North Central London Integrated Care System

NCL Directory of Services
(Addendum to Winter 2023/24 Playbook)

NCL Urgent Community Response (UCR) Service

A quick guide for 111 / LAS and Emergency Departments

North Central London Integrated Care System

UCRs are Multi-disciplinary teams in the community who can respond to crisis in people's usual place of residence & avoid hospital admission through:

Referral criteria

- **Short term minor illnesses** causing reduced mobility or functional decline e.g. respiratory or urinary tract infection
- **Falls without apparent injuries**, in particular without hip pain (step 2 of the Falls Decision Tool).
- **Simple Head Injury** requiring dressing (not glue or sutures)
- **Exacerbations of COPD** (NEWS <4)
- **Congestive Heart Failure** (CHF)
- **Dehydration/diarrhoea/constipation/vomiting**.
- **Unstable diabetes** (note Type 1 diabetes not an exclusion)
- **Elderly frail patients** who have become symptomatic and are at risk of admission, such as sudden reduction in mobility and new confusion.
- **Patients at end of life** – out of hours and not known to district nurses or palliative care
- **Acute confusion** manageable at home
- **Blocked catheters** – please contact team for advice

Exclusion criteria

Categories of patients not accepted:

- Sudden acute medical problems-abdominal pain, chest pain, DVT, PE or severe DIB
- Acute, severe asthma
- Mental health problems as primary presentation
- Patients who trigger specialist pathways (e.g. HASU/MTC/HAC)
- Alcohol or substance abuse or intoxication

UCR referrals accepted from:

- LAS / 111 / 999
- GP's
- Social care providers
- TEC / Pendant alarm companies
- Local authorities
- Patient/carer self-referral (where patient is known to service)

2-hour Urgent Community Response

How to contact:
8am-10pm, 7 days a week
(Referrals close at 8pm)

020 4538 0078
and select relevant borough from options

North Mid in the community

NHS Central and North West London NHS Foundation Trust

NHS Central London Community Healthcare NHS Trust

NHS Whittington Health NHS Trust

Directory of Services (Community Services)

Service	How to Access Service	How to Exit Service	Actions in extremis
Urgent Community Response	All NCL boroughs – **0204 538 0078** 0800 – 2200 (last referral 2000) Mon-Sun	Team will navigate into services as required	• Review caseload • Provide ED in-reach • Increase staffing
Silver Triage	Paramedics on scene contact consultant geriatrician – download the Consultant Connect app (LAS NorthCentral) or call **0204 538 1792** Mon – Sun 9:00 – 5:00	Consultant Geriatrician will advise paramedic on next steps	• Ensure rota-fill • LAS to share comms to their teams.
Virtual Wards – Barnet	Early d/c from Barnet and RFH	MDT assessment that patient suitable for d/c from virtual ward, patient is discharged from their care, VW service sends discharge summary of the patient's GP.	• Review caseload • Maximise acute in-reach • Review staffing
Virtual Wards – Enfield	Early d/c from NMUH	MDT assessment that patient suitable for d/c from virtual ward, patient is discharged from their care, VW service sends discharge summary of the patient's GP.	• Review caseload • Maximise acute in-reach • Review staffing
Virtual Wards – Camden	Patients for the Camden VW are to be referred via the UCR pathway - 020 7685 6966 Early supported d/c from any acute trust	MDT assessment that patient suitable for d/c from virtual ward, patient is discharged from their care, VW service sends discharge summary of the patient's GP.	• Review caseload • Maximise acute in-reach • Review staffing
Virtual Wards – Haringey	Step-up direct to VW from UCR via WH SDEC Early supported d/c from WH	MDT assessment that patient suitable for d/c from virtual ward, patient is discharged from their care, VW service sends discharge summary of the patient's GP.	• Review caseload • Maximise acute in-reach • Review staffing
Virtual Wards – Islington	Step-up direct to VW from UCR via WH SDEC Early supported d/c from WH	MDT assessment that patient suitable for d/c from virtual ward, patient is discharged from their care, VW service sends discharge summary of the patient's GP.	• Review caseload • Maximise acute in-reach • Review staffing

Directory of Services - For those experiencing homelessness

North Central London Integrated Care System

Service	How to Access Service	How to Exit Service	Actions in extremis	Key contact(s)
London Borough of Barnet Referrals should be made where there is reason to believe a patient is homeless or threatened with becoming homeless within the next 56 days.	https://live.housingjigsaw.co.uk/alert/duty-to-refer Referrals will be monitored Monday to Friday between 9am and 5pm and processed within 3 days.	People who are not owed a duty will be given advice. People who are owed a duty will be support to move on from homelessness.	Nicole Harwood nicole.harwood@barnethomes.org. Jade Edwards, Housing:Health Navigator Jade.Edwards@BarnetHomes.org	0208 610 3539 housingdutyseniors@barnethomes.org London Hospital Discharge Housing Options Directory - Homelessness and Inclusion Health - FutureNHS Collaboration Platform
London Borough of Camden Referrals should be made where there is reason to believe a patient is homeless or threatened with becoming homeless within the next 56 days.	https://rcforms01.camden.gov.uk/~?a=dutyrefcam Referrals will be monitored Monday to Friday between 9am and 5pm and processed within 2 days.	People who are not owed a duty will be given homeless prevention advice. People who are owed a duty will be support to move on from homelessness.	Jane Mulholland jane.mulholland@camden.gov.uk Rebecca Wilson, move on coordinator Rebecca.Wilson@camden.gov.uk	housingneeds@camden.gov.uk London Hospital Discharge Housing Options Directory - Homelessness and Inclusion Health - FutureNHS Collaboration Platform
London Borough of Enfield Referrals should be made where there is reason to believe a patient is homeless or threatened with becoming homeless within the next 56 days.	https://live.housingjigsaw.co.uk/alert/duty-to-refer Referrals will be monitored Monday to Friday between 9am and 5pm and processed within 2 days.	People who are not owed a duty will be given homeless prevention advice. People who are owed a duty will be support to move on from homelessness.	Heather Teeling Heather.Teeling@enfield.gov.uk Lilian Moki Move on Cordinator Lilian.Moki@enfield.gov.uk	Matthew.Waldron@enfield.gov.uk London Hospital Discharge Housing Options Directory - Homelessness and Inclusion Health - FutureNHS Collaboration Platform
London Borough of Haringey Referrals should be made where there is reason to believe a patient is homeless or threatened with becoming homeless within the next 56 days.	https://live.housingjigsaw.co.uk/alert/duty-to-refer Referrals will be monitored Monday to Friday between 9am and 5pm and processed within 3 days.	People who are not owed a duty will be given homeless prevention advice. People who are owed a duty will be support to move on from homelessness	Beverley Faulkner Beverley.Faulkner@haringey.gov.uk	Housingneeds.manager@haringey.gov.uk London Hospital Discharge Housing Options Directory - Homelessness and Inclusion Health - FutureNHS Collaboration Platform
London Borough of Islington Referrals should be made where there is reason to believe a patient is homeless or threatened with becoming homeless within the next 56 days.	https://live.housingjigsaw.co.uk/ Referrals will be monitored Monday to Friday between 9am and 5pm and processed within 3 days.	People who are not owed a duty will be given homeless prevention advice. People who are owed a duty will be support to move on from homelessness	Sarah Turley Sarah.Turley@islington.gov.uk Carmen Marcantonio carmen.marcantonio@islington.gov.uk	ramesh.logeswaran@islington.gov.uk London Hospital Discharge Housing Options Directory - Homelessness and Inclusion Health - FutureNHS Collaboration Platform
Homeless Intermediate Care Team (HICT) Provide support to the inpatient in their hospital discharge journey and follow up after discharge	Duty to Refer and/or discharge passport Generic email: uclh.hict@nhs.net	HICT offers a D2A aligned approach for >6 weeks for NCL ICS linked clients. Handover to mainstream health services.	Debra Glastonbury debraglastonbury@nhs.net Keiran McHugh kieran.mchugh3@nhs.net	sainab.jamal2@nhs.net 07890 404778 nola.mitchell@nhs.net 07816 189629

Directory of Services - for Street Homelessness

North Central London Integrated Care System

Service	How to Access Service	How to Exit Service	Actions in extremis	Key contact(s)
London Borough of Enfield Somewhere Safe to Stay Hub – Accommodates street homeless single males and those at risk of street homelessness. Must have a local connection to Enfield, be eligible for housing assistance and pose no risk to the Council building, staff or other residents. **Medicus Outreach Team** Direct access to GP and emergency care	SomewhereSafeToStayHub@enfield.gov.uk 0203 855 5853 Medicus Outreach nclicb.medicusoutreach@nhs.net 02083704909	The SSTSH offers short term accommodation and place of safety. Support staff are on site to link with support services and help to find longer term accommodation. They can also assist with immigration, employment and benefits advice.	Jodie Rudgley Jodie.Rudgley@enfield.gov.uk 07790 584 682 or 07305 036 307 Malcolm Dabbs Malcolm.Dabbs@enfield.gov.uk 02081320794 or 07506933618 Medicus lead - Dr Chenjerai Gutu chen.gutu@nhs.net	Jodie Rudgley Jodie.Rudgley@enfield.gov.uk 07790 584 682 or 07305 036 307 Gary Bird Gary.Bird@enfield.gov.uk Dr Chenjerai Gutu – Medicus Outreach chen.gutu@nhs.net
London Borough of Barnet Homeless Action Barnet (HAB) A charity who provide a service to those who are homeless with a connection to Barnet.	Access is via drop in for rough sleepers Mon to Fri 9am to 12.30pm or by appointment by calling 02084468400	Step down is facilitated by completing a support/action plan or if an individual says they no longer need our services.	02084468400 email hab@habcentre.org	Joe Lee joe@habcentre.org 020 3857 4138 07872 347058
London Borough of Camden	TBC	TBC	TBC	TBC
London Borough of Haringey **Mulberry Junction (MJ)** Haringey Recourse Centre for people affected by homelessness. **Haringey Assessment Centre (HAC)** **Haringey Health Inclusion Team (HHIT)**	MJ - Access is via drop in for rough sleepers Mon- Friday (excluding Wednesday) 8.18-12pm or by appointment by emailing Mulberry.Junction@haringey.gov.uk HAC – access is vis Haringey Street Outreach Team for people currently experiencing rough sleeping (including no recourse to public funds) HHIT provides immediate necessary primary care and health promotion to the homeless community in Haringey. Service is Monday to Friday 9 to 5pm	HAC is our off the streets assessment bedspaces Move-on through the service are to our supported accommodation pathway, Private Rented Sector Accommodation or other alternative accommodation arrangement. HHIT does not support clients in permanent accommodation	MJ – Monika Zerbin Monika.Zerbin@haringey.gov.uk HAC – Roque Collante Roque.collante@haringey.gov.uk HHIT outreach nurse: RGN Hannah Porter hannah.porter8@nhs.net 07888603402 HHIT Clinical Lead: Dr Serap Ihsan (Thursdays only) serapihsan@nhs.net	Monika Zerbin – Mulberry Junction Monika.Zerbin@haringey.gov.uk Roque Collante – HAC Roque.collante@haringey.gov.uk Thibaud Friedman – HHIT thibaud.friedman@nhs.net
London Borough of Islington	TBC	TBC	TBC	TBC