

## **Questions Received for Council – 30 September 2020**

### **Question 1 - Submitted by Councillor Myers**

“The Council has agreed to borrow up to half a billion pounds to invest in properties that will generate revenue and support regeneration. Most of the investment has been pre-Covid and much of the investment has been in retail premises which are now worth considerably less than the price paid. In addition, the empty retail premises have left a shortfall in revenue.

Would the Executive Member for Finance and Investment outline the strategy to mitigate the losses?”

#### ***Response from Councillor Ross, Executive Member for Finance and Investment***

*By the end of March 2020 the Council had either invested or made commitments to invest up to £374 million. These investments provide important revenue streams to support Council services and are estimated to generate net income of £7.4 million in 2020/21, on top of the net benefits in 2018/19 and 2019/20 of £1.7 million and £3.1 million respectively. This is the net benefit after taking into account all borrowing related costs and a prudent amount being set aside in a risk reserve, which stands at £3.9 million at the end of 2019/20.*

*All the Council's investments have been made in accordance with the agreed investment strategy and are monitored closely with regular updates provided to the Investment Management Board. The range of investments is both diverse across a number of sectors and comprises a mix of investments including directly acquired assets and provision of development debt. Of the amounts invested at the end of 2019/20 approximately 25% had a direct retail exposure and one quarter of that is invested in supermarkets. Real estate valuations rise and fall over time with the normal market cycles. However, as the Council is a long-term investor, portfolio income levels are more significant than “on paper” value.*

*To date, the majority of the income streams are being received as planned although in a number of cases tenants have requested to pay on a monthly rather than quarterly basis. The investments in the town centre assets are providing more of a challenge, given the direct impact of Covid-19 on these retail assets which is putting pressure on rental income, and our strategic partner Bruntwood is proactively working with occupiers to secure tenancies. Whilst income levels are under pressure it is worth noting that the assets were acquired for regeneration purposes and as such the income streams are not supporting Council services. There were vacancies when the assets were acquired, as there are today, and this was factored into the analysis when the purchase was made. Any income pressures in the short term would affect the ability to service debt charges, relating to their acquisition, and any shortfall will be met from the risk reserve.*

### **Question 2 - Submitted by Councillor Coggins**

“Does the council agree that 2 years is not an appropriate timescale for an emergency response, like the climate emergency report and draft action plan we have had this week?”

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### **Question 3 – Submitted by Councillor Newgrosh**

“With the first anniversary of Trafford Council’s Empty Homes Policy upon us, can we please be informed exactly how many long term empty homes have been brought back into use by this initiative, and what the current number of long term empty homes currently stand at?”

### **Question 4 – Submitted by Councillor Brophy**

“What additional services can Trafford provide for people experiencing mental health challenges during covid, whether that be exacerbation of previous issues or needs that have arisen as a result of covid itself such as ongoing or worsening physical health issues, unemployment, isolation, depression or loneliness?”

#### ***Response from Councillor Slater, Executive Member for Health, Wellbeing and Equalities:***

*Thank you for your question, I have checked with Greater Manchester Mental Health NHS Foundation Trust (GMMH) to get the most up to date information.*

*These are the additional and current services that GMMH provide for Trafford residents. Also it is a brief outline of what GMMH have been doing to make sure that they have been able to deliver high quality services to our residents. GMMH has a business continuity plan in place to manage the ever changing landscape of the Covid-19 pandemic.*

*GMMH are undertaking daily situation reports to map the needs of the service and the impact of the virus on services for Trafford residents. Services are looking at creative and technological solutions to support service users whilst maintaining social distancing, including telephone and Skype consultations on Microsoft Teams in addition to traditional mental health services. Each case is individually risk assessed to maintain contact, and they are providing care and support to our most vulnerable service users.*

*GMMH have established a Gold Command for two way escalation. Teams are provided with daily briefings to inform staff on the most up to date information, such as updates on the ever changing national guidance, infection prevention advice and the use of PPE.*

*Below is an overview of current service provision.*

- **Trafford Psychological Therapies Services** offer talking therapy (counselling, cognitive behavioral therapy (CBT) or psychology) for anyone over the age of 16 years old, who has a Trafford GP and may be struggling with a common mental health problem (Anxiety, Low Mood, Worry, isolation, Stress, Sleep, Phobia, OCD, Trauma, unemployment, loneliness etc.) Trafford Psychological Therapies also work closely with local communities to deliver one-off sessions on various aspects of mental health in order to help people access support and reduce any stigma. People can access Trafford Psychological Therapies via their GP or can self-refer.
- **GP surgeries** remain open and people should be encouraged to access their GP if they can.

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- **Primary Care Mental Health and Well Being Service** provide services to those with sub threshold for Community Mental Health Team (CMHT) but with complex mental health needs, high levels of unmet needs with anxiety depressive disorders, and support and treatment to those people with long term health conditions and co-morbid moderate mental health problems. The Primary Care Mental Health and Wellbeing Service (PCMHWS) are linked into the volunteer hubs in the neighbourhoods to offer advice and support, and take referrals where necessary. The service works closely with blue sci, and peer support is sub contracted with them.
- **Community Mental Health Services** offer specialised mental health and social care assessment, treatment and a range of evidence based interventions for people with severe and enduring mental health conditions. The service is ensuring that DTOC's and MOATs are prioritised to quickly transfer people to the most appropriate care settings that meets their needs.
- **AMHP service** continues to operate as usual, maintaining core functions of assessment within the mental health legislation.
- **Urgent care and inpatient services** offer highly specialist mental health, care support and treatment to people with acute mental health conditions and high levels of risk to themselves and others. This is either through assessment at A&E, an inpatient admission or services through the Home Based Treatment Team. We have mobilised a diversion model at A&E to take people out of the A&E department quickly and offer them an assessment in an alternative environment. We are also reviewing the use of the Section 136 suite at Trafford General Hospital with a view to this operating 24/7.
- **TES (adult autism and ADHD diagnostic services) and MATS (Memory assessment team services)**– These services were initially pared back in order to support core services, however these have been stepped back up and are running as normal.
- The Trust has a 24 hour helpline for service users and carers, the number is 08009530285

### **Question 5 – Submitted by Councillor Miss Blackburn**

"Would the Executive Member for Environment, Air Quality and Climate Change inform me as to the legal maximum width of cycle lanes and if advance notice of them on roads needs to be given to road users?"

#### **Response from Councillor Adshead, Executive Member for Environment, Air Quality and Climate Change:**

*The There is no legal maximum width for cycle lanes. If a highway authority makes a decision to have a whole carriageway dedicated to cycles only, it can do so by introducing a prohibition of motor vehicles or pedestrian and cycle zones, etc., and these are usually enforced with signs or physical measures.*

*Guidance around the minimum width of the cycle lane is given in Cycle Infrastructure Design (LTN 1/20), published by the DfT in July 2020, and this is supported by the guidance and training provided the TfGM/GMCA for the Bee Network over the last 2 years. In this document, it states that minimum width for 1 way cycle lanes should be*

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*2m, or an absolute minimum of 1.5m at constraint points; 2 way cycle lanes should be 3m, or an absolute minimum of 2m at constraint points.*

*There are however, site conditions that may need to be considered. The document specifies greater widths for cycle lanes where cycle flows are higher at peak hours, or where lanes are bounded by vertical features such as walls.*

*The Traffic Signs Regulations (TSRGD) dictates the signs and lines highway authorities can use on the highway, and there are signs to indicate the presence of cycle lanes to all users. The general public should recognise these signs on the highway to advise them of the presence of cycle lanes (see below typical example of signs for cycle lanes). There are no advanced cycle lane signs permitted to be used on the highway. The guidance states that “additional street clutter such as signs, coloured surfaces or up-stand kerbs also has potentially negative impacts that need to be minimised”, usually to avoid confusion or overwhelming drivers with too much signage to read.*