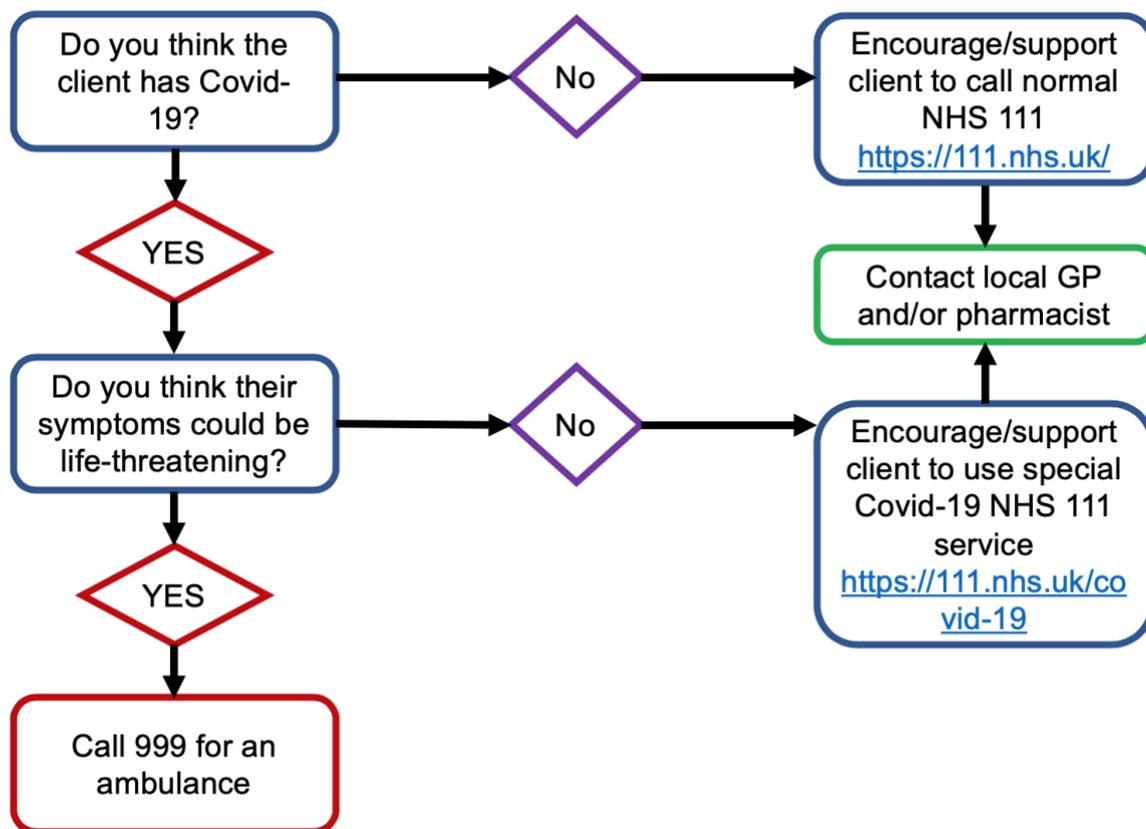
- **Refer them/encourage them to refer themselves to relevant health services as normal.** Given the points above and below about GP services going online, any support you can offer to homeless clients who do not have reliable access to the internet will help them to access appointments they need.

As above, try to **use the NHS 111 online service** (<https://111.nhs.uk/>) as an initial approach, only calling 111 if you/they are unable to get help online. **Always call 999 in the case of life-threatening emergencies.**

The approach detailed above for (a) and b) can be summarised in this flowchart:

⁷ See p.5 here <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0264-GP-preparedness-letter-14-April-2020.pdf>, accessed 4.5.20

⁸ See p.6 here <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200317-NHS-COVID-letter-FINAL.pdf>, accessed 4.5.20



3.2 Urgent health concerns about a group of people

If you are concerned about the health of a group, then you will still need to encourage/help them address their individual needs using the links above.

However, if you have wider concerns that a group may be at risk of contracting Covid-19, these links should help you reach the right people and organisations:

- As a first port of call, **contact your local authority’s Director of Housing**. While different local authorities and health services will have split up responsibilities differently, we understand that Housing Directors will typically be leading on the response for homelessness, particularly providing housing for people sleeping rough to self-isolate. If you are not already in contact with the Director, or the housing department as a whole, you can find more information via your local council’s website (see <https://www.gov.uk/find-local-council>).
- You may also consider contacting the local authority’s **Director of Public Health** if you feel wider strategic issues or concerns are being missed. During this time, Public Health Directors will be coordinating much of the local authority and NHS responses to Covid-19, and informing local strategy on the basis of guidance from Public Health England.
- **Public Health England Regional Directors** may also be able to help coordinate approaches between larger regions if necessary. You can find your regional contact(s) at <https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres>.

3.3 Non-urgent, long-term health concerns about clients

If Homeless Link members would like to be involved in the longer term planning of health services relevant to homeless clients, these options offer some avenues for engagement:

a) **Build relationships with planning and monitoring leads at Clinical Commissioning Groups**

Clinical Commissioning Groups (CCGs) each cover a specific geographical area, and purchase health services to support the needs of local populations. As such, they are instrumental in making decisions about how services are planned and delivered.

Organisational structures vary, but many CCGs will have dedicated **Directors of Commissioning for specific health topics**, such as primary care or mental health. These would be useful contacts to engage with on long term planning around commissioning decisions.

Similarly, for concerns or proposals for improvement of delivery of current services, **Directors of Quality/Quality Improvement** would be a good place to start.

You can find your local CCG website at <https://www.england.nhs.uk/ccg-directory/>

b) **Help develop Sustainability and Transformation Partnerships, and Integrated Care Systems**

Sustainability and Transformation Partnerships (STPs) are a coalition of NHS organisations and local authority brought together to improve health and social care in their area, and to put together a shared plan to address local needs.⁹ Broadly, they are the next stage in development for NHS structures and delivery beyond CCGs. In turn, Integrated Care Systems (ICS) are a more advanced version of the STPs, with broader responsibilities locally and more autonomy from national monitoring and governance. There are only a few areas with an ICS at present in England, one of which is the Greater Manchester Health and Care Partnership.

Engaging with your local STP and ICS can help influence how services are devised, commissioned and delivered to local homeless people.

As with CCGs, STP and ICS have varying organisational structures, so it is best to look at your local equivalent to see who to contact. Outside of health contacts within your local CCG(s) mentioned above, if you have links with your local council's **Directors of Housing** or **Directors of Public Health**, they would likely be your first route in.

There are currently 44 STPs in England, with only a few ICS. You can find your local STP at <https://www.england.nhs.uk/integratedcare/stps/view-stps/>. You can also

⁹ More detail on STPs, and for links to local STP plans, please see <https://www.england.nhs.uk/integratedcare/stps/view-stps/>, accessed on 4.5.20

learn more about the background to STPs and ICS in our briefing document available [here](#).

c) Work with your local Healthwatch to raise issues with local providers

Healthwatch is a national organisation aimed to represent the views and experience of people who use health and social care services, and supports local Healthwatch organisations to engage with the local community and health bodies. Local Healthwatch organisations can provide a useful forum to raise issues of concern to homeless people, as well as a platform for dialogue with local health providers.

You can find your local Healthwatch at <https://www.healthwatch.co.uk/your-local-healthwatch/list>

3.4 Isolating in hostels or day centres

Outside of advocating on behalf of your clients during the Covid-19 crisis, it is vital to know your organisation's responsibilities as well. All providers of accommodation need to keep updated with the latest guidance from Public Health England (PHE) in order to support their residents or clients.

Naturally, for hostels or day centres, isolation may be a challenge for clients as well as staff. PHE has committed to produce guidance for day centres and hostels serving rough sleepers, but to date this is not yet available. This will be updated here: <https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping/covid-19-guidance-for-hostel-or-day-centre-providers-of-services-for-people-experiencing-rough-sleeping>. In the meantime, advice should be available from your local authority Housing Department or Director.

4. Levers and resources

Below are some examples of relevant NHS guidance or directives that may help Homeless Link members advocate for, or support homeless people to access health care effectively during this crisis. These resources could be used to highlight where recommend practice is not being followed, suggest improvements, or offer useful information to help train or engage health professionals.

Covid-19 specific:

- The suite of guidance for health professionals on Covid-19 is [at https://www.england.nhs.uk/coronavirus/](https://www.england.nhs.uk/coronavirus/) and regularly updated.
- Guidance for supported living environments is available at <https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-for-supported-living-provision>. As above, guidance on Covid-19 for hostels and day centres is yet to be produced, but will be available here when ready: <https://www.gov.uk/government/publications/covid-19-guidance-on-services-for->

[people-experiencing-rough-sleeping/covid-19-guidance-for-hostel-or-day-centre-providers-of-services-for-people-experiencing-rough-sleeping](https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health).

Non Covid-19:

- Guidance and resources for health professionals on homelessness and health is available at <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health>. This also highlights that public health bodies are assessed according to the Public Health Outcomes Framework, of which two indicators relate to statutory homelessness:
 - eligible homeless people not in priority need (1.15i)
 - households in temporary accommodation (1.15ii)
- Pre-Covid-19, the NHS Long Term Plan (the 10 year strategy for the NHS in England) highlighted that outreach services to people experiencing homelessness was a key priority (see p.42 of the document here <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>).
- Pathway is a model of GP-led hospital management of homeless patients that has been shown to help improve outcomes for those patients after discharge, including around quality of life and their housing status.

This approach involves a multidisciplinary team which works to plan and support homeless patients' discharge and provide interventions "such as early application for housing on discharge, GP registration, benefits, plus connection with community support, mental health and substance misuse services when needed."¹⁰ More information on Pathway is available at <https://www.england.nhs.uk/ltphimenu/improving-access/pathway-gp-led-in-hospital-management-of-homeless-patients/>. There is also clinical guidance for the homelessness sector at <https://www.pathway.org.uk/wp-content/uploads/COVID-19-Clinical-homeless-sector-plan-160420-1.pdf> (the triage – assess - cohort – care approach).

5. Homeless Link's health influencing

Homeless Link is also engaged in health influencing on a national level through its membership of the VCSE Health and Wellbeing Alliance, made up of 20 voluntary sector organisations covering a wide range of populations. Homeless Link is a leading member of the Alliance's Inclusion Health sub group, which worked with others to ensure that health inequalities were included in the NHS Long Term Plan. Following the Covid-19 outbreak, Homeless Link is working with NHS England and Improvement, together with Alliance members Nacro, Clinks and the Association of Mental Health Providers to inform and support the homeless health response to the virus.

¹⁰ See <https://www.england.nhs.uk/ltphimenu/improving-access/pathway-gp-led-in-hospital-management-of-homeless-patients/>, accessed at 28.4.20

Homeless Link is also running a range of weekly webinars during the pandemic, as well as training and access to our jobs board free of charge if you need to advertise for volunteers at this time.

Please contact us [here](#) if you would like more information about the Health and Wellbeing Alliance.