**Notes of HRS Covid Catch Up call – 04.11.20**

1. **Actions from last call**
* Action: Carly (Arthur Rank Hospice) to send to LS who will circulate to the group – nothing received from Carly so far
1. **Covid Swab Pilot update**

Jimmy’s Swabs for element of pilot covering Jimmy’s and Street Outreach Team are due to be delivered to Jimmy’s on Friday – Only have 20 swabs available – testing restricted to residents who are symptomatic – not available to staff or residents who have had contact but showing no symptoms..

Updated pilot process will be circulated when available.

Garden House (Peterborough) have had 40 swabs delivered yesterday - about ready to get underway.

1. **Updated Covid guidance for Hostels/Rough Sleepers/Homelessness**
* Issues with getting people to comply with new face mask guidance inside projects
* When staff need to wear a face mask (guidance a bit contradictory)
* Face masks and projects which are being counted as a ‘household’
* Whether (as the guidance suggests) there will be alternative accommodation available for the ‘clinically vulnerable’ who are not in self-contained accommodation
* Accessing adequate supplies of face masks to support new guidance – can providers make PPE requests to CCC/PCC?

Face coverings:

Organisations are using broadly similar approach;

* Jimmy’s – all staff, residents and volunteers must wear face coverings in communal areas – in staff office area can remove unless they are engaging with a resident. Are supplying masks but means they will need a large quantity of masks.
* Futures not providing customers with masks – would only do this for 1 to 1 meetings
* Cyrenians providing clients with 2 x washable masks
* Ferry also providing each customer with 2 x washable masks
* Riverside also providing washable face coverings for all residents.
* Also have a stock of masks for staff or for clients who have forgotten/lost them

What are people doing about ‘Support Meetings’?

* Most working on basis of if social distancing possible then mask not required.
* Also continuing to use alternative approaches as well e.g. WhatsApp etc

Alternative accommodation for ‘Clinically Vulnerable’:

Most providers do not have ready access to any alternative accommodation, so not clear how they will manage to isolate people offsite if needed.

Last time round some accessed the additional County provision to support with this. Will something similar be available this time around? LS confirmed that this has been raised but no update at present.

It was pointed out that the Masters House which Cambridge City are taking on, is laid out in a way that would allow for some isolation - all rooms are ensuite and food deliveries are mad to the site.

Extremely Clinically Vulnerable (ECV) – there are people in this category currently in services. A number of services also have people who are Clinically Vulnerable or have other milder respiratory conditions that put them at increased risk.

Cyrenians are re-triaging everyone Thursday to capture all vulnerabilities. They did this last time round and found nit very helpful to have all the information in one place and readily available.

Schemes/supported accommodation classed as households:

* Not clear how ‘small’ constitutes as household – does say it’s at the discretion of the manager. CHS are counting some smaller schemes as households, but then everyone has to isolate as a household if there’s a case/suspected case - Is there any local definition that could be applied? **Action: LS to try and find out.**
* Mixing with other households can’t be policed as staff are generally not on site at these locations
* Some residents have friends in other accommodation that they may still want to meet up with as well

Enforcing the wearing of face coverings:

Providers have made residents aware of guidance and will encourage compliance but they have no power to enforce compliance. Ultimately their only course of action would be to evict someone, and no-one would want to do that – would generally be the last resort!

Orwell have taken decision not to report anyone/take action for not wearing a mask unless person is symptomatic and refusing to isolate

YMCA have had 2 x residents who were sent home from college who refused to use testing kits and have refused to wear masks – they have been aggressive to staff so are having to follow their warning procedure. Have other experienced this sort of issue as well? Both CHS and Riverside had similar experiences last time around.

If people are symptomatic and refusing to isolate/comply and putting others at risk then will need to ask them to leave.

Mark explained that previously Jimmy’s had agreed with Cambridge City Council that they would evict someone in to one of the Covid hotels.

This is still something City would consider, but the biggest concern would be that if they’re not isolating where they are, then how likely is it they will comply elsewhere?

It was noted that those not wearing face coverings could be viewed as breaching licence conditions on H&S grounds.

Cambridge City are about to move everyone form Covid emergency accom to a single location (Masters House, Histon Road) – their stance is that they won’t be allowing anyone in who isn’t’ wearing a face covering and will be expecting them to wear one in every setting where they’re likely to come in contact with others.

Orwell asked if others had considered temporary exclusions rather than evict? This worked well for them previously. Number of providers have done this previously with positive results.

1. **Second national lockdown**

Some residents have chosen to return to family during lockdown. Previously those returning were asked to self-isolate on return to project – same approach will be taken this time around too.

Not going to be able to control contact with others outside of the projects. Can only advise on guidance and encourage compliance.

Compliance remains a big issue for projects, and so does impact on mental health (diagnosed and undiagnosed).

The planned move to Masters House not ideal as we move in to lockdown – potential impact on MH as big change for some.

Positive is that at least everyone has things in place from the first one - generally about reinforcing measures rather than introducing new ones.

Staff know what to expect this time so in the main seem quite positive so far

CHS learnt from last time that lone working did not work well for staff wellbeing, so won’t be repeating this approach.

Salvation Army are allowing residents who aren’t in a ‘bubble’ with someone to form a bubble with a friend within the scheme – they can then spend time together in each other’s rooms etc – introduced this at end of last lockdown and residents have found it helpful (particularly for mental wellbeing) so are continuing this.

ECV staff:

* Longhurst – insisting clinically vulnerable staff must work from home unless a GP declares otherwise.
* Jimmy’s – encouraging staff in this category to work from home – can’t force people to do this and some have chosen not to- in these situations they’ve done an individual RA with the person to ensure they are able to continue to work safely
* CHS – have 1 person who can’t work from home – last time they furloughed this person – any others at risk they are completing a RA for.
* Orwell have sought guidance from OH - using NHS based RA’s to determine who is ECV and in that case cannot work on site. **Action: Alison to share copy of RA for LS to include with notes.**

If there any clear guidance around this?

Is there a provider liability to consider here if something in ECV group contracts the virus? If someone can work from home then should organisations insist? If someone is ECV but still wants to work then can they? **Action: LS to see if Public Health can offer any additional guidance on this.**