

Homelessness and Rough Sleeping webinar

23rd July 2020

Welcome, we'll start the webinar shortly

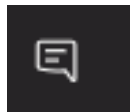
Housekeeping



Please mute your line and turn your video off until the questions and discussion



Raise your hand to let us know you want to ask a question/give feedback



You are welcome to share comments/reflections via the Teams Chat Function



Homelessness and Rough Sleeping webinar

Thursday 23rd July 2020



Currently working across the South East Region in response to Covid-19

Objectives:

- To share information about multiagency approach in Slough
- To begin discussion and planning for adverse weather (heatwaves and winter)




Agenda

11.30	Welcome and introduction: setting the scene and context	Emma Seria-Walker
11.40	Supporting Homeless People in Slough	Slough CVS – Jamie Green East Berks Primary Care Out of Hours – Dr Kamaljeet Samra Slough Borough Council – Stuart Adnitt East Berks CCG – Mike Wooldridge
12.05	Adverse weather: winter and heatwave planning; Flu planning	Emma Seria-Walker and Karen Simmonds
12.20	Discussion	

Supporting homeless people in Slough

Slough CVS – Jamie Green
East Berks Primary Care Out of Hours – Dr Kamaljeet Samra
Slough Borough Council – Stuart Adnitt
East Berks CCG – Mike Wooldridge

Background and context

- ▶ Slough one of 6 Unitary Authorities in Berkshire
 - ▶ Population around 150,000
 - ▶ > 54% from BAME background
 - ▶ > 11% white non-English
 - ▶ 8000+ (~6.2%) don't speak English well, or at all
 - ▶ 15.5% households no one speaks English as first language
 - ▶ High density population with large multigenerational households and those of multiple occupation
 - ▶ Family homelessness significantly higher than national average (3.6% against 1.9% regional average)
- 

#OneSlough

Our Community Response

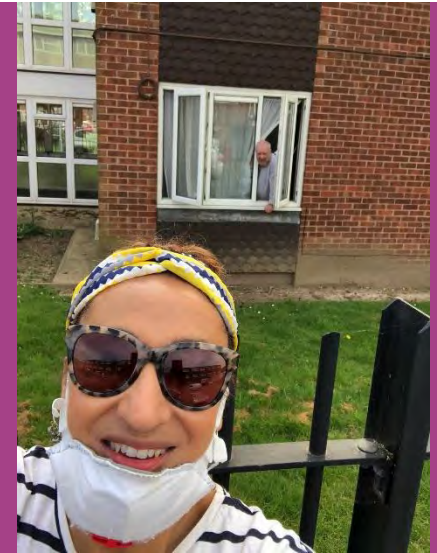


Jamie Green – Slough CVS

#OneSlough

Mission

“We will do whatever it takes to keep our most vulnerable residents as safe as possible during this dangerous time.”



- United under One Slough Brand
- No Egos No Logos
- Work for our residents we work for Slough (not organisations)

One phone number

One email

One referral form

Everything fed into a Database of Vulnerable People

Responding to imminent need

- Access to hot meals and food parcels
- Access to vital medication and shopping
- Building resilience against social isolation and loneliness through regular contact using multilingual volunteers



**Questions on referral forms and at call centers
fed the database to ensure clients got
appropriate food for their nutritional needs
as well as their cultural needs.**

Working with faith and community groups

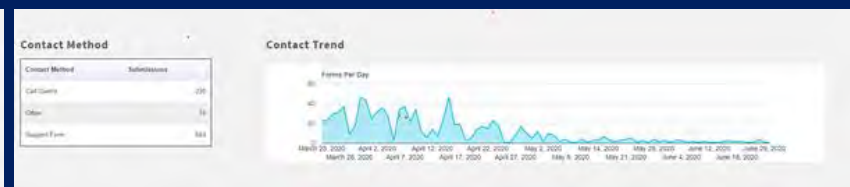
**Coordinating with faith kitchens and food parcel suppliers
To ensure our communities were safe**

#OneSlough

Shared dashboard fed by database



Vulnerability Type	Submissions	Support Required	Submissions	Status	Submissions	Local Support	Submissions
In this person...		Support Required		Status		Local Support	
A care or support file	153	Daily welfare call	171	Closed - Completed	783	Community Support	811
Dealing with a severe mental health condition	412	Food Aid	419	Closed - Health & Clinical	9	Family	36
Elderly	449	Health/welfare checks - regular contact	141	Not Yet Qualified	19	Friends	43
Isolated	470	Medication or prescription picking up	331	Open - Missing Checks	33	Neighbour	11
Other	127	More practical goods e.g. formal food, cleaning products, toilet roll	420	Open - Welfare Fraud	164	To Be Determined	11
		Other	88	Other	4		
		Unknown (we can call to find out person's needs)	118				



Strong Voluntary Sector

#OneSlough

Weekly Voluntary Sector Forum



- Launched in March
- 55 faith and community groups attended first one
- Held weekly, average attendance of 25 groups
- Meetings are led by Slough Borough council and Slough CVS we are seen by all to be jointly led, this achieves the buy in of groups that are traditionally more difficult to engage.

Use of Furloughed Staff and unused spaces

#OneSlough

Our Vital call centre was set up by furloughed staff who also provided the training!

Community kitchens worked with furloughed Chefs to create food of high quality and high nutritional value using donations from Community and Business

Langley College provided 2 kitchens which chefs took over to create meals for the homeless, this meant not only were they receiving regular nutritionally balanced meals, it also meant they didn't need to leave their accommodations.



Food food food food food

#OneSlough

We know that feeding people good food was vital to our community's resilience.

The number one request from the helpline were food related issues

The most important thing we did with the homeless group was make sure the food got to them.

Using voucher schemes does not do this.

Food outcomes

#OneSlough

The successes of regular meals of high nutritional value and people having somewhere safe to stay were fed back to us from homeless charities and SBC'S Outreach team

“its like the colour has returned to some of their faces”

“I've never seen them looking so well”

“ people are recognizing this as a chance to turn their lives around”

Donations

#OneSlough

“Slough Mleckzco store donates £2000 of food and more than £8000 cash towards meals for vulnerable and isolated residents..”



“Michael Mleczko, Company Director said, “Now more than ever, we all need to support the community. We feel privileged that we are in a position to help in some way.””

#OneSlough

One Slough Community Response 11 weeks on



5,621

**PRESCRIPTIONS
DELIVERED**



14,955

**HOT MEALS DELIVERED
TO VULNERABLE PEOPLE,
NHS, POLICE & KEY WORKERS**



972

**FAMILIES SUPPORTED
WITH FOOD ON A
REGULAR BASIS**



1,957

**FAMILIES SUPPORTED ON
A REGULAR BASIS
BY SLOUGH FOODBANK**



70

**EMERGENCY FOOD
PARCELS DELIVERED**



9,909

**NON-PERISHABLE FOOD
PARCELS DELIVERED**

#OneSlough

One Slough Steering Group



- Slough Borough Council
- Clinical Commissioning Group
- NHS Frimley Health
- Thames Valley Police
- Public Health Slough
- Slough CVS

#OneSlough

What has worked really well



- Steering group
- Database
- Weekly calls
- Coordination
- The Slough Community
- Ability to respond very quickly

#OneSlough

Next Steps




- Embedding One Slough into everything
- Business Plan
- Strengthening the Infrastructure
- Vulnerable Database
- Steering group
- Localities and strong healthy & attractive neighborhoods

#OneSlough




Community outreach and housing support

- ▶ Our homeless population
 - ▶ 25 last official count but ~100–110 annually
 - ▶ Some specific challenges to engage – NRPF, languages
 - ▶ Role of the outreach service
 - ▶ Partnership working across the sector – Slough Homeless Forum
 - ▶ Services prior to COVID
 - ▶ Accommodation through lockdown
 - ▶ Opportunity presented to engage and offer Primary Care support
- 

Slough homeless clinical support

- ▶ CCG equality impact assessment work looking at clinical needs of vulnerable/high risk groups
- ▶ Commissioned a service with 'improved access to GP' funding for Slough. £11k investment initially as a pilot.
- ▶ Efforts to engage prior to COVID to build trust and relationships
- ▶ Coordinating flu jabs – positive take up
- ▶ The opportunity through COVID – weekly clinics at the hotel
- ▶ Presenting needs – acute, MH, testing
- ▶ No COVID cases to date


The Journey

- ▶ January 2019 – Turning Point
 - ▶ April 2019 – Homeless walk with Slough Outreach
 - ▶ June 2019 – Homeless Clinic at the Slough Walk in Centre
 - ▶ October – November 2019 – Flu Jab Drive
 - ▶ May 2020 : Manor Hotel
 - ▶ July 2020 : Lookahead Shelter
- 


Barriers to Care

- ▶ Location
 - Accessible and convenience
- ▶ Language
 - Multi-linguistic homeless outreach team
 - Language line from East Berkshire out of Hours
- ▶ Trust with “FEAR”
 - “Home office”
 - “Police”
- ▶ Appropriate workers
 - Utilisation of other outreach groups
 - Nurse being intergrated into clinic


Case 1 : KH

- ▶ 32 Female
 - ▶ Manor Hotel Datchet– opportunistic appointment
 - ▶ Pain in the R neck
 - ▶ PMH: IVDU
 - ▶ O/E Abscess
 - ▶ Rx: Referred, I&D as emergency
 - ▶ Now: Engaging with Turning Point, on maintenance script, engaging with GP
- 

Case 2 : MA

- ▶ 33 Male
 - ▶ Rough sleeper– opportunistic review by GP on homeless walk
 - ▶ Unilateral leg swell. PMH: IVDU
 - ▶ O/E Cachectic, leg swelling, unwell
 - ▶ Declined review or input initially – trust – engaged with Council Outreach, taken to AE.
 - ▶ Treated for TB, managed by Ortho as OPD
 - ▶ Engaging with Outreach, housed, clean.
- 

Next steps

- ▶ Transition of clinics into new setting (at Lookahead hostel)
 - ▶ Opportunities to extend and develop the service e.g Hep C testing and coordinating with Drug and Alcohol service, Mental Health team and clinical pharmacists
 - ▶ New accommodation coming online
 - ▶ Preparation for winter – night shelters normally run but will keep under review (may not be permitted)
- 



Q&A



Currently working across the South East Region in response to Covid-19



Public Health
England

Protecting and improving the nation's health

Preparing for the extremes: heatwave plan and winter planning

Summer preparedness

The Heatwave Plan for England recommends a series of steps to reduce the risks to health from prolonged exposure to severe heat for:

- The NHS, local authorities, social care, and other public agencies
- Professionals working with people at risk
- Individuals, local communities and voluntary groups



The Heatwave Plan for England is underpinned by the Heat Health alerting system which runs annually from June 1st to 15th September.

To sign up for the alerts, please email the Met Office at: enquiries@metoffice.gov.uk with subject "Hot weather alerts".



Health impacts of hot weather

- The past decade was the warmest on record and the past five years were the warmest in the 170-year series
- There are around 2000 heat-related deaths per year in the UK
- A range of mild to severe health impacts can result from exposure to high temperatures
- There are specific heat-related health effects and illnesses including:
 - Heat cramps, heat rash, heat oedema, heat syncope, heat exhaustion, heatstroke
 - increased numbers of admissions to hospital and consultations with GPs, and additional demands placed on the emergency services
 - fatalities, particularly among the vulnerable and older people
- The main causes of illness and death during a heatwave are the **exacerbation of respiratory and cardiovascular illness**

Heat related illnesses

Heat syncope – dizziness and fainting, due to dehydration, vasodilation, cardiovascular disease and certain medications

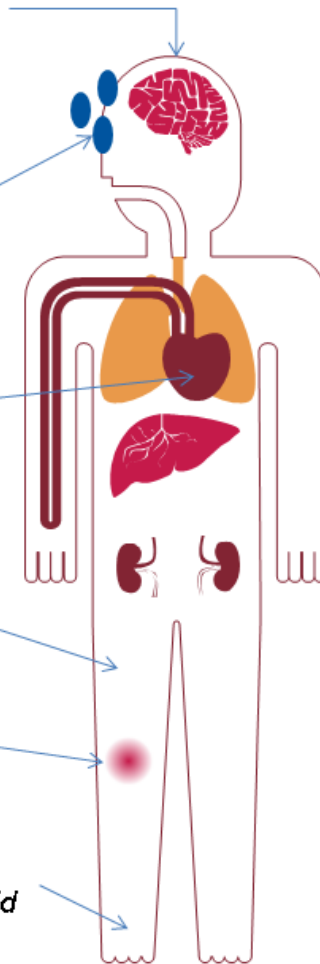
Excessive sweating can deplete fluid and salts

When blood temperature rises, the body stimulates sweat glands, dilates blood vessels and increases the heart rate

Heat cramps – caused by dehydration and loss of electrolytes, often following exercise

Increased blood flow to the skin cools the body by radiating heat, leading to heat rash (small, red itchy papules)

Heat oedema – mainly in the ankles, due to vasodilation and retention of fluid



Health effects of heat

The main causes of illness and death during a heatwave are respiratory and cardiovascular diseases. Additionally, there are specific heat-related illnesses including:

Heat Exhaustion

- Nausea or irritability
- Dizziness
- Muscle Cramps or weakness
- Feeling faint
- Headache
- Fatigue
- Heavy sweating
- High body temperature

Heatstroke

- Hot, dry skin or profuse sweating
- Confusion
- Loss of consciousness
- Seizures
- Very high body temperature

Heat & COVID-19: Headlines

COVID-19 **amplifies** the risks of hot weather

Fear of COVID-19 should not prevent action to tackle the risks from hot weather and heatwaves

It is **critical** that actions to prevent health harms from high temperatures **continue**, with necessary adaptations in line with coronavirus guidance to keep everyone **safe**

Heat & COVID-19: Potential risks

- **Potential increase in adverse outcomes amongst the same population groups affected by both high temperatures and COVID-19** For example, older people and those with comorbidities such as cardio-respiratory diseases
- **Increase in exposure to indoor overheating due to COVID-19 restrictions.** For example, people who have been advised to stay at home
- **Reduced access to cool public spaces** for respite due to COVID-19 restrictions
- **System-level risks related to concurrency of impacts** For example, increased demand on social care services to prevent both heat and COVID-19 related harms

Heat: Individual vulnerability

EVERYBODY can be affected by high temperatures, but there are certain factors that increase an individual's risk during a heatwave. These include:

- **older age**: especially those over 75 years old, or those living on their own and who are socially isolated, or those living in a care home
- **chronic and severe illness**: including heart or lung conditions, diabetes, renal insufficiency, Parkinson's disease or severe mental illness
- **inability to adapt behaviour to keep cool**: babies and the very young, having a disability, being bed bound, consuming too much alcohol, having Alzheimer's disease
- **environmental factors and overexposure**: living in a top floor flat, being homeless, activities or jobs that are in hot places or outdoors and include high levels of physical exertion

Heat/COVID-19: Higher risk groups

Specific populations at increased risk of exposure to heat due to the context in which they live include:

- **Homeless people** (whether sleeping rough or in shelters)
- **People resident in specific institutional settings** (e.g. prisons, barracks, inpatient psychiatric units)
- **Some occupations, workplaces and schools** - particularly those involving significant manual exertional, heat generation (e.g. cooking, some manufacturing roles) and in buildings prone to overheating and without air conditioning.

Many of these settings have restrictions in place to reduce COVID-19 transmission – additional considerations will be needed to ensure that plans are in place should a heatwave occur

COVID-19: Hot weather preparedness and response

- The guidance and good practice recommendations in the Heatwave Plan for England set out in Figures 3.1 to 3.4 should **continue to be** followed with some additional considerations to mitigate and manage the concurrent COVID-19 risks.

Resources

- **Heatwave Plan for England:**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/801539/Heatwave_plan_for_England_2019.pdf

- **Beat the Heat –Coping with heat and COVID-19 (Poster):**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888247/Beat_the_Heat_2020.pdf

- **Beat the Heat –Coping with heat and COVID-19 (Leaflet):**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888252/Beat-the-Heat_Leaflet_Coping_with_heat_and_COVID-19.pdf

- **Beat the Heat –Keep residents safe and well during COVID-19 (Poster and checklist):**

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888249/Heat_flier_Residents_2020.pdf

- **Specific advice and guidance on coronavirus (COVID-19):**

<https://www.gov.uk/coronavirus>

- **Homeless Link info on homelessness and hot weather:**

<https://www.homeless.org.uk/connect/blogs/2020/jun/23/hot-weather-and-homelessness-%E2%80%93-preventing-deaths-in-summer>

Winter preparedness



Challenges for winter



- The unknown magnitude of the potential winter resurgence of COVID-19
- Disruption of the health and social care systems
- Managing the significant backlog of COVID-19 and non-COVID-19 care
- A possible influenza epidemic



Challenges for the homeless community:

- Local authorities having to provide long-term relief of homelessness at pace and the lack of accommodation options beyond night shelters and hostels, particularly for people who need support
- Loss of night shelters and other communal settings this winter
- The pandemic may reveal more of those without stable accommodation, but not rough sleeping - just in time for winter.
- Helping people to return to stable accommodation often requires provision of support to enable people to access a range of health and social care and support services before they can manage a tenancy independently. This may not have been done for everyone during lockdown, so ongoing support is required.
- Other triggers leading to greater numbers emerging – family breakdowns, domestic abuse, unemployment – a double whammy - leading to more homeless and landlords deciding to sell properties

Preparing now

- Look to build in winter considerations into your applications for the Next Steps Accommodation Programme
- Look at the provision of supported accommodation in the social housing or private rented sector for winter – do we have examples to share of how local authorities have effective models for delivering accommodation at pace
- Local PH support to assess whether proposed accommodation is safe (in line with Covid 19 guidelines) Is this support in place and being offered?
- Screening clients as part of health checks – are you also considering checking for flu/pneumococcal vaccination eligibility?
- Building the local health relationships to bring services to the user group – mobile vaccination units
- Ensure the homelessness community is included in local winter preparedness plans, as a high risk group, developed by LRFs; and local housing providers are part of engagement/communication plans to guarantee they are kept informed of local initiatives

Influenza vaccination

- Flu programme 2020/21 has been announced, further detail is expected shortly
- Current eligible groups:
 - all children aged two to ten
 - those aged six months to under 65 years in clinical risk groups (long term condition)
 - pregnant women
 - those aged 65 years and over
 - those in long-stay residential care homes
 - carers
 - close contacts of immunocompromised individuals
 - health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider.
- Eligibility criteria is likely to be extended - ? homeless population included but **health equity** is likely to be a consideration; ? Staff
- Increased capacity and complex delivery
- Possible coronavirus vaccine – new delivery models could be deployed

Resources

- The Cold Weather Plan: <https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england>
- The Cold Weather Alert Service, commissioned by Public Health England and operated by the Met Office, is aimed at health & social care organisations, and other professionals that work with individuals or communities who may be affected by cold weather. To register and receive the Cold Weather Alerts, contact the Met Office: enquiries@metoffice.gov.uk
- Cold Weather Plan For England Making the Case: Why long-term strategic planning for cold weather is essential to health and wellbeing: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652568/Cold_Weather_Plan_Making_the_Case_2017.pdf

Resources - continued



- Easy read leaflet to use with clients:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652817/Cold_Weather_Plan_Easy_Read.pdf
- Keep warm keep well leaflet -
<https://www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather>

Q&A and discussion



Currently working across the South East Region in response to Covid-19

Future webinars

30th July 2020

- Planning for MHCLG prospectus
- Transition framework update

6th August 2020

- Bournemouth collaborative approach: pop-up Hep C screening clinics; addiction and blood-borne viruses

Future topics (dates TBC)

- Dual diagnosis
- Developing a partnership approach
- Transition framework update

