**Notes of HRS Covid Catch Up call – 02.12.20**

**1) Previous actions**

* LS to liaise with Breege re: duplication of Covid notifications – ***LS spoke to Sam Nash – proposing all HRS services use HRS process and we’ll share info with Children’s Services were needed.***
* LS and Russ to catch up outside this meeting re PCC HRS & contracts **– *meeting has been arranged***

**2) Procurement Q & A**

Sarah Fuller from Cambridgeshire CC Procurement Team talked through the questions received in advance from providers. (Copy of the questions and responses is attached with notes.)

Split between quality and price still to be determined – concerns were raised around price being the driver rather than quality. Weighting should be towards quality – more important element.

Question was raised around whether County and City are looking ‘to get rid of hostels’ as part of ‘Streets to Homes’ – LS and James McWilliams confirmed that this was not the case and that there was still a place for hostel accommodation in new model.

Point was raised that for ‘Streets to Homes’ County & City funding ends at different times – Both Councils are aware of this and are still discussing this.

What checks will we have in place to ensure that accommodation promised in the bid can be delivered? This is something that will be considered and may involve additional detailed information being requested in relation to the accommodation elements.

Flexible support and flexible approach is important for ‘Streets to Homes’ (and other models) to enable them to evolve and meet changing needs.

**3) CCC Updates**

* HRS Savings

Committee paper published today. Adults committee being asked to support removal of remaining HRS savings from adult’s budget.

Infection Control Fund

This is funding that the County receives directly from Government. 80% of this funding is mandated to support CQC registered providers with a discretionary 20%.

A paper will go to Adults Committee on December 10th recommending that a proportion of the discretionary element of this funding be allocated to other voluntary sector services, including accommodation based HRS services. If agreed funding would be allocated based on a standard methodology e.g. amount per person being supported.

If agreed a one off payment will be made to providers based on an amount per client.

**4) HRS Procurement & Redesign update**

This is a general update with an overview of current thinking around models. Models are all draft. Will be opportunities for those outside of Cambridge to discuss initial drafts in more detail.

If anyone has any comments or thoughts on the update please call or email LS directly.

**5) A.O.B**

* Covid 19 & Christmas household mixing:
	+ Services are allowing clients to spend time with family at Christmas.
	+ Less challenge for those who have self-contained accommodation as they could isolate on return if needed.
	+ Visitor bans still in place at projects.
	+ Some are planning ‘distanced parties’ i.e. food prepared but not sitting together
	+ Ferry have purchased outside cinema and waterproof beanbags so hoping they can provide some outdoor festive activities e.g. carols and films and snacks
	+ Review of tiers on 16th December might impact on what people can do in terms of activities.
	+ It was also noted that Therapeutic group work is allowed as long as it’s socially distanced.
	+ Increased risk of potential outbreaks with people mixing with multiple households.
	+ Government guidance doesn’t require people to isolate on return but some projects are still considering whether this might be a good measure to adopt.
	+ Concern this wouldn’t be fair if services weren’t also asking staff to isolate.
	+ Would there be an option of testing residents who return to projects?

**Action:** LS to ask Public Health colleagues if there is any further guidance on whether those returning should be asked to self-isolate.

* Covid Vaccine:

Question was asked in advance of the meeting about whether there was any information on around where project staff might fit in the vaccination planning?

Public Health colleague confirmed that as it is still very early days so we don’t currently have that level of detail not yet been finalised.