**Notes of HRS Covid Catch up call – 22.07.20**

1. **Homelessness and Health Inequalities – Carly Love, Arthur Rank Hospice**

Carly is Matron at the Arthur Rank Hospice. Her colleague Sharon Allen was also on the call.

* Adult Hospice 18+ to support those with life limiting illness. Most of their work is done in the community.
* The hospice would like to work with Homeless Community and make links with services. It would be good to to know how they can work with providers.
* Hospice equality and diversity group identified that those who are homeless are one of the groups they are not reaching well at present.
* How could they be more accessible to those who are homeless?
* Not just there for people at end of their life, also there to help those with a life limiting condition to live well e.g. practical emotional and social support to help them live well with their diagnosis
* CHS shared a positive experience they have had with a client. Riverside have also had positive experiences.
* Carly confirmed that providers can make referrals directly to them.
* Hospice can also support people who are looking after someone.
* Recently revamped website – info about all services and how to contact them is on there.
* Can also provide training if a need is identified.
* Carly is happy for people to contact her directly to ask any questions or discuss any referrals; email - Carly.Love@arhc.org.uk tel – 01223 675810
1. **HRS Strategy**

Consultation draft will be sent out this week. Initially it will go to providers and key partners. Allowing 5 weeks for responses. Anticipating that responses will mainly be via email, but can also virtually attend meetings to gather feedback from groups.

Would like to try and get some feedback from customers as well, so if anyone has any ideas about how this might work please let LS know.

It was agreed that an opportunity to provide feedback through an online session would also be good. LS to arrange a couple of sessions and circulate dates for these.

1. **Information sharing/discussion;**

**New rules around face coverings –**

* Jimmy’s – face coverings – lots of homemade ones donated – have provided one for every resident – constant supply at present – giving them out and explaining why they are giving them out and where they need to use it.
* Riverside – sourcing face coverings for customers and some staff are making some too – clients seem to be receiving the information well – suspect that there may be some incidents involving shops though
* Ferry – having the conversation with clients – face coverings/masks available for clients – preparing a letter but giving info through support meetings/contact as well – feel that majority will comply with the requirement
* Longhurst – some projects helping to make them – giving out advice and guidance – happy to provide any spare masks to other providers if they need them – won’t be compulsory for staff in supported housing to wear them
* CHS – doing the same things – supplying masks etc – also putting up notice just inside/outside exit doors to remind clients about staff –- have provided info to clients on a 1 to 1 basis - visors also available for clients if they prefer these - have provided visors for staff as well as masks but only asking them to use these if they can’t socially distance
* YMCA – running mask making workshop for residents – using Facebook to provide info and updates – reminding them that the change happens on Friday – believe that there will be some who may not comply – are providing masks for residents
* Cyrenians doping the same as others – also providing offer of visors to staff and residents – all been receptive and positive so far

**NB:** It was noted that everyone needs to be clear about face masks and face coverings and not confuse these with PPE items.

Some useful information / guidance around face covering:

Some information is included below and further details on ‘exemption from wearing a mask’ are being requested. Also trying to source posters relating to wearing face coverings. Any further info / resources will be circulated when received.

Govt guide to make own face covering

<https://www.gov.uk/government/publications/how-to-wear-and-make-a-cloth-face-covering/how-to-wear-and-make-a-cloth-face-covering>

BBC guide to make own face covering

<https://www.bbc.co.uk/news/uk-52609777>

Making face coverings – Big Community Sew

<https://www.bigcommunitysew.co.uk/>

BBC 45second video guide to wearing a face covering

<https://www.bbc.co.uk/news/av/health-52606128>

Extract from Govt Guide – *Face Coverings: when to wear one and how to make your own -* <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>

***Exemptions to wearing a face covering where they are mandated***

*In settings where face coverings are mandated in England, there are some circumstances, for health, age or equality reasons, whereby people are not expected to wear face coverings in these settings. Please be mindful and respectful of such circumstances noting that some people are less able to wear face coverings.*

*It is not compulsory for shop or supermarket staff to wear face coverings, although employers should consider recommending their use where appropriate and where other mitigations are not in place. For example, there will be times when screens or visors are in use, or when a staff member is not in close proximity to people they do not normally meet, and so wearing a covering for staff will not be necessary. Employers should continue to follow*[*COVID-19 secure guidelines*](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19)*to reduce the proximity and duration of contact between employees.*

*You do not need to wear a face covering if you have a legitimate reason not to. This includes:*

* *young children under the age of 11*
* *not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability*
* *if putting on, wearing or removing a face covering will cause you severe distress*
* *if you are travelling with or providing assistance to someone who relies on lip reading to communicate*
* *to avoid harm or injury, or the risk of harm or injury, to yourself or others*
* *to avoid injury, or to escape a risk of harm, and you do not have a face covering with you*
* *to eat or drink, but only if you need to*
* *to take medication*
* *if a police officer or other official requests you remove your face covering*

*There are also scenarios when you are permitted to remove a face covering when asked:*

* *If asked to do so by shop staff for the purpose of age identification*
* *If speaking with people who rely on lip reading, facial expressions and clear sound. Some may ask you, either verbally or in writing, to remove a covering to help with communication*

**Evictions / arrears – It would be really helpful to get views on the following;**

*Has Covid 19 impacted on arrears levels for services?*

* Riverside – yes, initially – not taking action but making sure people are aware of what they owe – encouraging them/supporting them to pay
* YMCA – yes at the early stages – put payment plans in place with people – are getting things back on track though – liaising with HB where debt is HB related
* Cyrenians – have had some issues, but generally payment plans have been agreed or payment arranged - have been speaking to clients about the impact arrears will have on their move-on options – has motivated many to manage their arrears
* CHS – overall have seen a slight increase which they are monitoring

*Are there clients who are now at risk of eviction because of the impact Covid has had on their behaviour / mental wellbeing?*

* Riverside - few issues lately where impact of last few months has come to a head – 4 clients across services who are at risk of eviction unless their behaviour improves
* Ferry – have had a couple of clients whose behaviour has put them at risk at eviction – fortunately one has now secured property elsewhere
* Orwell – number of clients have struggled – people starting to be a little more positive now and are seeing others move on
* Cyrenians – frustration about not being able to move-on has been an issue also tensions and issues that have come from people having to spend extended time with other house occupants - have tried to manager tensions within projects by moving people between services
* Jimmy’s – MH of residents has been impacted – looking to try and get an in-house post to support clients and staff to support clients - CGL Drug & Alcohol service appears to have ‘dropped off’ – they have individuals who need that support – don’t want people losing accommodation because they can’t manage their addiction issues (CGL Street Outreach manager has already flagged this with the CGL Area Director)
* CHS – roller coaster at some services – combination of MH needs and coping with Covid – saw increases use in Xanex as a result of issues with normal drug supplies - staff doing more lone working meant dealing with issues more of a challenge, but have gone back to multiple staff on shift

*Are there any things that could be put in place immediately/quickly to help prevent potential evictions?*

Providers to consider this question and then email any suggestions.

1. **A.O.B**
* Riverside have had people exhibiting symptoms who have been tested but then chosen not the share the results with the project. The hospital or test centre does not supply the results to the provider either.

Concern that this could mean providers are unaware someone has the virun and so are unable to put proper protective measures in place to protect other residents/staff and prevent an outbreak.

LS to flag this with Public Health colleagues.

* LS will send an invite round for future catch up meetings, and is hoping these will be through MS Teams.
* Andy King urged Cambridge City providers to please ensure any COVID resident alerts are recorded on Inform.