**Notes of HRS Covid Catch Up call – 07.10.20**

1. **2nd wave contingency planning**

All providers have plans in place for managing a second outbreak – this includes approaches such as;

* Putting staff in to shift ‘bubbles’ so if one shift have to isolate others can cover (only larger services can do this)
* Access to bank staff (though this will be a limited resource that many projects may have access to – plus some bank staff may be listed with multiple providers)
* Talking to clients and making them aware of the current guidelines
* Monitoring previously shielding staff
* Identifying units/wings that can be used for self-isolation
* Looking at how things like food and other goods could be provided, including emergency provisions if needed (e.g. a food parcel until groceries can be delivered to someone)

The number of positive cases that each project can manage will be greatly impacted by;

* the size of the service
* whether those self-isolating are compliant
* access to self-contained units
* having adequate levels of staff available to support effectively.

Areas of concern/risks:

* Struggling to get people to self-isolate when they need to – non-compliance is expected to be an ongoing issue for a number of services – projects wouldn’t want to evict but need to consider risk to others and the fact that non-compliance is now illegal if someone tests positive – ideally would want to ensure someone had alternative accommodation available e.g. approach from Jimmy’s would be that if someone is not complying then they’ll liaise with City Council and Street Outreach regarding a hotel place.
* Access to testing is key to managing any outbreak or contingencies – can homelessness project staff be given a similar priority for testing as other key workers (e.g. care home staff)
  + Staff – delays in testing impact on staffing levels – need to have optimum staffing levels to enable projects to be able to manage any outbreak amongst clients effectively and to continue to provide an appropriate level of support
  + Clients – some clients will struggle to get to a test centre due to support needs, others will struggle due to lack of transport service would want to ask a symptomatic individual to use public transport to access a test, but they would not be able to ask staff to take them either
  + Staff won’t be able to transport residents to a test centre and nobody wopuld want to see residents who were symptomatic trying to use public transport to access one – however concern that some may do this if it means they may not have to self-isolate for 14 days
* Track and Trace - if staff are contacted to self-isolate then a whole shift could be impacted
* Track and Trace -  residents not obliged to share info if asked contacted  - concern about risk to others in scheme
* Storing larger amounts of methadone and managing use by individuals – some projects in other areas have provided locked boxes to help in managing this – would this help here? **Action: LS to flag this concern with Joe Keegan**

Potential solutions:

* If it isn’t possible to have a stock of test kits on site at services, could a mobile testing unit be available for projects instead? If this unit could deliver tests and also take completed tests back for sending this would avoid need for unnecessary travel to access a test and encourage those who would struggle with the whole testing process generally. Having access to timely testing will also help projects to minimise unnecessary isolations, which is better for the wellbeing of clients and staff
* Ensure everyone is aware of local organisations/charities etc which may be able to supply ‘emergency’ or short term food parcels/prepared meals for residents self-isolating until other arrangements are in place e.g. It Takes a City might be able to assist with short term deliveries for Cambridge City residents whilst a supermarket delivery slot is arranged

It was noted that Cambridge’s ‘Street Support’ site has a section that enables organisations who want to give away food (e.g. restaurants) to make contact with services who need food for residents.

**Action: All to send info on any potential food sources that can be shared with whole group**

* Access to a larger space to self-isolate (e.g. a studio/1 bed flat) in for those who are in shared accommodation – big struggle for some residents to isolate in a small bedroom and only access shared facilities on a rota basis – isolation and stress - increases the risk of non-compliance
* Support from Police to enforce self-isolation message – posters/materials to display in schemes would also be useful and a clear understanding of what the enforcement approach to non-compliance will be.

**Action: LS to try and get more details around enforcement approach**

1. **Covid Swab Pilot update**

* Public Health (PH) colleagues are working hard to get the pilot up and running
* Pilot shouldn’t be seen as an alternative to established testing routes – needs to be targeted at those who are unable to access testing in the usual way
* Limited number of swabs available for test pilot (estimated 300) so will have to prioritise sites and target clients groups e.g. rough sleepers will be priority group for pilot.
* PH are hoping there might be potential to expand pilot once up and running
* Pilot will only be for clients **not** project staff.
* Travellers and Domestic Abuse refuges are also included in pilot.
* Data consent and info sharing processes still need to be finalised
* At present it looks as if tests would need to be sent off via Royal Mail tracked post (costs related to this could be recovered through PH) - however PH are looking at whether using pre-paid envelopes could be an option

Question was asked about whether projects not included in the pilot may still be able to access test through another route e.g. Cambridge Access Surgery or Garden House in Peterborough as it has good links with a local surgery.

Andy King reported that PH were trying to establish if City Council could act as storage for swabs for rough sleeper hotels and hostels.

Chris Jenkin suggested that ITAC may be able to take swabs to designated people in the hotels in Cambridge when they do their routine ‘drop-offs’.

Cambridge Uni have reportedly accessed a stock of tests for their students – question was asked whether this was the case and if so how they have managed this.

1. **Developing an HRS Monitoring Framework**

Looking to establish a working group to develop an initial draft framework which will form part of tender documentation. This can be revised/added to once contracts are awarded.

Plan had been to develop this post contract award, but learning from other tenders is that as mobilisation of new contracts is time intensive, developing a framework from scratch during this period is very difficult.

An email will be circulated shortly seeking volunteers for the working group.