December 2020

Hepatitis C testing and treatment interventions for the homeless population in London during the Covid-19 pandemic:

Outcomes and learning

Routemap to hepatitis C elimination in London

SUPPORTED BY

MAYOR OF LONDON

LONDON JOINT WORKING GROUP ON SUBSTANCE USE + HEPATITIS C

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FOREWORD
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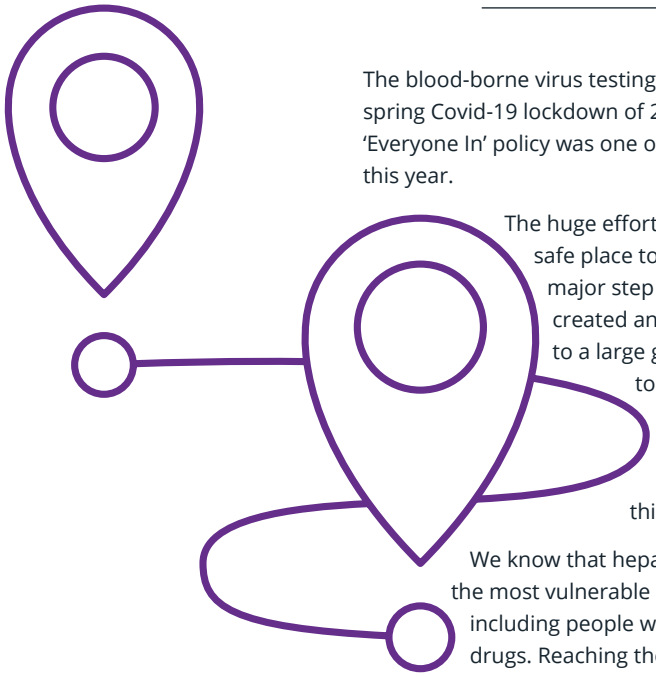

The blood-borne virus testing drive delivered in London during the spring Covid-19 lockdown of 2020 to people housed as part of the 'Everyone In' policy was one of the truly positive things to come out of this year.

The huge effort to offer people who were homeless a safe place to live at the start of the pandemic was a major step forward in addressing homelessness and created an opportunity to offer healthcare support to a large group of people who often face barriers to accessing GPs and other health services. The GLA found hotel rooms and other accommodation for 1,600 people who were previously homeless in London in this period.

We know that hepatitis C disproportionately affects some of the most vulnerable and under-served people in our society, including people who are homeless and people who inject drugs. Reaching these people to offer testing and treatment is critical if we are to achieve our ambitious goal of eliminating this virus as a public health issue in London by 2025.

With an impressive partnership approach across healthcare, charities and the GLA, London has been able to offer hepatitis C testing and treatment, alongside other important healthcare interventions, throughout the pandemic lockdown period to people who are homeless. This means that 43 people have been treated for hepatitis C and 29 more people have been diagnosed and are pending treatment; 22 people have been diagnosed with HIV, of whom 12 are new to services; and 5 people have been found to have an active hepatitis B infection. All of these conditions would have been missed and remained untreated without these interventions. In addition, the ripple effect of the outreach is far greater, empowering and educating vulnerable Londoners on the importance of hepatitis C prevention and treatment.

If London is to eliminate hepatitis C before 2025, testing and treatment must continue despite Covid-19. The model developed for testing in the last few months presents a fantastic opportunity to continue this progress.

1 SUMMARY

Hepatitis C (HCV) is a blood-borne virus that affects the liver and is predominantly transmitted by contact with infected blood. In the UK, those at highest risk of contracting hepatitis C are people who inject drugs, among whom the risk of contracting the virus is doubled for those reporting homelessness in the last year.[1]

The mean age of death for someone who is homeless is more than 30 years lower than the average for the general population.[2] A fifth of recorded deaths among homeless people in England and Wales occurred in London, where the number of rough sleepers has more than doubled in the last ten years.[3]

High mortality rates have been closely linked to drug-related harm, including BBV infections: for instance, people who are homeless are seven times more likely to have a hepatitis C or HIV infection than the general population.[4] Hepatitis C, in particular, has been found to have a very high prevalence among people who are homeless, and around 10% of people experiencing an active infection are estimated to be homeless.[5]

Such a high rate of BBV infection among people in this population makes the testing and treatment of this group an imperative in order to tackle health inequalities - that is, the avoidable and unfair differences in health between different groups of people.

When local authorities rushed to house people sleeping rough in temporary accommodation in the spring of 2020 in order to prevent the spread of coronavirus, health professionals, drug service workers, peers and others mobilised to offer BBV testing and treatment. The 'Everyone In' policy saw over 5,000 people in London housed in GLA or council-provided rooms in hotels, B&Bs and hostels for an extended stretch of time, offering an important opportunity to target outreach testing and get people onto treatment.

Peers and health workers from each of the London Operational Delivery Networks (ODNs) came together to deliver the testing, often in the form of pop-up testing days at the hotels acting as temporary accommodation. Data collected using the pan-London testing schedule - set up by the London Joint Working Group on Substance Use and Hepatitis C (LJWG) to facilitate collaboration - shows that 98 events occurred between May and August 2020.

This report uses analysis from these data alongside interviews with people involved in the planning and delivery of the BBV initiatives to draw learnings and explore how the collaborations initiated during this process can be carried forward into 2021.

1,082

people tested for BBVs

over the course of 98 testing events, with almost all tested for hepatitis C (97%) and many others tested for HIV (78%) and hepatitis B (56%)

11%

HCV antibody-positive

of those people tested for hepatitis C, indicating a previous or current infection

7%

HCV RNA-positive

of those people tested for hepatitis C, indicating a current infection

43 people

had commenced hepatitis C treatment

at the time of analysis for this report, out of 72 people identified to have an active infection (or 60%)

22 people

were found to have HIV (2.6% of those tested), of whom more than half had not been aware of their status

5 people

tested positive for hepatitis B infection (0.8% of those tested)

2 BACKGROUND

2.1 The London Joint Working Group and Routemap to Hepatitis C Elimination in London

Set up in 2009, the London Joint Working Group on Substance Use and Hepatitis C is a group of expert clinicians, patient advocates and voluntary sector leaders working to eliminate hepatitis C in London with a focus on diagnosing and treating people who use drugs and those engaged in drug services.

In March 2020, the LJWG published plans for a 'Routemap to eliminating hepatitis C in London' alongside the Greater London Authority (GLA), clinical specialists from ODNs, homeless organisations, peer support workers, NHS England, the Fast-Track Cities team and public health leads from across London.[6] This set the direction for London to become the first global city to eliminate hepatitis C, ahead of the World Health Organization's target of 2030.

A key strand of this work is to 'engage with people who are under-served by traditional health systems' (Opportunity 2). As part of this work, the LJWG has helped to coordinate hepatitis C testing and treatment among those temporarily housed by bringing stakeholders together in a webinar to discuss plans and then organising an online pan-London shared testing schedule and data collection system to plan visits and record outcomes across all partners.

The LJWG Steering Committee

Dr Emily Finch, Consultant Addictions Psychiatrist, South London and Maudsley NHS Trust (Co-Chair)

Dr Suman Verma, Consultant Hepatologist, Chelsea and Westminster Hospital NHS Foundation Trust (Co-Chair)

Dr Kosh Agarwal, Consultant Hepatologist, King's College Hospital NHS Foundation Trust

Dr Ashwin Balabhadra, GP with special interest in the management of substance use and hepatitis in primary care, Haringey

Prof Ashley Brown, Consultant Hepatologist, St Mary's and Hammersmith Hospitals

Janet Catt, Nurse Consultant, Kings College Hospital NHS Foundation Trust

Viv Evans, Chief Executive, Adfam

Rachel Halford, Chief Executive, The Hepatitis C Trust

Dr Magdalena Harris, Qualitative Sociologist, London School of Hygiene and Tropical Medicine

Sarah Hart, Senior Commissioner for Substance Misuse and Sexual Health, Public Health Haringey

Prof William Rosenberg, Clinical Lead for Viral Hepatitis, Royal Free London and University College London Hospital NHS Foundation Trusts

2.2 The 'Everybody In' programme for housing people who were homeless during the spring 2020 Covid-19 pandemic lockdown

At the start of the Covid-19 pandemic in March 2020, the UK Government launched the 'Everyone In' policy to move everyone sleeping rough in England into local authority-provided temporary accommodation.[7] The intention was for this to provide a secure and self-contained place for people to stay in order to prevent transmission of Covid-19.

This accommodation took the form of commercial hotels, B&Bs and hostels which were divided into three categories: Covid-Care for people with Covid-19 symptoms; Covid-Protect for those without symptoms but at high clinical risk; and all other temporary accommodation for people with no symptoms and at low clinical risk. Most BBV testing during the lockdown of spring and summer 2020 was delivered in the latter category of accommodation.

Government figures state that by September 2020, more than 29,000 people previously living on the streets in England had been supported by the scheme, with over 10,000 in emergency accommodation and others supported with settled accommodation or move-on support.[8] In London, accommodation was secured for over 5,000 people, of whom 1,600 were housed in GLA-provided rooms and the rest by accommodation provided by London borough councils. The management of these hotels was commissioned to existing homelessness and housing organisations in London. In addition, the GLA commissioned a drug and alcohol service from local providers, the Homeless Hotels Drug and Alcohol Support service (HDAS), to support the hotels by offering clinical leadership and advice.

The initiative created a unique chance to engage the homeless population with blood-borne virus (BBV) testing, treatment and other health interventions. People who are homeless are at a higher risk of hepatitis C infection, with recent data indicating that among people who inject drugs, chronic hepatitis C is twice as prevalent among those reporting homelessness in the last year (of whom 35% have an active infection) compared to those who report never being homeless (of whom 17% have an active infection).[9]

With a mind to the difficulties services can experience in engaging this population and the challenges people sleeping rough face in accessing healthcare, there was a big drive from a range of organisations to come together and take the opportunity provided by the relative stability that reliable accommodation had for people's lifestyles and chance to engage with healthcare.

Temporary accommodation testing was just one response within this population. Outreach teams noted that people who inject drugs were less likely to be among those who accepted temporary housing, so testing also continued in hostels and other settings providing support to people who were homeless.

While council-provided temporary accommodation is nothing new, the push to move everyone into housing and the rapid expansion of accommodation available allowed many more people than ever before to be in stable accommodation. The fact that most people stayed inside the hotels and hostels for a significant stretch of time rather than moving around during the day allowed outreach teams to spend enough time with them to get them tested and on to treatment.

3 OVERVIEW OF THE BBV TESTING AND TREATMENT INTERVENTION

In spring 2020, with the aid of personal protective equipment (PPE) and social distancing, a range of organisations including Find and Treat, The Hepatitis C Trust, several ODNs, homelessness charities, drug services and local authority teams began work in the hotels and hostels to offer testing for Covid-19, hepatitis C, HIV, hepatitis B, TB and syphilis.

When testing and other hepatitis C services ceased at the beginning of the pandemic, there was a brief lull in activity. However, thanks to clarity over the guidance for healthcare working and the training of the Find and Treat team to test for Covid-19, outreach began in the hotels, with Covid-19 testing as the main focus. As the opportunity for offering further healthcare interventions became apparent, other organisations were brought in to facilitate and support care.

By the end of May 2020, there were several full-hotel BBV testing sessions happening each week. Outreach testing to the homeless population is by no means a new initiative – indeed both the Find and Treat teams and The Hepatitis C Trust have been coordinating hostel testing for many years. However, the 'Everybody In' drive gave many previously homeless people the stability of circumstance to enable them to maintain contact with health services from testing to full diagnostics and through treatment for hepatitis C, which may not have been possible before. The outreach teams continued to work in hostels alongside the hotels, but they focused on the hotels because of the window of opportunity this afforded.

Having worked alongside the GLA for many years, Find and Treat had already built the relationships and network to access the addresses of the hotels and get in contact with the organisations commissioned to manage them. Similarly, existing relationships supported engagement with local authority-run hotels, which allowed the outreach teams to target specific accommodation blocks where people with high risk factors for hepatitis C were being housed.

In some cases, information about the pop-up testing was circulated before the visit to ensure everyone was aware of what was taking place, while in others the event was a more spontaneous affair. Testing was either delivered in a central foyer or café space within the hotel; in Find and Treat or The Hepatitis C Trust's van; or within people's rooms. After the initial flow of people wanting to be tested slowed, peers would knock on people's doors and encourage them to come down and get a test.

The following cascade of care was delivered: the individual would be tested using either (a) point of care antibody test followed by the PCR GeneXpert test[1] to determine active infection and viral load, or (b) a capillary RNA test – with either testing procedure followed by a Fibroscan if the test came back positive; if the person then tested positive for an active infection, the area's ODN would be contacted to refer the patient, and the individual would be linked to a peer to support them to attend an outreach clinic led by the ODN. In many cases, nurses from the relevant ODN area attended the testing days themselves to facilitate this.

An online pan-London shared testing schedule of visits and anonymised results was created to ensure all partners offering testing could coordinate sites and avoid duplication.

1 Counter to previous experience, people were much more keen to have a dry blood spot test than the mouth swab. This was due to a fear over how Covid-19 is spread and a concern that having a swab taken could increase the risk of infection.

4 METHODOLOGY

This report is based on data collected by Find and Treat, The Hepatitis C Trust and the London ODNs on the interventions offered, tests given, test results and, where possible, treatment initiation and outcomes of treatment from 17th March to 31st August 2020. The data was recorded in a Google Sheet which acted as a shared schedule document to help coordinate the testing activity and record results across the various teams in London. This spreadsheet was primarily aimed at supporting work, rather than data collection, and as such the data presented in this report may not fully capture all activity undertaken.

In addition, this report was informed by interviews with the following people who were involved in the planning and delivering of the interventions:

- Julian Surey, Find and Treat team, University College London Hospitals NHS Foundation Trust
- David Eastwood, Rough Sleeping Lead Manager, Greater London Authority
- Stuart Smith, Director of Community Services, The Hepatitis C Trust
- Rob Allan, King's HCV Outreach Coordinator, The Hepatitis C Trust
- Jane Shea, South West London Senior Peer Support Lead, The Hepatitis C Trust
- Tony McClure, Greater London and Thames Valley Prison Peer Educator, The Hepatitis C Trust

5 RESULTS

5.1 The spread of events

Between 17th March 2020 and the 31st August 2020 a total of 98 testing events were recorded in the pan-London shared testing schedule. Following the first event in March, the remainder were split fairly evenly across the four months between May and August, as shown in Table 1.

TABLE 1: NUMBER OF TESTING EVENTS BY MONTH AND ODN

ODN	MARCH	MAY	JUNE	JULY	AUGUST	TOTAL
North Central		4	8	4	3	19
North East		3	3	2	2	10
South	1	15	10	13	8	47
West		2	5	5	5	17
Unknown					5	5
TOTAL	1	24	26	24	23	98

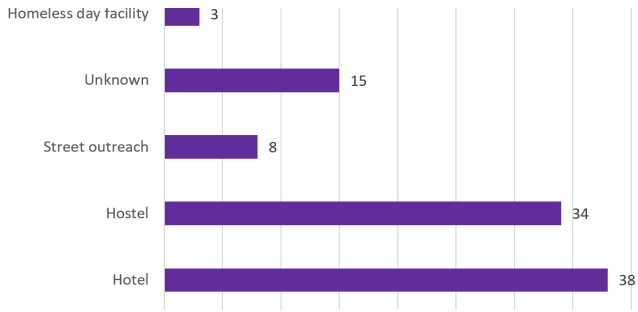

FIGURE 1: TESTING EVENTS BY TYPE OF VENUE

Table 1 also shows that nearly half (47) of the 98 events were in the South London ODN area; of the rest, 19 were in the North Central ODN, 17 in the West and 10 in the North East. The events were spread across 23 London Boroughs, with the largest numbers in Southwark (18), Lambeth (12), Westminster (11) and Camden (10).

Peer workers from The Hepatitis C Trust or Find and Treat were involved in 92 of the 98 testing events.

The majority of the testing events were in hostels (accommodation specifically for homeless clients including supported housing schemes) and hotels where people were being temporarily accommodated, as shown in figure 1. Other venues were day facilities, home visits and street outreach. There were a total of 73 different venues recorded in the pan-London dataset as some venues had more than one testing event.

5.2 Proportion of people tested for BBVs

During the 98 events, over a thousand people housed in temporary accommodation were tested for at least one of hepatitis C, hepatitis B or HIV. Of these 1,082 people, the majority were tested for hepatitis C (97%), with a significant proportion also tested for HIV (78%) and hepatitis B (56%).

Estimating the proportion of people tested within each testing event site can only be calculated for those settings where estimates of the number of homeless people being housed are available. Of the 98 events, such estimates are only available for 22, and these are often based on the total capacity of the setting. The accuracy of these estimates is unknown: while we know anecdotally that most settings were operating at or near full capacity, data was not collected on the number of residents present at events or on the number offered a test.

In these 22 settings where the total number of people in residence can be approximated, an estimated 37% of people housed at the time of the testing events were tested for at least one of hepatitis C, hepatitis B or HIV over the course of the 32 events in these settings, or 641 people out of 1,714. Peer workers were involved in all of the events for which estimates of the number housed are available.

Table 2 shows how proportion tested varied by ODN, setting type and month. Any differences should be interpreted with caution due to the aforementioned uncertainty of the denominator and because the rates are based on relatively small numbers so any differences may not be statistically significant.

		ESTIMATED NO. HOUSED	NO. OF PEOPLE TESTED	PROPORTION TESTED (%)
TOTAL		*1714*	*641*	*37.4*
Type of setting	Hostel	*56*	*21*	*37.5*
	Hotel	*1573*	*587*	*37.3*
	Unknown	*85*	*33*	*38.8*
ODN	North Central	*381*	*148*	*41.0*
	North East	*398*	*178*	*44.7*
	South	*668*	*254*	*38.0*
	West	*287*	*61*	*21.1*
Month	May	*870*	*420*	*48.3*
	June	*595*	*166*	*27.9*
	July	*229*	*46*	*20.1*
	August	*20*	*9*	*45.0*

TABLE 2: PROPORTION OF PEOPLE TESTED FOR BBVS BY TYPE OF SETTING, ODN AND MONTH

5.3 Cases identified and treatment

5.3.1 *Hepatitis C*

A total of 119 (11%) of the 1,054 homeless clients tested for hepatitis C were found to have antibodies for hepatitis C, indicating past or current infection. Of these, 72 (7% of those tested) were hepatitis C RNA+, indicating current infection. Of those found to be RNA+, 43 (60%) had commenced treatment at the time that the data was analysed in November 2020, though further treatment initiation is likely to have happened since. The hepatitis C cascade of care for the 98 testing events is shown in Figure 2, though caution is advised in interpreting the data on treatment as testing was ongoing and data collection had its limitations.

Table 3 (shown on the following page) shows data on the hepatitis C cascade of care by ODN, month, type of setting and peer involvement. Much of the data in this breakdown are small and differences may not be statistically significant.

West London ODN was found to have the highest proportion of people testing RNA+, followed closely by North Central London ODN, both of which found around a 13% RNA-positivity rate among people tested in their area. Despite testing more than double the number of people, the other two ODN areas (North East ODN and South London ODN) found a third fewer people testing RNA+ (a combined 28 compared to 43).

RNA-positivity varied greatly by setting, too, with street outreach teams finding a particularly high proportion testing RNA+ (11 of the 12 tested), followed by hostels (11% RNA+). While hotels had a lower average hepatitis C RNA positivity rate of 4%, the stability of accommodation provided a good environment to support people onto treatment, leading to this setting having the highest rate of treatment starts at 79% (or 22 people), after that delivered in homes for three people, all of whom were supported onto treatment.

The fall in treatment initiation rates over time (from 82% in May to 35% in August) may be because further data on clients starting on treatment is still pending.

FIGURE 2: HCV CASCADE OF CARE FOR PEOPLE WHO ARE HOMELESS AS A RESULT OF TESTING EVENTS IN LONDON BETWEEN MARCH AND AUGUST 2020

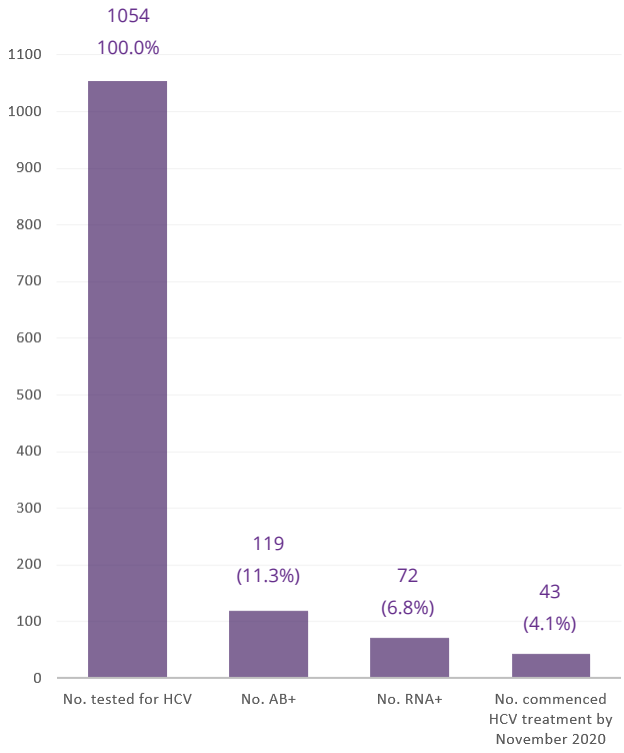

TABLE 3: HCV CASCADE OF CARE BY TYPE OF SETTING, ODN AND MONTH

		HCV TESTED	HCV AB+		HCV RNA+		STARTED HCV TREATMENT BY NOVEMBER 20220	
			No.	% of total tested	No.	% of total tested	No.	% of HCV RNA+
TOTAL		*1054*	*119*	*11.3*	*72*	*6.8*	*43*	*59.7*
Type of setting	Home	*3*	*3*	*100.0*	*3*	*56*	*21*	*37.5*
	Homeless day facility	*10*	*3*	*30.0*	*0*	*0.0*	*0*	*N/A*
	Hostel	*188*	*47*	*25.0*	*21*	*11.1*	*7*	*33.3*
	Hotel	*756*	*43*	*5.7*	*28*	*3.7*	*22*	*78.6*
	Street outreach	*12*	*12*	*100.0*	*11*	*91.7*	*4*	*36.4*
	Unknown	*85*	*11*	*12.9*	*9*	*10.6*	*7*	*77.8*
ODN	North Central	*181*	*29*	*16.0*	*23*	*12.7*	*21*	*91.3*
	North East	*225*	*13*	*5.8*	*4*	*1.8*	*3*	*75.0*
	South	*464*	*48*	*10.3*	*24*	*5.2*	*11*	*45.8*
	West	*149*	*23*	*15.4*	*20*	*13.4*	*8*	*40.0*
	Unknown	*35*	*6*	*17.1*	*1*	*2.9*	*0*	*0.0*
Month	May	*436*	*36*	*8.3*	*22*	*5.1*	*18*	*81.8*
	June	*294*	*20*	*6.8*	*14*	*4.8*	*10*	*71.4*
	July	*168*	*31*	*18.5*	*19*	*11.3*	*9*	*47.4*
	August	*156*	*32*	*20.5*	*17*	*10.9*	*6*	*35.3*

TABLE 4: HCV CASCADE OF CARE BY PEER INVOLVEMENT

	REFERRALS FOR PEER SUPPORT	HCV TREATMENT STARTED*		HCV TREATMENT COMPLETED*	
	No.	No.	%	No.	%
Peer support**	*81*	*47*	*58.0*	*24*	*51.1*

* Treatment start and completion data as at 30th November 2020.

** Referral and treatment data may include duplicates as some people were referred to support and / or supported by both The Hepatitis C Trust and Find and Treat peer workers. These services record their activity separately.

5.3.2 *HIV*

Almost four-fifths (78%) of people tested as part of the initiative were tested for HIV. Of the 22 individuals found to be HIV-positive (2.6%), 12 had not been aware of their status, while the remaining 10 were already known and engaged with treatment. Analysis by setting shows hostels had slightly higher rates of HIV-positive tests (4.1%) compared to hotels (2.3%).

5.3.3 *Hepatitis B*

Just over half (56%) of people tested received a hepatitis B test. Of these 610 people, 5 tested positive for an active hepatitis B infection (0.8%). Find and Treat also found that 35% of people they came into contact with had never been vaccinated.

6 LESSONS LEARNED

6.1 The benefits of multi-agency partnership working and a whole person approach

This project brought together a broad range of NHS, local authority, charity, hotel management and peer support partners to develop and implement the testing interventions at pace and with a coordinated approach. This improved the healthcare support available to the individual being housed: rather than being made to provide numerous samples on different days to test for various diseases, they were offered a range of interventions in one sitting and immediately signposted to treatment or other support. Offering people a healthcare intervention that treated them like an individual rather than a disease area unsurprisingly led to greater engagement, particularly when organisations were working together alongside mental health, sexual health and drug and alcohol services to offer information and signpost to support where it could not be provided on the day.

The importance of this whole-person approach across multiple agencies was highlighted by the HIV screening delivered alongside hepatitis C and other BBV testing. The proportion of people testing positive for HIV among people housed in temporary accommodation was much higher than expected (2.6%), and flagged to the GLA and Fast-Track Cities London teams that targets were being missed in this population group: just 76% of people tested were aware of their infection, falling short of the 90% target. London-based sexual health and HIV charities such as Positive East and NAZ would often be invited to the testing days to offer condoms, information and home testing kits.

The simple coordination tool of the online live pan-London shared testing schedule that recorded the sites where teams planned to visit eliminated duplication and ensured a coordinated approach, such as by allowing peer-providing organisations to link in to planned visits.

> **"Through engagement, people became more comfortable and it was a really powerful moment when we were able to get people who had tested positive for HIV linked into treatment."**
>
> Tony McClure, Greater London and Thames Valley Prison Peer Educator, The Hepatitis C Trust

> **"It is that collaboration and partnership of everyone coming together that is definitely unprecedented. [...] It's also raising the profile of this work, what it means and how important it is is definitely something that's come out of it, and as well is a collaboration between commissioners as well as the frontline providers – Al's team [from Find and Treat] has got really good relationships with the frontline providers but they don't necessarily know the commissioners in the boroughs – that's really, really helped."**
>
> David Eastwood, Rough Sleeping Lead Manager, Greater London Authority

6.2 The importance of stable accommodation in engaging people with healthcare services

"It was quite emotional sometimes. People were so grateful to have somewhere to stay. To be supported and offered testing was huge for someone previously living on the street."

Tony McClure, Greater London and Thames Valley Prison Peer Educator, The Hepatitis C Trust

Healthcare services have traditionally struggled to engage people who are homeless with testing and, critically, with treatment interventions. The testing and treatment provision in London showed that when people are able to remain in stable accommodation for a longer period of time, even just a few months, they are much more able to have their health needs met. Having consistent access to healthcare teams and being able to prioritise healthcare in the lull of activity that came with lockdown allowed people to commit to taking the 8-12 week medication course for hepatitis C. Peer support was also effective at ensuring anyone who tested positive was linked into treatment.

6.3 The importance of continued hepatitis C testing outreach for the homeless population as we approach elimination

11% of people tested as part of the initiative were found to have hepatitis C antibodies (AB+), and 7% of the total number had an active infection (RNA+). While estimates of hepatitis C prevalence in the homeless population vary greatly, this proportion of positivity is around what would be expected in this group, and is much higher than the average national prevalence, which is under 0.2%.[10] The high numbers of people identified to have an active hepatitis C infection - as well as the positivity rates in other disease areas, indicate that temporary accommodation is an important setting for outreach teams to target.

Even in hotels, which interviewees for this evaluation noted did not generally hold the typical cohort of people targeted for testing, around 4% of tests were RNA+ (6% AB+). Most hepatitis C testing is aimed at people who use drugs, who are easiest to engage while attending drug and alcohol services. While both Find and Treat and The Hepatitis C Trust do frequently conduct street outreach testing - and during lockdown, street outreach teams found a high proportion of people testing positive for hepatitis C - being able to deliver services to a large number of people who are homeless might have allowed access to a section of the homeless population not usually targeted. Nonetheless, it was noted in interviews with people conducting both the hotel and street outreach testing that around 250 people who had been homeless for a long time in London did not take up the offer of temporary accommodation, and that these individuals were likely to be at high risk of hepatitis C.

The prevalence of hepatitis C among those tested as part of the spring lockdown BBV screening, many of whom were newly homeless (41% had been homeless for less than six months) and were not recorded as having risk factors for the virus (only 12% said they had ever injected drugs), highlights the need for further investment in outreach settings if we are to eliminate hepatitis C, particularly as the number of people engaged with services who are unaware of their hepatitis C status declines.

Interestingly, the homeless population testing initiatives in London had a slightly lower proportion of positive cases than those conducted nationally during lockdown, in which 18% were found to have antibodies for hepatitis C and 11% to have an active infection.[11] Further work is needed to understand how directly comparable these measures are, and what the test positivity rate from these initiatives means in terms of true prevalence of hepatitis C among people who are homeless.

6.4 The value of an adaptable model for whole-venue testing during Covid-19

The testing initiative in temporary accommodation resulted in an adaptable model of outreach, deliverable regardless of Covid-19-related lockdowns and reductions in healthcare teams. This whole-venue approach, used by The Hepatitis C Trust successfully in prisons for some years, has been adapted to address many aspects of an individual's healthcare needs while abiding by social distancing regulations and keeping patients and healthcare staff safe from any potential Covid-19 infection. In particular, the development of Covid-19 policies including guidance on risk assessments, awareness of ventilation, distancing requirements and PPE wearing contributed to the safe running of the testing days.

Developing a model which is workable during the pandemic is particularly important when hospitals have been forced to close their liver clinics in response to hospitalisations for the virus increasing; being able to continue outreach and testing during these times is critical as the pandemic continues to impact services into next year.

The model of whole-venue testing with close collaboration between organisations will remain valuable beyond Covid-19, at which time it can be replicated in other settings and in different populations where hepatitis C prevalence is high. This is reflected in The Hepatitis C Trust's plans to use the model in Approved Premises.

6.5 The opportunity to increase awareness and knowledge around hepatitis C and treatment options

Members of staff from The Hepatitis C Trust observed that awareness of the direct-acting antiviral treatment for hepatitis C was low: many people still believed interferon was used as treatment, leading to reluctance to be tested. Being able to spend time talking to people both at the testing site and in people's rooms enabled peers to dispel a lot of misinformation about hepatitis C, as well as addressing stigma.

Peers brought with them booklets on hepatitis C, including information about transmission routes and ways to protect against infection. The awareness-raising extended beyond those being housed to include everyone supporting them – from hotel staff to politicians at the GLA to the organisations managing the hotels – offering new opportunities for future collaborative initiatives.

> **"What it's done is make a more robust outreach model, and because it's an outreach model it can be delivered anywhere, anytime, largely not reliant on the exterior Covid landscape. It's been replicated across the country. Another benefit – a huge benefit – is that hospitals are having their liver clinics closed (at various stages different hospitals have had to shut services such as liver units) and this model allows those clinical teams to still go out and deliver HCV work."**
>
> Stuart Smith, Director of Community Services, The Hepatitis C Trust

6.6 The importance of peers

Peers were involved in 94% of the testing events and were crucial to encouraging people to get tested for hepatitis C. At the start of the pandemic, there was a lot of uncertainty about how Covid-19 was spread and the extent to which it could be borne in the air. Despite the precautions taken with ventilation, distancing and PPE, peers had to build trust and persuade people that the BBV screening would not risk their health. By nature of their being outside of the healthcare system and not directly associated with public services - which some people associate with previous negative interactions - peers are able to build trust based on shared experience.[12]

In addition, the peers were able to offer £5 incentive vouchers to encourage people to get tested for hepatitis C. Where this was not seen to be necessary, food parcels were always offered to anyone who needed them.

> **"There was a lot of paranoia about the risk of going downstairs [...] Everyone was so freaked out and lots would say 'no'. Our role was to encourage and support them."**
>
> Tony McClure, Greater London and Thames Valley Prison Peer Educator, The Hepatitis C Trust

Peers supported over 40 people into treatment, of whom 24 had completed treatment by 30th November 2020. People can face a range of barriers preventing them from accessing hepatitis C treatment following a positive diagnosis, from perceptions about public services to addiction to complex care pathways. The testing days aimed to make the route from test to medication as simple as possible, with pharmacists often attending events to begin people on treatment the very same day. Peers acted as a guide through the care pathway, accompanying people to appointments, paying for travel, advocating for their care and checking in on how the treatment was going.

6.7 The need for preparatory work prior to the event

The extent to which the events were promoted ahead of the testing days varied. On some occasions the teams would turn up, set up the equipment and then engage people to encourage them to take part, while on others the hotel team had promoted the event in the week leading up to it, circulating information about why and how it would be happening. There was a consensus that this latter model worked better: it not only meant people were not surprised by the arrival of lots of people, but also promoted awareness of BBVs. In particular, circulating information packs about BBVs, what was going to happen on the day and why it was important to get tested in the week before the event saved time on the day and encouraged uptake of the testing.

6.8 The importance of data collection

The pan-London data schedule was designed to allow teams to liaise and share information about where they were going to be holding the testing days, rather than for full evaluation purposes. The limitations of the data schedule highlighted above demonstrates the importance of embedding evaluation considerations into the planning stage of similar future iniatives to ensure sufficient data for a comprehensive analysis.

Discussions are ongoing about whether a pan-London data portal would be possible to enable future monitoring of the impact of outreach work, ensuring it reaches the right people, engages them in the whole care pathway, and tackles health inequalities.

6.9 The potential to deliver additional interventions to ensure a whole-person approach

Supporting people with any health issue they may be facing is key to providing them with necessary and appropriate care: it is critical that people are treated not as one disease area but are offered a whole-person approach. People receive a better service and resources are used more efficiently when a broader range of initiatives can be provided rather than one BBV test. Future initiatives must continue to break down funding and delivery structures that operate in disease-based silos in order to deliver holistic care.

6.9.1 *Needle and syringe provision*

The sharing of contaminated drug-injecting equipment (such as needles and syringes) is the biggest risk factor for hepatitis C, accounting for around 90% of new infections. The sharing of injecting equipment remains common in the UK and levels have remained unchanged for many years, sitting at around 37%.[13] While prevalence of hepatitis C has dropped in recent years, likely attributable to the availability of more effective treatment, the number of new infections has not fallen. Ensuring people have access to clean needles and syringes – and therefore reducing the need to share – is crucial to preventing the spread of hepatitis C and other BBVs.

Drug and alcohol services, commissioned by local authorities, were offered to people in temporary accommodation, and as part of this support were provided with clean injecting equipment: the Pan-London Homeless Hotel Drug & Alcohol Support Service (HDAS) distributed 80 needle exchange packs between April and October.[14]

Teams delivering outreach testing are ideally placed to support the distribution of clean needles and syringes and also offer NSPs, delivering it alongside the BBV screening and education around harm reduction behaviours.

6.9.2 *TB screening*

It was noted that TB prevalence is also high among people who are homeless and that testing for TB should be included alongside the BBV screening offer. However, finding funders for TB testing was found to be more difficult than had been the case for hepatitis C, hepatitis B and HIV. Conversations with commissioners should be taken forward to highlight the opportunity to find and treat people for TB as this work progresses.

6.9.3 *Other interventions*

The most successful testing days were those in which other services were linked in to provide a holistic approach to people's health, including smoking cessation interventions, chronic disease management and social support linking in with other services. It is important this cross-organisation working continues outside of temporary accommodation settings.

"The partnership work between peers, outreach teams and the NHS has been fantastic. The outreach visits themselves were really positive, there's been an air of joy about it."

Stuart Smith, Director of Community Services, The Hepatitis C Trust

"Breaking down those silos of I do this, you do that is definitely something coming out of this work, which there simply wasn't enough time to cover before."

David Eastwood, Rough Sleeping Lead Manager, Greater London Authority

"Covid did flush out a lot of competitiveness between areas. Now we're talking about coordinated homeless testing among these groups in London, and that's a real big win. We're much more on the map with ODNs [...] The network of Hep C Trust peers is fantastic, it's really, really good, and being able to test for other stuff alongside is brilliant."

Julian Surey, Find and Treat team, University College London Hospitals NHS Foundation Trust

"Everyone went way over and above what they should have done – all those extra hours that everyone put in to do this was phenomenal and unprecedented. It was quite amazing to watch and see."

David Eastwood, Rough Sleeping Lead Manager, Greater London Authority

7 BEYOND 2020

The partnership outreach BBV testing and treatment interventions to people housed in temporary accommodation during the spring 2020 Covid-19 lockdown has shown multiple benefits. 1,054 people were tested, of whom 72 people were found to have an active hepatitis C infection, leading to at least 43 people beginning treatment, with more starting as this report is being written. In addition, the outreach teams were able to educate a highly vulnerable population about the risks of hepatitis C, how to avoid being infected and the availability of curative treatments.

These interventions, developed at pace with multiple partners across different sectors, have shown what can be achieved and highlighted lessons for future collaborative hepatitis C outreach interventions.

As the pandemic evolves in 2021, with local and national spikes, ensuring stable, safe accommodation for people who are homeless is vital to both keeping people safe from Covid-19 and to delivering interventions to address other health issues, such as hepatitis C.

Local authorities and commissioners must continue to support the testing initiatives wherever possible and involve a range of partners to offer people a holistic approach to their health. Commissioning hepatitis C testing and direct linkage to treatment is essential.

Peer support with this group has increased engagement and supported many people into treatment. It is positive that Find and Treat will be working in partnership with The Hepatitis C Trust and their peer workers in early 2021 alongside a new van, commissioned by NHS England, further strengthening the partnership between the organisations.

This partnership approach should be used to engage with hard-to-reach groups outside of a pandemic context. For example, coordinated BBV and other testing outreach can be used at homeless hostels, prisons, Approved Premises and accommodation for people seeking asylum.

8 ACKNOWLEDGEMENTS

An impressive range of organisations and individuals came together with enthusiasm and dedication to enable these testing interventions to take place. We would like to thank the following people and organisations for their time and support, though this list is by no means exhaustive and many more people beyond will have contributed to the success of the testing initiatives.

The Find and Treat and Groundswell team
Al Story, Julian Surey, John Gibbons and Mark Leonard

The Hepatitis C Trust team
Rachel Halford, Stuart Smith, Leila Reid, Tony McClure, Jane Shea and Rob Allan and all other peers involved

Mortimer Market Centre
Dr Binta Sultan and Dr Indrajit Ghosh

University College London
Prof Andrew Hayward

Public Health England
Rebecca Wilkinson and Dr Emily Phipps

Greater London Authority
Alison Pearce, David Eastwood, Dr Tom Coffey and Dr Dino Motti

The London ODNs
Prof Graham Foster (Barts ODN), Dr Doug MacDonald (North Central London Viral Hepatitis Network), Dr Dan Forton and Dr Kosh Agarwal (South Thames Hepatitis Network), Prof Ashley Brown (West London ODN)

The London Fast-Track Cities Initiative

Positive East

NAZ

The London Joint Working Group on Substance Use and Hepatitis C
Dee Cunniffe, Dr Emily Finch and Dr Suman Verma

Principle Consulting
Iona Casley and Jane Cox

"The project has turbo-charged joint working between organisations, enabling us to offer a variety of tests and support to people who are homeless. We're known as the homeless outreach team; we've got hep C outreach, great links to The Hepatitis C Trust peers, we've been doing HIV testing and now we can offer sexual health testing and support, so that's brilliant."

Julian Surey, Find and Treat team, University College London Hospitals NHS Foundation Trust

Photos courtesy of Julian Surey and Tony McClure. All people were complying with social distancing guidelines at the time they were taken.

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DECEMBER 2020