



AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE

Date: Thursday, 28 January 2021

Time: 6.30 pm

Place: Virtual meeting:

<https://www.youtube.com/channel/UCjwblOW5x0NSe38sgFU8bKg>

A G E N D A

Pages

1. ATTENDANCES

To note attendances, including Officers, and any apologies for absence.

2. DECLARATIONS OF INTEREST

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

3. QUESTIONS FROM THE PUBLIC

A maximum of 15 minutes will be allocated to public questions submitted in writing to Democratic Services (democratic.services@trafford.gov.uk) by 4pm on the working day prior to the meeting. Questions must be within the remit of the Committee or be relevant to items appearing on the agenda and will be submitted in the order in which they were received

4. MINUTES

1 - 10

To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on the 12th March 2020

5. ACCESSIBILITY OF PRIMARY CARE SERVICES IN TRAFFORD

The Committee to receive a verbal update from representatives of Trafford Clinical Commissioning Group on the following points:

- the extent to which access to primary care services in Trafford has been

impacted by the pandemic and how this is being monitored and quantified

- the impact on patient groups already known to be reluctant to seek medical attention (eg men, residents who do not speak English)
- measures being taken to ensure patient groups who cannot access technology are able to seek care
- the steps being taken to raise awareness and encourage access to primary care services
- the steps being taken to allay patient anxiety regarding the fear of contracting Covid by virtue of seeking medical advice
- patient satisfaction with online consultation - how this is being measured and how findings are being fed back to shape service delivery

6. DOMESTIC ABUSE IN TRAFFORD DURING THE COVID-19 PANDEMIC

Report to follow

7. LESSON LEARNED REPORT FOR COMMUNITY RESPONSE HUBS

11 - 46

8. URGENT BUSINESS (IF ANY)

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

9. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

SARA TODD
Chief Executive

Membership of the Committee

Health Scrutiny Committee - Thursday, 28 January 2021

Councillors Dr. K. Barclay (Chair), S. Taylor (Vice-Chair), A. Akinola, Dr. S. Carr, Mrs. D.L. Haddad, B. Hartley, J. Lloyd, D. Acton (ex-Officio), D. Western (ex-Officio), R. Chilton and M. Cordingley.

Further Information

For help, advice and information about this meeting please contact:

Fabiola Fuschi, Governance Officer
Tel: 07813 397611
Email: fabiola.fuschi@trafford.gov.uk

This agenda was issued on **Wednesday, 20 January 2021** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

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HEALTH SCRUTINY COMMITTEE (TEMPORARILY SUSPENDED)

12 MARCH 2020

PRESENT

Councillor Dr. K. Barclay (in the Chair).

Councillors S. Taylor (Vice-Chair), A. Akinola and S. Thomas

In attendance

Sara Radcliffe	Director of Integrated Health and Social Care Strategy, Trafford Council
Eleanor Roaf	Interim Director of Public Health, Trafford Council
Martyn Pritchard	Accountable Officer NHS Trafford and Clinical Commissioning Group (CCG)
Cathy O'Driscoll	Associate Director of Commissioning, Trafford CCG
Richard Spearing	Trafford Integrated Network Director, Trafford Council
Fabiola Fuschi	Governance Officer, Trafford Council

Also Present

Councillor J. Harding, Executive Member for Adult Social Care

Councillor Slater, Executive Member for Health, Wellbeing and Equalities

53. ATTENDANCES

Apologies for absence were received from Councillors Acton, Dr. Carr, Mrs. Haddad, Hartley, Lloyd, D. Western and Heather Fairfield, Chief Executive Trafford HealthWatch.

54. DECLARATIONS OF INTEREST

Councillors Akinola, Harding and Taylor declared a general interest in so far as any matter related to their employment.

55. QUESTIONS FROM THE PUBLIC

The Committee received two public questions submitted by Mrs. Judith Collins.

First question: "Could Trafford Council assure that forthcoming town centre projects include public toilet provision. This is no longer available in Altrincham. In an all age friendly borough accessible toilet provision affecting young, old and disabled is essential."

The Growth and Regulatory Services provided the following response:

Trafford Council maintains seven public Toilets across the Borough including those in Sale and Hale Town Centres. These are supplemented by toilets within Libraries and other public buildings which are available for visitors to use during normal opening hours.

Toilets are also available at Stretford Mall during the day. The Council alongside its co-owner Bruntwood are currently consulting on the future of the Mall and the wider town centre. We will consider the future of public toilet provision as part of that ongoing process.

Second question: "There is increasing concern about imposed charges for prescription delivery. Greater Manchester Older Peoples Network Health group has been asked to find out what the situation is locally. I work with Manchester University's Pharmacy researchers and I understand from them that Boots started to charge £5 and that local pharmacies are beginning to follow suit maybe to defray other costs from NHS cuts. Some customers gets charged per prescription other have a blanket charge usually £5. What is the situation in Trafford.

If this takes up too much time am happy for the question to be asked out of the meeting
Judie"

The Medicine Optimisation Team – Trafford CCG – has liaised with Greater Manchester Local Pharmaceutical Committee (GM LPC). This is their response:

We are aware that some pharmacies do charge for their prescription delivery service.

The decision to charge is up to each individual contractor.

We are not informed if or when a pharmacy decides to do this as it is a commercial matter and we as an LPC have no involvement with commercial decisions.

Therefore we do not have records of which pharmacies in your area currently charge.

56. MINUTES

RESOLVED that the minutes of the Health Scrutiny Committee meeting held on 30th January 2020 be approved as a correct record.

57. CORONAVIRUS

On request of the Chair of the Committee, the Interim Director of Public Health was in attendance to provide an update on the COVID-19 outbreak and to address the questions of the Committee.

The Officer informed Members of the latest facts and advice concerning COVID-19, following the meeting of the Civil Contingencies Committee (COBRA) this afternoon. The Officer reported that from a Containment Phase aiming to minimise the spread of the virus, the UK entered the Delay Phase that aimed to delay the spread of the disease that might affect people over a longer period of time to ensure that the NHS could manage the treatment of the disease amongst the

population. The Officer reiterated that the advice for the population was to continue with hand and respiratory hygiene and observe social distancing rules. If a new and continuous cough and temperature over 37.8 was present, the advice was to self-isolate for at least seven days. If conditions deteriorated, the advice was to contact 111. As at today's information, only people who were already in hospital would be tested for the virus. The Officer made clear that Public Health advice might change according to how the situation progressed.

The Committee requested to know what the situation in Trafford was. The Officer reported that, as at today, there were six confirmed cases of COVID-19 in Trafford, four were being managed at home, whereas two had just been announced today.

The Portfolio Holder for Adult Social Care reassured the Committee that the Executive took this issue seriously and regular daily updates regarding social care and national guidance was applied to give a consistent message to members of the public.

The Committee requested to know about capacity in local hospitals. Officers informed that local hospitals were currently holding up well and work was ongoing with care home providers to ensure that safe discharges took place to maintain hospital capacity.

The Committee asked whether the Council was being proactive in protecting people and employees. The Officer informed that, although sourcing protective material was difficult, soap and water were available in all bathrooms and kitchens in Council's buildings. Paper towels were also available and they could be used to dry hands and open doors.

Members also queried about the safety of the modelling adopted by the Government with regard to social distancing and visiting vulnerable people which, currently was allowed. The Officer explained that Public Health measures had to consider and balance the risk of social isolation to which elderly and vulnerable people were exposed. The Officer made clear that current Public Health guidance could change as the situation developed.

RESOLVED that the update be noted.

58. UPDATE ON PHYSICAL ACTIVITY

The Committee gave consideration to a report of the Interim Director of Public Health which informed of the work progressed in relation to a number of matters raised by the Committee to deliver on reducing physical inactivity as one of the Public Health priorities in Trafford.

The Interim Director of Public Health attended the meeting to present the report and to address the enquiries of the Committee.

Members acknowledged and commended the work that had been undertaken to address the points raised at a previous meeting of the Committee. In particular,

the projects that had been put in place to support GP practices to engage with patients and promote physical activity, local walks and park runs.

Members asked whether any information to promote physical activity had gone out with the Council Tax leaflet to take advantage of the publicity.

RESOLVED:

1. That the progress be noted;
2. That the Interim Director of Public Health liaise with Communications to discuss use of existing Council Tax publicity to incorporate message on physical activity.

59. UPDATE ON IMMUNISATION

The Committee gave consideration to a progress report of the Interim Director of Public Health which informed of the actions taken by the service on the theme of Immunisation in the Borough to respond to the requests that the Committee had raised at one of its previous meetings, in the current municipal year.

The Interim Director of Public Health was in attendance to present the information and to address the questions of the Committee.

Members asked whether Muslim communities were offered the alternative MMR (Mumps, Measles and Rubella) vaccination. The Officer explained that the message had been cascaded to all GP practices and data was currently been collected. The service would be able to report on this item at a future meeting of the Committee.

RESOLVED that the update on Immunisation be noted

60. SUICIDE PREVENTION UPDATE

The Committee gave consideration to a progress report of the Interim Director of Public Health which informed of the latest actions on the Suicide Prevention Plan for Trafford.

The Interim Director of Public Health was in attendance to present the information and to address the questions of the Committee.

The Portfolio Holder for Adult Social Care informed the Committee that U92 had been chosen as venue for the Suicide Partnership conference to launch Trafford Suicide strategy involving the students and the community.

RESOLVED that the update be noted.

61. UPDATE ON PERIOD POVERTY

The Portfolio Holder for Health, Wellbeing and Equalities provided the Committee with a verbal update on the work of the Executive following the recommendations of the Health Scrutiny Committee on Period Poverty.

All schools and colleges were now supplying free sanitary towels, following the implementation of a government scheme which funded the purchase of menstrual products for students. Consequently, the Red Box project had come to an end. However, support was required for Go with the Flow. This was a scheme aiming to provide the same support in venues such as sport centres and G.P. surgeries.

This scheme would be launched at UA92 in the near future.

RESOLVED that the update be noted.

62. TRAFFORD CARE COORDINATION CENTRE

The Committee received a report of the Associate Director of Commissioning, Trafford Clinical Commissioning Group (CCG) which provided information on the current plans for the Trafford Care Coordination Centre.

The Chair explained that this report had been requested by the Committee, following the concerns raised by some residents over the future care arrangements for elderly and vulnerable clients of the centre.

The author of the report, accompanied by the Director of Integrated Health and Social Care Strategy, attended the meeting to present the information and to answer the questions of the Committee.

The officers informed the Committee that the five year contract with the service provider was naturally coming to an end. Consequently, the CCG took this opportunity to review and appraise the service in the wider context of new services developed to manage urgent and primary care needs of the population in Trafford.

Members sought clarification on the risk posed by the termination of the services provided by the Care Coordination Centre. Members were also interested to know what good practice had been learned through this experience. Officers informed that all patients who received services from the Care Coordination Centre were under the clinical responsibility of G.P.s or district nursing. Therefore, a referral would be made to the patients' G.P. before the centre was closed.

Officers also informed that the centre had been very revolutionary and innovative for its time as it had focused on preventing further patient admissions to hospital following their discharge. However, the current approach was to support patients in their own homes and additional support services were available to enhance patients' care and experience.

Members also enquired about members of staff at the coordination centre. Officers informed that the clinical staff was directly employed by the contract provider and alternative roles had already been offered in other services. Administrative

members of staff might face redundancies as they were directly employed by the Care Coordination Centre.

RESOLVED that the content of the report be noted

**63. PSYCHOLOGICAL THERAPIES FOR MENTAL HEALTH CONDITIONS -
SPOTLIGHT ON PROVISION IN TRAFFORD**

The Committee received an update to the information that it had received in September 2019 with regard to access to psychological therapies in Trafford. In particular, the Committee had been interested to know about the progress on accessibility, equality of access, attrition rate, recovery and re-presentation with a particular focus on access to services in the north of the borough.

The Assistant Director of Commissioning Trafford CCG was in attendance to present the information and to address the questions of the Committee.

Members noted the update and requested additional information on attrition for those users who accessed services on-line. Members also enquired whether information was accessible in other language for hard to reach communities.

RESOLVED:

1. That the update be noted;
2. That the availability of information in different languages for hard to reach communities be reviewed with the view to increase its accessibility.

64. UPDATE ON TRAFFORD TOGETHER LOCALITY PLAN

The committee received an update on particular aspects of the Trafford Locality Plan, following the presentation of a full report on progress in November 2019. Today's update concerned key areas of work in health and social care such as tackling inequalities, digital platform and engagement with the community.

The Director of Integrated Health and Social Care was in attendance to present the update and to answer the questions of the committee.

RESOLVED that the development of the Locality Plan with particular reference to the three aspects requested at the previous meeting of the committee be noted.

65. TRAFFORD LOCAL CARE ORGANISATION UPDATE

The committee received a progress report of the Director for Integrated Health and Social Care and of the Managing Director of Trafford Local Care Organisation (TLCO) on the completion of the transfer of Trafford community services from the previous provider to Manchester Foundation Trust, the progress on the Post

Transfer Implementation Plan and an overview of the governance, financial and operational aspects associated with it.

The report authors were in attendance to present the information and to answer the questions of the committee.

Members sought and received clarification on a number of issues such as transferring of employees, commissioning and Locality Plan, neighbourhood planning event in autumn 2020 and Year Engagement Locality Plan.

Members stressed the importance of engaging with the community in each of the four localities and asked to be involved in the neighbourhood event and in any other part of the engagement strategy.

RESOLVED –

1. That the update on post transfer of community services into Manchester Foundation Trust and the formation of the Trafford Local Care Organisation be noted;
2. Ward Councillors be involved in the engagement strategy.

66. UPDATE ON TASK AND FINISH GROUPS

The committee received an update on the work of the Task and Finish Group established during the current municipal year.

The first Task and Finish Group focused on failing G.P. practices in the borough. Members reported that this piece of work had been completed. Members went on to say that, following a session of questions and answers with officers of Trafford CCG, they had been reassured that G.P. practices in Trafford were performing well and robust processes and procedures were in place to prevent any further problem from arising.

The second task and finish group focussed on tackling the stigma associated with mental health. Members reported that two meetings with representatives of Health and Social Care services and CCG had taken place and the work was ongoing.

Reports on the work of the two task and finish groups would be produced and shared with the entire committee. The reports would feed into the annual scrutiny report for full Council.

RESOLVED that the update on the work of the task and finish groups be noted.

67. SCRUTINY REVIEW

The Governance Officer informed the committee that a review of Trafford Council's scrutiny process would be conducted in line with the time table below. The process would consist of a short questionnaire being sent to all scrutiny

Health Scrutiny Committee (temporarily suspended)
12 March 2020

members, and a meeting where they would be invited to discuss what worked well and what could be improved about the way the Council carried out its scrutiny functions. Information from the review would be fed into the Annual Scrutiny report.

Date	Activity
13 March 2020	Questionnaire sent to Scrutiny Committee Members
21 April 2020	Scrutiny Review
June/July 2020	Annual Scrutiny Report submitted to Scrutiny Committees
22 July 2020	Annual Scrutiny Report Presented to Council

68. SAFEGUARDING ADULTS IN TRAFFORD - AN UPDATE ON THE WORK OF THE TRAFFORD STRATEGIC PARTNERSHIP

The committee considered the update on the work of the Trafford Strategic Partnership which was operating under a new model.

The Executive Member for Adult Social Care suggested that, in the new municipal year, the dashboard with the outline of complaints and learning points could be shared with the committee.

RESOLVED –

1. That the update on the work of the Trafford Strategic Partnership be noted;
2. That the safeguarding dashboard with the outline of complaints and learning points be shared with the Health Scrutiny committee in the new municipal year; the information to include an update on the introduction of the digital front door.

69. STRETFORD MEMORIAL UPDATE

The committee received a report of the Group Director of Estates and Facilities, Central Manchester University Hospitals NHS Foundation Trust which sought to inform of current and future plans for the Stretford Memorial site.

Members noted the content of the report and thanked the Trust for providing the update.

Members requested that a representative of the Trust be present at a meeting of the committee in the new municipal year to report on the provision of health services in the north of the borough.

RESOLVED -

1. That the content of the report be noted;
2. That a representative of the Central Manchester University Hospitals NHS Foundation Trust attend a meeting of the committee in the new municipal year to report on the provision of health services in the north of the borough.

70. ALTRINCHAM HUB UPDATE

The Accountable Officer Trafford Clinical Commissioning Group (CCG) attended the meeting to provide an update on the Altrincham Hub.

The officer reported that the South Integrated Network Team had moved to the hub with 120 health and social care members of staff. Other health services would move into the building in the next few months. NHS Property Services was discussing heads of terms for a café provider; however, because of current circumstances linked to Covid-19 pandemic, there might be a delay.

Members asked whether the newly opened café` would provide healthy choices café and whether there had been issues with patients accessing the sight. The officer responded that NHS Property Services would directly manage the contract with the café` provider and that the feedback received so far from patients had been overwhelmingly positive.

Members enquired about the possible use of the building for wider health and wellbeing activities, social prescribing, space for voluntary organisations and their activities. The Accountable Officer explained that NHS Property Services was piloting online booking of spaces and Altrincham Hub would be one of the sites part of their pilot. Organisations were invited to put forward their interest and to have a conversation with the CCG and NHS Property Services.

The Chair of the committee thanked the Accountable Officer for his contribution throughout the municipal year.

RESOLVED that the update be noted.

The meeting commenced at 6.30 pm and finished at 8.06 pm

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 28th January 2021
Report for: Information
Report of:

Report Title

Lesson Learned Report for Community Response Hubs

Summary

<p>The brief received from the Health Scrutiny Committee was:</p>

<p>Community Hubs success and lessons learned to aid in modelling services going forward</p>

<p>The attached presentation was prepared last September and shows how we collected lessons learned during the pandemic to formulate next steps for the community hubs and the recovery and reform for health and social care in Trafford.</p>
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Recommendation(s)

<p>For the Health and Scrutiny Committee to read through the lessons learned presentation and for questions to be raised and discussed at the meeting.</p>
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Contact person for access to background papers and further information:

Name: Joanne Gibson joanne.gibson@trafford.gov.uk

Trafford's Community Response to COVID

The lessons learned gathered at this time, have morphed into the Living Well in My Community Strategic Design group – this is part of the Health and Social Care Recovery and Reform Programme – also referred to as the Locality plan.

There have been further successes and lessons learned since this piece of work was completed in September, and a network of 6 community hubs is still in existence and providing support to our communities during the pandemic.

There are four key workstreams that were identified from the lessons learned:

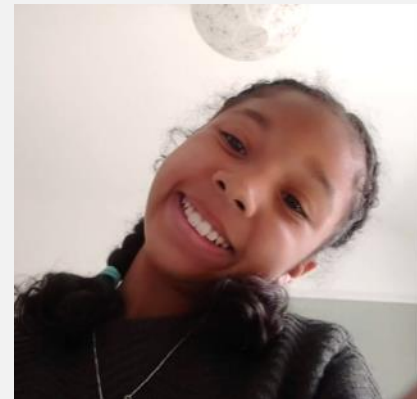
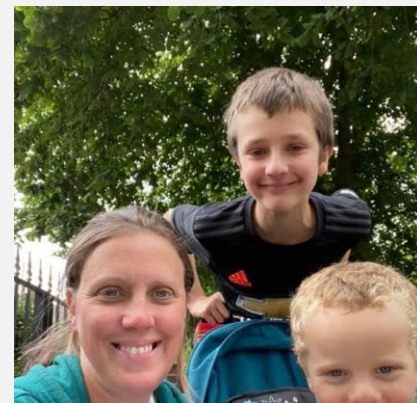
- Development of Place Based Working
- Information and Advice – creating a more cohesive offer and strategy across Trafford
- Having a Strong and Sustainable Voluntary Sector – understanding how we can provide support and funding to this sector in the future
- Reducing Health Inequalities – ensuring that data and intelligence is used at a place level to ensure that local solutions are co-produced and implemented.

The network of community hubs continue to provide support to local people in terms of:

- Access to food
- Information and Advice
- Social Isolation
- Basic Support needs

Each hub has developed it's own unique offering and is supported and connected to a wide number of partners across Trafford, including health partners.

A conversation took place at the Local Care Alliance before Christmas, and a facilitated conversation with the independent chair is planned to ensure that the Voluntary Sector are connected to all the other partners within this alliance.



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Trafford Community Response to COVID-19

Consolidated Lessons Learned

Contents

This report gathers together Lessons Learned review work from many sources that has been undertaken over the last few months, looking back on the Community Response to COVID-19. These include:

1

COMMUNITY SUPPORT STRATEGY GROUP

The strategy group met in June to review lessons learned, bringing together partners from Trafford Council, CCG, Trafford Housing Trust, Thrive, Citizens Advice, and the six Community Hub VCSE organisations

5

FUTUREGOV STOCKTAKE

FutureGov conducted 10 days of interviews with 78 respondents to gather together feedback on the opportunity to significantly shift the role of Trafford Council and develop a new neighbourhood model

6

THRIVE REVIEW WITH HUBS

Thrive Trafford met virtually with all the community hub leads to gather insight into the learning gained and the aspirations and possible opportunities to build on the model during the recovery phase and longer term

7

NATIONAL AND LOCAL INSIGHT

We have summarised key lessons gathered locally across Greater Manchester organisations (collated by 10GM), as well as a from New Local Government Network (NLGN)

3

VCFSE SECTOR SURVEY

Thrive and Trafford Partnership have surveyed the local VCFSE sector to understand the impact COVID-19 has had and the current and future needs of Trafford organisations, so we can tailor support to meet these

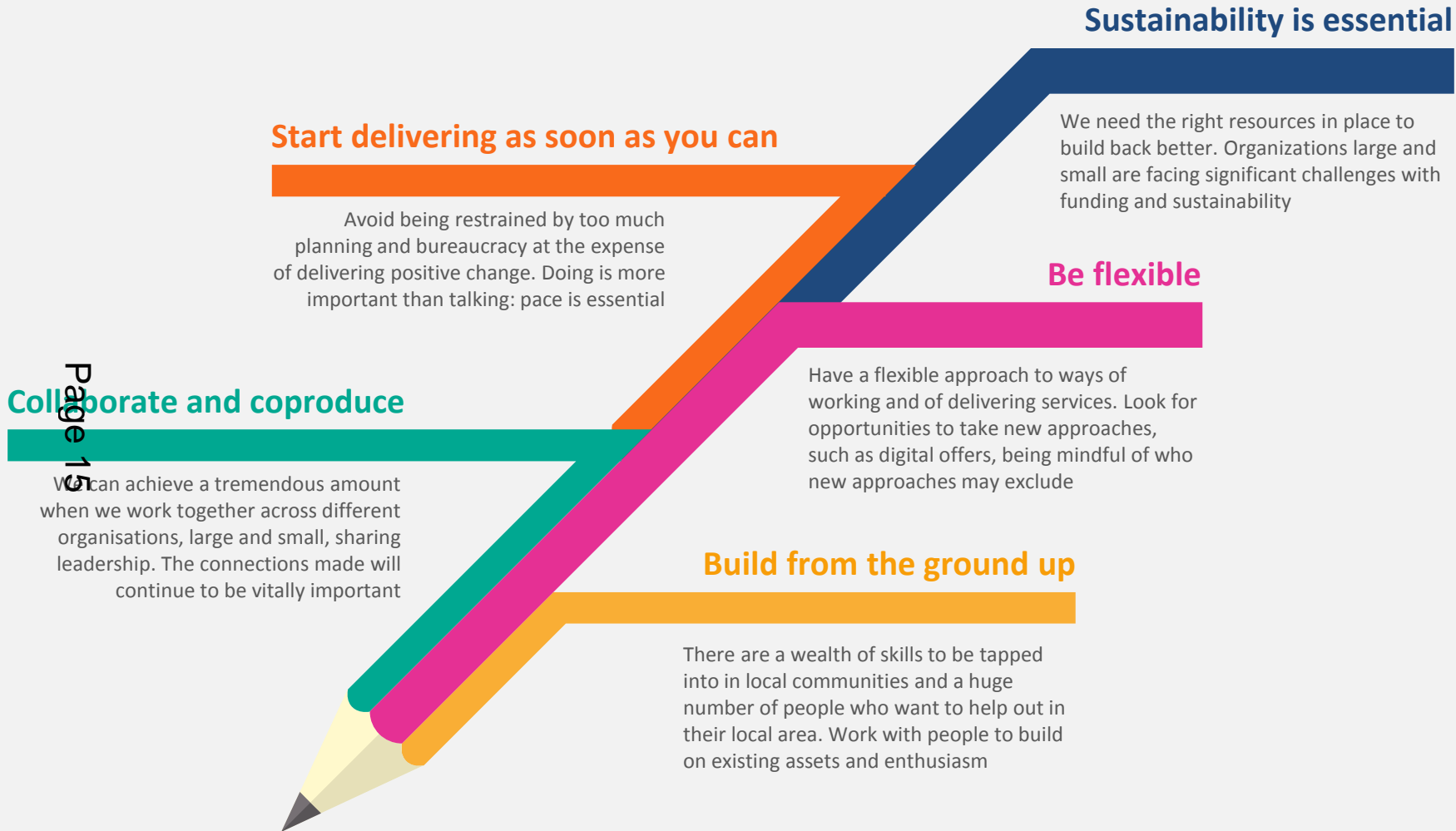
4

COMMUNITY HUBS SERVICE USER SURVEY

We surveyed people who made use of Trafford's community hubs, gathering their thoughts and experiences of receiving this support. The survey was in field during August/September, gaining 144 responses

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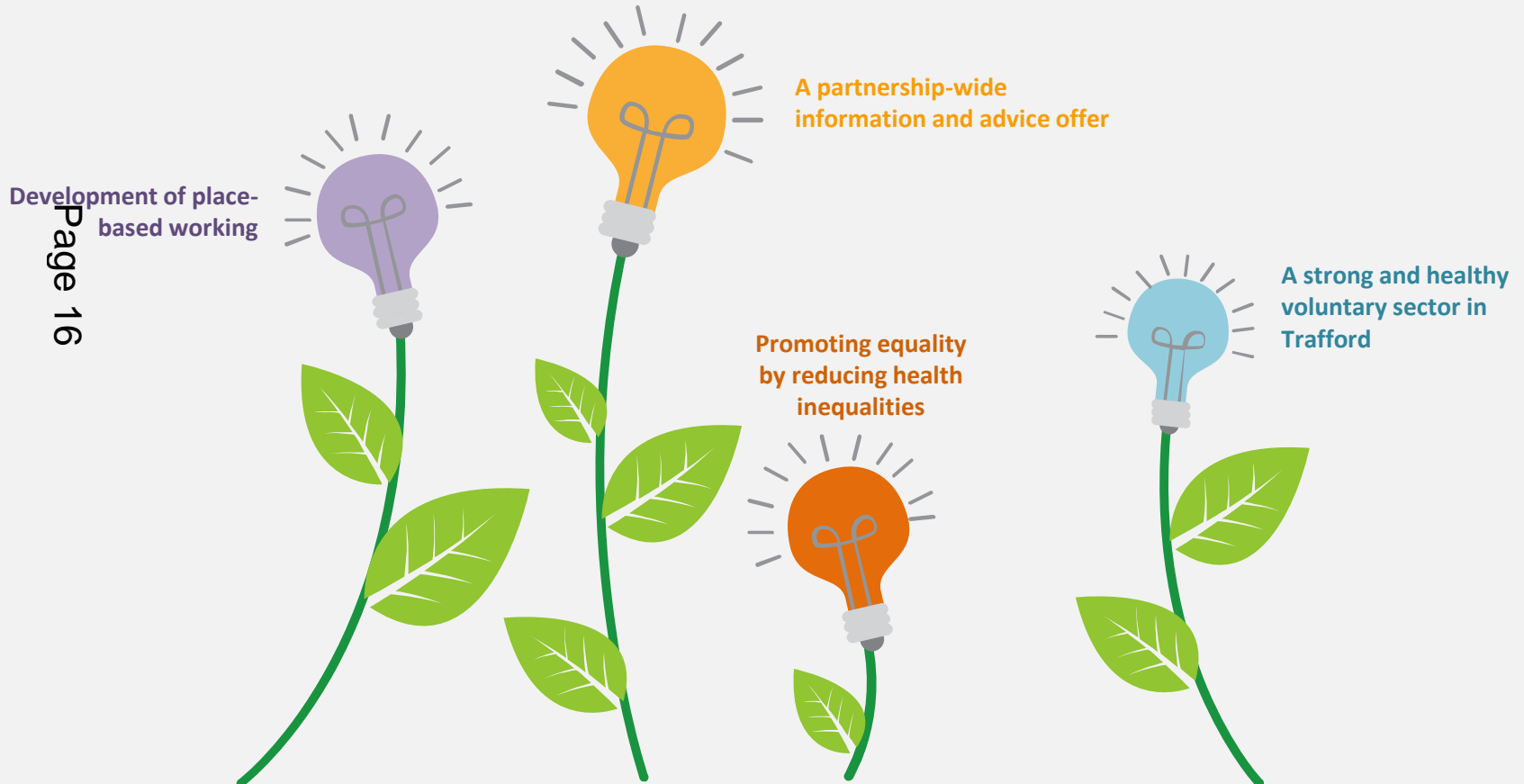
Main themes from our review work



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Next steps

We have used the lessons learned during community COVID response to shape Trafford's Recovery and Reform programme, with the following 4 areas being identified as key workstreams to focus on within the Living Well in My Community strategic design group:



Community Support Strategy Group review

In June, the Community Support Strategy group met to review lessons learned so far during the community response work., bringing together insights from Trafford Council, CCG, Trafford Housing Trust, Thrive, Citizens Advice Trafford, The Hideaway Partington, The Hub Altrincham, Stretford Public Hall, Age UK Trafford, Our Sale West, and St John's Centre. The lessons learned were:

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This way of working enabled different members of the community to become engaged

The VCSE sector mobilises quickly

Partnership support has been excellent

The CCG and Council can enable success

We would have liked to leaflet earlier to ensure people weren't without support

There is a huge amount of goodwill and people willing to support their area

There is a wealth of skills to be tapped into in local communities

It is easy to create dependency, we need to set clear expectations and support people to return to independence

Build upon existing strengths and assets- don't always need something new

Working with schools and children's services is important

There's a need to reflect on what hasn't worked well along with what has

Leadership sets clarity of action which supports the rate at which a project can begin and develop

The connections made have been and will continue to be vitally important

Public sector complexity is difficult to navigate – clarity needed over who does what

Emails aren't ideal communication

Community Support Development Plan group review

A subgroup of the Community Support Strategy group, this team gathered together Lessons learned in June, to form a development plan for the 3 months leading up to September 2020. These included:

Effective partnerships lead to successful outcomes

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Leadership is a shared commodity to be distributed across agencies and organisations

How we do things is often more important than what we do

Monitoring, review and evaluation are integral to success

You can learn from your mistakes

Doing is often more effective than talking

Effective project management is a skill to be valued

It is possible to work at pace and scale

Risk needs to be identified, managed and shared

Shared vision, values and behaviour leads to effective service development and delivery

Relationships are more important than status or position

COVID impact on Trafford's voluntary sector: engagement survey feedback

Thrive and Trafford Partnership have surveyed the local VCFSE sector to understand the impact COVID-19 has had and the current and future needs of Trafford organisations, so we can tailor support to meet these. 58 organisations responded to the survey, identifying the following lessons learned and opportunities:

How much our service is needed

We are adaptable

To improve our digital offer

The importance of communication

A need for specific volunteer skills

Highlighted areas we need to develop

No formal service can be as supportive or impactful as a caring neighbour

We can deliver in new ways, including online

The need to accelerate change in the way we collect and use data

Community is incredibly important, people want to feel part of something even if physically apart

Working with the hubs has added new networks

More use of online service delivery

New public and statutory interest

Working more strategically

Increased community spirit

New ways to communicate

New volunteers

Neighbourhood support

New relationships with local authority, CCGs, private trusts and the media

More homeworking in the future

New potential funders

Direct feedback from the voluntary sector survey is given below:

LESSONS LEARNED

- 'We have learnt that we are more adaptable than we thought but that one of our great strengths is our method of teaching face to face in a practical manner which works best for just about all kids and those with ADHD needs or attention issues have dropped out because they don't engage with a leader on a screen as much.'
- 'That community is incredibly important, and people want to feel part of something even if they are physically apart.'
- 'It has highlighted how much our service is needed and our strength in working collaboratively within the VCSE sector. It has also identified the areas in which we need to develop and links to be made within Trafford so that we have more information to support families.'
- 'We are always looking for volunteers to join us, however this crisis has highlighted our need for volunteers with different skills i.e. volunteers who can drive our vehicles, younger volunteers who can help with shopping, volunteers with admin skills who could help out in the office etc.'
- 'Continued use of online services as an option for families that find it hard to access face to face meetings'
- 'That for most of our service-users digital skills and technology access is an issue – and we will want to continue building digital literacy and confidence in order that positive momentum is sustained and our capacity to reach out to the most vulnerable cohorts of deaf, hard of hearing and deaf blind people can be increased'
- 'Importance of communication with all the agencies involved in each borough.'
- 'We have worked closely with other VCSE sectors and the local council in providing a unified response to the needs of the local community and this is something that would be good to maintain.'

Direct feedback from the voluntary sector survey is given below:

OPPORTUNITIES

- 'We are adaptable to change'
- 'More use of online delivery and home working in the future'
- 'New potential funders. New interest in the VCSE sector from the public and statutory providers.'
- 'Being able to deliver online training (Living with Sight Loss and exercise classes).'
- 'We are now more connected with organisations across Sale and Trafford...recruited 35 volunteers which we wouldn't have traditionally engaged with... gained positive publicity for the organisation.'
- 'It has allowed us to be more outward facing as our service was essentially linked to the use of our property. That dynamic has changed significantly and has increased our penetration into parts of the community that did not understand how we worked and who we would help.'
- 'Looking out for and connecting with neighbours. Reaching people on alternative media, often online.'
- 'Looking at new ways to communicate.'
- 'Working more closely with boroughs to identify areas of need and provide food more strategically.'
- 'Remote counselling, the need to accelerate change in the way we collect and use data'
- 'Offering a suite of online support which will help those carers who have difficulty leaving the cared for.'
- 'Lots of community support and spirit has just risen from nowhere. It is lovely to see and needs to be in encouraged and supported as no formal service can be as supportive or impactful as a caring neighbour.'
- 'Collaborations with organisations in meeting the needs of children and families'

Direct feedback from the voluntary sector survey is given below:

NEW AREAS TO EXPLORE

- 'Neighbourhood support rather than community group support'
- 'Working with groups in other areas of Sale, providing community services that have a greater reach.'
- 'Connecting on-line with a broader cross section of the community.'
- 'Remote working throughout Greater Manchester'
- 'All our family case management system is now paperless - we need to further develop this to include all of volunteer management systems and processes too - which is currently approx. 40% paperless.'
- 'Possibility promoting an 'Our Street' campaign where neighbours are encouraged to help and befriend their neighbours. A bit like neighbourhood watch schemes that addressed crime but on a social and caring theme.'
- 'Online support for people who may struggle to get outdoors normally, for any number of reasons.'
- 'We are in discussion with GMCA about future service delivery & new projects'
- 'Online Art Therapy'
- 'Connecting with the world online - connecting youth workers from Trafford with youth workers from around the world – online'
- 'Putting more deaf people in the lead deaf service-users at cross-sector Service Development and Innovation Fora; deaf and hard of hearing people leading on Deaf Awareness and BSL training/CPD for professionals in health, housing, social care, retail etc etc given the exclusivity of LAs' recent transition to telephone and online service channels'

Direct feedback from the voluntary sector survey is given below:

NEW RELATIONSHIPS OR NETWORKS

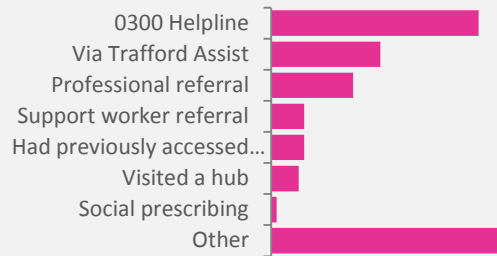
- 'New relationships with local authority, CCGs, private trusts and the media.'
- 'Working with the other hubs has added new networks that were not there previously'
- 'GM VCSE MH Leadership group, stronger links with local organisations: Stay Calm and Craft, Old Trafford Partnership members, Early Break, TDAS, Trafford Engage'
- 'Local support hubs and other support organisations'
- 'New relationships developed with the VCSE sector, Age UK Trafford and the local council as well as other local community groups.'
- 'New relationships are definitely happening for us. The Altrincham & Muslim Association are one group we haven't worked with before'
- 'Throughout the Covid pandemic, we have taken part and contributed to various response and recovery meetings including GMDPP, and case-making for change work through the GM Mayor, GM Disability Survey...Increased liaison with Adult Services, housing services organisations such as Empower You, SignHealth in Trafford, and even more local level connections such as GPs and pharmacies. All of which help to build bridges and make mutually beneficial links.'
- 'A new relationship with Sale Moor and community organisations across Sale. Now part of the coordinators network and linked more into Trafford and THT partnerships.'
- 'The charity has had communications from community, health and business organisations that have leapt into action to support organisations working throughout the crisis. The charity has made many new contacts with a range of networks.'

Community Hubs service user survey

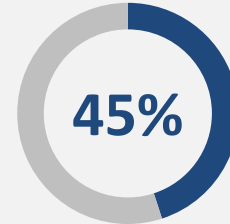
In August to September, Trafford's Community Response group surveyed people who had used Trafford's community hubs, gathering their thoughts and experiences of receiving this support. 144 people responded:



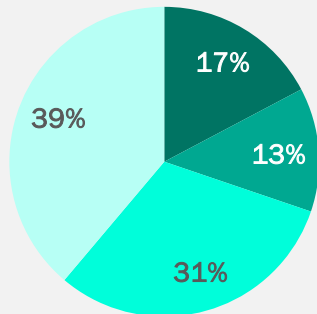
Average hub user rating (out of 5), based on their satisfaction



The Helpline was the main referrer

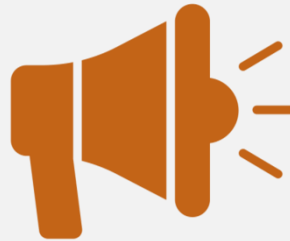


of people felt they needed continued support from hubs/another service



Once Twice More than twice On-going

The majority of respondents were supported by the community hubs on an ongoing basis



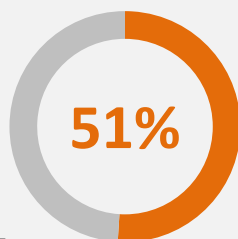
30% of people wanted to hear about local services from flyers or leaflets in the post; 26% from online including social media; 20% by word of mouth; 5% through WhatsApp and 5% from the Trafford Directory



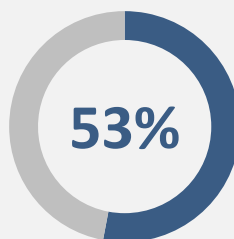
When asked if further support is needed within communities there was a range of answers from 'addiction drugs', to 'help getting to a football match', to 'help with reading and mental health'

Community Hubs service user survey: demographics

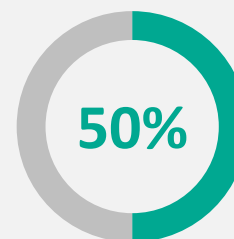
The survey offered information about the demographics of people who have been accessing the community hubs during COVID. We can use this insight to help understand more about the types of people who have needed support, as well as comparing the data to analysis of the groups we expected to require this support, allowing us to see who our offering might be missing and who we may need to better target:



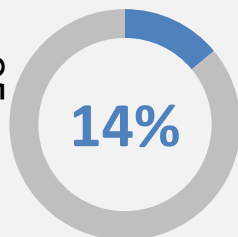
of respondents supported considered themselves to *have a disability*



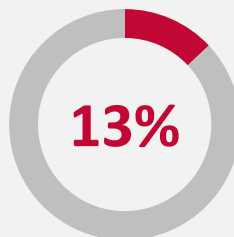
of respondents were *single adult households*



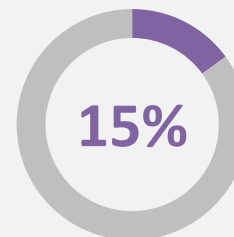
of respondents were *Shielding (Clinically Extremely Vulnerable)*



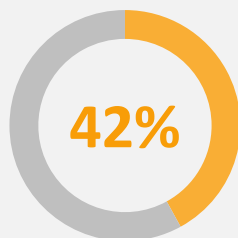
of respondents supported were from households with *children aged under 18*



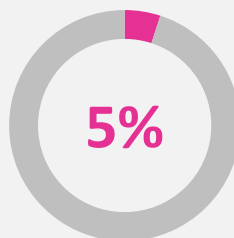
of respondents were *Carers*



of respondents were from the *BAME community*



of respondents supported were *aged over 64*



of respondents were from the *LGBT community*

Community Hubs service user survey: respondent quotes

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I had to move area as a result of domestic violence. I had no other support, so this was really helpful

They were friendly, supportive and understanding... they went beyond the minimum they needed to do

I fear that my household will be trapped if we don't have access to community support

It has been a life line. It has prevented isolation, [and given] peace of mind and a great sense of community. It has really been a life line during this pandemic

I am partially blind and I have a cancer diagnosis. I had just finished chemotherapy when the pandemic struck. I didn't know where to turn. Fear and anxiety overwhelmed me. The support of the Stretford Response Hub helped me to get through it

I thought the service was very good. They didn't judge me, it was relaxed conversation

This was definitely a life line for me and my hubby. We had been in lockdown for a very long time as he has been very poorly for a long time. Just being able to have a telephone call each week made at least one day different

The hub quite literally saved our lives

The Hope Centre helped me with lunches for my children, hot meals, toiletries, fuel, food essentials and things that I was struggling to find like pull up nappies. I also joined their hope life programme which offers information on budgeting, making food last and spending less

Stocktake at a glance....

78
interviewed

10 days of
interviews

14
opportunities

16 hours
synthesis

≈1,600
online post-
it notes

13 team
members
(Trafford &
FG)

4
key
workstreams

Planning
Sessions
with **35**
people

10 desktop
research
materials

11
possible
projects

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Introduction

Prior to Covid, Trafford was already on a journey to redefine its relationship with the borough and to explore what a 21C Council could and should be through its Modernisation Programme. The maturity assessment in 2019 identified opportunities and projects to catalyse change in key areas, a number of the findings from Modernisation resurface through the stocktake.

This research has identified an **opportunity to significantly shift the role of Trafford Council in the borough and develop a new neighbourhood model** to meet the needs of residents and businesses with and by partners and communities. The collegiate, collaborative and caring Response to Covid experienced across the borough demonstrated a practical model of place-based community level support, and a new role the Council could cultivate in the borough. There is a **very real and time limited opportunity** to build on this experience; and deliberately and collaboratively develop a new model to delivering support for residents and businesses in Trafford; reshaping the Council's relationship with partners and residents.

The core Trafford project team buddied up with FutureGov to facilitate interviews speaking with 78 people across the Council, community and partners over a three week period. We not only spoke with the elected members, leadership team and managers but also frontline workers, BAME leaders, partners and volunteers.

FUTUREGOV

Opportunities for Trafford to start delivering on

The stocktake, and previous modernisation work led to these 14 opportunity areas. They are long-term opportunities to strive for, all working towards a devolved, 21C Neighbourhood Model for Trafford.

Each opportunity will need to be delivered over time, with multiple projects that are all interlinked, and sequenced appropriately.

Governance	Partnerships & Approach	Data & Insights	Process/Ways of Working	Crosscutting
<p>If we learn from Covid 19 and prioritise our strategy to fewer areas of focus, we think the Council will do less, but do it better</p> <p>If we empower staff at all levels of the organisation to make decisions, we think we can build trust and autonomy through delegated powers</p> <p>If we learn from the impact Covid 19 had on further bringing to surface social economic inequalities, we think we can better inform our strategy by addressing these realities</p> <p>If we place climate considerations at the centre of all our decision making, we will be able to build on the gains made through Covid 19</p>	<p>If we rethink our strategic role as investor and commissioner of the VCSE sector, we think it will become more stable and better able to deliver improved outcomes for residents.</p> <p>If we have a shared view of the outcomes we all want for residents, then partners are better able to design services to meet needs</p> <p>If we align with partners and community on how we work together, we think we can better collaborate and deliver services, building on the community response to Covid 19</p> <p>If we work to build trust and strengthen relationships between staff at all levels across our strategic partnerships, we think that we can deliver more efficient services and better outcomes for residents</p>	<p>If we build on the capabilities and capacity to use and interpret data across the Council, we think we will make better, more focused decisions about our role and the outcomes we want for residents</p> <p>If we invest in data and insights to understand inequalities, BAME and other hidden communities across the borough that may be vulnerable due to Covid 19 they can be engaged with in a more targeted way resulting in better outcomes</p>	<p>If we develop flexible ways of working for all staff, we think we will enable our workforce to be more productive and have a better work life balance</p> <p>If we learn from services we have delivered differently (online, or other remote process) through Covid 19, we think we can design services that deliver greater efficiencies and better outcomes for residents</p>	<p>If we rethink our role as a strategic investor in the local place, we think we can support the regeneration of the local economy as well as realise an income</p> <p>If we openly communicate and participate in ongoing engagement with residents around the challenges the Council is facing (e.g. financial), we think we can build awareness about the role of the Council and the journey we are taking</p>

FUTUREGOV

Neighbourhood Model | A vision for a 21st century Council

Now feels the hardest time to be planning for the future with so many urgent resident, employee and partner needs to meet during recovery. Counterintuitively, now is the best time to be making the space for change and investing in the future.

The research & opportunity areas showed that the Response essentially prototyped a **new neighbourhood based model** of how the Council could operate and fulfil its role in the borough. There are two parts to realising this new model.

The first one is taking the opportunity to **rethink how the Council operates**. Developing a relational state that continues to value its professionals and practitioners, those able to thrive in complexity, respond entrepreneurially to the needs of those residents most in need of public service support. Provide them with everything they need to best do that, whether better communications, leadership, autonomy, technology. Take the chance to turn our institutions on their heads and trust our staff to deliver with and for the people they serve. Bust bureaucracy, managerialism and empower action. Invest in the best of insight through rich data and ethnography to not just respond but to provide early help with and for residents.

The second one is **breaking down the barriers between Trafford Council and its local partners** - our communities, VCSE, businesses and residents. Developing a one team mind-set, drawing on 21st-century ways of working, multi-disciplinary and indeed multi-agency teams working together as one to support residents with early help or crisis support, agnostic to where that support comes from.

What this requires is a new commitment to a disciplined, well orchestrated way of working in the open, sharing plans with residents, businesses and partners and collaborating on outcomes.

Not restricted to siloed responses by structure, financials or policy area but instead working together to creatively problem solve and develop sustainable lasting positive relationships.

FUTUREGOV

Neighbourhood Model | A vision for a 21st century Council

Place-based approach to delivering services by boosting current Community Hubs and partnership working models, co-locating and devolving services:

PROJECT DRIVERS

There is an opportunity for Trafford to build on the community and partnership work of the last 12 weeks, and deliver a sustainable model that is replicable across Trafford to save money, and improve resident outcomes. It's a chance to move beyond paternalistic relationships with local voluntary and community organisations and others. Developing true partnerships, where power is given up by Trafford as a default and those best able to meet need or solve a problem can be supported to do so through transparent and collegiate collaboration.

The stocktake showed strong evidence that the collaborative approach worked, delivering place-based support to the needs of the area. Decision making was developed, and trust given. However, community based services are not sustainable currently, and the sector organising them have lost important revenue streams.

A truly sustainable place-based model, where the Council enables the community, is Trafford's chance to turn itself on its heads and trust our people to deliver with and for the people they serve. Bust bureaucracy, managerialism and empower action.

"It's the foundation – community is stepping into the role of taking time to care – hubs are part of the locality plan." - Trafford Employee

OUTCOMES / BENEFITS

- Save time and avoid cost
- Save money
- Economic recovery impact
- Improved resident outcomes
- New way of working
- Improved community engagement
- Improved reaction and flexibility
- Collaborative Council model

LIKELY OUTPUTS

- A new community and partner delivery model
- Sustainable community models in agreed locations
- A roadmap of where to deliver next
- Proven cost and benefits

APPROACH

- Co-design the place-based service model with VCSE and Partners: what they might offer, locations, funding mechanisms
- Host neighbourhood assemblies in each location to understand what they need in their localities and the hubs and partners to provide
- Identify the locations and infrastructure required
- Test the new model and aspects such as co-location, Council services operating from Hubs, giving Hubs new services before scaling the model
- Scale place-based model to where it is needed

FUTUREGOV

Feedback from interviewees

"Clarity of purpose helped to put in a framework and structure very quickly."

Community partner

"Everyone's focus has been Covid and therefore not focused on mundane tasks. We worked together as different partners: CCG, police, health and statutory partners. Focus allowed people to get things done quickly."

Safeguarding

"Where can we streamline the decision making process, Covid has shown that decision can be speeded up as we work to a common goal."

Place

"Pre-Covid one of the biggest problems was everything can be a priority. We had the biggest problem defining what the priorities were. It's refreshing that Covid was a priority, so the choice was getting it done."

IT

"BAME healthcare workers afraid to speak out - but they are overworked and feel intimidated [re Covid]. One nurse is too traumatised, she's thinking about changing jobs - there's going to be much more demand for mental health support. What's the Council thinking about this?"

BAME leader

"On a financial level there is a benefit to addressing this inequality and reducing demand on health, family services and ASC, preventing families going into crisis."

Exec

"How we can encourage people to not give up on some areas, I think the Trafford Community Cohesion initiative is really good. I want this to continue - no discrimination in terms of faith/class."

BAME leader

"What we do not want to do is go back to that bureaucratic way of working. We need to have a nimble, flexible governance. Give people accountability, give budgets out, let them deliver."

Commissioning

"Internal decisions I think people are a bit more empowered to resolve things within the teams."

Finance

"Usually lots of talk, not a lot of action from Trafford, keep up the grassroots approach and make things happen."

Community Hub

"During covid, bureaucracy has left the building as we want to do the right thing. Pandemic was a tick box to do that but we're not going back into protective models."

Safeguarding

FUTUREGOV

Feedback from interviewees

"It's about the needs of the area that are needed so they can bid for funds. We need data for locality and then ask them how they can facilitate this as volunteers."

CLT

"Clarity of purpose helped to put into a framework and structure very quickly."

Community partner

"In the past maybe there were not clear shared goals across the partnership - and all had their own object and their own understanding of what the common good might be. With no one agenda - improving economic health and social wellbeing of a community means so many things. Having an agenda which is 'stop people dying,' it's easier to focus."

CLT

"Ultimately we need to work together to produce a neighbourhood plan - what we could do in Sale, deliver things on behalf of Council/ THT."

Community

"It needs to be the right people without being too unwieldy and can't be too heavy with Council members. Leave your ego at the door because we're all doing exactly the right thing. If we leave it to too late, it will be BAU."

Volunteer

"At a strategic level, perhaps the new way forward is to have a panel where we can make those decisions. We might apply for the same funding as Age UK and end up cutting each other's throat rather than saying you apply for this and working within a consortium. We don't want to let everyone create their siloed recovery. It needs to be a co-production."

Volunteer

"In terms of sustainability how do we sustain community infrastructure, do we need to put resources behind these?"

Leadership CCG

"This is one of the sectors to expect to see grow - we have an opportunity to have a different conversation with business about what the green agenda looks like for them."

CLT

"If you don't put reducing equality and developing robust, resilient populations at the heart of everything, this won't be solved. We need to futureproof ourselves - climate change is at heart of that - we need to end up with a system that delivers decarbonisation - or we'll end up spending all our money dealing with it."

Public Health

"We have a shared experience. If only we could apply it to things like the climate emergency, we should be applying the same thought processes."

CLT

FUTUREGOV

Feedback from interviewees

"Sharing of that trust, any concern or critic was about 'us'. There was no finger pointing."

CAB

"We've really formed into a core leadership team. It is much more like a joint team and again this - in terms of sustainability - how do we continue to work in this way?"

CCG leadership

"Identifying those individual partners, understanding how they work and where can we meet in the middle. There is a dialogue between the two sides."

Finance team

"With community hubs we can now get a real feel for what goes on in Trafford, who is suffering, drugs, alcohol. All impacts on their health and a huge financial impact. There has not yet been anything tangible around the ability to reach out."

Safeguarding

"We are using data more effectively, and more controlled. Something we want to continue."

Organisational development

"We will need to be even braver in looking at how we support children and families, for example understanding what our data is telling, what the lived experience of children is and ensuring this is reflected in decision making."

CLT

"A member of our team has been doing the modelling but we run out of funding for him next week, the issue is we don't have enough data analysts in the Council, we need someone to sit in the team."

All age commissioning

"BME data is a big gap. We know it is disproportionately affecting people with BME backgrounds. We desperately try to collect data."

Public Health

"I strongly agree with the points about our targeted support within BAME communities, it could be much better."

CLT

"How can we economically regenerate the borough and generate income at the same time?"

CLT

"We need funding to work the way we do now. It has enabled us to create a person centred service. This block arrangement has given us the flexibility to do that"

Care Provider

"Our ability to be a provider of key workers and deliver the services we are able to and need to deliver - we need to maintain the financial stability of the Council."

CLT

"There is a need to balance the political aspirations of the borough and the financial reality of the way Covid has impacted on the Council."

CLT

FUTUREGOV

BACKGROUND

Thrive Trafford met virtually with all the community hub leads to gather insight into the learning gained and the aspirations and possible opportunities to build on the model during the recovery phase and longer term.

REVIEW MEETINGS

Meetings with community hub leaders took place over the period 2nd – 8th June 2020 and followed a format of semi structured questions:

- What was your key learning from being involved in the Trafford Community Response to COVID-19 community Hub project?
- What if any impact has Covid-19 had on your organisations core offer?
- What are the key challenges you face over the next twelve months?
- What if any opportunities to do feel could be taken forward from your involvement in the Trafford Community Response to COVID-19 community Hub project?

OUTPUTS

All hub leaders spoke of the mutual support they gained from being part of the project

- Building relationships with other community hub leaders from different locations in Trafford
- Sharing resources such as food enabled hubs to ensure resources were used effectively to benefit each neighbourhood need
- Connecting with other community organisations operating the neighbourhoods enabled the needs of local people to be met in a collaborative way

OUTPUTS

Some hub leaders felt that the approach adopted by Trafford Council for ensuring all hubs were compliant with policies and procedures did not build trust or recognise that the hubs were already established organisations in their own right and therefore had these in place already – more could have been done to share and learn from each other rather than implement a one size fits all model.

Providing financial resources to establish and run the hub model short time was positive – however there has been little understanding of the core cost to the organisations involved and how this could be funded longer term. Moving from lockdown to **build back better** will take time and financial resources for the hubs to reduce/redesign their own delivery and continue to support those who have connected with them during this project.

IMPACT OF COVID- 19 ON OWN ORGANISATION

Nearly all hub leaders spoke of the negative impact Covid-19 has had on their core offer and funding. The majority of those spoken to operate from a building which is now closed to the public and/or run a commercial provision such as shops and play spaces which rely on paid customers.

Some organisations have had to furlough staff whilst others have used reserves to try and maintain staff levels whilst redesigning the offer they provide

The hub model has enabled all those involved to offer an enhanced provision building on their roles within neighbourhoods including.

- Supporting all members of the community rather than their core offer of engagement with a particular group
- Extending provision across a wider catchment area
- Connecting with other neighbourhood organisations to signpost and provide greater support to individuals – acting as a neighbourhood anchor

CHALLENGES OVER THE NEXT 12 MONTHS

As funding is withdrawn for the delivery of the hub project organisations spoken of the priority to address funding gaps for their own organisations core costs.

Three of the five organisations spoken to have already submitted bids to the National Lottery Community Fund. Of the other two one is aligned to a Church who will provide some support and the final organisation receives core funding from a nation grant fund for a specific project.

Those who operate from buildings spoke of the cost of maintaining the building whilst closed. All felt that they would not see their provision open in the short term and even when they do this will be with a reduced number of people making the provision more expensive to run.

A more digital offer was thought to be a new norm for those who offered community learning and social connections projects but this in itself brought challenges and additional costs. The redesign of learning to an online model takes time and new skills for staff, the cost of purchasing an online platform such as Zoom and the reality that not all those who benefit from community learning and social connection projects have access to digital tools.

OPPORTUNITIES

All felt that the approach had enabled them to learn about themselves and how as organisations they were able to adapt quickly to a crisis and work as part of a city-wide model whilst maintaining their own identity - This could provide an opportunity to develop other Trafford wide models of delivery in a more collaborative way.

One hub spoke of building a role within neighbourhood services and regeneration whilst others spoken of a role as the neighbourhood anchor connecting individuals to small community activity as well as sign posting to statutory support when needed

They talked about developing greater knowledge about the neighbourhoods they work in wider than their already extensive knowledge. Being able to provide a holistic provision to those most in need in neighbourhoods over a period of time. This would enable individuals to progress on their own life journeys support by a trusted neighbourhood organisation

The hub model has provided an opportunity for local trusted organisations to provide wellbeing support and connect individuals to neighbourhood support through a city-wide partnership with statutory and housing providers. The hubs have provided support through delivery of services supported by local volunteers or connected individuals through other trusted neighbourhood organisations. This approach has organically developed through the crisis but provides a new model of neighbourhood coordination through a city-wide model

New Local Government Network (NLGN) published a report arguing that the mutual aid phenomenon is a powerful demonstration what is possible when communities come together. Yet, for community collaboration to outlast this crisis and make our places more resilient in future, lessons must be learned.

The report downloadable [here](#) with a companion podcast [here](#).

The lessons cited by the report are:

- Mutual aid groups have been an indispensable part of our COVID response
- They demonstrate the wider potential of community power
- Councils have significant influence over their viability and success
- Mutual aid groups function better in areas where social capital is more developed
- Their small scale is key to their success

Macc mutual aid conference

COMMUNITIES DOING IT FOR THEMSELVES: A GM CONVERSATION ABOUT MUTUAL AID

Manchester's local VCSE sector support organisation, Macc, held a workshop on 10th August to review the response from Mutual Aid groups during COVID-19, with 65+ participants joining the session. Some key lessons people raised during the session are summarised below:

"We need to join things up more/ grow awareness do some basic mapping and reduce feelings of frustration around who takes who takes charge"

"The flexible, rapid response from the mutual aid groups has highlighted where the cracks in the system are e.g. speed of response, knowing how to contact people with accessibility barriers/inequalities"

"We need an overhaul of relationships to work in safe and mutually beneficial way to communities"

"Support each other. Recognise that this stuff is hard. If it's easy it's probably not creating the kind of change that we need to see"

"So much has been done with little funds. Council has been surprised at what can be done, its opened the door for a lot of work but also need to protect mutual aid groups and that they're not used to replace formal services"

"If someone wants to do something to help the first stage should always be to enquire with appreciation rather than with suspicion"

"A lot of this is about relationships, it doesn't work when you can't build trust. Need to build a movement of champions and allies "

"Groups who have good relationships with councils/CCG/larger orgs have been able to do more"

"How we view risk ? Be more flexible"

"We need to break down barriers and become more community-centred"

"There's too much bureaucracy that causes unnecessary delays"

"We need to address what's not worked so that local people's frustration doesn't lead to them not engaging anymore, and that they are supported to have their voice heard as much as people working for large organisations"

"We're at risk of thinking that the only solutions are in organisations and services. We can't get through this without trusting and valuing the role of the community"

"We need to continue sharing and reach more people, we're never going to go back need to shape the new normal, be comfortable with being flexible, mutual aid group achievements are amazing"

"Local knowledge is vital, centralised isn't always best"

"There is tension between the "formal system" and the "informal networks".

"Need to understand what barriers are movable and why people might be preventing that"

"We need to shift accountability for public services away from inspectorates and government, to outwards to its citizens, close the gap, build the relevance, build the relationship"

10GM are [collating a list](#) of COVID-19 survey insight reports, grouped by subject area. Key lessons include:

RACE/ETHNICITY

Caribbean and African Health Network GM [report](#) presents findings undertaken by the CAHN over a four-week period between 18th April and 13th May 2020, based on survey results from 334 respondents aged between 18 and 83 (the mean age was 45). Lessons include:

- There are stark and profound health inequalities facing people from the Caribbean & African community in the United Kingdom.
- These inequalities have been found along social, economic, environmental and racial lines and result in higher rates of morbidity and mortality than the White population.
- These disparities need addressing as part of systemic change.
- In Greater Manchester, the region where decisions are devolved, there are limited tailored health services or adequately funded VCSE sector support to improve health outcomes in the Caribbean & African community.

Key areas:

- 1) 59% of the respondents were concerned about the mental well-being of their children and 43% of adults were also concerned about their own mental well-being
- 2) 74% stated that they wanted Black-led services as a result of cultural insensitivity and perceived systemic racism
- 3) 61% were concerned about the loss of physical connection to the church and are keen to resume face to face interaction
- 4) 45% identified the need for bereavement counselling and practical support

"I am not saying that I just want black led or just mainstream services, I want both to be delivered in the best, fairest and most accessible way "

"I'm concerned that black people are not prioritised fairly when going to hospital as an emergency during this pandemic. It's not reassuring"

"I am worried because I cannot sleep I am getting so much worry about my health getting worse especially my blood pressure. I do not even feel that I can go and get it checked because I am scared to go to any health clinic"

CHILDREN AND YOUNG PEOPLE

Young Manchester [report](#) on risks and challenges for the youth and play sector:

- We cannot escape the seriousness of the current situation; without support and investment, the pandemic will result in serious and long term damage to children and young people's lives.
- The youth and play sectors are critical to mitigating the challenges children and young people face but 80% of partners have seen an immediate impact on their finances, with 49% under threat of closure. Young Manchester are calling for:
 - **Investment in the youth and play sector** – Whilst we have made progress in Manchester, current funding levels do not meet the need required, in the coming months this need will grow.
 - **Accessible and high-quality digital engagement** – Immediate investment should be focused on how we remove the barriers to access and inclusion for all young people to engage in the digital offer, ensuring that current digital engagement is quality-assured.
 - **Infrastructure** – Funding strategies and government investment should ensure adequate support for infrastructure at local levels, using existing organisations and structures alongside growing the reach of infrastructure models where needed (e.g. Young People's Foundations).
 - **Support to build back, better** – Partners locally and nationally have been calling for further support for the youth and play sector and welcomed the announcement that £500m will be invested in youth services in October 2019. This funding is needed now more than ever, and should be ring-fenced for post-COVID-19, but aligned to the new needs of children and young people and the sector.
 - **A coordinated response which meets local need** – National initiatives, either programmes or funding, should be coordinated in a way which allows for engagement at a local level whilst not creating additional barriers for place-based and thematic organisations.

OLDER PEOPLE

Greater Manchester Older People's Network has been gathering "[Lockdown Stories](#)" of older people's experiences. Lessons from these include:

- “Change has come. You’re never too old to learn or change, is now my new motto. Bridging the gap between young and old has arrived.”- Marie, whose granddaughter taught her to use the internet and Zoom
- “I’m trying to see the positives as much as possible, I keep reminding myself of how much money I must be saving now that I can’t go out for a scone and coffee at the Marks and Spencers Café. May your year be filled with magic and dreams of good madness. I hope you read some fine books! You might not be able to kiss or hug someone who thinks you’re wonderful but don’t forget you can still make some beautiful art – maybe write a poem or draw a picture or even sing a song. I keep finding myself singing songs from many years ago before I go to sleep. I hope somewhere in the next year you will surprise yourself!” – Elizabeth
- “When I received a text saying I’d been identified as extremely vulnerable and must stay at home for 12 weeks... I was devastated, I cried, I contemplated the end, I saw myself as no use to anyone. [After talking to family and friends], I realised being at home wasn’t the end. I could still do things to help others if we all worked together... I established a list of people I knew were isolated and resolved to keep in regular touch by phone, email or What’s App. Before long there was a group exchanging funny videos and memes or simply chatting. The local food bank was struggling and I was able through my Rotary contacts to organise a cheque for over £600 to keep them going. I’ve realised I may be stuck in the house but I can still be a conduit to doing worthwhile things and do you know, there aren’t enough hours in the day!” – Gill
- “Plenty of time in the day, but not quite enough energy in the day, even with the welcome lunchtime nap. I find myself balancing ‘things to do’ with ‘energy and motivation to do things’, as well as coping with the ups and downs of arthritis. All these don’t always play nicely together... Routine is the thing! Time to get up and go to bed. Time for exercise and housework, time for that essential daily walk - even time, every other day, for making bread. So it’s all under control in our house.” – Carole

DISABLED PEOPLE

Henshaws published the results of their [survey](#) of blind and partially sighted people. Lessons included:

- The overwhelming majority of respondents had not been contacted by their local authority sensory team during the early stages of the pandemic.
- 41% of respondents had not received any of the public health messaging about Covid-19 in a format which is accessible to them.
- One quarter of respondents had been informed they are at very high risk from Covid-19 (extremely vulnerable and should be shielding).
- Robert Cooper, Director of Community Services says:
 - “Our survey has revealed that many people within the sight loss community had to rely on the support of family, friends and neighbours during the initial lockdown phase. We want to ensure that blind and partially sighted people are not the forgotten community across Greater Manchester and the UK – charities like ourselves are playing a vital role in ensuring our community get the support they need.
 - We now need an integrated approach between health and social care which fully includes and recognises charities to ensure support is in place to reduce the risks of the longer-term impacts this could have on our community.”

LGBT PEOPLE

LGBT Foundation published a 'Hidden Figures' [report](#) based on an online survey run from 4th April to 11th May, receiving 555 responses across the UK.

Key lessons were:

- 42% would like to access support for their mental health at this time.
- 30% are living alone at this time. 25% would like support to reduce their isolation, such as a befriending service. Isolation is particularly affecting older LGBT people, who were more likely to be isolated before the lockdown began, and are less likely to have children and be in contact with their biological families.
- LGBT people have had to isolate at home with LGBTphobic households. Abuse and discrimination has meant that people have had to go back into the closet or avoid coming out entirely to those who they live with
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse.
- 8% do not feel safe where they are currently staying
- 16% had been unable to access healthcare for non-Covid related issues. 34% have had a medical appointment cancelled. LGBT people are more likely to report barriers to accessing healthcare and feel that services do not meet their needs. The huge impact that this crisis is having on how we access healthcare and what healthcare we are able to access may be creating further barriers for LGBT people
- 23% were unable to access medication or were worried that they might not be able to access medication
- 64% said that they would rather receive support during this time from an LGBT specific organisation
- Many LGBT people rely on LGBT communities and spaces for vital support, understanding and friendship. Therefore a lack of access to LGBT specific spaces and a reduction in people's ability to socialise with other LGBT people is heightening isolation

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