



Homeless Link

COVID 19 Booster Uptake: Best Practice

Wednesday 18th January 2023



Homelessness and those Sleeping Rough

18th January 2023



Key messages

- People experiencing homelessness and rough sleeping have a higher risk of poorer outcomes from COVID-19 compared to the general population. This population group has high rates of undiagnosed co-morbidity and poor health outcomes.
- Almost half of this population are, in practice, unable to access primary care, through a combination of either being unregistered or no longer based near where they are registered.
- Our objective is to vaccinate people experiencing homelessness and rough sleeping, including temporary hotels and hostels for people experiencing homelessness, and to maximise the opportunity to register people with a GP practice.

Vaccine Programme Mobilisation for People Experiencing Homelessness and Rough Sleeping

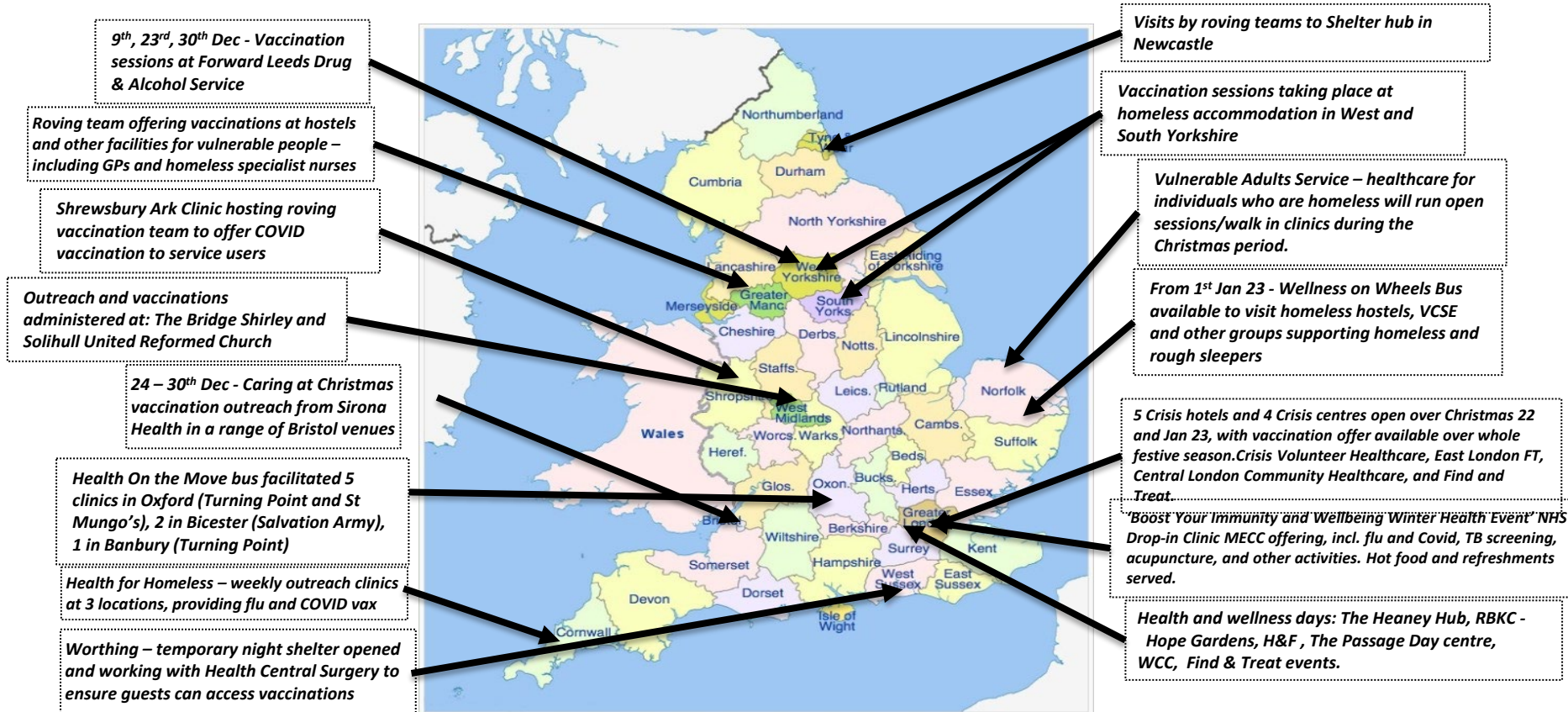
- We have produced a mobilisation support pack for vaccination teams to support them to mobilise services for people experiencing [homelessness and rough sleeping](#) delivered through a range of models to maximise uptake of the vaccine for this group of people.
- Vaccination visits take at place at residential settings including hostels, hotels, residential rehabilitation settings, refuges and other settings of multiple occupancy, including people living on the streets
- The following housing circumstances are examples of homelessness that JCVI previously considered when providing its advice:
 - People without shelter of any kind, [sleeping rough](#) including people in buildings or other places not designed for habitation
 - People living in hostels, shelters and refuges

Vaccine Programme Mobilisation – Delivery Models

- There are a number of models that could be used to vaccinate people experiencing homelessness and rough sleeping:-
 - ✓ Supporting people to go to an [existing vaccination site](#), for example a PCN led or community pharmacy LVS, or a vaccination centre. Community pharmacy may be most appropriate for those people who are in receipt of a regular prescription
 - ✓ [Dedicated clinics](#) targeted at people experiencing homelessness and rough sleeping at an existing vaccination site
 - ✓ [Temporary vaccination clinics](#) at an alternative location to the designated sites, similar to the vaccination in care homes model, which deploys a small [roving vaccination team](#) to visit the location to administer the vaccine. These clinics could be on a one-off or rolling basis (e.g. weekly) depending on demand / uptake.
 - ✓ [Mobile vaccination model](#) to visit hostels / hotels / communal accommodation. This will entail the vaccination service being delivered from a suitable vehicle.

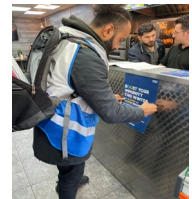
Some Key Initiatives for those experiencing Homelessness and/or Sleeping Rough – December 2022

The map below shows a handful of the initiatives that are taking place over the next couple of week. We plan to assess the impact of these with further detailed data analysis. The following slides provide more initiatives that are happening by Region.



Some Key Initiatives for those experiencing Homelessness and/or Sleeping Rough – January 2023

The map below shows a handful of the initiatives that are taking place over the next couple of week. We plan to assess the impact of these with further detailed data analysis. The following slides provide more initiatives that are happening by Region.



Roving Street Team still working through January to go out and find people

Dedicated homeless session planned for January 18th – Living Well Bus still out in the area providing vaccinations

Teams are working with Street Kitchen to reach the cohort

ICB has been invited to be part of a task and finish group to identify how to best support this population

Ongoing work in partnership with Bristol City Council and incentivised clinics for people experiencing Homelessness. Support offer of vaccinations over the in January for those experiencing homelessness or sleeping rough.

8 days identified in the SW for outreach activity in January at several sites including hostels, YMCA and Salvation Army sites



Ongoing work with the dedicated Shelter hubs in the Birmingham area

Mobile units are targeting food banks

WoW bus programme available from the 1st January targeting hostels, VCSE groups and other organisations which support rough sleepers and those experiencing homelessness.

Ongoing work with Crisis focused on the hotel provision for January 23

Health Equalities team offering health promotion and advice along with boosters and primary courses



Our approach: Partnership and engagement

- Much more than 'comms'. Respectful, sensitive engagement with offer of timely, considered support from local health teams
- Approached Shelter and Crisis direct at national level, qualified scope of what each organisation wanted and what NHSE could provide
- Introductions made through NHSE Voluntary Partnerships team to Homeless Link and Groundswell
- Both organisations work with a consortium – Homeless Health Partners – fundamental in sharing information about access to vaccinations for homeless people over last two years
- Homeless Link provided list of winter/Christmas shelter provision across England – 85 sites
- Details provided including visitor profile, logistics, potential issues, number of expected visitors, main contact, number of expected doses required, range of translation services required (including easy read and BSL), attendance requirement of HCP to respond to questions
- Information broken down by NHSE region and shared with NHSE regional vaccination operational leads
- Relevant and requested support shared with local vaccination providers direct, either through ICBs or the co-ordinating Trust

Benefits

- Linking local vaccination teams with closest charity provider means specific timely appointments can be made and arrangements discussed in detail, tailored to visitors' specific needs
- Vaccination comes to the person, no requirement on them to find a site
- Relationships established with local health teams and co-ordinators for additional health support, where possible
- Intention for further and on-going work using this model and approach, using established relationships with charities as well as new partnerships with extensive volunteer network aligned to Care4Calais (supporting people living in asylum hotels) and the SHIPs Programme (a health peer advocate programme) run by Bevan Healthcare.
- Determined to work with StreetVet!

Covid-19 vaccination uptake
Good Practice Examples and case studies
Non Age Based cohorts
People Experiencing Homelessness and
Individuals Sleeping Rough

Covid Vaccination Programme
South-East Region



Background & Context

- The Covid-19 vaccines gives us all one of the best chances of avoiding illness, spreading infection and ultimately protecting ourselves.
- Whilst we have seen continued improvement in the uptake of the Covid-19 vaccine, we remain below where we would like to be at this time of the year.
- There are a range of reasons why uptake might be lower than expected in certain ethnicities and non-age based cohorts, ranging from practical access and convenience to people's attitudes and beliefs. One of the cohorts experiencing low uptake is people experiencing homelessness or those individuals who are sleeping rough.

Existing data and what it tells us

Nationally **26.4%** of the homeless population have received their booster vaccination as reported on 5th January 2023 with the dominator figure of 66,265. This shows there is much work to be done to increase uptake amongst those who are experiencing homelessness or who are sleeping rough.

Through engagement with regions, the data has also shown us:

- In the South East region, **59%** of the homeless and rough sleeper population have received their booster vaccination up to 5th January 2023. In comparison to other regions, this shows the South East region are potentially using interventions that has helped to increase uptake.
- Within the South East region, the two systems that have achieved the highest vaccination uptake is Sussex with 78.3% and Buckinghamshire, Oxfordshire and Berkshire West who have achieved a vaccination uptake of **66.4%**, the highest figures in comparison to other systems within the region. This highlights that having interventions such as vaccination clinics is working, and other systems may benefit from their learnings.

Potential Barriers

- There is a potential that those experiencing homelessness or sleeping rough may be less able to access vaccines if they are not registered with a GP or are no longer based near where they are registered.
- They may struggle to access vaccination sites due to transportation issues.
- Vaccination uptake data for homeless population is challenging to obtain due to the transient nature of this cohort and lack of GP registrations. There is ongoing work to improve the accuracy of this data through regular meetings with vaccination teams in the systems.

Reasons for increasing uptake

- People experiencing homelessness and rough sleeping have a higher risk of poorer outcomes of COVID-19 compared to the general population. This population group have high rates of undiagnosed co-morbidity, poor health outcomes and reduced access to healthcare, including primary care.
- The average age of death of a person that experiences homeless is just 47 for a man and 43 for a woman, decades lower than the general population.
- Therefore, it was very important that specific interventions and responses are developed for this group and in accordance with JCVI guidance to not only increase uptake of vaccination but also to increase health outcomes amongst these cohorts.

Regional Theme - Good Practice Examples

Below is some good practice examples, followed by system specific interventions that have created the highest impact in the uptake of the vaccine by those who are experiencing homelessness and or sleeping rough. Please note, this is not a full list of interventions but examples of those that had the highest impact.

Examples include:

- **St. John Ambulance** are working in partnership with other charitable organisations to support a specific approach to vaccination of those sleeping rough across England, working in partnership with lead employers or nominated LCW providers to **deliver clinics in identified sites**.
- There are dedicated Outreach services delivered by providers and promotional activities to facilitate uptake of vaccination. For example, they are offering to **provide transport** to the nearest vaccination centre or assist with calling 119 and **register those who are experiencing homelessness/sleeping rough with a GP service**.
- **Vaccination buses** have been used to support ease of access for people to facilitate uptake of vaccination.
- **Medical bays** have been established in emergency shelters, in addition to targeted outreach at **temporary accommodation sites**, making it easier to obtain the vaccine.
- Vaccination via direct communication/ promotion or through delivery of **pop-up vaccination clinics at Homeless Services and Temporary Accommodation Sites**.

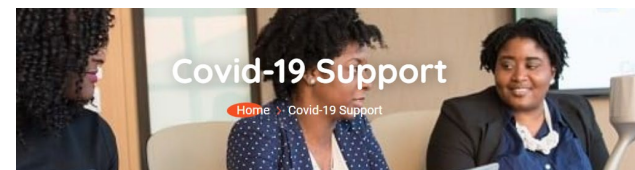
Buckinghamshire, Oxfordshire & Berkshire West

Good Practice examples – People experiencing Homelessness and Individuals sleeping Rough

- A concerted effort was made to vaccinate those who are experiencing homeless in Oxford through the Luther Street Practice, which is a GP Practice located in the vicinity of the homeless community.
- Using **Health on the Move** bus was arranged through partnership working, OCCG organised 5 clinics in Oxford with Turning Point and St Mungo's (homeless charities), 2 clinics in Bicester with the Salvation Army and 1 clinic in Banbury with Turning Point. This allowed for better access of the vaccination for those experiencing homeless and or individuals sleeping rough.
- In January 2022, a project group was set up where a local GP, supported by Shelter staff, had delivered 5 clinics in different homeless shelters vaccinating over 70 people (1sts and boosters). The project team is continuing to review the need and its approach.
- Vaccination clinic through collaboration between Wycombe Homeless Connection and a local GP with a pop-up clinic in a supported housing setting in Aylesbury.

Buckinghamshire, Oxfordshire & Berkshire West Good Practice examples – People experiencing Homelessness and Individuals sleeping Rough

- The system is liaising with temporary accommodation providers to engage and facilitate vaccination through their local vaccine hubs and via outreach programmes.
- Vaccination clinics through collaboration between Wycombe Homeless Connection and a local GP with pop-up clinics in a supported housing setting in Aylesbury.
- Most recently in October 2022, collaboration with wider local health, social care and voluntary sector partnerships has resulted in providing translation services to homeless population and Asylum seekers to promote vaccination and to engage in vaccine hesitancy conversation where required.
- In November 2022, the system is currently exploring MECC options to increase vaccination uptake for homeless population along with other vulnerable cohorts such as asylum-seekers and pregnant women.
- Learning from other cohorts are also being applied as appropriate to those who are experiencing homelessness: over Autumn the system has been increasing their collaborative working at place level e.g. a PCN led support for a local asylum seeker hotel where there was coordination of a package of health and social care support to encourage GP registration, provide health checks by jointly working with the Council/voluntary sector, local pharmacy, mental health charity input/translators etc. The project is ongoing and now the model is being replicated to support homeless cohort which lends itself well to provider collaborations.
- One specific short-term impact of the outreach approach in BOB has been strengthening ties with the Voluntary Sector to serve public health, vaccination and beyond. The system engaged with communities of need and those linking in with vulnerable groups e.g., Homeless population /Asylum & Refugee groups - Salvation Army, Turning Point, (Alliance for Cohesion and Racial Equality) and Utulivu women's group, Healthwatch. (Example right)



Covid-19 Support Partners

The national emergency situation caused by Covid-19 disproportionately affects minority communities and means that many people now require more support than usual.

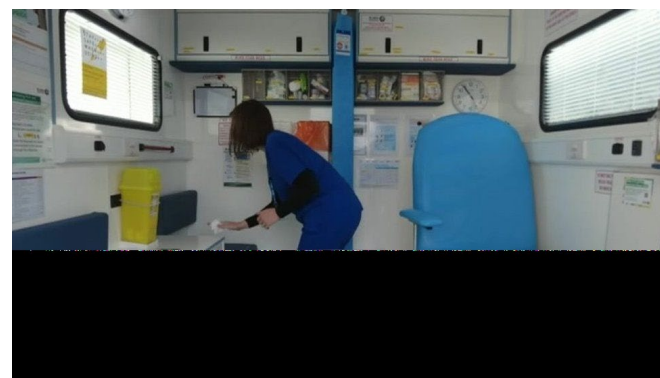
Community support partners, Alliance for cohesion and racial equality (ACRE), Utulivu Women's Group, Women with Vision (Reading), and Reading Community Learning Centre (RCLC) have come together to coordinate support for BAMER marginalised or minority communities and especially those from the new and emerging groups in Berkshire. Individuals within these communities may be experiencing difficulties in coping with the current situation and would need assistance.

Frimley

Good Practice examples – People experiencing Homelessness and Individuals sleeping rough

Frimley has a mixture of approaches across their system to increase their vaccination uptake:

- Slough have held homeless GP clinics, but vaccines mostly done elsewhere, mainly by the Mobile Vaccination Bus in Slough provided by Solutions for Health - Locations have been selected to access homeless populations. The staff not just provide vaccination but are also skilled in addressing vaccine hesitancy conversations without pressuring the homeless cohort to get vaccinated.
- Bus schedules to local vaccination clinics are promoted by community homeless teams by partnership working with voluntary organisations.
- Opportunistic visits by GPs to administer vaccines at the homeless project in the Royal Borough of Windsor and Maidenhead and at Manor Hotel Datchet and the Windsor Homeless Project .
- Bracknell Forest – hold a weekly outreach clinic that delivers vaccination by arranging lifts to get the homeless population to the vaccination centres. This is an ongoing plan.
- Frimley homeless population have contact details on the system and PCNs have made continuous efforts to engage with homeless population to find out how to make it easier for this cohort to have their vaccination.
- To enable easy access to the vaccination, PCN across the systems accept walk in appointments for homeless population and other vulnerable cohorts.



Hampshire and Isle Of Wight

Good Practice examples – People experiencing Homelessness and Individuals sleeping rough

- One of the interventions that had a great impact was Breakfast Club for Homeless and Rough Sleepers population.
- The system supports Homeless population to register with GP and deliver targeted outreach clinics in the geographical areas that people experiencing homelessness are predominantly located.
- Primary Care Network in Winchester has provided vaccination uptake in the temporary accommodation and most of these adults belong in the higher risk cohort.
- In Portsmouth, the Primary Care Network partnered with Hampshire Fire and Rescue Service to provide the COVID-19 vaccine to those sleeping rough and hostel residents in the city.
- The Solent roving bus carried out activities in foodbanks and have a partnership with C2U homeless shelter in Gosport (October and November, 2022). See right.



Kent & Medway

Good Practice examples – People experiencing Homelessness and Individuals sleeping rough

Between February and March 2022, the homeless programme in Medway successfully vaccinated 198 people with a couple of successes that were down to familiar contacts and incentives.

For example:

- Outreach and education were focussed within shelters, homeless centres and soup kitchens.
- 6 week programme provided specific contacts to build trust and rapport- using the same staff so they became a familiar face.
- Deploying the right temperament of staff and included an Eastern European speaker
- Having regular weekly vaccination sessions- 8 sessions in total
- Offering individuals an incentive of a £5 'Love to Shop' voucher for having the 1st, 2nd or booster vaccine.



Surrey

Good Practice examples – People experiencing Homelessness and Individuals sleeping rough

- Surrey has provided a great incentive of free transportation to local vaccination centres to the vulnerable including those experiencing homelessness and individuals sleeping rough. On the right is a copy of the campaign used.
- List of B&Bs that shelter those experiencing homelessness was shared with Alliance for Better Care (ABC), who proactively follow up with house managers and take on any referrals to provide direct pop-up clinics at the B&Bs, helping to increase uptake.
- In October 2022, 22 vaccines given and 4 shelters visited, all including health checks and wellbeing sessions to increase vaccine confidence amongst people experiencing homelessness.



Covid-19 Vaccine Equity UBER Service Free transport to local vaccination centres – including return journey | Surrey-wide

Does your organisation work with vulnerable people who are having issues accessing the Covid-19 Vaccine? If so, please get in touch.

We've found this to be popular with the GRT community, with those currently in emergency accommodation including women's refuges, asylum hotels, rehabilitation centres and for those who are currently homeless.

For larger groups, our community vaccination team are able to travel and set up pop up clinics on site. By using our transport service, patients will not need to book online or queue up and will be seen as a priority.

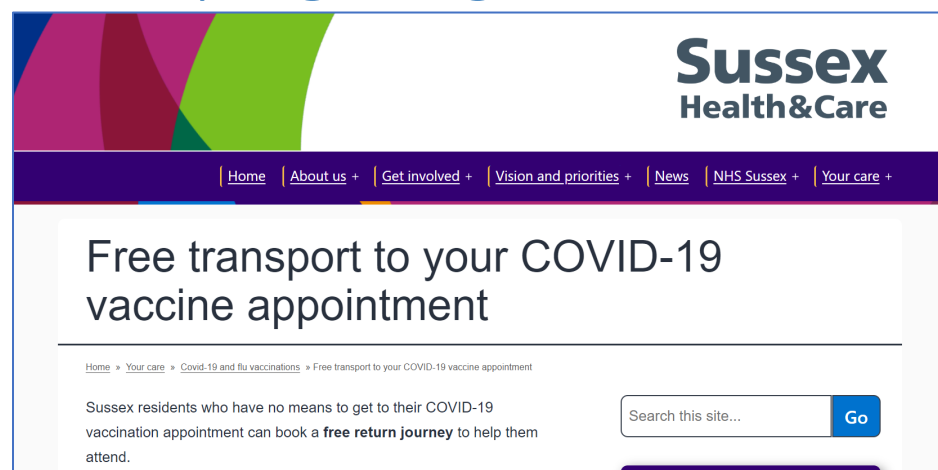
This offer is for children age 12+ and adults for first, second and booster doses.

Contact: eva.bangova@nhs.net

Sussex

Good Practice examples – People experiencing Homelessness and Individuals sleeping rough

- Close liaison with VCSE orgs to build rapport with homeless population.
- Ensure that outreach is closely coordinated with local VCS organisations to increase uptake.
- Health on the Move bus operated in Crawley in Sussex and was set up by a Federation of 44 GP services called the Alliance for Better Care (ABC) vaccinated people that are experiencing homelessness.
- The “vaxi taxi” free transport offer continues to be available to anyone without other transport options (right) including homeless population and individuals sleeping rough to increase vaccination uptake.





Department for Levelling Up,
Housing & Communities

Official Sensitive

Covid-19 Booster Uptake Best practice

**Jane Cook
Health & Homelessness Adviser**

Groups more vulnerable to effects of Covid-19

Groups that are vulnerable to the effects of Covid-19:

- People experiencing homelessness
- Asylum seekers
- Travellers

Have under-lying health conditions

Co-morbidities

Younger frail population

More vulnerable to the impact of covid-19 and flu.

Challenges experienced in accessing health care services

Structural factors

- Inflexible services
- Bureaucracy
- Stigma
- Where services are situated
- Services and information set up for those who are housed
- Lack of knowledge of rights
- Literacy issues
- Lack of cultural awareness

Individual factors

- Previous bad experiences of accessing health services
- Lack of trust
- Disinformation
- Lack of confidence
- Cognitive impairment
- Literacy issues
- Communication issues
- Lack of knowledge of rights

Good practice in service delivery

Planning

- Know your **population**
- Work with **partner** agencies
- **Publicise** sessions
- Have **pathways** in place

Practice

- Outreach/inreach
- Flexible/Responsive
- Accessible
- Accountable
- Person-centred
- Holistic
- Innovative

www.groundswell.org.uk

www.doctorsoftheworld.org.uk

Alliance for Better Care – Crawley

- A.B.C. – G.P. Federation in Crawley (East Surrey)
- Outreach based service
- Provide vaccinations to harder-to-reach and vulnerable groups in the local community
- Partnered with Metrobus – self-contained, clean and safe location
- Targeted – held at specific sites
- Also run 7 vaccination sites in accessible sites including pop-up tents
- Well advertised

More information: jasmine.plowright@nhs.net

Rough sleeper Intervention Support and Empowerment – Thanet

- Accessible health care at a local day centre
- Vaccination sessions are part of health offer
- Other incentives in place
- Holds health days with ABC health inequalities team who worked in the centre but also from mobile units
- Referral pathways in place including to housing. Case manage individuals especially those who have complex needs and those who are vulnerable
- Good engagement with individuals and especially those who were more vulnerable.
- Well advertised

Renewed Hope - Redhill

- Based in a well established chapel drop-in centre providing practical solutions and emotional support to people experiencing homelessness, those who were vulnerable housed or isolated in East Surrey
- Hold a drop in in Shrewsbury Chapel with warm food and clothes Monday to Friday 11am to 3pm
- Good partnerships in place – ABC inequalities team now come there to deliver health checks and immunisations. Also able to refer to other health providers. Can assist with GP registration.
- Good leadership
- Planning in place – well organised
- Health sessions delivered with A.B.C.
- Person centred – holistic
- Pathways in place including access to a 4-bedroomed shared house

www.renewedhope.org.uk

COVID-19 Booster

Best Practice Webinar



Case Study

COVID 19 Peer Led Integrated Outreach

18th Jan 2023

Professor Al Story

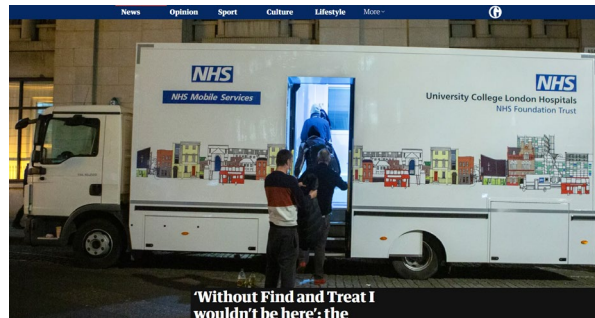
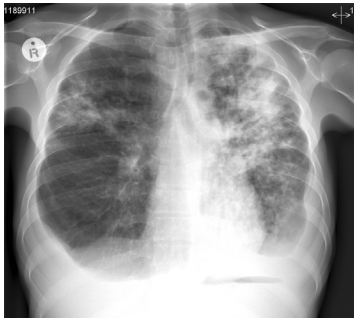
Clinical Lead – UCLH Find&Treat

Co-Director UCL Collaborative Centre for Inclusion Health



FIND & TREAT

- Pan-London Inclusion Health Outreach Team
- 20 years of Lived (Peers) and Learned (Health and Social Care) Experience – MDT → MDP
- Integration - Innovation - Research – Evidence
- Highly cost-effective / cost-saving (NICE)



FIND TREAT

- >200 NHS and 3rd sector Partners
- ‘Take services to people’ NICE guideline NG214
- Early diagnoses (POCT) – Onward Care
- Infection – TB/BBV/STI/COVID-19
- Long-term Chronic conditions
- Safeguarding & Linkage to Services
- Training, Education & Awareness
- Immunisation →



Immunisation

- Influenza
- PPV-23
- Hep-B (Booster & 28 day course)
- Shingles
- COVID-19





STAY HOME > PROTECT THE NHS > SAVE LIVES

CORONAVIRUS
STAY HOME. SAVE LIVES.
ANYONE CAN GET IT.
ANYONE CAN SPREAD IT.

BODY WORLDS

GAP

BARCLAYS

Boots

Advocating for vaccine eligibility

1. Extreme burden of premature mortality and morbidity
2. High risk of COVID-19 transmission and outbreaks compared to the general population
3. Lower vaccine coverage compared to the general population
4. COVID-19 = Inequality amplifier
5. Already have an effective outreach model

COVID-19 Vaccine Eligibility

- *People living in long-stay residential care homes or **other long-stay care facilities** where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality*
 - *People who are **homeless**, or people who live in closed settings such as **residents of supported living accommodation***
- ***All frontline health care workers and social care workers***

Outreach Immunisation Model

Lived & Learned Experience – What works?

- **Peer led** – extended clinical roles
- **Universal Offer** – Service users & Staff
- **Continuous offer** – don't miss a trick!
- **Integrate** with other health opportunities
 - Flexible / Out-of-Hours
- **Educate** – Reassure - **Challenge hesitancy**



[Story A, Aldridge RW, Gray T, Burrige S, Hayward AC. Influenza vaccination, inverse care and homelessness: cross-sectional survey of eligibility and uptake during the 2011/12 season in London. BMC Public Health. 2014 Jan 16;14:44
Flu vaccination: increasing uptake NICE guideline Published: 22 August 2018 www.nice.org.uk/guidance/ng103

Hesitancy



The word 'TRUST' is the central focus, rendered in large, bold, white capital letters with a black outline. It is surrounded by various related terms in a smaller, black, typewriter-style font. The words are scattered around the central word, some overlapping it. The words include: honesty, respect, people, belief, accept, relationships, loyalty, and accept.

Outreach Vaccination Model

1. **Joint planned outreach clinics** working alongside local NHS
2. **Planned independent outreach clinics** (Find&Treat staff) at the request of local co-ordinators and local NHS
3. **MECC - Opportunistic offer of vaccination alongside other health interventions** provided on the MHUs – including to rough sleepers and street sex workers etc.

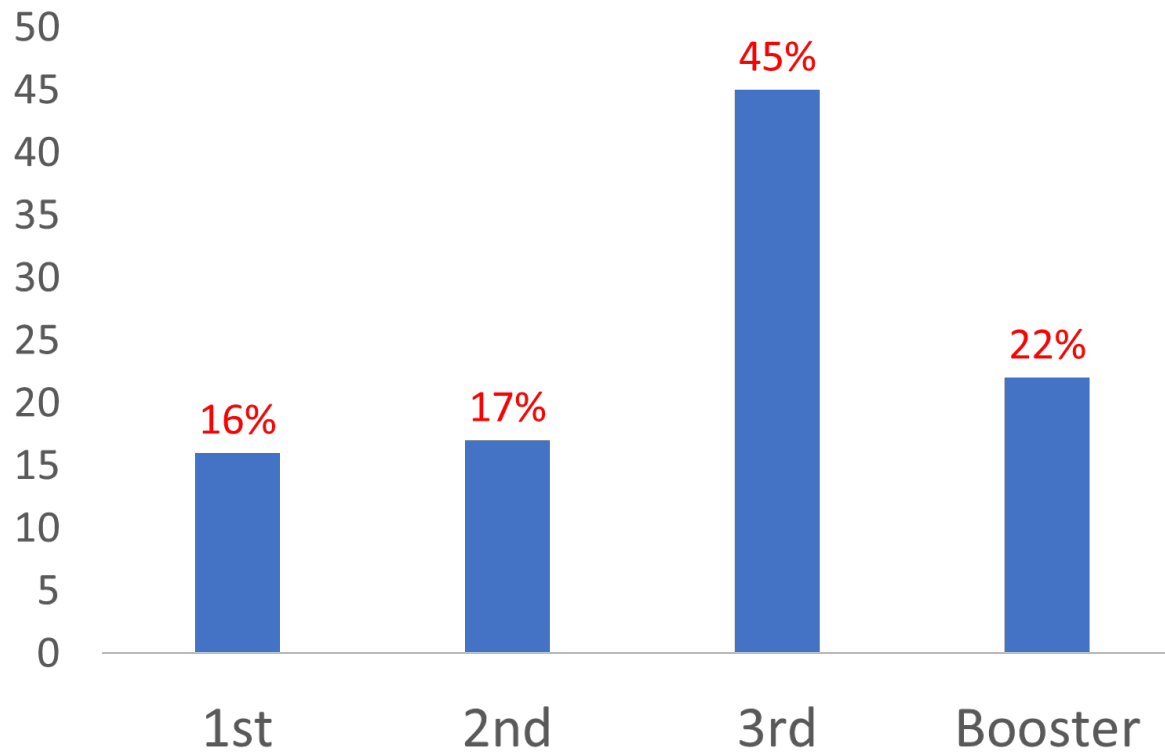
Pandemic → Endemic

- >15,000 CoV Tx
 - >400 locations (365 Buildings & Street +++)
- >1,000 CoV+ cases
 - Triage → Support to isolate → Escalate
- >12,000 CoV vaccinations – 250 Sites
- Seasonal campaign integrated with Flu?

COVID-19 & Influenza

- Common transmission modes
- Similarities in clinical presentation
- Highly overlapping clinical risk criteria
- Same public health rationale for achieving high uptake in congregate settings (residents and staff)
- Co-administration **safe** and may yield potential benefits
 - logistical advantages / cost reduction
 - possibility to increase the uptake of both vaccines

% 1st, 2nd, 3rd and Boosters Doses administered since start of CoV Booster Campaign (Sep 2022)



Reality

- Not a Booster Campaign and unlikely to be a Booster campaign any time soon
 - Need an integrated (MECC) Outreach offer 365
- Co-administration is safe and highly acceptable
 - Now all Peer Led – Pandemic legacy
- Hesitancy declining...but still a barrier
 - Need continued awareness and Education – Peer Led

Living with COVID

- Vaccination works and is the best tool in our box
 - Not the only tool – Testing - Clinical triage – Escalation - Support to isolate
 - Outbreak prevention and control
 - Own room as the standard – Welcome Centres
- High levels of clinical vulnerability (1:4)
- COVID-19 is endemic...and evolving

Thank you

Any questions

Homeless Link

What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

homeless.org.uk

[@HomelessLink](https://twitter.com/HomelessLink)