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## HEALTH AND WELLBEING BOARD

**Day:** Thursday  
**Date:** 18 January 2024  
**Time:** 10.00 am  
**Place:** Tameside One, Market Square, Ashton-Under-Lyne,  
OL6 6BH

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b> To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	<b>MINUTES</b> To receive the Minutes of the meeting of the Health and Wellbeing Board held on 14 September.	1 - 6
4.	<b>TAMESIDE HEALTHY PLACES STRATEGIC FRAMEWORK DEVELOPMENT UPDATE</b> To consider a report of the Director of Public Health.	7 - 24
5.	<b>WORK &amp; SKILLS UPDATE</b> To consider a report of the Assistant Director of Public Health.	25 - 32
6.	<b>BUILDING RESILIENCE: TACKLING POVERTY IN TAMESIDE - UPDATE ON STRATEGY ACTION PLAN</b> To consider a report of the Director of Public Health.	33 - 48
7.	<b>INEQUALITIES REFERENCE GROUP DEBT JOURNEYS AND PRO-ACTIVE SERVICE RESPONSE</b> To consider a report of the Policy & Strategy Service Manager.	49 - 84
8.	<b>INEQUALITIES REFERENCE GROUP PRIVATE RENTED SECTOR REPORT</b> To consider a report of the Policy & Strategy Service Manager.	85 - 108

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer, [charlotte.forrest@tameside.gov.uk](mailto:charlotte.forrest@tameside.gov.uk) or 0161 342 2346, to whom any apologies for absence should be notified.

Item No.	AGENDA	Page No
9.	<b>BETTER CARE FUND 2023/24 QUARTER 2 MONITORING</b> To consider a report of the Director of Adult Services.	109 - 132
10.	<b>TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2022/23</b> To consider a report of the Independent Chair of Tameside Adults Safeguarding Partnership Board.	133 - 180
11.	<b>DATE OF NEXT MEETING</b> To note that the next meeting of the Health and Wellbeing Board is scheduled for 14 March 2024.	
12.	<b>URGENT ITEMS</b> To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer, [charlotte.forrest@tameside.gov.uk](mailto:charlotte.forrest@tameside.gov.uk) or 0161 342 2346, to whom any apologies for absence should be notified.

# Agenda Item 3.

## HEALTH AND WELLBEING BOARD

14 September 2023

**Commenced:** 10.00 am

**Terminated:** 11.05 am

<b>Present:</b>	Councillor Wills (Chair)	Executive Member (Population Health and Wellbeing)
	Councillor Fairfoull	Deputy Leader (Children and Families)
	Councillor Sweeton	Executive Member (Inclusive Growth, Business & Employment)
	Councillor Taylor	Executive Member (Adult Social Care, Homelessness & Inclusivity)
	Sandra Stewart	Chief Executive
	Stephanie Butterworth	Director of Adult Services
	Debbie Watson	Director of Population Health
	Anna Hynes	Action Together
	Diane Burke	DWP
	Stephanie Sloan	Tameside and Glossop Integrated Care NHS Foundation Trust
	Tanuj Aggarwal	Greater Manchester Integrated Care Board

### Officers In

<b>Attendance:</b>	Julian Jackson	Director of Place
	James Mallion	Assistant Director of Population Health
	Jane Sowerby	Assistant Director of Education
	Vicki Lawson	Children's Services Consultant
	Anne Whittington	Consultant in Public Health

**Apologies for Absence:** None

## 8. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 9. MINUTES

### RESOLVED

The Minutes of the meeting of the Health and Wellbeing Board held on 15 June 2023 were agreed as a correct record.

## 10. BUILDING BACK FAIRER, STRONGER, TOGETHER: TAMESIDE JOINT HEALTH & WELLBEING STRATEGY AND LOCALITY PLAN (2023-2028)

Consideration was given to a report of the Director of Population Health / Executive Member (Population Health & Wellbeing), which provided an overview of the new Joint Health & Wellbeing Strategy and Locality Plan for Tameside, which would be in place over the next 5 years (2023-2028). It encompassed the Health and Wellbeing Board's three key priorities and was an ambitious strategy aimed at reducing inequalities and wider determinants of health.

It was reported that with the establishment of the Greater Manchester Integrated Care Partnership in 2022 and previous versions of both the Health & Wellbeing Strategy and Locality plan for Tameside being due for renewal, the Strategy brought both of those documents together in one shared vision across system partners and communities in Tameside. The joint strategy had been developed in recent months, including engagement during the summer of 2023 with a range of partners, Voluntary, Community, Faith & Social Enterprise (VCFSE) stakeholders and members of

the public to make amendments based on feedback received.

The strategy set out the ambitions for improving the health of Tameside residents and reducing the inequalities many communities in Tameside experience. It also explained how these ambitions would be achieved by making commitments across the life course, including a focus on mental health and wellbeing and then building back fairer, stronger and together to achieve these.

The full final version of the joint strategy titled *Building Back Fairer, Stronger, Together – Joint Health & Wellbeing Strategy and Locality Plan for Tameside 2023-2028*, was appended to the report and considered by the Board. A presentation was delivered that focussed on the development of the strategy, details of the consultation process that was adopted and the engagement work that was undertaken, the next steps in delivering on the priorities and objectives identified throughout the strategy and the robust governance structure in place.

The contents of the report were outlined and it was explained that the information was presented visually with infographics of key data around demographics and health challenges in the borough, particularly highlighting the inequalities in Tameside. There was also some context around the 'Tameside journey' in terms of change in the public system in recent years, particularly the health and care system. The importance of alignment to the GM Integrated Care Partnership, as well as the importance of the role of the VCFSE sector was highlighted.

Board members joined the Chair in thanking all those involved with the development of the strategy and praised the amount of engagement and data analysis that had been carried out to ensure a true reflection of the Tameside resident. The Chair provided an insight of her experience as a lifelong resident of Tameside and advised that outcomes would be provided to Members at a Ward level.

The NHS representative commended the engagement with health partners, which demonstrated the collaborative approach. She highlighted that the strategy aligned with their forward plan and had been well received by the Greater Manchester ICB and provider partnerships.

A lengthy discussion ensued and, in response to questions, the Director of Population Health advised that a performance framework would be produced that would be monitored by the Health and Wellbeing Board, the Tameside Strategic Partnership Board and Provider Partnerships. She emphasised that this would not be a short-term piece of work but there were things that could be actioned in both the short, medium and long term and a delivery plan would be produced to identify trends in the data.

**RESOLVED:**

**That the Health & Wellbeing Board:**

- (i) **Approved the final Joint Health & Wellbeing Strategy and Locality Plan for Tameside (2023-2028);**
- (ii) **Endorsed joint sign off from the Tameside Strategic Partnership Board in September 2023; and**
- (iii) **Endorsed the development of a specific delivery plan relating to the Health & Wellbeing Strategy, which would be monitored by the Health & Wellbeing Board (with another delivery plan relating to the Locality Plan being produced and monitored by the Strategic Partnership Board).**

**11. EARLY HELP STRATEGY 2023-2026**

Consideration was given to a report of the Director of Children's Services / Deputy Executive Leader (Children's) that outlined the establishment of the new Early Help Strategy. The Strategy built on the previous Tameside Early Help Strategies of 2017 and 2020 and had been developed in order to achieve better outcomes for families and to deliver on corporate priorities to ensure children had the very best start in life, gained aspiration and hope through learning and to nurture

resilient families and supportive networks to protect and grow Tameside's young people.

It was reported that the drivers of the Strategy included the recommendations from the Independent Review of Children's Social Care (2022), the Department for Education's 'Stable Homes, Built on Love' strategy and consultation (2023), the Family Hubs and Start for Life programme (2022-2025), the OFSTED Joint Targeted Area Inspection and the SEND review. Building on these insights and best practice, Tameside had also developed a new Thresholds Document ([Tameside Framework for help and support](#)), which would support the delivery of the Early Help Strategy by supporting professionals to identify signs that families needed help and the appropriate level of support required.

The Board were notified that the Early Help Strategy 2023-2026 would reflect and align the approach with these recent changes, strengthening the approach to early intervention, providing families with the right help, from the right place at the right time. The new strategy also acknowledged recent structural changes, which had been made to Tameside Council's Early Help offer including the establishment of targeted family help at Level 3 of the threshold framework where more complex early help cases would be held by Family Help Lead Practitioners who would work with a family as long as needed provided they were making progress.

To help design the framework and priorities behind the Strategy, two in-person workshops were held on the 29 September 2022 and 13 January 2023, which were attended by representatives from Active Tameside, Greater Manchester Police, Children's Social Care, Population Health, Libraries, Adult Social Care, Action Together and Health Services. An online survey was launched for 9 weeks, from 3 March 2023 until 5 May 2023, and was shared widely with a variety of partners and organisations, and gained 133 responses. The survey was also advertised at the launch event for the West Family Hub in Tameside on the 20 March 2023, and in-person consultation events took place with the Youth Council on 3 April and 17 April 2023, SEND Young Person's Council on 25 April 2023, Young Carers Forum on 27 April 2023 and the voluntary sector on 13 April and 3 May 2023.

The draft Early Help Strategy 2023-2026 Strategy was presented to the Neighbourhood Forums throughout March 2023 for feedback and awareness and was also shared with the Early Help Transformation Board, Tameside Community Safety Partnership, Neighbourhood Transformation Group, Executive Safeguarding Children Partnership and Health and Wellbeing Board.

The Board were informed that responses to the consultation were predominantly related to understanding of practice, which would be addressed through workforce development and engagement. Other issues identified related to SEND and would be addressed through the SEND Improvement Group via the written statement of action.

The next steps and implementation of the Strategy were outlined and the Board were advised that the Early Help Partnership, a multi-agency working group, would develop and drive a delivery plan from this Strategy. Additionally, a shorter, young person and family focused guide to Early Help would be developed. The newly appointed Children's Communications Officer would pull together a communications distribution plan to ensure a wide distribution.

#### **RESOLVED**

- (i) That the report be noted; and**
- (ii) That the Health and Wellbeing Board endorse the Early Help Strategy 2023-2026.**

#### **12. STOCKPORT, TAMESIDE AND TRAFFORD CHILD DEATH OVERVIEW PANEL (STT CDOP) ANNUAL REPORT 2021-22**

The Director of Population Health submitted a report that summarised the findings of the tripartite annual report for 2021/22 of the Stockport, Tameside and Trafford Child Death Overview Panel (STT CDOP), as appended to the report. The three areas were linked together based on

population size and the Chair of the Panel rotated between the three areas with Stockport being the current Chair.

The Consultant in Public Health, Population Health advised that child death reviews were a statutory responsibility under the Children Act 2004 and the STT CDOP published an annual report to describe why children who lived within the three areas of Stockport, Tameside and Trafford (STT) died, to learn from the circumstances as far as possible and present recommendations for the future. The data was stored in a consistent format in order to help identify trends over a 5-year rolling period

An explanation of the process was provided, as follows: all cases of child death were referred to the Panel as a notification. An information gathering process took place for each case and when all investigations were complete, the CDOP reviewed and closed the case. Therefore, some cases were closed in a different year to the year in which they were notified hence the disparity in the data.

It was reported that in 2021/22 the Panel were notified of 39 cases (20 or 51.3% in Tameside) and 45 cases were closed by the Panel (13 or 28.9% in Tameside). Just over half of deaths were expected, which was higher than previous years, and was more commonly the case for deaths of infants (i.e. those under the age of 1 year). Approximately two-fifths of cases (38.5%) across STT were infants, which was slightly lower than in previous years where half of child deaths were aged under a year. Low birthweight and prematurity contributed to a high proportion of infant deaths and these factors increased the risk of dying within the first 28 days. Age distribution across other age groups was fairly even at 10-18%.

The Board were informed that around a quarter (23.1%) of STT notifications belonged to a non-White ethnic group, which was in line with the proportion of the child population in these groups. There was a tendency towards higher children death notification rates in more deprived areas of STT but small numbers meant that this trend was not clear. The largest proportion of deaths (33%) were due to chromosomal, genetic and congenital anomalies; the second largest proportion (27%) were due to perinatal/neonatal even and the third largest were cancers and trauma/injuries (16% each). Modifiable factors were identified in 24% of cases, which was fewer than the proportion of 50% in 2019-20. Factors included parental smoking, domestic abuse, parental mental health and parental alcohol or substance misuse.

In response to questions, it was confirmed that the Stockport, Tameside and Trafford Child Death Overview Panel Annual Report for 2021/22 would be presented at the Tameside Children's Safer Partnership and shared with Tameside and Glossop Integrated Care Foundation Trust and other partners in relevant areas.

**RESOLVED:**

- (i) That the report be noted; and
- (ii) That the Health and Wellbeing Board accept the recommendations of the Stockport, Tameside and Trafford Child Death Overview Panel (STT CDOP) annual report for 2021/22 as follows:-
  - i. Health and Wellbeing Boards should continue their work to address the longstanding causes of increased risk of child deaths. These are recurring modifiable factors in recent CDOP cases, and their contribution to child deaths is supported by a broad evidence base. They include:
    - a. Obesity; particularly in children and women of childbearing age
    - b. Smoking by pregnant women, partners, and household members / visitors
    - c. Parental drug and alcohol abuse
    - d. Domestic abuse
    - e. Mental ill health
    - f. Co-sleeping
    - g. Multiple embryo implantation during IVF procedures
  - ii. In line with the recommendations of previous CDOP annual reports, Maternity

- services should
- a. Ensure that all women are supported to access high quality antenatal care from early in their pregnancies.
  - b. Deliver safe, evidence based healthy weight interventions, so that when a women books with the service and she is recorded as not being a healthy weight she is supported to maintain or, if safe to do so, reduce her BMI.
- iii. All CDOP partners should continue working to ensure the robust data recording of protected characteristics as required under the Equality Act 2010.
  - iv. The CDOP chair should work with CDOP panel members and the STT Child Death Review Partners on an ongoing basis. This should include (as a minimum):
    - a. Reviewing the draft annual report and agree its recommendations
    - b. Providing an update on the actions taken in response to the recommendations in the previous annual report.
    - c. Maintaining an awareness of the cases awaiting panel discussion and responding to any challenges and changes within the management of the CDOP process.
  - v. The data used to compile the annual report should be stored in a consistent format to enable a rolling 5-year look back review to identify robust trends and provide a firmer basis for specific recommendations to the health and wellbeing board. This should inform the recommendations in annual reports from 2024-25 onwards.

### **13. DATE OF NEXT MEETING**

#### **RESOLVED:**

That the next meeting of the Health and Wellbeing Board scheduled for 16 November 2023 be noted.

### **14. URGENT ITEMS**

There were no urgent items.

**CHAIR**

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# Agenda Item 4.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	Councillor Eleanor Wills, Executive Member (Population Health & Wellbeing) Debbie Watson, Director of Public Health
<b>Subject:</b>	<b>TAMESIDE HEALTHY PLACES STRATEGIC FRAMEWORK DEVELOPMENT UPDATE</b>
<b>Report Summary:</b>	<p>This report provides an update on the development of the proposed 'Tameside Healthy Places' strategic framework, which is one of the areas of focus in the recently ratified Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy and Locality Plan (2023-2028). The 'Tameside Healthy Places' strategic framework sets out the ambition of a place based, whole system approach to deliver healthy places, which support Tameside residents to have a healthier and happier life.</p> <p>This strategic framework is currently being developed with a range of consultation and engagement activity having been completed and further activity planned with a range of partners, VCFSE stakeholders and members of the public until February 2024. This ongoing consultation and engagement will continue to inform the final version of the framework, which is being brought back to the Health and Wellbeing Board in March 2024 for final approval.</p> <p>This report seeks to update the Health and Wellbeing Board on progress to date and present a draft of the 'Tameside Healthy Places' strategic framework for review and comment.</p>
<b>Recommendations:</b>	<p>The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"><li>• Acknowledge and support the need for wider system change and cross sector leadership buy in and continue to champion the collaborative work in place in Tameside.</li><li>• Review the draft 'Tameside Healthy Places' strategic framework and provide feedback on the work to date.</li><li>• Approve the key ambitions and timeline for the subsequent development of the strategic plans for tobacco control, physical activity, and food.</li></ul>
<b>Corporate Plan:</b>	<p>The 'Tameside Healthy Places' strategic framework supports one of the key priorities in the Joint Health and Wellbeing Strategy (2023-2028) in delivering healthy places to improve health and wellbeing. This strategic framework includes the areas of focus of food, physical activity and tobacco control and the cross-cutting themes around mental health and wellbeing and tackling inequalities cut across the life course and the existing priorities set out in the Corporate Plan.</p>
<b>Policy Implications:</b>	<p>The 'Tameside Healthy Places' strategic framework advocates for the creation of a system which supports improved access to healthier, more affordable, and more sustainable food, increased opportunities for our community to be more physically active and to make smoking history in Tameside. As part of this system change,</p>

a review of all policies and contracts will be required to embed a health in all policies approach wherever possible.

**Financial Implications:  
(Authorised by the  
statutory Section 151  
Officer & Chief Finance  
Officer)**

There are no direct financial implications arising for the Council at this stage.

It is noted in section 4 of the report that consultation and engagement will continue over the subsequent weeks to inform the vision and ambition of the '*Tameside Healthy Places*' strategic framework and the supporting delivery plans.

The finalised version of the strategic framework will be presented to the Health and Wellbeing Board for approval in March 2024 with the accompanying delivery plans presented to the Health and Wellbeing Board for approval in June 2024.

These reports will include any related financial implications for the Council as appropriate.

**Legal Implications:  
(Authorised by the  
Borough Solicitor)**

It is important that regular updates are received on the Council's priorities to ensure that investment and resources are achieving the desired outcomes.

**Risk Management:**

The proposed '*Tameside Healthy Places*' strategic framework supports the Health & Wellbeing Board's statutory obligations in having a plan for improving the health and wellbeing and tackling inequalities across the population of Tameside. The proposed whole system approach across statutory and VCFSE organisations enables a more integrated and collaborative approach to delivering healthy places in Tameside.

**Access to Information:**

All papers relating to this report can be obtained by contacting: Beth Wolfenden, Head of Public Health Programmes.

**Background Information:**

The background papers relating to this report can be inspected by contacting Beth Wolfenden, Head of Public Health Programmes



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e-mail: [beth.wolfenden@tameside.gov.uk](mailto:beth.wolfenden@tameside.gov.uk)

## 1. INTRODUCTION

- 1.1 The proposed '*Tameside Healthy Places*' strategic framework is being developed to support one of the areas of focus in the recently ratified *Building Back Fairer, Stronger, Together: Tameside Joint Health and Wellbeing Strategy and Locality Plan (2023-2028)*. The '*Tameside Healthy Places*' strategic framework sets out the ambition of a place based, whole system approach to deliver healthy places which support Tameside residents to have a healthier and happier life.
- 1.2 This report provides an update on progress so far in the development of the framework including consultation and engagement; the proposed content including the key ambitions around the areas of tobacco control, food and physical activity; and next steps in finalising the development of the '*Tameside Healthy Places*' strategic framework.

## 2. DEVELOPING THE TAMESIDE HEALTHY PLACES STRATEGIC FRAMEWORK

- 2.1 In September 2023, following the approval of the Joint Health and Wellbeing Strategy and Locality Plan entitled *Building Back Fairer, Stronger, Together – Joint Health & Wellbeing Strategy and Locality Plan for Tameside 2023-2028*, work began on the development of a draft strategic framework which will deliver healthy places in Tameside. This strategic framework aims harness the power of systems working supported by strong leadership to deliver a healthy place for Tameside residents.
- 2.2 A growing body of evidence, including Foresight's *Tackling Obesity: Future Choices* report<sup>1</sup>, suggests that a whole systems approach could help address complex problems like unhealthy weight. The '*Tameside Healthy Places*' strategic framework will support our local system in Tameside to maximise our local scope for action to improve health and tackle inequalities by initially addressing these key risk factors. There is an ambition to include further key risk factors in the '*Tameside Healthy Places*' strategic framework over time.
- 2.3 The recent The Health Foundation's recent report '*Addressing the leading risk factors for ill health – a framework for local government action*'<sup>2</sup>, includes a systems framework to support local authorities to take ambition population-level action. We are aiming to work with The Health foundation to develop this framework to include wider systems in a place and test this as an approach in Tameside.
- 2.4 Tobacco, poor diet, and physical inactivity are three leading causes of preventable death and ill health in England and key drivers of health inequalities. Tameside has the following challenges in these areas:
- Fourth highest smoking prevalence in England, with 1 in 5 adults being a smoker.
  - Only one quarter of adults have the recommended 5 portions of fruit and vegetable a day.
  - 40% of households experience low or very low food security.
  - Over 1 in 10 (11.8%) reception age children are obese rising to about a quarter (24.6%) in Year 6.
  - About a third of adults are living with obesity and over two thirds are living with either overweight or obesity.
  - Physical inactivity levels remain higher than pre-pandemic levels with approximately a third of all adults and children classified as 'inactive'.
- 2.5 A comprehensive programme of consultation and engagement has been developed to reach a wide range partners, stakeholders, and communities across Tameside. A development session was held in November 2023 with the Health and Wellbeing Board on the emerging

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<sup>1</sup> [Tackling obesity: future choices - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/tackling-obesity-future-choices)

<sup>2</sup> [Addressing the leading risk factors for ill health – a framework for local government action - The Health Foundation](https://www.healthfoundation.org.uk/publications/addressing-the-leading-risk-factors-for-ill-health-a-framework-for-local-government-action)

Healthy Places framework and an engagement report was produced, which can see seen in **Appendix 1** of this report. **Appendix 2** of this report contains the full draft consultation and engagement plan for both the strategic framework and the supporting delivery plans. This is an iterative document, which will evolve as the consultation and engagement progresses.

### 3. OUTLINE OF DRAFT CONTENTS

- 3.1 The developing ‘*Tameside Healthy Places*’ strategic framework draft outlines the vision of our approach to working as a system to tackle complex health issues in Tameside and how we aim to achieve this by working to our guiding principles.
- 3.2 The ‘Tameside Healthy Places’ strategic framework for action identifies nine discrete mechanisms across three domains, which can be used to deliver a healthy place through population-level actions. This is a tool to help partners and stakeholder to review their existing approaches and identify additional opportunities to improve the health of Tameside residents. The framework is not prescriptive or all encompassing, and there may be wider mechanisms not captured in the framework that may also be included in the supporting plans. This strategic framework, seen in figure 1 below, was developed by The Health Foundation to support local government take ambitious population-level action to improving health and wellbeing and is being localised by Tameside Health and Wellbeing Board to inform and drive action.

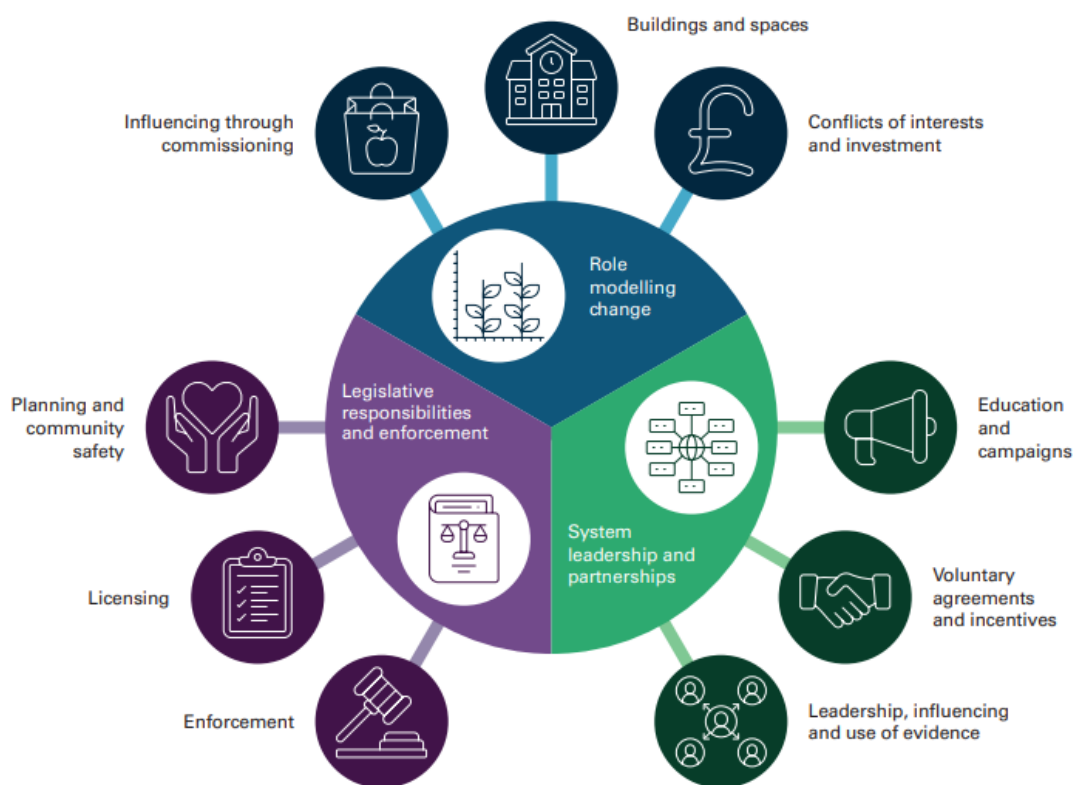


Figure 1. Framework reproduced with permission from The Health Foundation – from ‘Addressing the leading risk factors for ill health – a framework for local government action’.

- 3.3 The framework also articulates the key ambitions across each of the areas of tobacco, food and physical activity. The key ambitions for each are:

#### **Tobacco**

- De-normalise smoking and tobacco use to prevent young people from taking it up in the first place.

- Provide high quality, evidence-based stop smoking services for smokers and tobacco users who are ready to quit.
- Reduce health inequalities by targeting support to high prevalence groups.
- Develop community capacity to build a social movement to make smoking history in Tameside.
- Engaging with and influencing communities to communicate the risks of smoking, the benefits of being smoke free and how to access support to quit.

#### **Food**

- To make the supply and consumption of affordable healthy and sustainable food the norm.
- To address and reduce food poverty.
- Promote community food knowledge, skills and resources.
- Develop a vibrant and diverse sustainable food economy.
- Increase healthy and sustainable catering and procurement.
- Reduce waste and the ecological footprint of the system.

#### **Physical Activity**

- Develop strong system leadership across the partnership for physical activity in Tameside.
- Commit to a long-term whole system approach to enable communities to be more physically active.
- Advocate for a physical activity-promoting environment.
- Build a social movement for physical activity through meaningful community engagement.
- Ensure a focus on accessibility, inequalities, and inclusion across all work.
- Take a life course approach.
- Build in robust monitoring and evaluation, deliver evidence-based activity, be led by local data and strive for innovation and excellence.

3.4 The draft framework also aims to articulate what success will look like. Whilst each of the supporting delivery plans will include their own key indicators for success, there will be an agreed set of success measures for the overall framework that will be reported back to the Health and Wellbeing Board on an annual basis. A comprehensive monitoring, evaluation and reporting framework will be developed to support the delivery of the strategic framework.

3.5 The proposed governance for the healthy places whole systems work is described in the draft in **Appendix 1**. There is a proposal to form a '*Tameside Healthy Places*' task and finish group, which reports directly to the Health and Wellbeing Board. This sub-group will provide robust governance in the delivery of the ambitions set out in the strategic framework and supporting plans. The sub-group will play a role in holding system partners to account for the priorities and objectives that have been set.

## **4. NEXT STEPS AND GOVERNANCE**

4.1 Consultation and engagement will continue over the coming weeks as indicated in the plan in **Appendix 2**. This will be collated and used to inform the vision and ambitions of the '*Tameside Healthy Places*' strategic framework and the supporting delivery plans.

4.2 The strategic framework will be finalised and brought back to the Health and Wellbeing Board for approval in March 2024. Work will continue on the development of the support delivery plans for food, tobacco and physical activity before bringing them to the June Health and Wellbeing Board for approval.

**5. RECOMMENDATIONS**

5.1 As set out at the front of the report.

# APPENDIX 1

Tameside Health and Wellbeing Board Development Session  
Thursday 16<sup>th</sup> November

## Tameside Healthy Places Engagement Report

On Thursday 16<sup>th</sup> November a development session was held with the Tameside Health and Wellbeing Board with the purpose of engaging on the third identified key workstream 'Healthy Places'. The background and context to the whole systems approach and for the three areas of food, physical activity and tobacco initially chosen to contribute to the Healthy Places agenda was presented to the board, followed by a workshop.

During the workshop, Board members had the opportunity to input across the three topics and were asked to consider the following questions:

- What are the **key opportunities for action** by the Board and its members?
- How can the Board and its members **be a champion** for the Healthy Places agenda?
- **What does success look like** for Tameside in the short, medium, and long term?

**Key messages** from the discussions for consideration in the Healthy Places strategic framework development include:

- Taking a whole system approach is key to tackling complex issues which impact on health and wellbeing.
- Poverty is a key driver which affects people's ability to make healthier choices or have the resources they need to prepare nutritious food.
- There are some 'quick wins' that could be implemented which could have a big impact.
- Being guided by data and intelligence is important in targeting activity.
- The Board and its members have role in championing the Healthy Places strategic framework, having conversations across the system to help win 'hearts and minds' and take a leadership role in ensuring this approach is embedded in all policies.
- The Board member organisations have role, as employers, in adopting the framework, promoting the Healthy Places work, and embedding the key delivery plans within their own organisational practice.

Further details from the topic specific discussions can be found in appendix 1. This information will be included as part of the development of the delivery plans for each of the workstreams.

### Next Steps

Further engagement with key stakeholders and partners around the systems working approach and the ambitions for each strand of work is continuing to take place until February 2024.

A comprehensive programme of public consultation on the ambition for each area of work and what they would like to see as part of the delivery plan will take place from now until May 2024 before they are finalised and presented to the Health and Wellbeing Board in June 2024.

### Report author

Beth Wolfenden

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## Appendix 1

This appendix gives an overview of the discussion in each of the three break out groups. This feedback will also be used to inform the delivery plans for each workstream.

	<b>Tobacco</b>	<b>Food</b>	<b>Physical Activity</b>
Page 14	<p>Start Well</p> <p>Educational awareness of the dangers of tobacco in schools.</p> <p>Provide takeaway messages for parents, carers, and families.</p>	<p>Portion sizes for children – changing culture and increasing knowledge.</p> <p>Early Help and prevention important – settings-based work in nurseries, schools, leisure centres etc.</p> <p>Availability of food for school children – vending, snacks, journey to schools.</p> <p>Can we undertake analysis of what people buy with their healthy start money? Possible research into this data to understand more around how this support is taken up and utilised – could existing streams of grant funding such as family hubs help to pay for this?</p> <p>Funding for more free school meals for children who are not currently eligible.</p> <p>Allison P - parents want the best for their children - how do we give that information. Children's Services can make a commitment to drive this agenda forward with schools and early help services.</p> <p>Do Pennine support children with SEN neurological conditions with healthy weight? Links to opportunities within pathways to signpost patients (potentially with additional</p>	<p>Schools – concern over amount of time allocated to PE in secondary schools.</p> <p>How do we prevent drop off in activity levels at 14+? Traditional sports can put lots of young people off and lead to a negative relationship with.</p> <p>After school activity – opportunities vary by school. This is not statutory and depends on staff interest but can create inequality.</p> <p>Supporting healthy schools. How can we encourage the embedding of PA in policies. Promoting CAS framework and supporting schools to use <a href="#">Home :: Creating Active Schools</a></p> <p>Use School Health Needs Assessment and other data such as NCMP to target interventions.</p> <p>We will know we have been successful if the number of 14-15 years olds participating has increased.</p>



		<p>risk factors such as sensory processing needs) into healthy weight support.</p> <p>Food ambassadors/champions in schools.</p> <p>Social anxiety as an issue in young people. Example discussed was that people would rather use drive-thru or online ordering of food due to the avoidance of social interactions – but this is another route to unhealthy food</p>	
<b>Live Well</b>	Ensuring a workplace focus for stop smoking interventions, particularly for routine and manual workers.		<p>Employers/workplaces promoting PA – walking meetings, messaging for employees etc.</p> <p>Promoting the Active Soles movement.</p>
<b>Age Well</b> Age 15		<p>Oral health in care homes links to nutrition and hydration and impacts on eating and healthy weight.</p> <p>View from the hospital - Pre-op preparation - carb loading pre-operatively can enhance recovery for some cohorts.</p>	
<b>Life Course</b>	<p>Creating a network of front-line workers who are 'Tobacco Free Champions'</p> <p>Communications and marketing: How to reach the harden smoker – local engagement required to support recent GM comms work. Consider hard hitting campaign messages, aligned to current GM campaign.</p>	<p>Poverty as a driver and wider needs such as homelessness, temporary accommodation – no facilities to cook. Poverty drives food choices – cheap often equals poor nutrition.</p> <p>Links to fuel poverty – heat or eat.</p> <p>Ensuring proper co-production to involve residents and leadership form the community to push for a social movement around food. Food waste - What is the level of fresh food waste? Is there an opportunity to distribute it.</p>	<p>Opportunity to refresh Active Tameside Estates Strategy. AT has ageing stock which needs to be considered.</p> <p>Accessible activities required.</p> <p>TMBC Strategic Planning – Masterplans and Local Plan – links to transport plan and ensuring accessible via public transport to encourage active travel to support healthy place making. Local plan making begins again in New Year. Can we bring Masterplans and Local Plan consultation to the HWB for review and comment. Safer communities and settings to encourage active travel – travel to school and VAWG agenda.</p>

	<p>Promoting the use of online support offers i.e. smoke free app Inter-organisational sharing of comms to amplify messages. [More enforcement is required with consistency.</p> <p>Working with organisations that work with existing community groups to increase reach e.g. Jigsaw - food pantries/allotment groups</p> <p>Develop smokefree settings work further especially in workplace settings.</p>	<p>Supermarkets used to give out free fruit for children. Kings campaign on redirecting excess food to food hubs instead of food waste.</p> <p>Food waste apps such as 'Too good to go' or 'Olio' apps. Fresh fruit and veg often in multi-packs which leads to waste. Promotion of markets where you can buy individuals. Local food voucher system for Tameside market traders.</p> <p>Explore examples of good practice such as the 'Felix Project'.</p> <p>Packets of herbs and spices should be provided to help people make healthy food taste better – slow cooker project does this, but can it be extended?</p> <p>Donating to a food bank - need guidance on what to put in the donations - healthier options.</p> <p>Community fridges.</p> <p>Gardening – incredible edible, green alleys.</p>	<p>Communications and marketing – need to win hearts and minds. Place based approach – using data to focus activity.</p> <p>Understand our neighbourhoods' challenges and assets – one size will not fit all.</p> <p>Walking/Rights of Way more publicity to increase use of and promote walking for journeys less than a mile.</p> <p>Board members can amplify messages through their own organisations.</p> <p>Promoting Park Runs in Hyde and Stalybridge and Couch to 5k app.</p> <p>Consider digital exclusion in all planning.</p> <p>Data and intelligence to drive activity – new Sport England data to LSOA level will help hyper local targeting.</p> <p>National travel survey data.</p> <p>Are we making the most of our natural spaces. Are they in the best condition, are they safe, are they lit eg. Chadwick Dam, Hurst res, Daisynook.</p> <p>Focus on neighbourhood level work, one size doesn't fit all and we need to recognise the local community groups as community assets make a difference.</p>
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### Engagement Framework – Population Health (TMBC)

Engagement sees stakeholders and communities as co-producers of health and wellbeing. It promotes community networks and relationships as a way of providing mutual help and support to empower communities to control their future and create tangible resources for themselves, to reduce inequalities in health and wellbeing. It proposes assessing and building on strengths and resources in a community to collaboratively work with community members, organisations, and stakeholders to address issues, solve problems, make decisions, and keep everyone informed about decisions and actions that affect them.

Working together helps leverage knowledge and resources. It empowers individuals and communities to participate and gives them a sense of ownership and the ability to shape their future in the decision-making process, building long term relationships for sustainability. It allows people to advocate and speak for themselves, to bring about change from a diverse range of voices, ensuring that various demographic groups, perspectives, and opinions are considered to address evolving needs and challenges to work together for the future of Tameside.

This Engagement Framework outlines our approach to engagement and how we will involve a diverse range of people and groups including:

- Tameside residents;
- People who use services in Tameside;
- The VCFSE (Voluntary, Community, Faith, and Social Enterprise) sector;
- Local businesses;
- Networks e.g. the Partnership Engagement Network;
- Public sector partners, e.g. healthcare services, GMP;
- Any other relevant groups and individuals.

This Engagement Framework aims to encourage more local people to shape their neighbourhoods, council services, and the future of the borough. This Framework will complement Tameside Council's Assessments and Strategies including:

- The Tameside Engagement Strategy 2023-2027 (going to consultation soon);
- Building Back Fairer, Stronger, Together: Tameside Joint Health & Wellbeing Strategy and Locality Plan 2023-2028 linking into the six areas of focus, especially "Strengthen our communities" and "Deliver healthy places with accessible and inclusive services";
- Building Resilience: Tackling poverty in Tameside 2023-27.

Engaging in a whole-system, holistic approach will focus on involving all relevant stakeholders in identifying individuals, groups and organisations who have a stake, influence and understanding in the processes and systems to make change. It will outline clear goals and outcomes to contribute to the wellbeing of everyone, ensuring the engagement process incorporates diverse perspectives from different stakeholders.

The Engagement Framework is split into the following areas:

- **Strategic;**  
Strategic partnerships provide a platform for influential Tameside individuals and organisations to come together to make decisions. They are an important forum where political, professional, clinical, and community leaders from across organisations meet with the aim to improve health and wellbeing and reduce inequalities. Such forums are important for engagement and buy-in at a high level. Examples of strategic partners include Health partners (e.g. the NHS); Tameside Metropolitan Borough Council; the Health and Wellbeing Board; local partners (e.g. social and private landlords); commissioned services (e.g. Bridges); and Primary Care Networks (PCNs).
- **VCFSE (Voluntary, Community, Faith, and Social Enterprise) groups;**  
The VCFSE sector is a large resource of social, health, and wellbeing care and support within Tameside, and the wider country. The organisations and support provided are diverse and have often developed or grown in response to an unmet need within the community, especially within the context of the Coronavirus pandemic. They are often situated within the community, leading to exceptional insight into the needs, aspirations, assets and gaps of the individuals and communities they support. Examples of VCFSE groups include Action Together; CGL; local community groups such as Infinity Initiatives, Dad Matters, The Shed, and Guardian Angels; and some community champions.
- **General public**  
The general public encompasses any other engagement not included under the Strategic or VCFSE headings. It is important to ensure the public have been given the opportunity to engage, to enable them to be involved with the theme, corresponding to the level of engagement required. In 2021, it was estimated that just over 231,000 people lived in Tameside; not everyone will be part of a VCFSE group therefore engaging as many relevant people as possible through suitable channels is a priority. This includes opportunistic engagement (e.g. Ashton Market, shopping centres); Public Engagement Network (PEN); the Big Conversation; engagement with individuals not accessed via VCFSE; and some champions (e.g. supermarket champions). It also includes engagement via social media platforms (e.g. local Facebook groups such as 'Ashton Now and Then' and 'Hyde Now and Then').

### **Community Engagement and Development Workers Network**

The Community Engagement and Development Workers Network will be a vehicle to drive the work of the Framework, enabling collaboration between the Council and other Community Engagement practitioners within Tameside from a range of backgrounds. The Network will enable relationships between the Council and colleagues from strategic partners, the VCFSE community, and the general public. It will provide opportunities for relevant insight, co-production, and consultation.

It is being explored as to whether a Network that previously existed could be revived, or whether a new Network should be started. The Framework will be updated to reflect this once it has been clarified.

**Engagement Framework  
key**

Heading	Explanation	Notes
Who	People and groups planned to communicate or engage with	Add the area covered by the group if applicable
Rationale	Why we are engaging with these people or group	This could include information on protected characteristics, LSOA or neighbourhood
Level of engagement	Purpose of our communication or engagement	Inform, consult, involve, collaborate, and empower. The aim is to enable people to advocate and speak for themselves and provide opportunities to be involved in projects as early as possible through co-production, however it is understood that this might not be possible for all projects.
Life course theme	How does this map to the three life course themes within Tameside	Starting well, living well, ageing well, or a combination
Work programme(s)	How does this map to the work programme(s) with the Population Health team at TMBC	If there are multiple work programmes this engagement work relates to, please add them alphabetically to ensure this can be filtered appropriately
Lead	Person responsible for the engagement and collecting the feedback	This could be a member of the Population Health team or it could be delegated to a community leader
Contact details	Contact details for the person responsible for the engagement and collecting the feedback	
When	Date(s) communication or engagement will take place	
How	Methods used to communicate or engage with people	
Number of people engaged with	The number of people engaged with (proposed or actual)	It should be clear whether this is proposed numbers or actual numbers engaged with
Notes	A brief overview of the findings that has come out of this engagement work	Raw data and findings will be recorded elsewhere; this is to be used as an overview

Who	Rationale	Level of engagement	Life course theme	Work programme	Lead	Contact details	When	How	Number of people engaged with	Notes
Health and Wellbeing Board Members	The HP framework supports the HWB strategy and the HWB provide the governance for the framework. Members are champions for the work and are in a position to help drive the work forward	Consult	ALL	Healthy Place Strategic Framework	ALL	Debbie Watson	16/11/23	Development Session - workshops	15	Full report available - Key messages include: Ø Taking a whole system approach is key to tackling complex issues which impact on health and wellbeing. Ø Poverty is a key driver which affects people's ability to make healthier choices or have the resources they need to prepare nutritious food. Ø There are some 'quick wins' that could be implemented which could have a big

										<p>impact. Ø Being guided by data and intelligence is important in targeting activity. Ø The Board and its members have role in championing the Healthy Places strategic framework, having conversations across the system to help win 'hearts and minds' and take a leadership role in ensuring this approach is embedded in all policies. Ø The Board member organisations have role, as employers, in adopting the framework, promoting the</p>
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										Healthy Places work, and embedding the key delivery plans within their own organisational practice.
Tameside Active Alliance	Increasing PA levels across the lifecourse is a key objective of the strategic framework. Attendees were consulted on the framework and the specific PA objectives	Consult	ALL	HP Framework and supporting PA Framework	ALL	Beth Wolfenden	20/11/23	Workshop discussion		
Tobacco-free Partnership	Making smoking history in Tameside is a key objective of the strategic framework. Attendees were consulted on the framework and the specific objectives in the tobacco plan	Consult	ALL	HP Framework and supporting tobacco-free plan	ALL	Liz Harris	14/12/23	Workshop discussion		



Healthy weight workshop	Ensuring Tameside is a healthy weight promoting place is a key objective of the strategic framework. Attendees to be consulted on the framework and the 7 pillars for action in the HP strategic framework	Consult	ALL	HP Framework and supporting healthy weight pillars for action	ALL	Beth Wolfenden	10/01/24	Workshop discussion		
Food Network	Working with partners to create a food environment, system and culture that promotes health, stimulates the local economy, benefits communities and reduces environmental impact is a key objective of the strategic framework. Attendees to be consulted on the	Consult	ALL	HP Framework and supporting food plan	ALL	Liz Harris	25/01/24	Workshop discussion		

	framework and the 6 key objectives in the food plan									
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# Agenda Item 5.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	James Mallion, Assistant Director of Public Health
<b>Subject:</b>	<b>WORK &amp; SKILLS UPDATE</b>
<b>Report Summary:</b>	<p>This report provides an overview of the progress made against the Health &amp; Wellbeing Board priority around Work &amp; Skills. This includes an update on work, which sits with the Inclusive Growth Board; some of the existing support programmes and good practice already in place in Tameside, including further detail of the Pathways into Employment Forum which is led by the hospital; and early findings of the Work &amp; Skills Needs Assessment, due to be finalised in March 2024.</p>
<b>Recommendations:</b>	The Health & Wellbeing Board note the contents of the report.
<b>Corporate Plan:</b>	<p>This report updates on the Work &amp; Skills priority of the Health &amp; Wellbeing Board, which is an ongoing work stream, aligned to the area of focus around 'helping people to get into, and stay in good work', from the Health &amp; Wellbeing Strategy for Tameside. This priority aligns closely to the overarching vision of the Tameside Corporate plan, for Tameside to be 'a place where everyone can achieve their hopes and ambitions'. This is particularly supportive of the priority to 'give everyone the opportunity to learn and earn'.</p>
<b>Policy Implications:</b>	<p>This report provides updates around ongoing work programmes. The Work &amp; Skills needs assessment will produce a series of recommendations, which will be brought back to the March 2024 Health &amp; Wellbeing Board meeting for agreement and sign off for publication. Some of these recommendations may have policy implications in terms of new policies or approaches, which may be needed to better address the issues identified. No other direct policy implications arising from this report.</p>
<b>Financial Implications:</b>	There are no direct financial implications arising from the report.
<b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	Any related Council expenditure will be financed via existing Directorate revenue budgets.
<b>Legal Implications:</b>	It is important that regular updates are received on the Council's priorities to ensure that investment and resources are achieving the desired outcomes.
<b>(Authorised by the Borough Solicitor)</b>	
<b>Risk Management:</b>	<p>This report has committed to the finalised Work &amp; Skills needs assessment being completed and brought back to the March 2024 Health &amp; Wellbeing Board meeting for sign off. There is a risk if this deadline were not met. In order to ensure that this is delivered upon, external resource (PS Research) has been commissioned to support this work, with a clear service level agreement and project plan in place for completion of the report to this deadline. The other risk highlighted in this report is the non-recurrent nature of the external funding, which supports delivery of programmes such as the Routes to Work and In Work Progression programmes. Work is</p>

underway to identify ongoing funding for these programmes, to ensure continued service delivery.

**Access to Information:**

All papers relating to this report can be obtained by contacting: James Mallion, Assistant Director of Public Health.

**Background Information:**

The background papers relating to this report can be inspected by contacting James Mallion, Assistant Director of Public Health



Telephone: 07970946485



e-mail: [james.mallion@tameside.gov.uk](mailto:james.mallion@tameside.gov.uk)

## **1. INTRODUCTION**

- 1.1 During late 2022 work was done with members of the Tameside Health & Wellbeing Board to set out the role of the Board, including having a clear set of ambitions with a Health & Wellbeing Board Charter and setting priorities for upcoming work.
- 1.2 The three priorities set for the Board to focus on are Poverty, Work & Skills and Healthy Places. Over the last year, a range of work has taken place to improve how the Health & Wellbeing Board can tackle these issues as a partnership.
- 1.3 In September 2023, the new Joint Health & Wellbeing Strategy and Locality Plan for Tameside was also published, *Building Back Fairer Stronger Together 2023-2028*. This included one of the six areas of focus to “Help people get into, and stay in good work”. This sets out a series of commitments in the strategy to support a healthy workforce in Tameside and the positive relationship between good work and good health. This highlights the importance of the joint work between the Health & Wellbeing Board and the Inclusive Growth Board for Tameside, as well as committing to specific objectives.
- 1.4 This report provides an update on early progress against these objectives, particularly the initial findings of the Work & Skills needs assessment, which is in progress, and highlights some of the work already taking place in Tameside.

## **2. INCLUSIVE GROWTH BOARD**

- 2.1 Tameside’s Inclusive Growth Board continues to meet as an active forum to engage local businesses and stakeholders to deliver on the priorities in the Inclusive Growth Strategy.
- 2.2 Members of the Inclusive Growth Board have received the Joint Health & Wellbeing Strategy and Locality Plan and this was discussed at a recent meeting of the Board in November 2023. There was strong support for the priorities and areas of focus within the strategy. Some ongoing challenges were highlighted including an increase in post-16 college students with mental health issues, which additional support has been put in place for. Proposals around the upcoming Work & Skills needs assessment have also been discussed with Inclusive Growth Board members and updates will continue to be reported there.
- 2.3 There are a number of sub-groups sat under the Inclusive Growth Board, which deliver on a range of areas around supporting job growth and helping people get into good work. The Business Support sub-group is leading a growing programme of business engagement, including a joint approach between the council, Business Growth Hub, GM Chamber of Commerce and MIDAS. The GM Business Growth Hub have been working closely with the Employment & Skills team at the Council resulting in a growing number of businesses in Tameside receiving support and assistance, and from April to June 2023 Tameside saw the highest level of engagement from local businesses in Greater Manchester. This will continue to strengthen the links between local businesses and the support available for them such as collaboration and opportunities such as the GM Good Employment Charter.
- 2.4 The Tameside Means Business Network recently ran a Net Zero Festival, which brought local organisations together to support each other in reducing carbon emissions. This was held at Global Grooves’ Centre for Carnival Arts at The Vale in Mossley and had nearly 70 businesses in attendance. This event aimed to enable peer-to-peer support between businesses and encourage them to be part of the positive changes around achieving net carbon zero, as per the Greater Manchester goal of being carbon neutral by 2038. The network also holds regular ‘Tameside Talks Business’ events which are mainly attended by small businesses, start-ups and community interest companies. These are further opportunities for local businesses to collaborate and consider how they deliver good jobs within Tameside.

2.5 The Employment & Skills team also continue to deliver support programmes including Routes to Work and In Work Progression, which deliver a range of holistic improvements to the lives of the individuals they work with. These programmes are particularly beneficial to help people gain further skills and employment opportunities, but a range of other benefits to their wellbeing have also been seen as a result of these programmes. There continues to be a risk to ongoing delivery, with these programmes being grant funded. Work is ongoing with central government to try to gain clarity on decisions around continued funding.

### 3. EXAMPLE OF EXISTING PRACTICE – PATHWAYS INTO EMPLOYMENT FORUM

3.1 One example of existing good practice to support people into work is the Pathways into Employment Forum, which is run by Tameside Hospital. The forum is a network of local public and third sector organisations across Tameside, who work collaboratively to reduce unemployment and supply people with the right skills and support to work in the health and care sector.

3.2 This forum recognises the importance of people being in work, both from a local economy perspective, and to support the health and wellbeing of individuals. There is also a focus on the need to provide additional support to certain groups across the community who are more likely to experience unemployment, which includes people without formal qualifications; those who are looking after family; people living with an illness or disability; and those aged 18-21. The forum facilitates access to the employment opportunities within the local health and care sector, which is a large local employer.

3.3 There are four key areas of action which the Pathways into Employment Forum focuses on:

- **ATTRACTION** – Attracting more people into health and care roles through a combination of newsletters about entry level roles; role profiles; reviews of essential criteria; apprenticeships; and promotion via social media.
- **SELECTION** – Supporting people through selection processes for roles using work trials & experience; guidance for candidates; reasonable adjustment and recruitment training for managers; and improved uptake of the guaranteed interview scheme.
- **CHECKS** – Employment checks guidance for candidates and keeping in touch guidance for managers.
- **PROGRESSION** – Career pathways made clear for entry-level roles.

3.4 To date, the forum has taken action within the hospital to remove barriers within the recruitment process, particularly around entry-level roles. As a result, there have been a number of successes with increases in the number of active volunteers gaining experience within Tameside Hospital, and a number of people being supported through recruitment and gaining roles within the hospital. This includes five individuals from the Routes to Work programme being recruited to roles within the hospital. These are people who have the skills needed for the roles, but who faced additional barriers including learning disabilities, mental illness and autism, which meant that adjustments to the recruitment process helped them to secure the roles.

3.5 Going forward, there is ongoing leadership from Tameside Hospital, holding monthly meetings of the forum and plans to expand this out and do more engagement. The membership of the forum currently includes key local partners and recruiting managers from within the hospital. This is under review to expand membership of the group. The forum is also planning to engage with more residents from under-represented communities across the health and care workforce, to improve their access to employment, including outreach such as attending community events and careers fairs.

#### 4. WORK & SKILLS NEEDS ASSESSMENT – SCOPE AND INITIAL FINDINGS

- 4.1 An objective within the “Help people get into, and stay in good work” area of focus in the Joint Health & Wellbeing Strategy and Locality Plan is to produce a needs assessment on Work & Skills in Tameside during 2024. This work has commenced with an organisation called PS Research commissioned to lead this, working alongside the Population Health and Employment & Skills teams in the Council. The needs assessment will be completed for sign-off and publication at the March 2024 Health & Wellbeing Board meeting. The scope of the work has been agreed and some initial analysis and findings have been produced.
- 4.2 Analysis of national data demonstrates the importance of improving access to good work and skills in Tameside. According to data from the Health Foundation, local authorities with lower economic inactivity rates or higher employment rates have higher healthy life expectancy on average. Data also indicates that economic inactivity has increased nationally, partly due to an increase in working-age people reporting long-term health conditions, including increases in mental health issues and musculoskeletal problems. Also, people in poor health are less likely to remain in employment and more likely to move into temporary or lower paid work. The quality of work is also important as evidence shows that being in low-quality work can be just as bad for health as unemployment.
- 4.3 The scope of the needs assessment will look at work and skills through a health and wellbeing lens. This will include examining the cycle of poverty, low-quality work and poor health, which is seen in Tameside. This will include looking at the impact of unemployment and poverty on health; the impact of low-quality work on health; and vice versa, the impact of poor health on employment and economic development.



- 4.4 The needs assessment also highlights existing key health challenges in Tameside, which contribute to the relationship between poor health, low-quality work, unemployment and poverty. These include the gap in life expectancy compared to the national average; the high rates of obesity and smoking, which drive the level of long term conditions; the high rate of residents living with a disability or limiting long-term illness; and higher prevalence of mental health disorders.
- 4.5 Initial analysis of a wide range of data and information sources has focussed on several key areas. Some interim findings for further analysis and exploration have been included below:
- Deprivation is relatively uniform across Tameside, meaning not many parts of the borough are in the most deprived areas nationally, but overall the borough has quite high, broad levels of deprivation – particularly around health and crime related measures.
  - Women face particular inequalities around employment, pay, life expectancy and disabilities in Tameside.

- Tameside faces challenges around adult education and skills – Tameside neighbourhoods are twice as likely to be in the most deprived 10% of areas nationally for adults skills compared to children & young people’s education.
- In Tameside, a higher proportion of those who are economically inactive are classified as ‘long-term sick’ (34%) compared to the national average (27%).
- Job density in Tameside (the proportion of jobs available compared to the number of working age residents) is significantly lower than the NW and national average with 57 jobs per 100 working-age residents in Tameside compared to around 85 jobs per 100 nationally.
- Low proportion of people working in managerial or professional roles, and a high proportion of night-time workers (linked to poorer health outcomes and lower pay) in Tameside.
- A low level of formal qualifications in Tameside with more than a fifth (22%) of Tameside adults (16+) having no qualifications, higher than the national average (18%). Tameside residents are also much less likely to be more highly qualified with under a quarter (24%) of residents having a degree or equivalent, compared to one third of those aged 16+ across England (34%).
- There are high levels of digital exclusion in Tameside which is linked to lower income, lower levels of education and a low proportion of job roles in the ‘information & communication’ sector.
- There are lower levels of qualifications across most age groups in Tameside, compared to other areas
- Low pay is a particular issue in Tameside with low median annual pay and a high proportion of roles paying below the living wage. Resident pay is higher than workplace-based pay in Tameside, indicating that many residents travel outside of the borough to work for better pay.
- Despite house prices being lower in Tameside compared to the rest of the NW, they are less affordable for residents than in other areas, due to low pay for residents.

4.6 These initial findings will be further developed to explore the extent of some of these issues across Tameside. There will also be work to consider what programmes and services are already in place across the borough; and qualitative work will also take place to engage with people within Tameside to understand what some of these issues mean for local people. This will then provide insight into some of the gaps in what is currently in place. This will also highlight what further work is needed in order to make the most of opportunities and address some of the challenges in Tameside to improve the situation around work and skills, with a view to improving people’s long term health outcomes.

4.7 The Work & Skills needs assessment will continue to be developed and the final version, with a set of key recommendations for partners across Tameside will be brought to the March 2024 meeting of the Health & Wellbeing Board.

## **5. NEXT STEPS**

5.1 This report has highlighted some of the work currently taking place to address the priority in the Joint Health & Wellbeing Strategy and Locality Plan for Tameside around ‘Helping people get into, and stay in good work’.

5.2 Development of the Work & Skills needs assessment will continue, with the final version due to be brought back to the March 2024 Health & Wellbeing Board meeting, for approval and publication.

5.3 The growing partnership working and engagement at the Inclusive Growth Board will continue, as well as further work around supported employment programmes, such as the Pathways into Employment Forum, Routes to Work and In Work Progression programmes.





Relevant recommendations on this ongoing work will be included in the findings of the work & skills needs assessment.

## **6. RECOMMENDATIONS**

6.1 As per the front of the report.

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# Agenda Item 6.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	Councillor Eleanor Wills, Executive Member for Population Health and Wellbeing (with lead responsibility for poverty). Debbie Watson, Director of Public Health
<b>Subject:</b>	<b>BUILDING RESILIENCE: TACKLING POVERTY IN TAMESIDE - UPDATE ON STRATEGY ACTION PLAN</b>
<b>Report Summary:</b>	This report provides an update on the delivery of the anti-poverty strategy action plan to the Health and Wellbeing Board.
<b>Recommendations:</b>	Health and Wellbeing Board members are asked to note the update and progress against the action plan.
<b>Corporate Plan:</b>	The strategy cuts across all eight priorities of the Corporate Plan and underpins the life course model.
<b>Policy Implications:</b>	Development of this strategy is in line with and in response to emerging national and regional policy initiatives on reducing inequality and addressing poverty. The recommendations within will have policy implications for partners as they are implemented.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no direct financial implications arising from this update report on the development of the Anti-Poverty Strategy. However, there are numerous and complex financial implications for the Council that arise as a result of Poverty in the borough, and the implementation of the recommendations within the Anti-Poverty Strategy are likely to have some direct financial implications. The financial implications of the recommendations in the Anti-Poverty Strategy will need to be considered separately as recommendations are implemented, taking account both of the direct financial implications of recommendations and, where possible, considering the complex indirect financial implications of poverty (including areas such as demand for services and income collection).
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	As set out in the report, work is ongoing to develop the strategy. Consultation has been undertaken to assist the Council in forming this strategy. The feedback from the consultation has been carefully considered as part of the finalisation of the strategy.
<b>Risk Management:</b>	No additional risks identified as a result of this paper or strategy.
<b>Access to Information:</b>	The background papers relating to this report can be inspected by contacting Debbie Watson, Director of Public Health
<b>Background Information:</b>	 Telephone: 07970 456338  e-mail: <a href="mailto:debbie.watson@tameside.gov.uk">debbie.watson@tameside.gov.uk</a>

## 1. INTRODUCTION

- 1.1 In recent years the rise of poverty, exacerbated by the cost of living crisis and the Covid-19 pandemic has emerged as a major policy issue. The current cost of living crisis has been significantly worsened by a number of longer-term structural weaknesses in the UK, including low wages, low productivity and high inequality relative to other major economies.
- 1.2 All partners recognise the severity of the current crisis and are working hard to support residents and gain a deeper understanding of poverty through cooperation with groups such as the Greater Manchester Poverty Action and the recommendations of Tameside Poverty Truth Commission.
- 1.3 Following the development of a Poverty Needs Assessment, which sits as part of the Joint Strategic Needs Assessment, the Health and Wellbeing Board agreed to support the development of a system-wide strategy to address both the short-term and long-term issues that drive poverty in Tameside. The strategy – ‘Building Resilience: Tackling Poverty in Tameside’ – was adopted by the Health and Wellbeing Board at the meeting on 16 March 2023. The document is attached [HERE](#).
- 1.4 The ‘strengthen our communities’ key area of focus in the joint Health and Wellbeing Strategy/Locality Plan is about supporting people in Tameside to fulfil their potential. Living in relative poverty has drastic impacts on physical health and emotional wellbeing, and therefore fundamentally undermines residents’ ability and position to achieve their full potential.

## 2. TAMESIDE ANTI-POVERTY ACTION PLAN

- 2.1 An action plan to deliver the ambitions set out in the strategy has been developed, over which the Health and Wellbeing Board has oversight. Delivery of the action plan has been undertaken by a sub-group reporting into the Board.
- 2.2 The Council in adopting the strategy has also established an operational delivery group internally to ensure its contribution to delivery of the action plan is progressed quickly and effectively.
- 2.3 A number of groups across Tameside are delivering against the action plan, including Tameside Inequalities Reference Group (IRG), which aims to reduce inequalities in Tameside. While the group is not a decision-making body, it acts in an advisory role to the Health and Wellbeing Board, making recommendations to steer actions in addressing inequalities and providing constructive challenges.
- 2.4 To fulfil this role, the IRG has selected a number of areas of focus:
  - Debt journeys and service response
  - Access to and experiences of ethnic minorities in healthcare
  - Experiences of people with protected characteristics in the private rental sector
  - Educational inequalities
- 2.5 Work within each area of focus has consisted of involving the voices of people with lived experience of the issue, the use of data and evidence, and benchmarking against other areas. This work may take the form of assurance updates, rapid pieces of research, or in-depth reviews.

## 3. PROGRESS TO DATE AND CHALLENGES

- 3.1 An update on progress against the action plan is attached at **Appendix 1**.

- 3.2 Tameside Council is calling on the Government to mount a covid-style response to help the many people across the country struggling to pay bills, eat and stay warm in the face of the ongoing cost-of-living crisis.
- 3.3 In a letter to Michael Gove MP, the Secretary of State for Levelling Up, Housing and Communities, Executive Leader Cllr Gerald Cooney has expressed his grave concern about the increase in poverty and deprivation, and demanded it be countered by the sort of radical action that was seen during the pandemic.
- 3.4 Tameside Council's demands fall into four categories: Benefits, local government funding, national policy and debt.
- 3.5 It calls for measures such as an increase in universal credit, discretionary housing payment allocations and local allowance rates; the abolition of the bedroom tax, two-child limit and benefits cap; a fairer local government settlement and realistic funding for adult and children's social care services; the development of a national strategy for tackling poverty and inequality; embedding the "Right to Food"; improvement of debt collection, and the immediate implementation of the Renters Reform Bill with an end to no-fault evictions.

#### **4. CONCLUSION**

- 4.1 A collective effort across the system is needed to understand and counter both the causes and symptoms of relative poverty to ensure that children, young people, families, older people, and carers can access the same life chances as their peers in Tameside.
- 4.2 Through consultation and engagement, all partners will be encouraged to update, review, comment and contribute to the ongoing development and delivery of the action plan, as this will be fundamental to its successful delivery and achieving better outcomes for the residents of Tameside.
- 4.3 The anti-poverty sub group will continue to provide leadership and direction in delivering against the action plan and co-ordinating and joining up the response internally within the Council. Existing work streams will continue to work with services and partners to deliver some of the immediate actions where necessary, although it is expected a lot of the activity can be delivered through existing resources and organisations. Working with partners from across the public, private and third sector and with communities themselves, will continue to underpin our approach.

#### **5. RECOMMENDATIONS**

- 5.1 As set out at the front of the report.

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## TAMESIDE ANTI-POVERTY ACTION PLAN

Recommendation	Strategic Lead	Operational/Contributing Lead	December 2023 Update
<b>“Raising incomes” – supporting residents to maximise income and access all benefits they are entitled to</b>			
Influence employers in the borough to become both Living Wage and Living Hours employers, and provide support for them to do so through improved productivity and skills development through delivery of the Inclusive Growth Strategy.	Tameside Council (via the Inclusive Growth Board - IGB)	All Partners	Next IGB meeting is late November Good Employment Charter also attended the last Large/Medium Business Networking event, with 100 business contacts in attendance, with the aim of encouraging engagement in GEC
Further promote the effective use of the Tameside Money Advice Referral Tool in all appropriate settings and commit to updating as required. Promote a culture of effective referrals over signposting.	Action Together	Tameside Council, Action Together, Registered Provider's Partnership, CAB, Cash Box Credit Union	MART updated January 2023. Access to updated versions via email subscription on GMPA website to enable updated versions to be shared.
Strengthen our preventive approach to tackling poverty by facilitating easier access to advice at an earlier stage. This includes exploring opportunities to deliver increased outreach, welfare rights and debt advice and making sure everyone knows their role in tackling poverty and supporting residents.	Tameside Council	DWP, Registered Provider's Partnership, Tameside Council, Action Together, CAB	2 new posts commenced supporting residents with cost of living support and benefit take up for older people. In the process of setting up welfare rights outreach at the four family hubs, advice sessions at Age UK, piloting session at Cedar Park Pantry. Attended a number of helping hand events in the community. Co- located debt advisor at Tameside Housing Advice and currently recruiting additional adviser. One Customer Service Navigator in post and two further due to commence end November. Exploring development of a pathway with Health Visitors and Homestart to link into Navigator offer. Exploring options for CRM system to support Navigator offer.
Introduce and adequately resource a permanent Local Welfare Provision scheme which is responsive, easy to access and connects residents to support to resolve root causes of presenting issues providing timely help to those in crisis.	Tameside Council	Tameside Council	Household Support Fund and Tameside Resettlement Fund moved across to Welfare Rights and Customer Services to provide a more holistic offer. Working on securing external grants to boost crisis support across the council (Glasspool - Flexible Frontline Fund, decision due December 2023)
Proactively identify and support households on legacy benefits ahead of the 2024 managed migration to Universal Credit to ensure they are receiving everything they are entitled to.	DWP	Tameside Council, Action Together, Registered Provider's Partnership, DWP, CAB	Programme of migration in place to identify current claimants of income support and offering support through 'help to claim' service.
Ensure everyone who needs welfare rights advice can access support by securing capacity within the Welfare Rights Advice Team, associated services and other partners to carry out targeted work with groups known to be under-claiming benefits, such as older residents missing out on pension credit.	Tameside Council	Tameside Council	Additional resource secured in Welfare Rights and 2 new officers in post delivering cost of living support and older peoples benefit take up work. Recruiting additional debt adviser

Work with water and energy utility providers to identify opportunities for low-income customers to move to reduced or social tariffs	Registered Provider's Partnership	Tameside Council, Registered Provider's Partnership, DWP	Exploring opportunities for this across the Registered Provider Partnership and in conjunction with Strategic Property and Housing within the council.
Improve the ability of households to pay their energy bills by raising awareness of discounts and how to apply e.g. Winter Fuel Payment, Warm Home Discount, Cold Weather Payments, energy provider discretionary funds.	Tameside Council	Tameside Council, DWP, Action Together, Registered Provider's Partnership	Government scheme for households with Alternative Fuels has been completed by Exchequer. Awareness of energy support is a core part of the advice and information offer. Energy information included at <a href="http://www.tameside.gov.uk/helpinghand/energyefficiency">www.tameside.gov.uk/helpinghand/energyefficiency</a>
<b>"Making Tameside Work for Everyone" – securing high-quality and high-wage employment for all residents</b>			
Expand the capacity of the Routes to Work programme to meet demand.	Tameside Council	Tameside Council	Continuing to highlight positive outcomes of this service Evaluation underway to demonstrate the impact of residents reducing their use of Adult Services by increasing independence and moving into employment When/if available, bids will be prepared for any funding opportunities for additional resource
Reform Social Value approach to increase the weighting applied to "real living wage" and "real living hours" providers in tendering applications, ensuring that contract values enable this.	STAR Procurement	All Partners	STAR procurement are promoting accreditation of real living wage employers. An initial meeting with STAR procurement has taken place and a mapping exercise is currently being undertaken.
Use links with businesses to identify skills gaps in the local economy and drive education and training opportunities to match.	FE Colleges	Tameside Council, FE Colleges, DWP	There are a range of ongoing work streams sat with the Inclusive Growth Board and sub groups such as the Business Support group and Tameside Means Business network which are engaging with businesses around job opportunities and skills gaps. Engagement with GM growth Hub is currently the highest in GM and has been growing substantially. Good engagement from further education including the local colleges, who sit on the Inclusive Growth Board and also have ongoing paths to engagement with local businesses around relevant skills development across the borough, to match job opportunities.
Further develop the Tameside-in-work progression programme to enhance progression opportunities for those in work.	Tameside Council, DWP	All Partners	Service is funded until 31 Jan 2024 Proposal has been submitted to Treasury for funding from 1 Feb 2024 to 31 Mar 2025 which would scale up the offer to all GM LA's. Decision expected mid November
Promote awareness of skillsets that disabled and neuro-diverse people can offer to drive employment and support employers to reduce the barriers those groups face in the workplace.	Tameside Council	NHS, DWP, Action Together, Tameside Council	Development of Supported Internship offer to widen opportunities for young people in this group Creation of Neurodiversity Employee Group internally with TMBC Shared Starling training internally and with external business contacts
Improve access to employment opportunities and address in-work poverty for people in housing need or those at risk of becoming homeless, to help them sustain long-term housing.	Tameside Council, Registered Provider's Partnership	Action Together, Tameside Council, Registered Provider's Partnership	This is being reviewed by the council homelessness team in conjunction with the council Employment & Skills team.



<b>"Poverty is Everybody's Business" – supporting residents, communities and partners to spot the signs of poverty and signpost to support</b>			
Build on the 'Helping Hand' campaign to deliver a financial resilience communications plan to raise awareness of the support on offer for residents experiencing hardship both nationally and locally, highlighting priorities at opportune times such as The International Day for the Eradication of Poverty.	Tameside Council	All Partners	Mapping completed. List of food banks and food pantries is on the TMBC website.
Promote a 'no wrong door approach' by offering training to organisations in community settings (Community Champions, GPs, market traders, charity workers, hairdressers, schools etc.) to identify vulnerable residents, and refer them to appropriate support with sensitivity and compassion.	Tameside Council	All Partners	Approach under development. Poverty training roll out planned and delivered to community champions.
Partners across Tameside to explore how to increase capacity across VCFSE sector, acknowledging the increased demand upon services as a result of the Cost of Living crisis.	Action Together	Action Together	Programme developed and promoted <a href="#">Cost of Living Support in Oldham, Rochdale and Tameside   Action Together</a>
Strengthen coordination with local Registered Providers to share good practice and resources to best support their tenants and also the wider community, including incorporating lived experience into decision-making.	Registered Provider's Partnership	All Partners	Discussion around the role for registered providers to be picked up with the registered provider partnership.
Embed a customer focused approach by reviewing resident feedback of their journey through services to ensure support is easy to access, non-stigmatising and effective.	Tameside Council	Tameside Council, Registered Provider's Partnership, DWP, Action Together	Customer feedback is embedded within Welfare Rights and Customer Services. Currently developing customer feedback for the older peoples take up post to capture health and social care elements
<b>"Climbing out of the debt trap" – Tameside residents have relatively high levels of debt, high insolvencies and poor access to good credit as a result.</b>			
Formulate a task & finish group under the Health & Wellbeing Board to look in detail at the issue of why Tameside residents hold relatively high levels of debt, have high rates of insolvency and low credit scores to identify some preventative solutions.	Tameside Council	CAB, Tameside Council, Cash Box Credit Union, Registered Provider's Partnership, DWP, Action Together	Paper in development through IRG exploring the debt issue in Tameside, including a series of recommendations. Can be used as a basis for the task & finish group. Draft paper going to IRG 6th December, and HWBB in Jan 24.

Improve access to, and promote the use of Cash Box Credit Union services, including savings accounts and sustainable and ethical credit.	Cash Box Credit Union	Tameside Council, Action Together, Cash Box Credit Union, DWP, Registered Provider's Partnership, CAB	Cash Box have been a key partner in the Helping Hands campaign and have attended a number of community events. Libraries provide support to the service and are used as a point of contact for credit union customers to send in documentation to support savings and loans. Cash Box operates payroll deduction schemes which now has around 50 employers in Tameside.
Implement the national breathing space debt respite scheme within the local authority, enabling TMBC Debt advisors to utilise the portal and raise awareness within the borough.	Tameside Council	Tameside Council, CAB	Council's debt service is signed into the portal and a user when a client facing eviction requires more time to resolve issues. Citizens Advice Tameside are a heavier user and did an initial press release/communication when it was introduced.
Explore the possibility of increasing the capacity of co-located advisors specialising in debt and housing advice for tenants living in the private rented sector	Tameside Council	Tameside Council, CAB	A service review will be as part of the Homelessness Improvement Project where prevention priority will be a key theme of delivery
Work across the partnership to proactively tackle illegal money lending by promoting awareness through training and campaigns, and developing procedures to better support affected residents.	GMP	Tameside Council, Citizens Advice, England Illegal Moneylending Team, Registered Provider's Partnership	Campaigns implemented on illegal money lending within Council, and signposting/ promotion of credit union.
<b>"Breaking the cycle" – specific focus on providing the best start in childhood and education</b>			
Establish a working group with school leaders to develop a mechanism to enable schools to better identify and overcome the barriers to learning that children and young people from families with less financial resources face.	Schools/Education Rep, FE Colleges	Schools/Education Rep, Tameside Council, FE Colleges	In development – scoping meeting in place Jan 24.
Work with relevant partners such as Tameside Hospital, GPs and other health community settings to increase take up of Healthy Start scheme by signposting and encouraging eligible service users to apply.	NHS, ICB, TMBC	Tameside Council, NHS, ICB	Public Health working with HV clinical lead on embedding HS across the 0-19 service better. Working towards embedding HS as mandatory questions within EMIS to be discussed at mandated contact points across Health Visiting appointments. Plans to provide monthly updates to all HV staff through Team Leads and Public Health to deliver Healthy Start training and information sessions on staff development sessions going forward as part of the workforce development offer. HV Clinic's to all have HS information displays, HV Clinic receptionists to discuss Healthy Start when booking families in for clinic appointments. Maternity service will also be restocked with HS resources for raising awareness of scheme across the service. Some Primary Care have attended HS training sessions and will be provided with print of promotional resources to have within practices.

Increase the uptake of Healthy Start vouchers, using public campaigns and assets (such as Community Champions) to ensure that all eligible families are aware of and can access the scheme.	Tameside Council	Tameside Council, NHS, ICB	Healthy Start uptake as of November 2023 was 73%. Tameside continues to be above the National average. Public Health continues to deliver training across the Tameside system with professionals and volunteers who are likely to come into contact with families with children under four or pregnant people. Training adverts shared with Community Champions Network comms contacts to promote the training available. Further training will be delivered in the New Year and open to community champions and any other professional/volunteer who works in Tameside to attend.
Investigate options of working with DWP to auto enrol or send personalised invitation letters to families eligible for Healthy Start vouchers through flagging of Universal Credit accounts.	DWP	Tameside Council	Meeting booked in for the New Year with Tameside DWP to discuss upskilling and workforce development of Work Coaches on Healthy Start as well as including embedding Healthy Start within the Universal Credit Journal.
Explore opportunities to enable auto-enrolment for Free School Meals for eligible families. Improve systems and processes around monitoring of Free School Meals to encourage uptake among eligible families through awareness-raising and improving school catering offers.	Tameside Council, Schools/Education Rep	Tameside Council, Schools/Education Rep	In development
Encourage employers to signpost eligible women about to go on maternity leave to the availability of Healthy Start vouchers and other benefits.	Tameside Council	ICFT, Tameside Council, Inclusive Growth Board	Toolkit and communications resource is in developed in draft and covers how employers can raise awareness of HS with their employees, for those with children as well as for those going on or already on maternity/paternity leave. Will work with Employment and Skills to share resource and communications with employers across Tameside.
Improve uptake and awareness of free early education and childcare entitlements for two, three and four-year-olds.	Tameside Council	Tameside Council, Childcare Providers, DWP, Health Settings	<a href="https://www.tameside.gov.uk/early-education-and-childcare">Early Education and Childcare (tameside.gov.uk)</a> local offer promoted on Council website and via social media/ family hubs.
Redesign the Family Help offer across Childrens Services to bring a greater emphasis on direct help for improved parenting, including management of family plans, empowering independence and promoting structure and achievable goals. This will maximise access to work, childcare, education and training, household budgetary management, reduce parental conflict and neglect to create stronger, resilient homes built on love and care.	Tameside Council	Tameside Council, Action Together, Children's Safeguarding Board	<p>Early help/Family help's offer for children and families in Tameside is to ensure the best start in life, to grow, thrive, and be prepared for a successful adult life. We work alongside families building on existing strengths and increasing resilience to ensure children can aspire and achieve. When the need or emerging problems occurs, communities and organisations work together with children, young people and families to co-ordinate support thereby improving the overall wellbeing and quality of life of all Tameside's children and young people.</p> <p>In supporting this vision, we have set out a number of long-term outcomes that will enable us to achieve our commitment, championing prevention and early intervention to deliver effective early help in Tameside, including:</p> <p>Parenting and positive relationships – Parenting support 0-19 years, including SEND, improving families relationships and preventing family breakdown  Be Safe - Staying safe – Risk of CRE, neglect, Staying safe in relationships: Families affected by domestic or interfamilial abuse  Education and Attainment – Getting a good education and skills for life: Children who have not been attending school regularly</p>

			<p>Specific Support Need – Improving children’s life chances: Children of all ages who need additional support, from the earliest years to adulthood</p> <p>Work and Finance – Improving living standards: Families experiencing or at risk of worklessness, homelessness or financial difficulties</p> <p>Physical and Mental Health – Living well, improving physical and mental health and wellbeing: Parents and children with a range of health problems</p> <p>Community and Family Support Networks - Enable families to access services and information, to be confident and self-reliant.</p>
<b>“Laying the foundations” – ensuring residents have access to what they need in order to live in comfort and dignity, including food, housing, warmth etc.</b>			
Encourage people to seek Housing Advice through campaigns and other communications to raise awareness and prevent homelessness	Tameside Council	Tameside Council, CAB, Registered Provider's Partnership	Housing Advice and access to services is actively promoted through Helping Hands and Council website information
Increase the volume of nominations to the Housing Waiting List from Registered Providers in Tameside, for example through development of Choice-Based Lettings and/or a Common Housing Register.	Registered Provider's Partnership, Tameside Council	Tameside Council, Registered Provider's Partnership	Nominations have increased by a combination of increasing new builds and access to them, and also increasing nominations from current re-lets. Letting via nominations in Tameside has increased from 120 in 2020/21 to 345 in 22/23. There is currently a task and finish group in place looking at allocations.
Cultivate relationships with Private Rented Sector landlords to increase housing options for homeless households, recognise signs of poverty and motivate their tenants to seek support early to avoid eviction.	Tameside Council	Tameside Council, CAB, DWP, Cash Box Credit Union	The approach to this is being considered across Housing Standards and Homelessness teams within the council
Develop a Social Lettings Agency model to increase housing options in the Private Rented Sector.	Tameside Council	Tameside Council, Let Us GM	Exploring options around a potential approach to this via GM Combined Authority
Encourage the take up of free fire safety home assessments to support vulnerable residents to stay safe and access appropriate support.	GMFRS	Tameside Council	<p>Firefighters in Tameside have completed 1488 HFSAs so far this year (Apr-Nov) and continue to focus on high risk and vulnerable residents.</p> <p>We continue to encourage partners to refer all their clients, those that are able can complete self-assessments, using the tools on the website, those that need more support can be booked in for a visit by crews.</p> <p>A link to the animation on our website page for partners:  <a href="https://www.manchesterfire.gov.uk/your-safety/partner-information/home-fire-safety-assessments-partners/">https://www.manchesterfire.gov.uk/your-safety/partner-information/home-fire-safety-assessments-partners/</a></p>
Gain a better understanding of food poverty in Tameside through surveying, data collection and other engagement and consultation.	Tameside Council	Tameside Council, Action Together, Trussell Trust, Bread and Butter Thing	The Slow Cooker Project continues and evaluation is carried out with professionals/volunteers who refer households onto the project as well as with households who consent for follow up evaluation. The survey for residents asks about foodbank usage and all referrals are analysed to understand what IMD2019 decile/LSOA the referral is from.

Work with food banks/pantries and partner organisations in Tameside to identify supply and capacity pressures and unlock funding and support to alleviate such issues.	Action Together	Tameside Council, Action Together, Trussell Trust, Bread and Butter Thing	TMBC Public Health supported Ashton Central Mosque to set up a foodbank through linking them up with welfare rights and other foodbanks in Tameside to ensure they were informed on processes and how to operate.
Support the expansion of food pantries and community gardens (including opportunities for new and existing allotments) to increase access to healthy food for residents who are experiencing, or at risk of, food insecurity.	Action Together	Tameside Council, Action Together, Trussell Trust, Bread and Butter Thing	TMBC has previously funded 5 additional food hubs, delivered by The Bread and Butter Thing (TBBT).
Map and publicise all community cooking sessions and classes taking place in Tameside.	Action Together	Tameside Council, Action Together	Action being driven via Food Partnership – new food plan in development.
Work with residents and partners to investigate and implement effective ways of reducing food waste	Action Together	Tameside Council, Action Together, Trussell Trust, Bread and Butter Thing	Council comms on energy saving and food waste reduction. One Pot at a Time recipe booklet includes food saving ideas. Slow Cooker project resident evaluation asks about reduction in food waste and using food waste compostable bags we provided in the packs and this was used by majority of recipients. TMBC previously commissioned TBBT to set up 5 new food hubs - TBBT divert food that would otherwise go to landfill to communities.
Collaborate with partners to ensure that the number of people living in homes below Energy Performance Certificate rating (EPC) C decreases over time.	Tameside Council	Tameside Council, Energy works, Registered Provider's Partnership, CAB	Environmental Development within Place in TMBC continue to work with housing providers to access support and funding to increase energy efficiency of housing stock. Jigsaw Homes have recently been successful in gaining funding from the national Social Housing Decarbonisation Fund which provides specific grant funding for registered providers to increase energy efficiency of their stock. For the private sector, there are also a range of wider domestic retrofit programmes which aim to increase the number of measures installed to improve energy efficiency and EPC ratings across all tenures. This includes targeted work for those living in fuel poverty as well as the Your Home, Better programme for those who do not qualify for funded measures, which provides a means to paying for energy efficiency measures to be installed in people's own homes.
Enhance approaches to address fuel poverty including ongoing work with GMCA and procured installers around Energy Company Obligation (ECO) funded measures to be installed across the borough	Tameside Council	Tameside Council, LEAP, GMCA	Environmental Development continue to work closely with GMCA to promote ECO / ECO4+ funded schemes to install energy efficiency measures (including insulation and heating) which is targeted at fuel poor households via an approved installer approach. This is widely promoted across Tameside. Groundwork have also been commissioned across GM and will be working in Tameside to target households in greatest need of support including via healthcare (GPs), which will increase the number of measures being installed to reduce the running costs of people keeping warm and paying for energy bills in their homes.
Explore the feasibility of expanding subsidised access to Active Tameside facilities, ensuring that residents experiencing poverty are not disadvantaged or excluded from activities that may be beneficial to their physical and mental health.	Active Tameside	All Partners	Active Tameside have over recent years had various subsidised programme of activities that encourage and facility health and wellbeing for all Tameside residents through the life course. These have included bespoke programmes for early years, young people ,children in care, Everybody Can( Disability provision) and Live Active( Long term conditions) these programmes have achieved national recognition and have become part of Active Tameside "raison d`etre " to close the inequality gap in Tameside. Active Tameside has a range of additional concessions that impact on the residents and activity levels which are tracked through active lives surveys, including A pass programme.

			Over the course of the next period Active Tameside are reassessing the subsidised and concessions across the organisation that are on offer due to the current climate and running costs.
<b>"Putting people first" – making sure that council working practices (both customer-facing and internal) are best placed to identify and support those in poverty</b>			
Accept the recommendations of the Tameside Poverty Truth Commission and work with Partners to formulate a delivery response alongside this Strategy.	Tameside Council	All Partners	Inherently within the action plan as all recommendations accepted. But worth noting that majority of recommendations were for partners.
Develop a bespoke Poverty Monitor to gather and warehouse comprehensive, relevant and up-to-date data and information about poverty in Tameside.	Tameside Council	Tameside Council	Completed. Published on the TMBC website as part of the JSNA pages. <a href="https://www.tameside.gov.uk/tamesidepovertymonitor">https://www.tameside.gov.uk/tamesidepovertymonitor</a>
Review council tax collection practices and Council Tax Support Policy to support those with vulnerabilities including people on low income. Explore adopting the Citizens Advice Council Tax Arrears Good Practice Protocol.	Tameside Council	Tameside Council, CAB	Processes for Council Tax collection and the CTS scheme are reviewed. Exploration of changed CTS scheme are commencing in 2024/2025 to be implemented for 2025/2026. Consideration of the Citizens Advice Council Tax Arrears Good Practice Protocol are on-going to be completed by 31 March 2024.
Provide enhanced support to residents seeking advice about council tax and housing benefit, and explore the option of establishing regular and clearly advertised drop-in sessions.	Tameside Council	Tameside Council, CAB, DWP, Cash Box Credit Union, Registered Provider's Partnership	Updated Customer Service/Welfare Rights drop-in and appointment sessions now in place
Where possible, facilitate the principle of a Single Point of Contact for customer-facing services to address the issue of vulnerable people re-telling their stories.	Tameside Council	Tameside Council, CAB, DWP, Cash Box Credit Union, Registered Provider's Partnership	The newly developed Navigator roles will be one way to facilitate this, although a suitable CRM system is essential to prevent people having to re-tell their stories
Streamline the application process for all Council discretionary support, including s.13a, DHP, TRS and HSF	Tameside Council	Tameside Council	Household Support Fund and Tameside Resettlement Fund has moved across to Welfare Rights and Customer Services. The new Navigators will consider all the schemes if someone needs support. Work still needs to be done on the application process to bring all the schemes under one application.
Improve the process for applying for s13.A Discretionary Council Tax Reduction, by creating an online application form, based around the discretionary housing payment portal.	Tameside Council	Tameside Council	A process is in place for Section 13A applications. Exchequer are currently exploring possible Digital options for 2024/2025 which may include an on-line claim form for Section 13A.
Ensure appropriate resources are being allocated to S.13A Discretionary Council Tax reduction to enable residents to receive financial assistance towards their council tax liability when they need it.	Tameside Council	Tameside Council	Residents are routinely made aware of the ability to request a Section 13A payment when appropriate.

Roll out automatic claims for council tax support upon a claim being submitted for Universal Credit	Tameside Council, DWP	Tameside Council, DWP	This has been actioned for new claimants of Universal Credit from April 2023 and will be reviewed for the 2024/2025 scheme.
Continue to expand of the range of face-to-face services available from Tameside One, and clearly communicate the offer.	Tameside Council	All Partners	Helping-Hand-TABLE.pdf (tameside.gov.uk) timetable kept under review and demand monitored to ensure best use of the offer. Timetable available on website, tv screen in T1 and social media
Implement the socioeconomic duty in Tameside to ensure that socioeconomic disadvantage is considered, and relevant organisations and people with lived experiences of poverty consulted in the development of all relevant council policies.	Tameside Council	All Partners subject to Equality Act 2010	Completed for TMBC. Agreed by Executive Cabinet in October 2022. Confirmed as a local protected characteristics in EIA form by Executive Cabinet in September 2023. Item 5: <a href="https://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=134&amp;MId=8592&amp;Ver=4">https://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=134&amp;MId=8592&amp;Ver=4</a> Item 6: <a href="https://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=134&amp;MId=8701&amp;Ver=4">https://tameside.moderngov.co.uk/ieListDocuments.aspx?CId=134&amp;MId=8701&amp;Ver=4</a>
Review resourcing within Tameside Housing Options to maximise its potential for homeless prevention, including exploring opportunities to expand capacity within the service to meet increasing demand	Tameside Council	Tameside Council	Service review underway.
Establish channels for continuing engagement with people with lived experience of poverty to enable enhanced collaboration and co-design of council processes, strategies and action plans. Coordinate a public directory of these opportunities through Action Together.	Tameside Council	All Partners	Ongoing. To be part of the PEN and Community Champions review.
<b>“No one left behind digitally” – specific focus on digital inclusion</b>			
Register for the “Good Things Foundation National Data Bank Centre”, enabling us to “gift” data and free SIMS to eligible residents. Explore delivery through libraries and warm spaces.	Tameside Council	Tameside Council, Registered Provider's Partnership, Action Together	Free SIMs and data available to gift via all 8 libraries. Since scheme commenced in March 23 gifted over 140 sim cards with data.
Investigate possibility of recruiting Digital Assistants (either through a paid role or volunteers) to provide capacity in Library Services to deliver digital and IT support to residents.	Tameside Council	Tameside Council	Actively recruiting TechKnow Buddies (volunteers) to offer 121 support in libraries. Currently have 3 enrolled and 2 in the process. Tameside College students are given the opportunity to undertake work experience supporting group drop-in workshops; 2 students so far. AbilityNet scheme; weekly drop-in targeted at people over 65. Stalybridge Library running, Dukinfield in development.

Promote and raise awareness of programmes to improve digital literacy among residents, including TechKnow Buddies, Learn My Way, Online Job Search and Idea	Tameside Council	All Partners	Digital Inclusion Officer post currently vacant, awaiting start date of new DIO to progress this. Promotion is ongoing via Tameside Libraries and the Digital Champion. In addition TechKnow Festival in June 23 engaged with approx. 750 people at 47 events. Digitober (Oct 23) promotions and events; 65 events/ 292 participants. Delivered by a number of providers including libraries, PCRefurb, Henshaws, and AbilityNet
Unlock funding and support to allow people in poverty to access technology and the internet using programmes such as the Device Gifting Scheme.	Tameside Council	Tameside Council	Digital Inclusion Officer post currently vacant, awaiting start date of new DIO to progress this
<b>“One size doesn’t fit all” – additional support for residents identified as being at particular risk of poverty (disabled, carers, ethnic minorities, mental health etc)</b>			
Increase targeted employability support for groups which have been identified as under-served in regards to mental health provision and/or vulnerable to falling into poor-quality employment, particularly ethnic minorities, young people and residents over 50+.	Tameside Council, DWP	Tameside Council, DWP, Action Together, Registered Provider's Partnership	UKSPF provision is being procured by DWP, part of this includes a community grants scheme to procure locally driven provision with grants of £10-100k available. EES are supporting the grants panel work and raising awareness of this to ensure it works with this aim.
Increase availability and promotion of domestic abuse services for victims, and targeted perpetrator programmes to break the cycle of abuse.	Tameside Council, GMP	All Partners.	Detailed DA comms & engagement strategy developed. Three targeted campaigns delivered in recent months (Sitting Right With You; Cut It Out; and Open Up campaigns). Planning in place for White Ribbon Campaign (Nov/Dec 2023) and Take Control Campaign. Ongoing regular engagement activity with people with lived experience and professionals. Core DA Support Service currently out to tender with new specification and contract to go live in April 2024 - enhanced elements of the service around access to support as per the Tameside DA Strategy. Work has taken place to develop the perpetrator offer across the borough with new behaviour change programmes in place (adults and children) and work with schools, Children's services and Youth Justice around promotion of this offer and wider preventative work including tackling VAWG
Explore the possibility of developing Mental Health Awareness Training for staff and volunteers, working with residents experiencing poverty to help address the known impacts of poverty on mental health and signpost them to further support (income maximisation, welfare rights, food security etc.)	Pennine Care NHS Foundation Trust	Tameside Council, ICFT, ICB, Mental Health Providers	To follow-up
Encourage uptake of community-centred approaches to people in poverty suffering with mental health issues, such as peer support groups to challenge isolation and provide lasting support beyond the scope of commissioned services.	Pennine Care NHS Foundation Trust	Action Together, ICB, Tameside Council, Primary Care Providers	To follow-up



Develop measures to ensure that carers, particularly from seldom heard groups, are identified as early as possible and are assessed, informed, empowered and supported as needed.	Tameside Council	Tameside Council	<p>This is a priority 1 within the new Carers strategy, 'Identifying and Recognising Carers'. We are currently offering Outreach within Supermarkets and GP Surgeries in the Hyde area, this will be rolled out across the Borough. One of our Priority Areas will be to build relationships within the BAME community and offer support and Carers assessments within this community. This is in line with some of the work we have been part of in the GM Groups and a toolkit has been developed to support this work at GM.</p> <p>We currently run a monthly Coffee morning, Qtrly Carers Forum and Courses such as First Aid and partnership work with Age UK for Dementia Carers. We ask for feedback within these groups on a regular basis and all of these groups have been part of the consultation process for the new Carers Strategy.</p> <p>.</p> <p>See 9.7 update Also see 9.7 update.</p> <p>Relationships with the Job Centre, Tameside in Work, Routes to Work have been developed. We signpost Carers to the Wellbeing College, to take part in courses and we have been part of the course delivery.</p> <p>As part of the Carers Strategy one of our focus areas are younger carers and the transition to adult services. This is priority 5 of the new Carers Strategy and we are currently working with young carers and transitions to develop a robust pathway for younger carers. This work will include working with Colleges in the local area to support younger carers in to work and education.</p>
Expand income maximisation and money advice services to carers (both working and non-working) to ensure that they are receiving all appropriate guidance around carer's allowances and other benefits.	Tameside Council	Tameside Council, DWP, CAB, Action Together, Registered Provider's Partnership	<p>We have developed relationships with Welfare Rights and CAB to make sure all Carers are receiving the correct and relevant information around benefits and Carers Allowance. We have invited these services to our events at Carers Rights Day 2022, Carers Week 2023 and Carers Rights event on the 23rd November 2023. Health and Wellbeing staff attend regular training and information regarding benefits and Carers allowance so they are able to signpost and support Carers.</p>
Facilitate focus groups with carers to improve and build on our offer for working carers, recognising and respecting their views and opinions as expert partners.	Tameside Council	Tameside Council	<p>Working Carers are one of our priority areas and is Priority 6 in the new Carers Strategy 'Carers in/into employment and training'. As part of the action plan we will be developing support for Carers in work and feel that we need to start with Carers who are currently working for the local authority. There is a protocol for working Carers that has been developed through the GM Groups</p>
Promote and encourage support for working carers in Tameside from employers in the borough, linking in with the GM Carer's Charter/Employer's Forum and covering issues such as flexible working policies, guaranteed assessment schemes and emergency time off.	Tameside Council	Tameside Council, GMCA, DWP	<p>Relationships with the Job Centre, Tameside in Work, Routes to Work have been developed. We signpost Carers to the Wellbeing College, to take part in courses and we have been part of the course delivery.</p> <p>As part of the Carers Strategy one of our focus areas are younger carers and the transition to adult services. This is priority 5 of the new Carers Strategy and we are currently working with young carers and transitions to develop a robust pathway for younger carers. This work will</p>
Provide comprehensive and wrap-around support to help carers get into employment if they want to, ensuring that they are	Tameside Council	Tameside Council, DWP, CAB	<p>As part of the Carers Strategy one of our focus areas are younger carers and the transition to adult services. This is priority 5 of the new Carers Strategy and we are currently working with young carers and transitions to develop a robust pathway for younger carers. This work will</p>

informed of and are supported to achieve their rights, opportunities and responsibilities as both carers and employees.			include working with Colleges in the local area to support younger carers in to work and education.
Work with Action Together to develop and improve links with community organisations supporting ethnic minority residents and those for whom English is not a first language to improve access to and understanding of information related to poverty.	Action Together	All Partners	Action Together continue to develop their internal approach to anti-racism including training all staff on anti-racism and working with their Board to develop their approach i.e. making the funding they disseminate more easily accessible for non-English speaking communities. Anti-racism is a focus of Action Together VCFSE Workforce Development programme funded through UKSPF which will give opportunities to all local VCFSE groups to receive accessible training and workforce development opportunities on all elements of running a VCFSE group and in leadership. Action Together deliver their 1:1 capacity building support through neighbourhood development workers so that all sections of communities with an idea to improve things in their community can get support to make it a reality. Action Together partnerships team has worked with VCFSE groups to identify which areas they want to focus on in 2024-25, one of those areas is poverty taking the work that Action Together undertook in 2022-23 forwards to gather intelligence and use it to develop approaches that support people experiencing poverty to get the help they need and influence system partners to understand and make sure poverty is in the forefront of the decisions they all make.
Carry out work to understand whether local support to residents with refugee status, (including those seeking asylum, facing financial hardship, or subject to No Recourse to Public Funds restrictions) could be improved, and to understand how best to support EEA+ nationals with pre-settled status.	Tameside Council	All Partners.	Service is currently being reviewed and will be part of the Homelessness Improvement Actions.
Provide free period products within libraries and explore opportunities to expand this to all publically accessible council buildings and partner organisations.	Tameside Council	All Partners	Period products from Hey Girl charity available in 3 libraries.

# Agenda Item 7.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	Tom Hoghton, Policy & Strategy Service Manager
<b>Subject:</b>	<b>INEQUALITIES REFERENCE GROUP PAPER – DEBT JOURNEYS AND PRO-ACTIVE SERVICE RESPONSE</b>
<b>Report Summary:</b>	This report aims to understand local debt journeys by exploring existing resident survey data, primary survey data from those with lived experience of the debt journey. The report identifies barriers that people face in seeking advice, and how services can be more proactive and intervene earlier. It considers the research findings alongside local service statistics and mapping.
<b>Recommendations:</b>	The Health & Wellbeing Board is asked to: <ul style="list-style-type: none"><li>▪ Note the Contents of the Report</li><li>▪ Endorse the Recommendations</li><li>▪ Identify the most appropriate mechanism(s) and Partners for implementing the recommendations.</li></ul>
<b>Corporate Plan:</b>	The report touches on all aspects of the Life course detailed in the Corporate Plan but the recommendations specifically support the opportunity associated with enabling people to fulfil their potential.
<b>Policy Implications:</b>	Potential implications for new Policy if the recommendations are followed through to their conclusion.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no direct financial implications arising for the Council from the report at this stage. Debt advice and support provided and accessible for residents at an early stage will assist their management of any debt for which they are liable. This could include debt due to the Council. The Council's recovery of related debt will clearly improve where early intervention and support is provided. Any additional Council investment that is required to support related interventions would be subject to a robust business case that evidences the efficiencies and improved debt recovery levels that would be realised. This investment would also be subject to Executive Cabinet approval together with ongoing regular monitoring.
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	The report provides important information regarding resident's experience of debt. There are significant implications to individuals arising from indebtedness, which can include civil proceedings for recovery and which might cause further indebtedness through the addition of Court costs and fees. It is important therefore that individuals are aware of their legal rights and obligations and the legal options available to them in the event that they find themselves in financial difficulty.
<b>Risk Management:</b>	Ensuring that members of the Board are sighted on the potential issues and proposed solutions will help mitigate any risk posed by the findings.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting: Tom

Hoghton, Policy & Strategy Service Manager.

**Background Information:** The background papers relating to this report can be inspected by contacting Tom Hoghton, Policy & Strategy Service Manager



Telephone: 0161 342 3542



e-mail: [tom.hoghton@tameside.gov.uk](mailto:tom.hoghton@tameside.gov.uk)

## **Debt Journeys and Proactive Service Response**

### **Citizens Advice Tameside**

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## **Executive Summary**

17.6% of adults in Tameside are over-indebted.

Tameside has the 7th highest rate of individual insolvencies in England and Wales.

Tameside has the highest rate of individual insolvencies in Greater Manchester.

Residents of Tameside are becoming insolvent at nearly twice the national average.

People experiencing debt are more likely to experience a mental health problem than the national average.

Tameside has one of the lowest Good Credit Index Scores, coming 276 out of 307 local authorities in England, indicating poor financial health in the borough.

People in Tameside are more likely to seek debt advice once enforcement action has begun, indicating a need for earlier intervention.

To understand local debt journeys we explored existing resident survey data, and development of a tailored survey of lived experience of the debt journey, to identify barriers that people face in seeking advice, and how services can be more proactive and intervene earlier. We consider the research findings alongside local service statistics and mapping.

## **Key Findings**

Exploration of existing resident survey data highlighted themes of cost of living impact, pressures on incomes, experience of and perceptions of accessing support and dealing with debts through family and friends or yourself, awareness of advice services, stigma of accessing advice services, themes of alternative borrowing or unregulated lending to deal with debt, individuals concern of the impact of debt on credit ratings.

Feedback from residents from the Dealing with Debt survey offers initial themes for proactive service responses to addressing barriers to accessing debt advice and support services which are included in the recommendations.

## **Recommendations**

The following recommendations are made:

<b>Continuation of Dealing with Debt survey</b>	To capture more robust data, increased feedback of lived experience from Tameside residents ongoing.
<b>Increase awareness of debt advice</b>	Current feedback suggests a publicity

<p><b>services</b></p>	<p>campaign advertising free help and advice, along with information about how debt advice services can help residents locally - what to expect when a resident makes contact, what can services do? How can services help?</p> <p>Campaign elements recommended:</p> <ol style="list-style-type: none"> <li>1) Where to turn for advice, what information and advice can be offered, how?, when?, where? to access debt advice services in Tameside.</li> <li>2) Impacts of advice and benefits of seeking advice early in the problem, before enforcement or other priority actions.</li> <li>3) Stigma of experiencing financial difficulties, and of seeking help for them.</li> </ol>
<p><b>Multi-channel access to debt advice services</b></p>	<p>Current feedback suggests a blended approach to debt advice and information service delivery - Range of channels including face to face, telephone, video calls, and easy to follow, accessible online information.</p>
<p><b>Increased debt advice service provision</b></p>	<p>Current feedback suggests increasing capacity of debt information and advice service provision, expanding service provision to ease local access. Exploration of triggers of peaks in service demand, seasonal and otherwise, and early intervention referral protocols.</p>
<p><b>Review of local financial capability/ education provision</b></p>	<p>Recommended financial education content:</p> <ol style="list-style-type: none"> <li>1) debt and borrowing - unregulated lenders, high risk lending, unaffordable lending, loan sharks</li> <li>2) credit, credit scores, financial hardship</li> <li>3) income maximisation</li> <li>4) dealing with debt</li> </ol>

## **Background**

Tameside Poverty Needs Assessment highlighted key local debt data:

- 17.6% of adults in Tameside are over-indebted.
- Tameside has the 7th highest rate of individual insolvencies in England and Wales. Tameside has the highest rate of individual insolvencies in Greater Manchester. Residents of Tameside are becoming insolvent at nearly twice the national average. People experiencing debt are more likely to experience a mental health problem than the national average.
- Tameside has one of the lowest Good Credit Index Scores, coming 276 out of 307 local authorities in England, indicating poor financial health in the borough.
- People in Tameside are more likely to seek debt advice once enforcement action has begun, indicating a need for earlier intervention.

<https://www.tameside.gov.uk/TamesideMBC/media/Environmental-Health/Poverty-Needs-Assessment-Final.pdf>

Tameside Inequalities Reference Group sought to research 'Debt Patterns/Journeys and Proactive Service Response' and invited Citizens Advice Tameside to undertake local research to look in detail at the issue of why Tameside residents hold relatively high levels of debt, have high rates of insolvency and low credit scores, to identify some preventative solutions.

Citizens Advice Tameside is a local advice charity, established in 1966, delivering generalist and specialist advice services from 16 locations across Tameside by face to face, telephone and digital channels. Citizens Advice Tameside holds the Advice Quality Standard for Debt Casework, and is Financial Conduct Authority registered. In the preceding 12 months (November 2022 to October 2023), Citizens Advice Tameside has advised 5,796 individuals, on 7,829 cases, and 21,491 advice issues.

To address gaps in knowledge and service coverage, Citizens Advice Tameside were asked to investigate the following avenues:

- People's journeys of falling into debt
- How services can be more proactive and intervene earlier in people's debt journeys
- The barriers that people face in seeking debt advice

Through exploration of existing resident survey data, and development of a tailored survey, Citizens Advice Tameside sought to research lived experience of the local debt journey, to identify barriers that people face in seeking advice, and how services can be more proactive and intervene earlier. We consider the research findings alongside local service statistics and service mapping.



## **Initial insight**

**Tameside Poverty Needs Assessment** gives key local data points:

- Percentage of jobs paid below National Minimum Wage / National Living Wage rates for workers aged 16+ (2021) - Tameside 9.7%, England 5.9%
- Income Deprivation affecting older people (2019) - Tameside 17.7%, England 14.2%
- Percentage of children living in relative low income (2021) - Tameside 22.3%, UK 18.7%
- Economic Inactivity Rate - Tameside 23.5%, England 21.2%
- Percentage of children living in absolute low income families - Tameside 17.6%, UK 15.60%
- Income Deprivation - Tameside 17.5%, England 11.6%
- Percentage of jobs paid below living wage in 2021 - Tameside 28.5%, Greater Manchester (GM) 20.75%
- Percentage of fuel poor households by administrative area 2020 - Tameside 14.1%, England 13.2%
- Median Gross Annual Pay 2021 (workplace) - Tameside £25,852, GM £28,174, England £31,480
- Proportion of households struggling with food insecurity - Tameside 15.07%, GM average 11.13%

<https://www.tameside.gov.uk/TamesideMBC/media/Environmental-Health/Poverty-Needs-Assessment-Final.pdf>

**Greater Manchester Residents survey wave 6 - April 2023 - Tameside:**

[https://www.greatermanchester-ca.gov.uk/media/7771/20230509\\_gm-residents-survey\\_report6\\_final.pdf](https://www.greatermanchester-ca.gov.uk/media/7771/20230509_gm-residents-survey_report6_final.pdf)

### **Cost of Living:**

- 77% of respondents in Tameside are 'very' or 'somewhat' worried about the rising cost of living, in line with the GM average (76%)
- 8 in 10 (80%) Tameside respondents say that their cost of living has increased, the same as the GM average (80%)
- 44% of respondents in Tameside do not think that they will be able to save any money in the next 12 months, compared to the GM average (45%)
- Over half of respondents in Tameside say that it is hard to afford their energy costs (56%), the same as the GM average (56%), with over 2 in 5 (44%) saying that it is difficult to afford their rent or mortgage costs, again in line with the GM average (43%)

### **Food security:**

- Two thirds (67%) of respondents in Tameside with children live in a food insecure household, significantly higher than the GM average (54%)
- 35% of respondents in Tameside say that someone in their household has cut the size of or skipped meals because there wasn't enough money for food, in line with the GM average (33%)
- A quarter (23%) of respondents in Tameside have had someone in their household lose weight because there wasn't enough money for food, similar to the GM average (22%)
- 19% of respondents in Tameside say someone in their household hasn't eaten for a whole day due to lack of money for food, in line with the GM average (20%)

### **Tameside - Debt Support and Services report - Quarterly Insights wave v4:**

1,172 interviews were carried out between September 2022 and November 2022 with a representative sample of Tameside residents.

Based on the 60-second debt test\* Approximately two in ten Tameside residents surveyed may need help with their debts. A further one in ten "should act now to avoid problems later", while for roughly three quarters "things are looking pretty good".

\*60-second Debt Test created by the Step Change Debt Charity and based on responses to the 5 statements:

No to all statements - Things are looking pretty good

Yes to 1 statement - You should act now to avoid bigger problems later

Yes to 2-3 statements - It looks like you need help with your debts

Yes to 4-5 statements - You need help with your debts

- Over half of respondents would not consider themselves to be struggling financially.
- Respondents aged 35-54 are more likely to consider themselves to be struggling financially (16-34 years old, 12%; 35-54 years old, 20%; 55+ years old, 10%).
- Families are more likely to consider themselves to be struggling financially (18%) than those without children (12%).
- Respondents earning less than £30,000 per year are more likely to be struggling financially (31%) than those earning between £30,000 and £50,000 (8%) and more than £50,000 per year (1%).
- Those who are unemployed and disabled say they are struggling the most financially.
- Half of respondents agree they know where to access support, but 6 in 10 would deal with debts themselves.

- Respondents are more comfortable with talking to a friend or family member if they were struggling with debts than they would be with seeking advice from an organisation like Tameside Council or debt advice organisations.
- The majority of respondents have never sought debt related advice or support.
- Respondents are most aware of Tameside Citizens Advice Bureau (72%) and government or consumer websites (63%).
- Despite awareness not being the highest among respondents, the most common form of advice or support accessed by respondents is getting information from their friends and family.
- One-quarter of respondents feel they would struggle financially if their monthly outgoings rose by £99 or less. Approximately 4 in 10 state they would likely seek advice or support if their monthly outgoings rose.
- Of those who would not seek advice or support, 2 in 10 respondents would deal with any debt issues themselves.
- One in ten would consider or have used an unofficial lender such as a loan shark.
- Previous use of riskier lending is highest among those who are unemployed, on incomes less than £30,000 and by those who have difficulty accessing employment.

### **Greater Manchester Residents Survey - Wave 9 - September 2023 -**

<https://www.greatermanchester-ca.gov.uk/media/8676/gm-residents-survey-wave-9-full-report-web.pdf>

At Greater Manchester level almost 2 in 3 (62%) of those struggling with their debt say they have sought help, a significant increase since July (51%). Among those who did not seek help, 3 in 10 (29%) were unsure whether the advice would help.

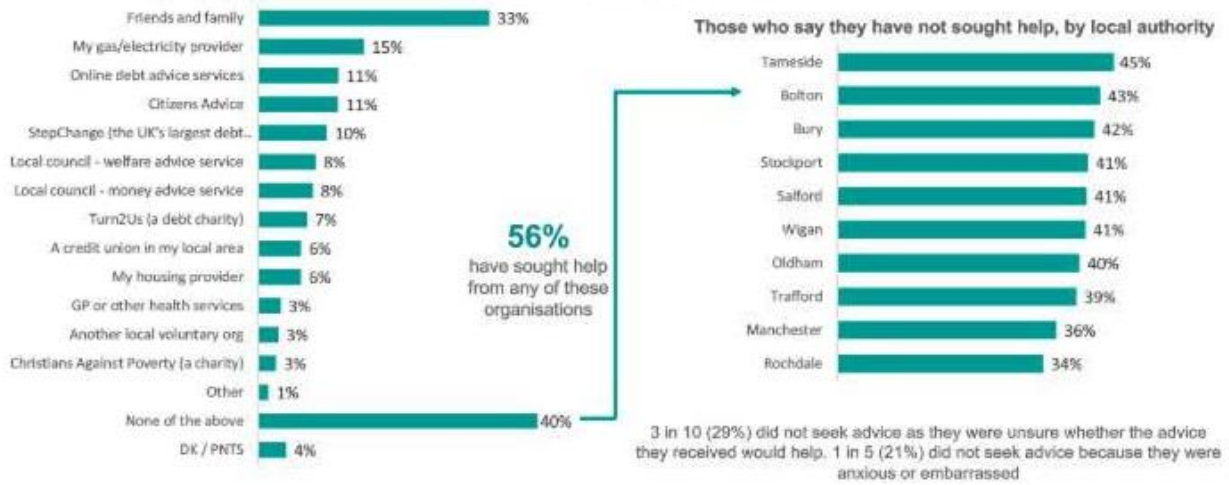
Among those who have not sought advice for debt problems, reasons they decided not to seek advice for debt problems:

- Wasn't sure whether advice would help
- Anxiety / mental health reasons
- Embarrassed / stigma
- Worried about the impact on credit record
- Family were unaware of the situation
- Didn't know free debt advice existed

Of the 68% of GM residents experiencing some difficulty dealing with their current levels of debt. In Tameside, those who haven't sought help was 45% (March to September 2023).

## Summary: Debt (amongst respondents who are having difficulty managing their debt)

Over half (56%) of those experiencing difficulty with their level of debt have sought help, in the period between March – Sept across Greater Manchester



CL23. Have you tried to seek help with your debt through any of the following options? Unweighted base: Surveys 7+8+9, 1000 (All who are having difficulty managing their debt)

15

**Greater Manchester Police & Crime Survey** of 4155 Tameside residents shows:

- 53% can afford essentials and occasional luxuries
- 18% can afford essentials but nothing else
- 17% can afford luxuries as well as essentials
- 6% sometimes cant afford all essentials.
- 3% can rarely afford essentials

## **Dealing with Debt Survey**

### **Methodology:**

- Dealing with Debt survey questions were developed with TMBC Policy team and Citizens Advice Tameside, and circulated to the Tameside Financial Inclusion Partnership, membership of which includes local authority, local debt advice providers, credit union, housing associations for consultation prior to opening.
- Between September and November 2023 (8 weeks) we opened a survey for residents from across Tameside to capture lived experience of debt journey.
- Online and paper elements were included so that those without internet access could take part in the survey.
- Survey questions were created to the requested areas of research:
  - journeys of falling into debt
  - barriers that people face in seeking debt advice
  - services involved in people's debt journeys

### **Circulation:**

Dealing with Debt survey was circulated through channels:

- Citizens Advice Tameside website - <https://www.tamesidecab.org.uk/about-us/research/> - from September 2023
- Tameside Helping Hands website - Money Management section link: <https://www.tameside.gov.uk/helpinghand/moneymanagement>
- Citizens Advice Tameside Social Media channels: X/Twitter, Facebook, Instagram - September and October 2023 - post reach 1200+
- Paper copies available on CAB front desks in T1 - September 2023
- Circulated to Citizens Advice Tameside team - September 2023
- Tameside Poverty Truth Commission Community and Civic Commissioners - September 2023
- Tameside Financial Inclusion Partnership - September 2023
- Action Together networks - September 2023
- Tameside Communications network - October 2023
- Tameside Partnership Engagement network - October 2023.

## **Survey findings:**

As at 7th November there were 26 survey responses. Full details of responses are provided in Appendix 1. An analysis of survey responses is provided below.

### **People's journeys of falling into debt**

Not all the survey respondents had experienced debt.

Almost 70% respondents were in debt when completing the survey with 72% struggling to afford debt repayments. As a result of debt repayments:

- 64% respondents were borrowing money
- 60% were cutting back on everyday essentials
- 52% were experiencing worse mental health
- 36% were going without essentials such as food or heating
- 28% were pawning or selling household goods
- 24% were not paying other bills such as rent or council tax
- 20% were managing debts successfully

The cost of living crisis had impacted upon the ability of 68% respondents to make debt payments, making payments impossible for 36% respondents.

Types of debt experienced spread across priority and non priority debts, most frequently selected was

- Credit card, store card, or payday loan (64%)
- Overdraft (52%)
- Gas or electricity arrears (48%)
- Debts to friends and family (48%)
- Personal loan (44%)
- Council Tax Arrears (40%)

Circumstances contributing to experiencing unmanageable debt were:

- Increased cost of living (40%)
- Impact of illness disability (36%)
- Low income (32%)
- Relationship breakdown (28%)
- Employment changes (28%)
- Benefit issues (24%)
- Household/family changes (20%)
- Increased borrowing (20%)
- Issues related to budgeting (16%)
- Expenditure changes (12%)
- No recourse to public funds (12%)
- Caring responsibilities (8%)
- Pregnancy or maternity (4%)

## **The barriers that people face in seeking debt advice**

56% respondents had not contacted services for information, advice or support with debt issues, 44% had contacted services.

Where respondents had accessed information, advice and support they had done so from local and national services: Citizens Advice, Tameside Welfare Rights, Christians Against Poverty, Payplan, StepChange.

Respondents who had accessed debt services did so at a number of different points in the debt journey:

- When a change in personal circumstances affected ability to repay debts - 17%
- Within the first 6 months of arrears - 13%
- When one or more creditors began taking action - 8%
- Within the first month of arrears - 4%
- Within the first 12 months of arrears - 4%.

One respondent commented they had accessed support on many different times.

On barriers to seeking information advice or support 36% respondents stated a number of issues preventing.

- Embarrassment/Shame
- Buried head in sand
- Other people were worse off
- Tried to Manage selves
- Felt it was their problem to solve

Some perceptions of the impact of obtaining debt advice were stated:

- Didn't want to be blacklisted
- mental health issues
- that debt was manageable within budget
- no faith in government departments
- and perceptions of access - that help isn't available unless claiming benefits.

## **How services can be more proactive and intervene earlier in people's debt journeys**

When commenting on what did or would have made it easy to get information, advice or support with debt issues responses grouped into themes of:

- **Access:** easy to follow online information, accessible information on credit card debt, online access to information, blended approach of face to face, telephone and video calls, Citizens Advice would be my first port of call, speaking to my rent officer.
- **Increased awareness of services:** better publicity, seeing adverts for free help and advice, a question of how advice can help with debt issues when working and

struggling, companies understanding that going to debt management companies will not help, confidentiality and knowing what to expect.

- **Increased service provision:** more specialist advice, I couldn't get to see an advisor CAB was overwhelmed.

### **Debt advice and debt remedies**

- 42% respondents who had accessed debt advice were now debt free, or heading towards becoming debt free.
- 9% were considering options

Few respondents who had accessed debt advice were undertaking formal insolvency solutions:

- 4% Individual Voluntary Arrangements (IVA)
- 4% Debt Relief Order (DRO)
- 0% Bankruptcy

On informal solutions:

- 9% in Debt Management Plans
- 21% were contacting creditors to make affordable repayment offers.

Debt Relief Order up front fee had prevented or delayed 2/3 respondents from accessing that option. No respondents reported the Bankruptcy fee as making them decide not to apply, or delaying. No respondents reported recent usage of Individual Voluntary Arrangement as an option, in the last 12 months, former Individual Voluntary Arrangements were reported.

- 72% respondents had benefit income when considering debt solution options.
- 68% respondents had seen advertising for debt relief options on social media, television or radio.

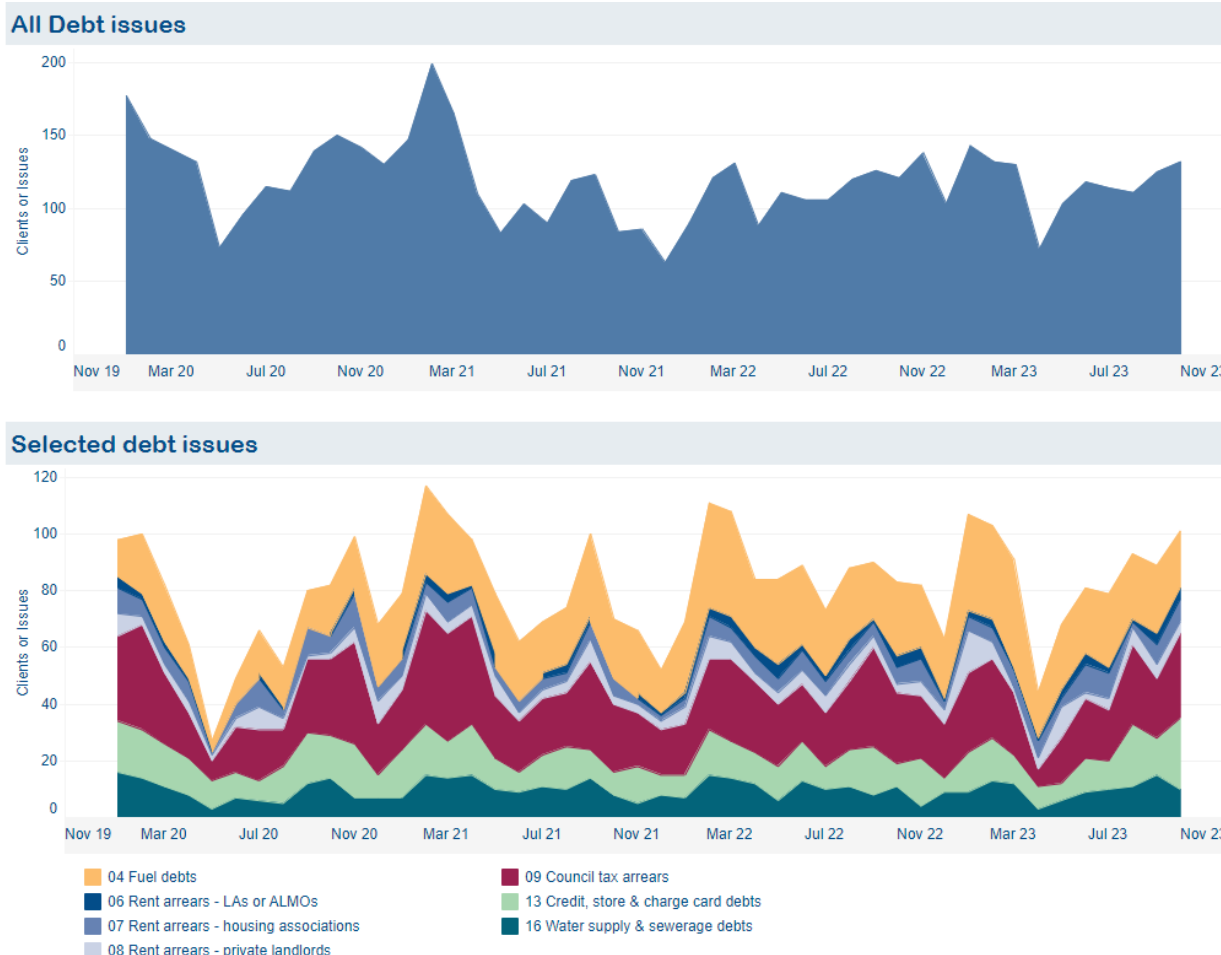
Insolvency Solutions are detailed in Appendix 2.

### **Seeking debt advice - pandemic and post-pandemic:**

Citizens Advice nationally reported on the household debt crisis in April 2023. The numbers of people seeking debt advice - which had reduced during the pandemic largely as a result of Government protections - was increasing through 2021 and 2022, but for Citizens Advice remained lower than pre-pandemic levels. <https://wearecitizensadvice.org.uk/a-debt-time-bomb-is-about-to-go-off-why-arent-we-doing-anything-about-it-bb2dbecf9b7e> Monthly variances are shown below for Tameside.



## Citizens Advice Tameside Debt Advice volumes January 2020 to October 2023:

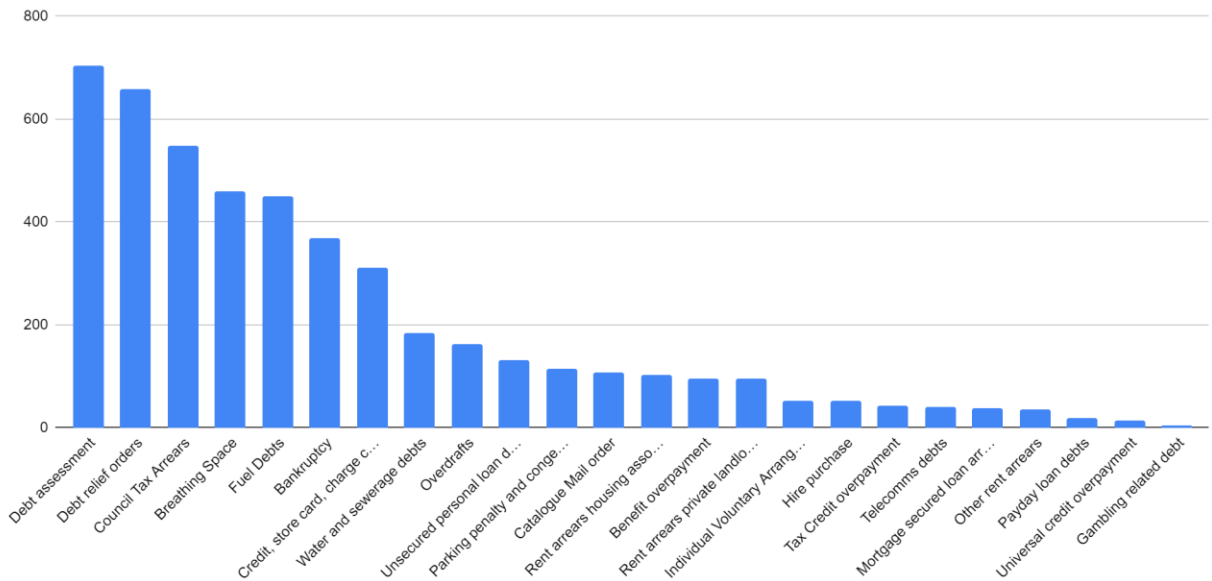


### Example of the impact of local Debt Advice provision:

In a twelve month period (01/11/23-31/10/23) Citizens Advice Tameside debt specialist advisers prepared budgeting plans on 1,500 non-priority debts and 857 priority debts, totalling £3,272,004 for 494 clients. This included Priority debts of £1.3m, non-priority debts totalling £1.8m. 1,096 Tameside residents accessed Citizens Advice services for 5,453 debt issues.

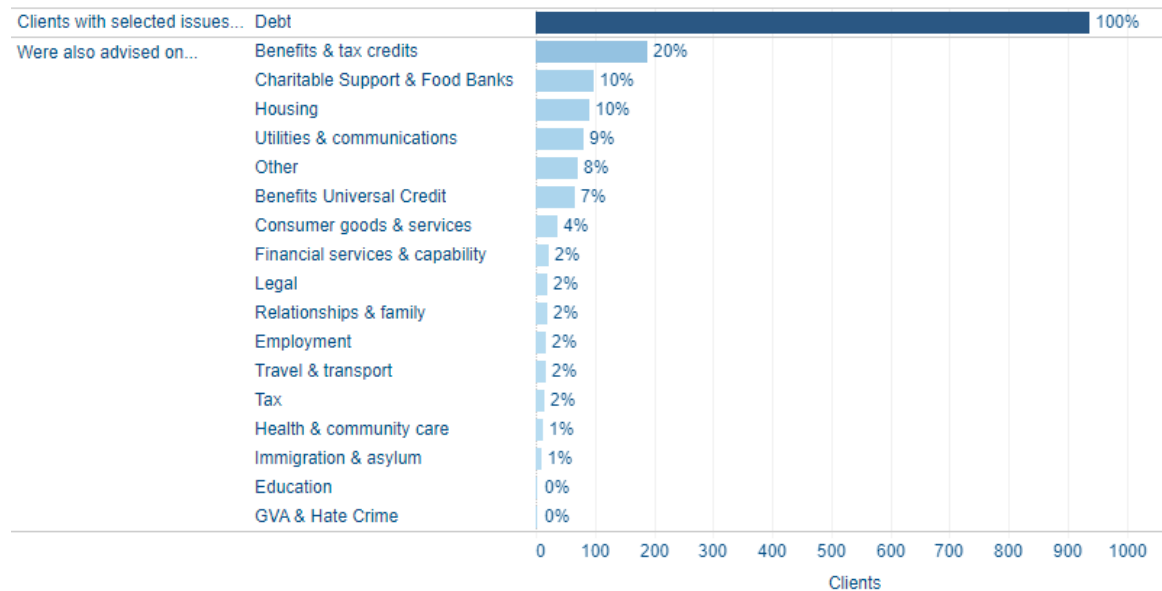
#### Client profiles:

- 61% female, 39% male
- 53% disabled or with long term health condition
- Age ranges from 20-89
- 84% White, 16% BAME



For debt clients advised by Citizens Advice Tameside in the last 12 months, 46% were additionally advised on other enquiry areas, highlighting the multi-faceted nature of problems.

The chart below details 'other' issues presented/identified with debt enquiries:



**Conclusions and Recommendations:**

The research experienced limitations and challenges: Despite a wide circulation through pre-existing networks the Dealing with Debt lived experience survey response rate was lower than targeted. There have been contacts continuing into November 2023 from partners around advertising the survey, indicating a continued interest in promoting engagement with the survey.

Exploration of existing resident survey data highlighted themes of cost of living impact, pressures on incomes, experience of and perceptions of accessing support and dealing with debts through family and friends or yourself, awareness of advice services, stigma of accessing advice services, themes of alternative borrowing or unregulated lending to deal with debt, individuals concern of the impact of debt on credit ratings.

Feedback from residents from the Dealing with Debt survey offers initial themes for proactive service responses to addressing barriers to accessing debt advice and support services which are included in the recommendations.

Recommendation	Details
<b>Continuation of Dealing with Debt survey</b>	To capture more robust data, increased feedback of lived experience from Tameside residents ongoing.
<b>Increase awareness of debt advice services</b>	<p>Current feedback suggests a publicity campaign advertising free help and advice, along with information about how debt advice services can help residents locally - what to expect when a resident makes contact, what can services do? How can services help?</p> <p>Campaign elements recommended:</p> <ol style="list-style-type: none"> <li>1)Where to turn for advice, what information and advice can be offered, how?, when?, where? to access debt advice services in Tameside.</li> <li>2)Impacts of advice and benefits of seeking advice early in the problem, before enforcement or other priority actions.</li> <li>3)Stigma of experiencing financial difficulties, and of seeking help for them.</li> </ol>

<b>Multi-channel access to debt advice services</b>	Current feedback suggests a blended approach to debt advice and information service delivery - Range of channels including face to face, telephone, video calls, and easy to follow, accessible online information.
<b>Increased debt advice service provision</b>	Current feedback suggests increasing capacity of debt information and advice service provision, expanding service provision to ease local access. Exploration of triggers of peaks in service demand, seasonal and otherwise, and early intervention referral protocols.
<b>Review of local financial capability/ education provision</b>	Recommended financial education content: 1) debt and borrowing - unregulated lenders, high risk lending, unaffordable lending, loan sharks 2) credit, credit scores, financial hardship 3) income maximisation 4) dealing with debt

## **Appendix 1 - Analysis of survey responses:**

### **Survey Responses - debt journey (19 questions):**

#### **1. Have you experienced debt?**

- Yes - 92% (24)
- No - 8% (2)

#### **2. Are you currently in debt?**

- Yes - 69% (18)
- No - 31% (8)
- Comments:

Loans, credit card and HP

Many debts going back 20+ years

Council tax

#### **3. To what extent, if at all, are you struggling or did you struggle to afford your debt repayments?**

- To a great extent - 44% (11)
- To some extent - 28% (7)
- Not struggling - 28% (7)
- Prefer not to say - 0% (0)

#### **4. As a result of debt repayments, are you (tick all that apply):**

- Cutting back on everyday essentials such as food, energy, toiletries etc - 60% (15)
- Going without food, heating, or everyday essentials - 36% (9)
- Not paying other bills or repayments such as rent, council tax, electricity etc - 24% (6)
- Borrowing money e.g. on a credit card, from family and friends, payday or doorstep loans - 64% (16)
- Pawning or selling household goods or items - 28% (7)
- Experiencing worse mental health - 52% (13)
- Managing your debts successfully - 20% (5)
- None of the above - 20% (5)
- Other (please specify) - 0% (0)

#### **5. What impact, if any, has the current cost of living crisis\* had on your ability to make your debt repayments?**

**\*By 'cost of living crisis' we mean the increased cost of food, housing, energy and other essentials in approximately the past 12 months.**

- The cost of living crisis has had no impact on my ability to make repayments - 28% (7)
- The cost of living crisis has made it slightly more difficult to make repayments - 8% (2)
- The cost of living crisis has made it much more difficult to make repayments - 24% (6)
- The cost of living crisis has made it impossible to make repayments - 36% (9)
- Don't know - 0% (0)
- Prefer not to say - 4% (1)

**6. What types of debts do you have or have you had in the past? Tick all that apply:**

- Rent Arrears - 24% (6)
- Mortgage Arrears - 20% (5)
- Secured Loans - 24% (6)
- Council Tax Arrears - 40% (10)
- Gas or Electricity Arrears - 48% (12)
- TV Licence - 20% (5)
- Phone or internet bills - 28% (7)
- Court fines - 8% (2)
- Tax Credit Overpayment - 8% (2)
- Goods on Hire Purchase or Conditional sale - 20% (5)
- Credit card, store card or payday loan - 64% (16)
- Bank or building society loan - 20% (5)
- Debt to friends or family - 48% (12)
- Catalogue, home credit or in-store credit - 36% (9)
- Overdraft - 52% (13)
- Personal loan - 44% (11)
- Income Tax, National Insurance and VAT - 0% (0)
- Water rates arrears - 24% (6)
- Child maintenance arrears - 8% (2)
- Student loans - 16% (4)
- Individual Voluntary Arrangement - 8% (2)
- Debt Management Plan - 4% (1)
- Debts to loan sharks or illegal money lenders - 8% (2)
- Not applicable - 4% (1)
- Other (please specify) 0% - (0)

**7. What circumstances contributed to you experiencing unmanageable debt?**

- Relationship breakdown - 28% (7)
- Household / family changes - 20% (5)

- Impacts of illness or disability - 36% (9)
- Unemployment - 20% (5)
- Employment changes - 28% (7)
- Low income - 32% (8)
- Pregnancy or maternity - 4% (1)
- Caring responsibilities - 8% (2)
- Expenditure changes - 12% (3)
- Increased cost of living - 40% (10)
- Increased borrowing - 20% (5)
- Issues related to budgeting - 16% (4)
- No recourse to public funds - 12% (3)
- Benefit issues - 24% (6)
- Not Applicable - 16% (4)
- Other (please specify) - 8% (2)
- Comments:
  - Mp
  - High bills and cost of living

**8. Have you ever contacted any services for information, advice or support with debt issues?**

- Yes - 44% (11)
- No - 56% (14)

**9. Who did you contact?**

- Free Debt Advice Charity - 42% (8)
- Fee Paying Debt Advice Service - 0 (0)
- Not applicable - 58% (11)
- **Name of service:**
  - Christians Against Poverty
  - Welfare Rights Debt Service
  - Payplan
  - Step Change
  - Citizens Advice

**10. When did you contact the service for information, advice, or support with debt issues?**

- Within the first month of arrears - 4% (1)
- Within the first 6 months of arrears - 13% (3)
- Within 12 months of arrears - 4% (1)
- When one or more of my creditors began taking recovery action - 8% (2)

- When I had a change in personal circumstances affecting my ability to repay debts - 17% (4)
- Not applicable - 50% (12)
- Other (please specify) - 4% (1)
- Comment:  
Many different times

### **11. What prevented you from seeking information, advice or support?**

#### **Comments:**

- Embarrassment
- Shame. Other people worse off than me
- We tried to manage ourselves
- I felt it was my problem to solve
- Don't want to be black listed
- Embarrassment
- The Labour government at the time allowed the CSA to ruin the lives of working fathers and I had no faith in government departments
- Embarrassment
- Get no help at all unless your claiming benefits
- Mental health issues
- Felt ashamed
- Debt was manageable
- I was able to manage my finances and repayments within my budget
- Buried head in sand

### **12. What did, or would have, made it easy to get information, advice or support with debt issues?**

- I couldn't get to see an advisor CAB was overwhelmed
- Confidentiality. Knowing what to expect
- Accessing the information online
- Seeing adverts for free help and advice
- More accessible information for credit card debt
- Personally I prefer face to face meetings but a blended approach for those that would like over the phone or Facetime to face to face.
- The company's understanding that going to debt management companies will not help
- None how can advice help with debt issues, when your hard working and struggling
- Don't know
- More specialist advice
- Citizen Advice would be my first point of call.



- Online information, easy to follow
- Speaking to my rent officer
- Better publicity

**13. If you did access information, advice or support, did this contribute to resolving your debt issue?**

- Yes, I am now debt free - 15% (3)
- Yes, I am heading towards being debt free - 10% (2)
- No, I am considering my options - 5% (1)
- No - 30% (6)
- I have not accessed information, advice or support for debt - 40% (8)
- Comments:
  - Still making minimum payments
  - Full time carer
  - They tell us to go bankrupt which would make us homeless

**14. Are you currently using, or have you used, any of these options for dealing with debt in the last 5 years?**

- Individual Voluntary Arrangement (IVA): a legally-binding agreement where you make a regular monthly payment for a fixed period of time (usually 5 years) and your remaining debt is then written off - 0% (0)
- Debt Relief Order (DRO): an alternative to bankruptcy which lasts for one year and writes off most debts in full. You don't have to make on-going payments but it costs £90 to apply and you have to meet certain conditions to qualify - 4% (1)
- Bankruptcy: A way of writing off debts that you can't afford to pay. You don't have to meet any special criteria but you do have to pay an upfront fee of £680 - 0% (0)
- Debt management plan (DMP): an arrangement where you make a reduced monthly payment towards all of your debts for as long as it takes to fully pay - 9% (2)
- Administration Order: a formal and legally-binding agreement between you and your creditors to pay back your debts over a period of time approved by the court 0% - (0)
- Contacting creditors to agree more affordable payments yourself - 22% (5)
- Don't know - 4% (1)
- None of the above - 61% (14)
- Comments (3)
  - Yes, I agreed payment plans now I have bad credit file which has ruined my chances of being debt free
  - Previously had IVA but more than 6 years ago
  - Glen sorted me out with what I could afford

**15. Did you decide not to apply for a Debt Relief Order or delay applying mainly or partly because you could not afford the upfront fee of £90?**

- Yes - 67% (2)
- No - 0% (0)
- Don't know - 33% (1)
- Prefer not to say - 0% (0)

**16. Did you decide not to apply for bankruptcy or delay applying mainly or partly because you could not afford the upfront fee of £680?**

- Yes - 0% (0)
- No - 0% (0)
- Don't Know - 0% (0)
- Prefer not to say - 0% (0)

**17. Are you currently in an IVA, or have you been in IVA at any point in the past 12 months?**

- Yes - 0% (0)
- No - 0% (0)
- Don't know - 0% (0)
- Prefer not to say - 0% (0)

**18. When you set up your debt solution, did your income include benefits, tax credits or Universal Credit?**

- Yes - 73% (8)
- No - 28% (3)
- Don't Know - 0% (0)
- Prefer not to say- 0% (0)

**19. Have you ever seen adverts for debt relief options on social media, television or radio?**

- Yes - 68% (17)
- No - 20% (5)
- Don't Know - 12% (3)
- Prefer not to say- 0% (0)

Demographic data was requested in order to check the sample was representative of Tameside residents (13 questions).

**20. Are you: (please tick one box only)**

- Female - 68% (17)
- Male - 28% (7)
- Non-binary - 0% (0)
- Intersex - 0% (0)
- Prefer not to say - 0% (0)
- Other (please specify) - 4% (1)

Comment:

What has this got to do with cost of living

**21. Is your gender identity the same as the sex you were assigned at birth?**

- Yes - 100% (24)
- No - 0% (0)
- Prefer not to say - 0% (0)

**22. Which of the following best represents the total annual income for your household, before deductions tax and National Insurance?**

- Less than £9,999 - 4% (1)
- £10,000 - £19,999 - 48% (12)
- £20,000 - £29,999 - 16% (4)
- £30,000 - £39,999 - 4% (1)
- £40,000 - £49,999 - 0% (0)
- £50,000 - £59,999 - 4% (1)
- £60,000 - £74,999 - 8% (2)
- £75,000 - £99,999 - 4% (1)
- £100,000 or more - 0% (0)
- Prefer not to say - 12% (3)
- Don't know - 0% (0)

**23. What is your age? (Please state)**

73, 65, 61, 36, 45, 56, 62, 57, 49, 59, 47, 49, 43, 54, 48, 71, 40, 49, 59, 45, 40, 34, 51.

**24. What is your ethnic group? (Please select from the list below)**

White: English / Welsh / Scottish / Northern Irish / British - 88% (21)

White: Irish - 0% (0)

White: Gypsy or Irish Traveller - 0% (0)

Mixed/multiple ethnic groups: White & Black Caribbean - 0% (0)

Mixed/multiple ethnic groups: White & Black African - 0% (0)

Mixed/multiple ethnic groups: White & Asian - 0% (0)

Asian/Asian British: Indian - 0% (0)

Asian/Asian British: Pakistani - 8% (2)

Asian/Asian British: Bangladeshi - 0% (0)  
Asian/Asian British: Chinese - 0% (0)  
Black/African/Caribbean/Black British: African - 0% (0)  
Black/African/Caribbean/Black British: Caribbean - 0% (0)  
Arab - 0% (0)  
Any other ethnic group: 4% (1) White Canadian / British

**25. What is your religion or belief? (Please tick one box only)**

- Christian (including Church of England, Catholic, Protestant and all other Christian denominations) - 46% (11)
- Buddhist - 0% (0)
- Jewish - 0% (0)
- Sikh - 0% (0)
- Hindu - 0% (0)
- Muslim - 8% (2)
- No religion - 38% (9)
- Any other religion or belief, please state - 8% (2)
- Comments (2):  
It's not real  
None

**26. What is your sexual orientation? (Please tick one box only)**

- Heterosexual/straight - 83% (20)
- Gay/lesbian - 0% (0)
- Bisexual - 13% (3)
- Prefer not to say - 0% (0)
- Prefer to self-describe - 0% (0)
- Other sexual orientation (Please state) - 4% (1)  
Comment:  
I am Normal

**27. Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.**

- Yes, limited a lot - 33% (8)
- Yes, limited a little - 25% (6)
- No - 41% (10)

**28. In the past year, have you experienced any mental health problems?**

- I experienced mental health problems that significantly limited my ability to carry out activities - 29% (7)
- I experienced mental health problems that somewhat limited my ability to carry out activities - 38% (9)
- I experienced mental health problems that had no impact on my ability to carry out activities - 8% (2)
- I have not experienced any mental health problems in the past year - 21% (5)
- Don't know - 4% (1)
- Prefer not to say - 0% (0)

**29. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long term physical or mental ill-health /disability or problems related to old age? (Please tick one box only)**

- No - 54% (13)
- Yes, 1-19 hours a week - 21% (5)
- Yes, 20-49 hours a week - 0% (0)
- Yes, 50 or more a week - 25% (6)

**30. Are you a member or ex-member of the armed forces?**

- Yes - 4% (1)
- No - 96% (23)
- Prefer not to say - 0% (0)

**31. What is your marital status?**

- Single - 25% (6)
- Married - 50% (12)
- Civil Partnership - 0% (0)
- Divorced - 17% (4)
- Widowed - 4% (1)
- Prefer not to say - 4% (1)

**32. Are you pregnant, on maternity leave or returning from maternity leave?**

- Pregnant - 0% (0)
- On maternity leave - 0% (0)
- Returning from maternity leave - 0% (0)
- No - 96% (23)
- Prefer not to say - 4% (1)

**Appendix 2 - Insolvency**

Total number of insolvencies in Tameside:

[https://lginform.local.gov.uk/reports/lgastandard?mod-metric=3492&mod-area=E08000008&mod-group=AllMetropolitanBoroughLainCountry England&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/lgastandard?mod-metric=3492&mod-area=E08000008&mod-group=AllMetropolitanBoroughLainCountry%20England&mod-type=namedComparisonGroup)

Total number of individual insolvencies - This is the total number individual insolvencies in an area. This is a sum of Bankruptcies, Debt Relief Orders (DRO) and Individual Voluntary Arrangements (IVAs).

Individual insolvency data are sourced from the Insolvency Service Case Information System (ISCIS). Bankruptcy and DRO data are tabulated by insolvency type and calendar year of order or agreement. IVAs are counted within these statistics once they are registered with the Insolvency Service, and they are reported by year of registration date. There is often a time lag between the date on which the IVA is accepted (known as the date of creditor agreement) and date of registration by licensed insolvency practitioners working for firms that specialise in this area. For some IVAs, the year in which they were registered may differ from the date of creditor agreement.

New monetary eligibility limits for Debt Relief Orders in England and Wales came into effect on 29 June 2021. This included the level of debt at which people can apply for a DRO being increased from £20,000 to £30,000. More people are now able to access this form of debt solution as a result of these changes.

Postcode data are matched against the National Statistics Postcode Lookup, to determine the region and administrative area of each individual. These data are then aggregated to produce counts of insolvencies in each geographical area. The National Statistics Postcode Lookup is derived from data from the Office for National Statistics (ONS) and Ordnance Survey.

Geographical data for joining the insolvency and population statistics together are sourced from the Open Geography Portal.

City of London included in Westminster and Isles of Scilly included in Cornwall due to low population.

Source name: The Insolvency Service

Collection name: [Individual Insolvencies by Location, Age and Gender](#)

## **Total number of individual insolvencies (from 2017 to 2022) for Tameside**

Period	Total individual insolvencies			
	Orders			
	Tameside	Minimum for All English metropolitan boroughs	Mean for All English metropolitan boroughs	Maximum for All English metropolitan boroughs
2017	498	269	598	1,499
2018	576	334	711	1,795
2019	694	348	743	1,802
2020	612	340	658	1,793
2021	696	320	671	1,761
2022	718	396	748	1,914

Source: The Insolvency Service [Individual Insolvencies by Location, Age and Gender](#)

**Debt options:** What options are available? Insolvency Service: <https://insolvencyservice.blog.gov.uk/2023/03/21/dealing-with-debt-options-for-paying-off-your-debts/>

There are several options if you are unable to pay back the money you owe - these can be formal or informal solutions. You can also use the MoneyHelper tool to find free expert advice.

Before you make a decision about what to do, you should seek free expert advice from a money adviser. This can be from either an organisation like Citizens Advice or through the MoneyHelper: [Debt Advice Locator | Syndication | MoneyHelper](#).

Your adviser will look at your circumstances - for example the types of creditors you have (who do you owe money to), and the terms of the agreements you have signed.

That will help them to advise you on the best way forward, which may include a “formal” or an informal” solution depending on your situation.

## **Formal solutions**

Formal insolvency solutions are legal processes, and they include:

- A Debt Relief Order;
- An Individual Voluntary Arrangement or;
- Bankruptcy.

If you are in one of these processes, the people you owe money to (your creditors) can't take action against you to get you to repay them and you won't have to repay all the money you owe, although this will depend on your circumstances. Any new debt you incur after you have entered one of these processes won't usually be included and you will need to deal with those new creditors separately.

## **Informal solutions**

Informal solutions are options for people who are able to repay their creditors in full and allow them to come to an agreement with their creditors to make repayments over a period of time.

Because these agreements are informal - not legally-binding - you can usually more easily change the terms of the agreement if your circumstances change. However, because they are not legally-binding this does mean that your creditors can change their minds and they can still take action to recover the money you owe.

### **Informal solutions include:**

- A [consolidation loan](#);
- [A debt management plan \(DMP\)](#) or;
- Continuing to pay each creditor individually but with payment plans.

## **Breathing Space**

Breathing Space is a government scheme for people living in England and Wales. The scheme gives you temporary protection from your creditors while you get advice and plan for how you'll repay any debts.

Breathing Space gives you protection from your creditors contacting you or chasing you for the money you owe for up to 60 days.



If you are getting mental health crisis treatment, Breathing Space allows you a longer period of protection from your creditors. In this case the scheme will last for the length of your treatment plus 30 days.

You need to speak to a [money adviser](#) if you want to apply for a Breathing Space scheme. If the adviser thinks Breathing Space is right for you, they will make an application for you.

You cannot apply for Breathing Space if you are in a Debt Relief Order, an Individual Voluntary Arrangement (IVA) or you are an undischarged bankrupt.

Also, you cannot apply for Breathing Space if you have already accessed the scheme in the last 12 months unless it was for a mental health crisis.

More information on the Breathing Space scheme is available here: [What is Breathing Space and how can it help me | MoneyHelper](#).

## **Debt Relief Order**

A Debt Relief Order (DRO) usually lasts for 12 months. After this time the amounts you owe to the creditors who are included in the DRO are written off, and you do not have to pay them.

You need to [apply for a DRO through a specially approved debt adviser \(an intermediary\)](#), and you can obtain one if the following apply to you:

- The money you owe is less than £30,000 (including any charges and interest).
- You have less than £75 spare money left at the end of each month after paying all of your essential outgoings (known as disposable income).
- You've lived or worked in England or Wales in the last 3 years.
- Your assets (the things that you own) aren't worth more than £2,000 in total. You can also own a car up to a value of £2,000.
- You've not had a DRO approved in the last 6 years.

The fee for applying for a DRO is £90 which must be paid when your application is made, although you can pay in instalments. You will not get a refund if your application for a DRO is refused.

If your DRO is accepted your details will be added to the [Individual Insolvency Register](#) and will stay there until 3 months after your DRO ends.

There will also be a number of things that you will be unable to do while you are in a DRO, details can be found here: [Getting a Debt Relief Order - GOV.UK \(www.gov.uk\)](#)

After 12 months, these DRO restrictions will come to an end. The restrictions can last for more than 12 months if you are found to have acted carelessly or dishonestly.

A DRO will usually appear on your credit file for 6 years.

More information on what you need to know about DROs can be found here: [Getting a Debt Relief Order - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

## **Individual Voluntary Arrangement (IVA)**

An IVA is a legally-binding agreement with your creditors – the people or organisations to whom you owe money – to pay all or part of your debts. If an IVA seems to be a good option for you, your debt adviser will be able to help you get in touch with an Insolvency Practitioner to put one in place.

IVAs are available for people living in England and Wales. If you live in Scotland, you could get a [Protected Trust Deed](#) instead. For more information, please visit: [Trust deed explained | Accountant in Bankruptcy \(aib.gov.uk\)](#).

IVAs usually last for 5 years, during which you will pay a monthly amount to an Insolvency Practitioner who will pass this onto your creditors. The Insolvency Practitioner will keep some of the money you pay for their fees for setting up and managing the IVA for you. This will form part of your agreement with your creditors.

Your IVA will be added to the [Individual Insolvency Register](#) and will stay there until 3 months after your IVA is completed.

An IVA will appear on your credit file for 6 years after it has ended.

It is important to know that if you do not keep up with your agreed IVA payments your IVA may be ended, and you will still owe money to your creditors which you will have to find a different way to repay.

More information on what you need to know about IVAs can be found: [What you need to know about Individual Voluntary Arrangements \(IVAs\) - Insolvency Service \(blog.gov.uk\)](#).

## **Bankruptcy**

The bankruptcy process makes sure your assets are shared among those you owe money to (creditors) and lets you make a fresh start free from debt (with some restrictions for a period of time).

To obtain a bankruptcy order, you can make an online application to the Insolvency Service. Your application will be considered by someone called an adjudicator who will decide whether you should be made bankrupt.

The cost of the application is £680. You can pay this fee in instalments; however, you need to have paid the whole amount before you can complete your application. You may

be able to apply for a grant or get help from a charity if you are struggling to afford the fee.

If the adjudicator makes you bankrupt, your assets (the things that you own) can be used to pay your debts. You must hand over your assets to the person who is managing your bankruptcy, known as your trustee. This can be the Official Receiver, who works for the Insolvency Service, or an Insolvency Practitioner.

You can usually keep items needed for your job, such as tools or a car, household items such as clothing and furniture and any money you've paid into a pension.

Your bank accounts may be frozen, but your trustee may release any money you need urgently, for example to buy food, and your partner's share of any money in a joint account. It is up to your bank to decide whether to let you continue to use your accounts.

If you own a house, it might be sold depending on the amount of your equity; that is the difference between the value of your home, and the amount you owe on your mortgage and any other debts secured against the house.

You may be able to remain in your home if:

- the value of your equity is very small and your trustee decides not to sell your home or;
- the equity can be sold to someone else, such as a partner or family member, so that you can continue to live there.

You may be asked to make monthly payments from any spare income you have (any money you have left over each month after paying your essential outgoings), for a period of up to 3 years. This is known as an Income Payments Agreement. Your trustee will set up the agreement. If you are not able to agree on the amount you should pay, your trustee can ask the Court to order you to make payments. This is known as an Income Payments Order.

There will also be a number of things that you will be unable to do while you are bankrupt (known as bankruptcy restrictions, details of which can be found here: [Applying to become bankrupt: Restrictions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/apply-to-become-bankrupt-restrictions)).

Bankruptcy usually lasts for 12 months and the restrictions last until your bankruptcy ends. The restrictions can last for more than 12 months if you do not do what you are asked by your trustee or if you are found to have acted carelessly or dishonestly.

More information on what you need to know about bankruptcy can be found here: [Applying to become bankrupt: Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/apply-to-become-bankrupt-overview).

### **Appendix 3 - Service coverage - Debt advice provision in Tameside**

Money and Pension Service (MaPS) gathered estimated nationwide data in 2019 on face to face debt advice supply. For Tameside this figure was 1,100 cases annually. Supply defined as the total number of clients who received advice/casework for their debt problems through face-to-face, telephone and advice channels.

[https://lginform.local.gov.uk/reports/lgastandard?mod-metric=13447&mod-area=E08000008&mod-group=AllMetropolitanBoroughLainCountry\\_England&mod-type=namedComparisonGroup](https://lginform.local.gov.uk/reports/lgastandard?mod-metric=13447&mod-area=E08000008&mod-group=AllMetropolitanBoroughLainCountry_England&mod-type=namedComparisonGroup)

#### **Service mapping and coverage - how to find a debt adviser:**

Anyone providing debt management services, debt counselling, debt adjusting, whether or not they charge a fee, must be Financial Conduct Authority (FCA) authorised. FCA rules and guidance apply to anyone authorised to provide any of the following services:

- advice on how to restructure debts, alter debt repayments or achieve early resettlement of debts
- contacting creditors in order to make any of the above arrangements
- providing the facility for a debtor to make a single payment which is then distributed on behalf of the debtor to their creditors
- reviews of the debtor's financial circumstances and/or payments

There are a number of directories and tools that have been developed locally and nationally and are available online to source debt and money advice in Tameside and through national providers.

**Advice Tameside Referral Tool:** <https://www.tameside.gov.uk/Advice-Tameside/Advice-Tameside-Referral-Tool>

**TMBC Helping Hand - Money Management:**

<https://www.tameside.gov.uk/helpinghand/moneymanagement>

**Tameside Money Advice Referral Tool:** <https://www.gmpovertyaction.org/money-advice-referral-tools/>

**MoneyHelper Debt Advice Locator:** <https://www.moneyhelper.org.uk/en/money-troubles/dealing-with-debt/debt-advice-locator>

From these tools, services delivering debt advice in Tameside are:

**Tameside Council's Debt Advice service -** <https://www.tameside.gov.uk/debtadvice>

Tameside Welfare Rights, offering free, independent, confidential advice and assistance

with debt problems to people with rent or mortgage arrears. Tameside Welfare Rights have 1 Debt Adviser co-located at Housing Advice, dealing with evictions.

**Citizens Advice Tameside** - <https://www.tamesidecab.org.uk/get-advice/> offering generalist level and specialist level debt advice, with 3 Debt Caseworkers funded by Money and Pensions Service (MaPS). Generalist advice funding from Tameside MBC and Housing associations to deliver generalist level debt advice in localities including Jigsaw, Irwell Valley and Onward Homes.

**Jigsaw Homes** - <https://www.jigsawhomes.org.uk/information-article/money-advice/> helping with Benefits advice and applications, Maximising income, Debt advice and solutions. Money Advice Team includes 8 Welfare Benefit advisers and Debt advisers.

**Christians Against Poverty** - [Christians Against Poverty](#) Free debt and budgeting help run through local churches, supporting anyone regardless of their religion. [www.capuk.org](http://www.capuk.org) 1 centre manager, 1 debt coach.

#### **National Debt advice providers:**

**National Debtline** - [www.nationaldebtline.org](http://www.nationaldebtline.org) offers free debt advice online through its digital advice tool, web guides. National Debtline has helped millions of people with their debts. They'll talk you through options and give clear advice on how to take back control. Reported helping 372 people in Tameside in the last 12 months <https://www.questmedianetwork.co.uk/news/tameside-reporter/685-tameside-residents-access-new-breathing-space-scheme-as-debt-charity-urges-more-to-seek-advice/> .

**StepChange Debt Charity** - [www.stepchange.org.uk](http://www.stepchange.org.uk) Our online advice tool has helped over 1.7m people. Create a budget and get a personal action plan with practical next steps. Get free help from the UK's leading debt charity. Call the UK's leading debt charity. We help change the lives of thousands of people every week. Get free, confidential advice and practical solutions to help you deal with your debts. No Tameside level data obtained.

**PayPlan** - [www.payplan.com](http://www.payplan.com) PayPlan's supportive, non-judgemental team of advisers help thousands of people beat their debts every year, and treat all of their calls with the strictest confidence. PayPlan's online debt solution tool, PlanFinder, can give you a personalised debt solution in as little as 15 minutes. They also offer free live chat and email support for immediate help. No Tameside level data obtained.


**Tameside Financial Inclusion Partnership**, formerly Money Information Network Tameside, meets quarterly, as a network of organisations and services working towards

financial inclusion in the borough with attendees from financial inclusion and tenancy support roles, along with money advice and neighbourhood support roles, credit union, local authority and third sector advice. Includes: Irwell Valley, Onward Homes, Regenda, Jigsaw, Ashton Pioneer Homes, Cashbox Credit Union, Tameside MBC, Citizens Advice Tameside, Department for Work and Pensions.

# Agenda Item 8.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	Tom Hoghton, Policy & Strategy Service Manager
<b>Subject:</b>	<b>INEQUALITIES REFERENCE GROUP PAPER – PRIVATE RENTED SECTOR REPORT</b>
<b>Report Summary:</b>	The purpose of this paper is to broadly outline the experience of residents with protected characteristics living in the private rented sector in Tameside in order to provide context and contribute to further discussions. Particular emphasis is given to the impact of housing conditions within the sector, and the capacity within the local authority and other Partners to understand and address inequalities.
<b>Recommendations:</b>	<p>The Health &amp; Wellbeing Board is asked to:</p> <ul style="list-style-type: none"><li>▪ Note the Contents of the Report</li><li>▪ Endorse the Recommendations</li></ul> <p>Identify the most appropriate mechanism(s) and Partners for implementing the recommendations.</p>
<b>Corporate Plan:</b>	The paper touches on all aspects of the Lifecourse detailed in the Corporate Plan and the overarching theme of 'inclusive growth' but particularly resonates with 'nurturing our communities' and 'longer and healthier lives with good mental health'.
<b>Policy Implications:</b>	Potential implications for new Policy if the recommendations are followed through to their conclusion.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>There are no direct financial implications arising from this report.</p> <p>Clearly improvements to the standard and quality of private rented sector accommodation will impact on sufficiency level requirements within relevant Council Directorates. This will include accommodation requirements within Adult Services to support the in borough resettlement of service users from more expensive out of borough placements, the details of which are reported within the Council's monthly revenue budget monitoring reports.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	The annex to the report provides important information in relation to the experience of individuals with protected characteristics living in private rented accommodation. In addition, the report provides an accurate description of the key impacts of the Renters Reform Bill, which is yet to become legislation, but will provide significant new powers, such as, to enable local authorities to enforce and protect renters' rights, the creation of an ombudsman for the Private Rented Sector and the abolition of Section 21 'no fault' evictions.
<b>Risk Management:</b>	Ensuring that members of the Board are sighted on the potential issues and proposed solutions will help mitigate any risk posed by the findings.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting: Tom Hoghton, Policy & Strategy Service Manager.

**Background Information:** The background papers relating to this report can be inspected by contacting Tom Hoghton, Policy & Strategy Service Manager

 Telephone: 0161 342 3542

 e-mail: [tom.hoghton@tameside.gov.uk](mailto:tom.hoghton@tameside.gov.uk)



## **IRG Private Rented Sector Report**

### **Executive Summary**

#### **1.0 Introduction**

1.1 In recent years the expansion of the private rented sector has emerged as a major national issue. The purpose of this paper is to broadly outline the experience of the private rented sector in Tameside for residents with protected characteristics in order to provide context and contribute to further discussions. Particular emphasis will be given to the impact of housing conditions within the sector, and the capacity within the local authority to understand and address inequalities.

#### **2.0 Context**

2.1 This report sits within an existing body of work that has been carried out by a number of council services to understand the local private rented sector. Examples of this work include the Poverty Truth Commission and Anti-Poverty Strategy, Tameside Housing Strategy 2021-26, and a number of reports and briefings delivered the Council's Scrutiny and Overview Panels.

2.2 In recent years, new legislation and guidance at both national and GM levels has been proposed to modernise and reform existing laws and practices. Two of the most significant examples for Tameside are the national Renters (Reform) Bill and the GM "A New Deal for Renters" strategy document.

#### **3.0 Key Findings**

##### **3.1 Equalities**

- White households in Tameside are less likely to be in private rented sector accommodation compared to other ethnic groups.
- The private rented sector contains a greater proportion of households where no people in that household have English as a main language.
- A third of households in the private rented sector had at least 1 person who identified as deprived in the health and disability dimension.
- There are a higher proportion of younger residents (aged 0-34) presenting as disabled in private rented sector accommodation compared to other tenure types.

##### **3.2 Conditions**

There are concerns that, at the lower end of the private rented sector market, poor quality standards are having a significant impact on the mental and physical wellbeing of residents, exacerbated by the cost of living crisis which has seen a sustained increase in rent levels in the private rented sector. Some of the issues include excess cold or heat, damp and mould, poor air quality, accidents and other physical risks, overcrowding and lack of space, insecurity and mental health.

#### **4.0 DJS Research Findings**

4.1 Tameside Council contracted DJS Research to carry out a survey of residents living in the private rented sector in Tameside. Key findings from their work include:

- Over half (53%) of tenants in Tameside are satisfied with living in the private rented sector overall, though only 16% are 'very satisfied'.

- 6 in 10 tenants are satisfied with how their property is managed overall, with over a quarter (27%) saying they are dissatisfied. Furthermore, 3 in 10 (28%) say they are dissatisfied with the property condition.
- Over 4 in 5 (85%) tenants surveyed in Tameside have experienced a problem in their property in the last year, with over half (54%) saying they have experienced damp or mould. Of those who have experienced a problem, just half (51%) are satisfied with the resolution of the problem.
- 6 in 10 (59%) tenants have had a problem or disagreement with their landlord or letting agent. The most common problems experienced are poor or slow communication (45%), unexpectedly high rent increases (21%) or rudeness or aggression (20%).
- When asked for their main reasons for privately renting, most (84%) tenants do so not out of choice, as they either cannot afford a deposit/mortgage on a house or cannot access social/council housing.
- 6 in 10 (59%) tenants surveyed from Tameside reported it is not easy to find a rental property.
- 4 in 5 (80%) tenants say landlord accreditation would make a difference to their likelihood to rent.
- Over half (52%) of respondents said that they had repaired an issue in their property themselves at least once in the past 5 years, with a further 3 in 10 (30%) saying that they had arranged and paid for repairs themselves. Only 13% escalated the issue to the local authority.

5.0 Local authorities are the lead organisations for enforcement of the private rented sector in their areas, and the passing of legislation such as the Renters (Reform) Bill is likely to only increase the scope of their responsibilities. At present, the main obstacles for effective monitoring and enforcement of the local private rented sector are a lack of meaningful performance indicators, capacity and resourcing limitations within services and a poor level of knowledge of the local private rented sector.

## 6.0 **Recommendations**

The recommendations developed as a result of the evidence in this report are as follows:

- Deliver on existing Council work streams on improving the private rented sector, including the recommendations in the Housing and Poverty Strategies, and reviewing and updating the council's Private Sector Housing Strategy (PSHS), with an emphasis on enforcement and disrepair.
- Work with the Greater Manchester Combined Authority and other GM local authorities to roll out the trial and implementation of the Good Landlord Charter, A New Deal for Renters and associated measures in Tameside.
- Conduct fact finding exercises within Tameside to gain a better understanding of the local private rented sector, including who landlords are, which properties they own, the demographics of tenants, and whether essential safety checks are being carried out.
- Investigate possibilities to increase resourcing to Housing Services to facilitate inspections and enforcement action.
- Improve communication and signposting mechanisms between the Council, relevant partners and private rented sector tenants to ensure that they are aware of their rights and know who to ask for support if they experience issues.

## **IRG Private Rented Sector Report**

### **Full Report**

#### **1.0 Introduction**

- 1.1 In recent years the state of the private rented sector, particularly its growth as a proportion of total housing stock, the rising cost of rents, and poor standards of repair and maintenance, has emerged as a major national issue. The purpose of this paper is to broadly outline the current state of the private rented sector in Tameside in order to provide context and contribute to further discussions. Particular emphasis will be given to the impact on residents with protected characteristics, and the capacity within the local authority to understand and address inequalities within the sector.
- 1.2 Data from the 2021 Census shows that 17.5% of residents in Tameside now rent privately, up from 13.2% in 2011. This is a 4.3% increase, greater than the North West increase of 3.9% and the England increase of 3.6%. However, the private rented sector in Tameside remains smaller as a whole compared to 19.2% of households in the North West and 20.5% in England.

#### **2.0 Existing Council Work in Regards to Private Rented Sector**

- 2.1 A number of council services, including Housing, Scrutiny and Policy, have put together research and other pieces of work in regards to the state of the private rented sector in Tameside. The following is not intended to provide an exhaustive overview, but to place this report within the context of these existing work streams.

##### **2.2 Poverty Truth Commission and Anti-Poverty Strategy**

The Tameside Poverty Truth Commission has raised awareness of the lived experience of tenants at the lower end of the private rented sector. A key finding of their final report, which was released on November 2022, is that the Council should review and update its private sector housing strategy, with input from people with lived experience of poverty.

In addition, the Council's Anti-Poverty Strategy, which was agreed at Cabinet and is overseen by the Health and Wellbeing Board, contains a number of complimentary actions around improvement of the local Private Rented Sector in addition to further committing to delivering the recommendations of the Poverty Truth Commission.

##### **2.2 Housing Strategy 2021-26**

The Tameside Housing Strategy 2021-26 found that most private rented properties within the borough were houses, primarily in lower value terraced stock, and that they tended to be smaller with a limited offer for families. Private rented sector properties are also distributed unevenly across the borough; for example, at the time of the 2017 Household Survey it was estimated that the private rented sector accommodated around 14.2% of households in Tameside. However, the private rented sector at the same time made up 58% of all housing in the Castle Hall area of Dukinfield/Stalybridge, and 55% in the area of St. Peters.

Priorities for improving the private rented sector identified in the Tameside Housing Strategy 2021-26 are as follows:

<b>Key Action</b>	<b>Desired Outcome</b>
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Explore the evidence to support selective licensing and its potential to drive up standard in problem areas.	A robust evidence base to enable an informed decision on the progression of selective licencing for any area in the borough.
Work with and promote GM Good Landlord Scheme and Ethical Letting Agency 'Let Us'.	Improved quality, management and security of tenure in the Private Rented Sector.
Place Based intervention with Area Lead Registered Providers in the PRS .	Improved quality of management and stock, better neighbourhood management and decreased empty properties.
Empowering tenants and the advocates of vulnerable tenants, informing and engaging.	Tenants and advocates are better placed to deal with or report issues increasing the quality of stock and minimising negative health impacts.

A significant bottleneck on action to date has been identified as a lack of resourcing in the Housing Service. As staff in the area tend to be running statutory services only on minimum numbers, there is currently little scope for additional project work.

### 2.3 Scrutiny and Overview Panel Reports

A number of reports with relevance to the private rented sector and related issues such as homelessness have been presented to the Council's Scrutiny and Overview Panels. Examples of these in recent years include:

#### **"More Home Truths – Lessons Learned from the Homelessness Reduction Act" – presented 1 August 2023**

Published by the Local Government and Social Care Ombudsman (LGSCO) in March 2023, this report highlighted significant learning and areas of improvement from complaints that had been received by the LGSCO since the introduction of the Homelessness Reduction Act in 2017. Improvements to the council's Homelessness services considered as a result of the findings of the report included an increased focus on prevention work to deliver improved outcomes at reduced costs, and the implementation of a service review to address capacity gaps and explore the potential for additional posts around Homelessness Prevention.

#### **Desktop Review on Homelessness and Housing – presented 27 September 2021**

This short report aimed to provide a range of points for consideration regarding the emerging national picture and growing concerns highlighted for the accessibility of quality housing and risks of homelessness. Based on available publically accessible research, the report concluded that risk factors to homelessness included:

- Leaving home for the first time or leaving care.
- Being pregnant with nowhere to stay when the baby is born.
- Struggling to live on benefits or low income.
- Being from abroad without recourse to public funds.
- Being an asylum seeker or refugee.
- Leaving prison.

In regards to the private rented sector, the report also identified the following areas with relevance from an inequalities perspective:

- Households with three or more children were more than twice as likely (21%) to worry about being evicted compared to households without children (9%). The proportion of children growing up in private rented accommodation has also risen from 16% to 22% in the past 10 years.
- Renters from ethnic minority backgrounds are almost twice as likely to be worried about eviction compared to white renters (18% vs 10%).
- Households with an annual income below £25,000 are three times more likely to be worried about paying rent (25%) and are more likely to already be behind with household bills and rent payments compared to households on higher incomes.

Note that since this report was published in 2021 prior to the cost of living crisis and the lifting of Covid-19 measures such as the moratorium on evictions, it is likely that the situation in regards to these issues has deteriorated further since.

### **Scrutiny Interim Report – Improving Quality and Standards in the private Rented Sector – released 18 November 2019**

This report was developed for the Place and External Relations Scrutiny Panel in order to review methods to improve quality and standards within Tameside’s private rented sector. As a result of research, a number of presenting issues emerged with regards to the Council’s ability to engage with private landlords and a need to address consistency of quality and standards across all properties made available for private rent. Particularly emphasis was given to the lower end of the market, and ensuring Tameside’s most vulnerable residents living in areas of higher deprivation could still access suitable accommodation.

The final recommendations in the report were:

- That the Council may benefit from targeted work undertaken across areas with the highest proportion of privately rented properties, to gain views and insight from tenants and landlords to inform scale and size of presenting issues on quality of accommodation in the PRS.
- That the Council seeks to review the range and utilisation of enforcement and non-statutory measures to improve quality in the PRS, as part of the considerations being given to the development of a selective licensing scheme.
- That should circumstances arise, based on a need to review evidence (Recommendations 1 & 2), the Executive considers options and benefits of the Council introducing a selective licensing scheme in designated areas of the borough. To reflect on the ‘Independent Review of the Use and Effectiveness of Selective Licensing’, and possible need for a comprehensive evidence appraisal, feasibility study and impact assessment to be undertaken.
- That the Executive fully involve Scrutiny in development stages and consultation to inform a future approach to improving quality and standards in the PRS. Scrutiny to now undertake further detailed work in this area

### **3.0 Equalities Composition of the Private Rented Sector in Tameside**

- 3.1 According to data from the 2021 Census, the percentages of tenure types in Greater Manchester local authorities and England are as follows. While the private rented sector in Tameside is smaller than the England and Greater Manchester averages,

the housing mix as a whole (owned, social rented, private rented) is broadly similar to neighbouring local authority areas such as Oldham, Bolton and Rochdale.

Area	Owned	Social Rented	Private Rented
Manchester	37%	29%	32%
Salford	47%	25%	27%
<b>Greater Manchester</b>	<b>58%</b>	<b>21%</b>	<b>21%</b>
<b>England</b>	<b>61%</b>	<b>17%</b>	<b>20%</b>
Bolton	62%	20%	18%
Bury	67%	15%	18%
Oldham	60%	21%	18%
Rochdale	60%	21%	18%
<b>Tameside</b>	<b>61%</b>	<b>21%</b>	<b>18%</b>
Wigan	66%	17%	16%
Trafford	69%	15%	15%
Stockport	71%	13%	14%

- 3.2 The following table, derived from data from the Census 2021, shows the total proportion of the population in private rented sector accommodation, followed by the percentage of individuals who identified as a particular ethnic group who live in private rented sector accommodation, in Tameside, Greater Manchester and England.

White households in Tameside are less likely to be in private rented sector accommodation compared to other ethnic groups. This is roughly in the line with the Greater Manchester and England averages. With the exception of Black, Black British, Black Welsh, Caribbean or African households, all other ethnic groups are slightly less represented in the private rented sector compared to the Greater Manchester and England averages. This may be explained by the smaller size of the private rented sector as a whole in Tameside.

% of residents who identify as a particular ethnic group who live in private rented sector accommodation	Tameside	Greater Manchester	England
<b>Asian, Asian British or Asian Welsh</b>	23.7%	29.1%	28.4%
<b>Black, Black British, Black Welsh, Caribbean or African</b>	31.7%	31.2%	27.2%
<b>Mixed or Multiple ethnic groups</b>	28.5%	34.6%	33.2%
<b>White</b>	16.6%	18.5%	19.0%
<b>Other ethnic group</b>	33.5%	44.4%	40.5%

In addition, cross-referencing language and tenure data by households in the Census 2021 shows that the private rented sector contains a greater proportion of households where no people in that household have English as a main language. This is significant as not having English as a main language is likely to make residents more vulnerable in terms of being unable to access relevant information about their tenancy rights and responsibilities, or support from the local authority or other organisations if required (*Note: In this data, "Other private rented" typically refers to arrangements such as renting from an employer.*)

Tenure Type	% of households where no people have English as a main language
Owned: Owns outright	1.7%
Owned: Owns with a mortgage or loan or shared ownership	1.5%
Social rented: Rents from council or Local Authority	4.8%
Social rented: Other social rented	3.4%
Private rented: Private landlord or letting agency	6.9%
Private rented: Other private rented or lives rent free	8.1%

3.3 Cross-referencing tenure data in Tameside from the 2021 Census with households deprived in the health and disability dimension (defined as people who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illness) showed that a third of households in the private rented sector had at least 1 person who identified as deprived in the health and disability dimension.

Tenure	Households	Households with at least 1 person deprived in the health and disability dimension	Percentage
Owned: Owns outright	30,363	12,110	39.9%
Owned: Owns with a mortgage or loan or shared ownership	30,478	7,349	24.1%
Rented: Social rented	21,125	11,475	54.3%
Private rented or lives rent free	17,563	5,959	33.9%
<b>Total</b>	<b>99,529</b>	<b>36,893</b>	<b>37.1%</b>

While this is a lower proportion than those who own their property outright or rent socially, it should still be considered a significant figure. Further data shows that, after taking into account age – a significant risk factor for disability – there are a higher proportion of younger residents (aged 0-34) presenting as disabled in private rented sector accommodation compared to other tenure types.

#### **Residents disabled under the Equality Act by Age and Tenure**

	Aged 15 years and under	Aged 16 to 24 years	Aged 25 to 34 years	Aged 35 to 49 years	Aged 50 to 64 years	Aged 65 years and over
<b>Owned: Owns outright</b>	1.16%	2.45%	3.45%	5.65%	23.37%	63.93%
<b>Owned: Owns with</b>	11.33%	8.78%	11.61%	26.62%	30.99%	10.68%

<b>a mortgage or loan or shared ownership</b>						
<b>Social rented: Rents from council or Local Authority</b>	7.76%	7.50%	10.81%	18.77%	30.85%	24.31%
<b>Social rented: Other social rented</b>	8.00%	7.52%	10.89%	20.76%	27.05%	25.78%
<b>Private rented: Private landlord or letting agency</b>	13.02%	9.03%	18.94%	25.31%	21.81%	11.88%
<b>Private rented: Other private rented or lives rent free</b>	7.32%	6.74%	14.17%	21.49%	16.38%	33.91%

#### **4.0 Implications of Poor Quality in the Private Rented Sector**

- 4.1 There are concerns that, at the lower end of the private rented sector market nationally, poor quality standards are having a significant impact on the mental and physical wellbeing of residents, exacerbated by the cost of living crisis which has seen a sustained increase in rent levels in the private rented sector. There is a strong case to be made that poor quality private rented housing has implications for a number of the Council’s priority areas, including population health, community safety and homelessness.
- 4.2 The independent Marmot Review, commissioned by the government and published in 2010, concluded that housing is a “social determinant of health”, meaning it can affect physical and mental health inequalities throughout the life course. Some of the issues include:
- **Excess Cold:** Public Health England guidance recommends home temperatures of at least 18 degrees, although it recognises that vulnerable groups may benefit from higher temperatures. Cold conditions can affect respiratory and cardiovascular functioning, affect the immune system and worsen arthritis symptoms. In extreme cases, it can also directly contribute to excess winter deaths.



- **Damp and Mould:** Damp can encourage dust mites and mould growth, and there is evidence that it is also associated with asthma, respiratory issues and eczema, particularly in young people. There is also a link with anxiety, depression and social isolation.
- **Excess Heat and Poor Air Quality:** Insulation intended to prevent cold and damp can also be linked to health risks. When insulation is added to existing housing, ventilation needs to be provided to prevent overexposure to indoor pollutants (such as mould and second-hand tobacco smoke) which have been shown to negatively affect health. Housing with poor insulation and high ventilation can lead to harmful pollutants from outside the home mixing with those indoors. Homes with inappropriately fitted insulation are also at greater risk of overheating in hot weather.
- **Accidents and other Physical Risks:** Conditions in the home can affect the likelihood of accidents happening, with falls downstairs and from windows or balconies carrying the highest risk of serious injury. Young children are also particularly vulnerable to electrical hazards, such as faulty appliances. Rental contracts that prohibit home alterations can make it harder for renters to put safety modifications in place. Other physical risks highlighted include asbestos, inappropriate lighting and noise levels, and inability to maintain hygiene and food safety.
- **Overcrowding and Lack of Space:** Research by Shelter has shown that most families living in overcrowded homes said their living conditions affected their mental health, stress, privacy and sleep quality. Concerns about children's physical health (especially respiratory issues), as well as their ability to play and study, were frequently raised. Other issues with overcrowding and lack of space include increased vulnerability to accidents, infectious diseases, condensation and mould.
- **Insecurity:** Tenancies in the private rented sector are far more insecure than owner-occupied, mortgaged or socially-rented housing. There is strong evidence to suggest that frequent moves are bad for children's social, emotional and educational outcomes, and can also worsen mental health conditions particularly when access to informal community support is reduced.
- **Mental Health:** Housing problems and mental health are frequently linked, with each being a cause and consequence of the other. Poor mental health can make it harder to cope with housing problems, while having issues with where you live can negatively impact mental health. Surveying of GPs by Shelter has shown that, where housing was seen as the sole cause, the most commonly cited mental health conditions were anxiety and depression.

#### 4.3 **Poverty Truth Commission Case Study: Diana**

Diana provided her story to the Tameside Poverty Truth Commission in November 2021. A 48-year old woman, Diana moved to Germany from Kenya following a serious family breakdown. After 20 years in Germany, she moved to the UK in 2004 to operate a business which later failed. She has two young children from a former relationship that began after she arrived in the country.

Over the course of her time in the country, Diana and her children have had to move frequently between rented properties. In 2011, after being unsuccessful in accessing social housing, she moved into her current property in Droylsden as she was expecting another baby and required a larger living space than her current one-bedroom flat. Diana had encountered issues with finding a property to rent while in

receipt of benefits and was initially surprised that the landlord had accepted her application.

Within two weeks of commencing the tenancy Diana had noticed serious issues with the property. There was significant mould growth to the extent that it had started to grow over the kitchen floor, and improper insulation that resulted in Diana spending a significant proportion of her income on heating. While limited action was taken by the council and landlord through energy saving grants, Diana felt compelled to spend 5 years attempting to report her landlord as a rogue due to the squalid living conditions and difficulties in getting the situation addressed.

Around Christmas 2019, the ceiling in Diana's house collapsed and flooded her living room and kitchen. Photographic and video evidence was provided to the Poverty Truth Commission. She informed the landlord of the issue but received no response. Following this, Diana accessed housing support in Ashton-under-Lyne but was informed, despite clear evidence to the contrary, that the issue did not constitute a serious hazard. Diana continued to live in the house as her Local Housing Allowance was insufficient to pay the rent in a different property.

As her children have grown older Diana has now been able to find work in a care home, however after falling behind with her rent as a result of a family bereavement she was issued with a Section 21 notice. At the time of the Poverty Truth Commission Diana's housing issues were ongoing. The situation has clearly taken a toll upon her mental health, as Diana broke down multiple times when telling her story.

## **5.0 Reform of Private Rented Sector: GM and National Context**

5.1 In recent years the state of the private rented sector has emerged as a major social, economic and political issue. In response, new legislation and guidance at both national and GM levels have been proposed to modernise and reform existing laws and practices. Two of the most significant examples for Tameside are the Renters (Reform) Bill and the GM "A New Deal for Renters" strategy document. These provide essential context to the conversations currently taking place around the future of the private rented sector.

### **5.2 Renters (Reform) Bill**

Introduced to Parliament in 17 May 2023, the Renters (Reform) Bill is likely to be one of the significant pieces of legislations to affect the private rented sector in 30 years. While it is unlikely to come into force until the next Parliamentary year (starting 7 November) its provisions are essential context to consider for this research paper. Key elements of the Bill include:

- The abolition of Section 21 – a process that enables private landlords to repossess their properties by evicting a tenant with 2 months' notice. The landlord does not require a reason to give notice, hence evictions under Section 21 are commonly known as "no fault" evictions. However, the government has announced that this will only be implemented once "sufficient process has been made to improve the courts".
- Strengthening of Section 8 eviction measures – this will allow landlords to evict tenants on grounds such as non-payment of rent and anti-social behaviour. Eviction will be mandatory where a tenant has been in at least two months' rent arrears three times within the previous three years, regardless of the arrears

balance at hearing. There is also a new ground to allow landlords to evict tenants if they wish to sell a property or allow their family members to move into a property – this can apply after a tenant has been in a property for at least six months.

- The elimination of Assured Shorthold Tenancies in favour of a single system of periodic “rolling” tenancies which will roll by every month with no specified end date. Currently the standard model of rental agreement in the private rented sector, Assured Shorthold Tenancies are fixed-term contracts of 6 or 12 months. After this time has elapsed, a decision is usually made to either renew the contract or switch to a periodic payment. Tenants will now need to provide two months’ notice when leaving a tenancy as opposed to the current months’ notice.
- Rent increases limited to once a year and the minimum notice that landlords must provide of any change in rent increased to two months. The use of rent review clauses and attempts to evict tenants through “unjustifiable” rent increases will be banned, with tenants given more power to challenge rent increases through the first-tier tribunal.
- Tenants can request permission to keep pets in their homes, with landlords being unable to unreasonably withhold consent. Landlords must accept or refuse consent by the 42<sup>nd</sup> day after the date of the request, which can be extended by a week if the landlord asks for further information. Tenants must provide in writing confirmation that they have acquired insurance for their pet, or that they are willing to pay the landlord reasonable costs to cover the landlord’s insurance in case of pet damage.
- The creation of a new government-approved Ombudsman which private landlords will be required to join, regardless of whether they use a letting agent. A new landlord redress scheme will enable former or current tenants to be able to make a complaint against a landlord, which would then be independently investigated. The exact design of the ombudsman has yet to be determined, however they will have powers to compel landlords to issue an apology, provide information, take remedial action, pay compensation or reimburse rent. Decisions will be binding on landlords and failure to comply may result in Banning Orders for repeat or serious offenders.
- The creation of a new digital property portal to provide a single “front door” to help landlords understand and demonstrate compliance with their legal requirements. The exact nature of the portal is yet to be determined, however landlords will be legally required to register their property on the portal and councils will be empowered to take enforcement action against those that fail to join. Functionality from the existing Database of Rogue Landlords and Property Agents will be incorporated into the final design.

The government has also signalled its intention to make the following further changes to the private rented sector, although these have not been included in the Renter’s (Reform) Bill at this time:

- Introduction of the Decent Homes Standard into the private rented sector. This provision – which currently only applies to the social housing sector – outlines that homes must be free from serious health and safety hazards, and that landlords must keep homes in a good state of repair and provide tenants with clean, appropriate and useable facilities.
- Bringing forward legislation to outlaw bans on renting to families with children or those on benefits.

### **5.3 Greater Manchester “A New Deal for Renters”**

In June 2023, the Greater Manchester Combined Authority (GMCA) released “A New Deal for Renters: Greater Manchester’s Trailblazing Package of Housing Reform”. The document aims to build on recent devolution initiatives and national legislation such as the Renter’s Reform Bill to develop a “policy sandbox” to explore, test and roll out changes and improvements to current housing systems, in partnership with government departments including the Department for Levelling Home, Housing and Communities and the Department for Work and Pensions. Specific ambitions referenced in the report include:

- Development of a universal and mandatory Property Portal (register of landlords) – this has also been included in the national Renters (Reform) Bill discussed previously.
- Development of a universal and mandatory Decent Homes Standard.
- Developing better evidence and intelligence about the condition of rented homes, back up by a “GM Property Check” inspection regime. Tenants would be given the right to request a check, and neighbourhoods where poor conditions are known to be prevalent would be prioritised for attention.
- Creation of “Property Improvement Plans” giving landlords a tailored, practical blueprint to bring properties up to Decent Homes Standards, with support provided via funding and skilled contractors.
- Support, training and practical resources to upskill landlords.
- Resourced and proactive enforcement teams in local authorities, using a simplified set of regulatory tools to protect tenants who have easily accessible routes to seek help for problems.
- Formal, direct and proactive partnerships between the Department for Work and pensions and local authority enforcement teams to ensure that homes for those in receipt of Universal Credit or Housing Benefit meet the Decent Homes Standard.
- An ethical investment vehicle to acquire properties from landlords unwilling or unable to meet requirements in order to ensure their exit from the sector while retaining and improving properties for use by residents in housing need.
- A comprehensive “Good Landlord Charter” which brings these different elements together, sets aspirations for renting, and offers recognition to landlords who meet and exceed expectations.

### **6.0 DJS Research: Survey of the Private Rented Sector in Tameside**

6.1 In order to begin developing an evidence base in regards to the private rented sector and tenants in the borough, Tameside Council contracted DJS Research to carry out a survey of residents living in the private rented sector in Tameside. A mix of online and offline research methods were used to ensure the samples were inclusive and representative, including telephone interviews and online surveys (promoted via social media and using GMCA networks), plus online panels and face-to-face/in-street interviews among tenants.

Key findings include:

#### **6.2 Tenant Profile**

- The survey reached 167 private tenants in Tameside, the majority of whom are under 50 years old. Two thirds are female. Around a quarter are living with a disability. One in five are from non-White ethnic groups. Around four in five are in work or training.

- One in five respondents identified as bisexual, gay or lesbian, and two identified as transgender. *(Note: This is a far higher proportion than the number of Tameside residents who identified as LGBT+ in the Census. This could be explained by LGBT+ residents tending to be younger and thus more likely to reside in the private rented sector. Further research also corroborates some of the findings in the survey, particularly around discrimination by landlords. The information provided in the DJS survey is therefore likely to be broadly accurate, but further research will be necessary for its conclusions to be proven beyond doubt)*
- More than three quarters of private tenants surveyed in Tameside live in the most deprived communities (78% in IMD 1 or 2). Just 1% live in the least deprived areas (IMD 5). Almost two in five (36%) receive some form of housing benefits, though in most cases (85%) this only partially covers their rent.
- Just over half (54%) of households have no children, while just under half (46%) do have children and/or pets. Less than 1 in 10 (5%) live in house-shares. Four in ten live in a house/bungalow. Over 7 in 10 have lived in their home for up to 5 years. Almost 6 in 10 properties are managed by a private landlord.
- While the majority of Tameside tenants that were surveyed don't struggle to pay rent, 3 in 10 (31%) say they sometimes or constantly struggle, which is in line with the GM average. 7 in 10 tenants agree that it has become more difficult to pay rent in the past 12 months.

### 6.3 Tenant Motivations

- The majority of tenants in Tameside are 'forced' to rent privately, with over 8 in 10 saying they cannot afford a deposit/mortgage on a home or are unable to access social/council housing. The proportion saying this is the case is higher in Tameside when compared to GM as a whole.

### 6.4 Finding Properties

- 6 in 10 (59%) tenants surveyed in Tameside did not find it easy to find somewhere to rent when they last looked for a property. The proportion is particularly high among bisexual, gay or lesbian tenants (78%).
- Rental cost and property condition are most likely to be considered very or quite important when looking for a property. When asked to select the top 3 most important factors, 8 in 10 (81%) chose rental cost.
- Property condition (41%) and neighbourhood/safety (32%) are the next most important factors, mirroring the results found across GM as a whole.
- Property size (25%) is the fourth most important factor, followed by length of tenancy (20%) and commuting distance (20%).
- Lack of availability and not accepting pets are the most commonly experienced problems when looking for rental properties.
- Almost four in ten (37%) have had concerns about the landlord or letting agent.
- Minority groups have experienced discrimination due to sexual orientation or race.
- More than half of tenants on housing benefits have experienced discrimination due to receiving welfare benefits.
- A number of tenants complained about not receiving basic documents at the beginning of their tenancy. This included:

Document	% of Respondents who received document
Tenancy agreement	89%

Contact details of landlord, letting agent or property manager	80%
Gas safety certificate	67%
Deposit Protection Scheme information	59%
Inventory	46%
Energy Performance Certificate	46%
“How to Rent” guide	37%
None of these	2%

## 6.5 Problems Experienced While Living in Private Rented Sector

- Over four in five (85%) tenants surveyed in Tameside have experienced a maintenance or repair problem in the last year, with over half (54%) experiencing damp or mould. Both these proportions are significantly higher in Tameside than in GM as a whole (76% and 43% respectively). Half (49%) of Tameside tenants that have experienced problems are dissatisfied with how issues have been resolved.
- 6 in 10 (59%) have had a problem or disagreement with a landlord or letting agent. This compares with a similar proportion in GM as a whole (52%).
- Over two in five (45%) Tameside tenants have experienced poor/slow communication, one in five (21%) have had high rent increases and a similar proportion (20%) have experienced rudeness or aggression.
- Over half (52%) of respondents said that they had repaired an issue in their property themselves at least once in the past 5 years, with a further 3 in 10 (30%) saying that they had arranged and paid for repairs themselves. Only 13% escalated the issue to the local authority.

## 6.6 Tenant Satisfaction

- Around 6 in 10 tenants in Tameside are satisfied with how their property is managed, with proportions marginally lower than in GM overall. Satisfaction varies according to who their property is managed by, with satisfaction highest when properties are managed by a private landlord.
- 6 in 10 are satisfied with the property condition and rent representing good value for money. Satisfaction with property condition is significantly lower than in GM overall.
- Almost 3 in 10 (28%) are dissatisfied with the condition of property and dissatisfaction increases in more deprived communities and in households with children.
- Over half (53%) of tenants in Tameside are satisfied with living in private rented accommodation overall, which is marginally but not significantly lower than the GM average (60%). However, almost 3 in 10 (27%) are dissatisfied and a further 1 in 5 (20%) provide a neutral response. Satisfaction levels vary depending on who manages the property, with higher satisfaction levels among tenants whose property is managed by a private landlord.

## 6.7 Landlord Accreditation/Being a “Good” Landlord

- 4 in 5 (80%) tenants in Tameside say landlord accreditation would make a difference to their likelihood to rent, this compares with almost the same proportion in GM overall (78%). Tenants who receive housing benefits (70%) or are not in work or training (62%) are notably less likely to say this.

- When asked what makes a 'good landlord', around 4 in 10 tenants say they should deal with issues quickly, while 3 in 10 mention good communication/replies to messages or calls.
- 1 in 5 mention landlords should be understanding of circumstances and/or looking after the property/checking in on the condition of the property.
- At least 8 in 10 tenants surveyed in Tameside think stopping discrimination, improving property conditions or rent control should be legal requirements enforced by regulation.
- Tenants are least likely to have any expectations regarding giving tenants more power to stay in properties as long as they want (22%), which is in line with the findings across Greater Manchester.
- When asked to select their top 3 priorities for National Government and local councils to make or encourage landlords to do, tenant's top priority is rent control (79%), followed by improving property conditions (67%). Giving tenants more say over homes (redecorating, having pets etc) was the third highest priority, albeit significantly lower with only 34% reporting this.

## **7.0 Bottlenecks to Effective Enforcement of the Private Rented Sector**

Local authorities are the lead organisations for enforcement of the private rented sector in their areas, and the passing of legislation such as the Renters (Reform) Bill is likely to only increase the scope of their responsibilities. This means it is essential that councils have the resourcing and information required to not just enforce standards effectively, but also allows residents and senior leadership to see that effective enforcement is being carried out. Research on the current situation has identified a number of bottlenecks and issues that will require addressing to reach this ambition.

### **7.1 Lack of Meaningful Performance Indicators in Regards to Private Rented Sector Enforcement**

7.2 In January 2023, the Greater Manchester Law Centre (GMLC) sent a request under the Freedom of Information Act 2000 to all GM local authorities asking for information about their enforcement practices. The following questions were asked:

*Over the past 12 months:*

#### ***Private Rented Housing***

1. *How many tenants in private rented properties have approached the Council to report disrepair in their homes?*
2. *How many inspections have been completed on privately rented properties?*
3. *Following inspection, in how many cases has further contact been made with a private landlord to request that repairs are completed?*
4. *How many Enforcement/Improvement Notices have been served on private properties, and how many private landlords does this represent?*
5. *How many Prohibition Notices or Demolition Orders have been made on private rented properties?*

#### ***Operational Guidance***

6. *Please provide me with your policy, procedure or staff guidance in respect of how the local authority conducts its duties under s4(2) HA 2004, and powers under s12 HA 2004 for example in relation to the circumstances in which the local*

*authority will or won't inspect and what criteria and time-frames are involved when deciding whether enforcement action is appropriate and if so in what form. If you do not hold policies, please provide a brief explanation of the criteria, process and time-frames involved.*

7. Please tell me how many staff are currently tasked with enforcement duties and how many cases are currently open to the local authority's enforcement team.

7.3 Tameside's data returns for the GMLC FOI request are highly unusual compared to other GM local authorities. It suggests that we complete inspections on every request we receive. This would appear to be good practice as it would indicate that every tenant who made a request had the opportunity to highlight to the council the disrepair in their property. However, Tameside was also the only local authority to not serve any Improvement or Enforcement Notices across the year. This data is also inconsistent with multiple sources of evidence provided through DJS Research and the Tameside Poverty Truth Commission which suggest that disrepair and poor conditions are serious issues for local private rented sector tenants.

Q	Private Rented Housing Only	Bolton	Rochdale	Oldham	Salford	Wigan	Bury	Tameside
1	How many tenants in private rented properties have approached the Council to report disrepair in their homes?	535	506	390	287	128	197	240
2	How many inspections have been completed on privately rented properties?	154	110	203	102	55	87	240
3	Following inspection, in how many cases has further contact been made with a private landlord to request that repairs are completed?	n/a	110	n/a	60	54	81	230
4	How many Enforcement/Improvement Notices have been served on private properties, and how many private landlords does this represent?	29	29	10	6	2	14	0
5	How many Prohibition Notices have been made on	12	4	5	1	1	2	1



	private rented properties?							
5	How many Demolition Orders have been made on private rented properties?	0	0	0	0	0	0	0

Note: n/a means that a figure was not provided.

Three local authorities, Manchester, Trafford and Salford, did not split their data returns between the private and social rented sector. Their information is as follows:

Q	Private and Social Rented Housing (data not split)	Manchester	Trafford	Stockport
1	How many tenants have approached the Council to report disrepair in their homes?	1,345	247	202
2	How many inspections have been completed on rented properties?	1,580	n/a	n/a
3	Following inspection, in how many cases has further contact been made with a landlord to request that repairs are completed?	n/a	n/a	n/a
4	How many Enforcement/Improvement Notices have been served on rented properties, and how many landlords does this represent?	84 (Improvement Notices) 76 (Other Notices)	4 (Improvement Notices) 5 (Hazard Awareness Notices)	20
5	How many Prohibition Notices have been made on rented properties?	27	7	3
5	How many Demolition Orders have been made on rented properties?	0	7	0

Note: n/a means that a figure was not provided.

7.4 Tameside Council was also only one of two local authorities, alongside Stockport (Salford did not provide any returns) who do not currently have a written policy for enforcement and disrepair. This means that it is difficult for tenants in the private rented sector to get an idea of what support the council can offer them or hold the local authority to account if it fails to meet its obligations.

Local Authority	Do they have a policy?	Is it specific to disrepair?	Is it publicly available?
Rochdale			
Bury			
Trafford			
Wigan			
Manchester			
Oldham			
Bolton			
Tameside			
Stockport			
Salford	n/a	n/a	n/a

Note: n/a means that a figure was not provided.

7.5 In terms of FTE staff tasked with housing enforcement duties, Tameside had 3 at the time of response. This is roughly in line with the neighbouring local authorities of similar population such as Bolton, Rochdale, Oldham and Stockport.

<i>Total</i>	<i>Bolton</i>	<i>Rochdale</i>	<i>Oldham</i>	<i>Salford</i>	<i>Wigan</i>	<i>Bury</i>	<i>Tameside</i>	<i>Manchester</i>	<i>Trafford</i>	<i>Stockport</i>
<i>FTE Staff</i>	3	4	3	n/a	7	1.9	3	23	3 (2 temp staff)	4

Since the publishing of this information, Tameside Council has also secured funding from the GM Good Landlord Scheme and Department for Levelling Up, Housing and Communities to recruit a Housing Standards Trainee and a suitably qualified and experienced Regulatory Compliance Officer.

7.6 Based on the current evidence it is difficult to gauge Tameside's performance in regards to enforcement in the private rented sector. Discussions with the service appear to indicate that their approach is, following an inspection, the landlord of a property will be informed of the work they need to carry out. Landlords are typically given 14 days following this correspondence to carry out the work. However, there does not appear to be any follow up after this period, with the service relying on the tenant getting in contact with the service again to let them know if the landlord has complied.

The service appears confident that they have a good initial intervention process, and that all work is carried out as requested because landlords are cooperative, don't want to incur costs and the nature of the work required is relatively minor.

However, given the evidence available it is doubtful that the local authority can be confident, particularly at the lower end of the private rented market, in the assertion that formal improvement notices have not been issued due to there not being a need for them.

As a result, it is unclear whether the figures provided above are because fewer properties have disrepair at a level requiring an Improvement Notice, whether the Council is more effective at interacting with landlords to get repairs done at the informal stage, whether the Council are reluctant or lack the resources to take formal enforcement action, or due to other yet unexplained differences in policy. Further work is required to build an evidence base and improve transparency on this issue.

### **7.7 Resourcing of Services and Knowledge of Local Private Rented Sector**

7.8 The Secretary of State for Levelling Up, Housing and Communities wrote to local authorities in England on 19 November 2022 to request data on damp and mould hazards in their private rented sector properties, and the action they have taken to remediate them. While damp and mould hazards are only a single element of disrepair in private rented housing, the returns are nonetheless a powerful source of information about wider obstacles to effective private rented sector enforcement.

Tameside returned the following relevant information:

- There were approximately 14,916 private rented sector properties in the borough at the time of responding.

- Tameside Council staff conducted approximately 498 inspections related to damp and mould in private sector properties over the past 3 financial years up to 2021-22.
- To date all cases of damp and mould investigated would result only in a Category 2 Hazard – the vast majority being in the bottom bandings.
- It was reported that the assessment process is complicated, time consuming and does not take into account other factors such as tenant’s lifestyle. There is also a crossover between other categories such as excess cold.
- All officers are working above capacity and the local authority has insufficient resources to undertake any proactive inspections. All inspections are reactionary following complaints from tenants, or are related to immigration, Homelessness Reduction, or Homes for Ukraine inspections.
- The main obstacles to proactive enforcement of standards are a lack of resources and limited data on private rented stock and their location. Other qualified Environment Health Officers within the department cannot be re-allocated to Housing Standards Enforcement as they are delivering other statutory functions such as Food Hygiene Inspections, and the complexity of Housing legislation does not lend itself to these officers quickly and easily switching roles if they have not worked in this area for some time.

7.9 Respondents were also asked to rank in priority order (1 – the highest impact, 6 – the least impact) how the following had an impact relating to damp and mould in their area. The following shows the returns and averages for all GM councils:

	Capacity of your local authority. I.e. resource and funding hindering capacity to take enforcement action relating to damp and mould.	Experience and expertise in the local authority. I.e. a lack of officers with experience, for example, experience pursuing prosecutions or expertise within the team including, for example, legal expertise.	Strategic prioritisation of private rented sector enforcement. I.e. competing priorities leading to relatively lower prioritisation of enforcement action or proactively enforce.	Regulatory/legal framework for enforcement activity. I.e. too much complexity in legislation.	Issues with gathering or providing evidence. I.e. tenants reluctant to provide statements or difficulties gathering the requisite evidence for issuing a fine or prosecuting.	Limited data on the private rented stock. I.e. difficulties identifying private rented properties or insufficient resource to map out private rented stock.
Stockport	2	3	6	1	5	4
Bury	1	4	2	n/a	3	n/a
Manchester	1	5	6	4	3	2
Trafford	1	6	3	2	4	5
Oldham	1	6	4	2	5	3
Wigan	2	4	6	5	3	1
Salford	3	6	4	2	5	1
Bolton	1	2	3	5	4	6
Tameside	1	5	3	4	6	2
Rochdale	1	3	2	4	5	6
<b>Average</b>	<b>1.4</b>	<b>4.4</b>	<b>3.9</b>	<b>3.222222</b>	<b>4.3</b>	<b>3.333333</b>

Note: n/a means that a figure was not provided.

7.10 This data reinforces the evidence that the most significant barriers to private rented sector enforcement for most local authorities are a lack of resourcing and capacity,

and limited data of the makeup of the private rented sector in the local area. The complexity of the regulatory and legal framework for enforcement activity was also highlighted as a major issue, however as much of this is decided at a national level it is very difficult for local authorities to address this on their own initiative.

## **8.0 Recommendations**

The following recommendations, based on the data and information presented in the body of this report, should be considered in the context that a disproportionate volume of tenants in the private rented sector, particularly at the “lower end”, are also likely to be socioeconomically deprived, disabled, more distant from council services or a combination of all three in comparison to residents in the social rented and owned sectors. Similarly, within each recommendation, emphasis should be given on how they can be delivered with a focus on protected groups and their needs where possible.

### **8.1 Deliver on existing Council work streams on improving the private rented sector, including the recommendations in the Housing and Poverty Strategies, and reviewing and updating the council’s Private Sector Housing Strategy (PSHS), with an emphasis on enforcement and disrepair.**

There are a number of existing work streams in the Council in regards to improving the private rented sector and the council’s internal processes for inspection and enforcement. Where practical, these should be incorporated into a single unified work stream. In particular, the need to review and update the council’s Private Sector Housing Strategy to empower tenants and drive up standards should be undertaken as a key priority. This was identified in the findings of the Tameside Poverty Truth Commission and reinforced by the Poverty and Housing Strategies. The report from the Greater Manchester Law Commission also notes that Tameside is unusual among other GM local authorities in that it does not have a written policy for disrepair and enforcement in the private rented sector. Research from the LGA on the issue has shown that such strategies are most effective when they focus on the areas of the local private rented sector market that have both the poorest stock condition and inadequate property management. Maintaining an up-to-date, regularly reviewed and publicly available strategy will give vulnerable tenants in the private rented sector a greater awareness of the support the council can offer, and they will also be better able to hold us to account if we fail to meet our obligations. This recommendation will also enable the local authority to develop a more interventionist approach to the private rented sector, working with landlords and letting agents in the first instance or, if necessary, facilitate their exit from the sector if they persist in providing substandard accommodation.

### **8.2 Work with the Greater Manchester Combined Authority and other GM local authorities to roll out the trial and implementation of the Good Landlord Charter, A New Deal for Renters and associated measures in Tameside.**

The GM “A New Deal for Renters” strategy is due to start implementation in autumn 2024. A key element of this is the Good Landlord Charter. Developed along the lines of the Good Employment Charter, this will be co-produced with stakeholders across the housing sector, with input sought from registered housing providers, private landlords, local authorities and tenant’s groups. The checks underpinned by the Charter will provide tenants with more information about their homes, while landlords will be presented with tailored, practical improvement plans to address issues and

hazards. As with the Good Employment Charter, landlords will receive recognition for upholding the standards and principles laid out. Tameside should work closely with partners within the borough and in the wider city region to put itself at the forefront of the development and implementation of the Good Landlord's charter and all associated measures. This could include consultation and engagement to gauge the views of landlords, tenants and other groups, influencing the wording of the draft Charter, encouraging residents and partners to engage in city-region wide consultation processes, and sharing best practice where appropriate. This will facilitate the creation of common standards across the city region and ensure that both tenants and landlords have confidence and clarity in their rights and responsibilities.

**8.3 Conduct fact finding exercises within Tameside to gain a better understanding of the local private rented sector, including who landlords are, which properties they own, the demographics of tenants, and whether essential safety checks are being carried out.**

A significant bottleneck in improving standards in Tameside is the limited amount of data available to develop a complete picture of the makeup of the private rented sector in the borough. Unlike with social housing, where key partners are known and engagement mechanisms such as the Registered Provider Partnership have successfully been put in place, the private rented sector is by comparison more fragmented and difficult to engage with. This is an area of particular importance from an equalities perspective as the Tameside Housing Strategy 2021-26 has identified that ethnic minority and LGBT+ households tend to be overrepresented in private rented and affordable accommodation, and these residents are also less likely to present themselves to council services in general. A lack of data on private stock also has implications for capacity limitations, for example; by forcing officers to use scarce resources to track down landlord contact details instead of delivering services. Tameside Housing Services are currently working with the Greater Manchester Combined Authority to introduce a shared intelligence platform including stock condition data, data from housing enforcement teams about property conditions, and information from colleagues in the health sector to better understand property conditions, with the intention of using the findings to target the worst properties and locations. This work should be continued, supplemented with additional projects where required, and used to inform other projects such as the review and update of the PSHS.

**8.4 Investigate possibilities to increase resourcing to Housing Services to facilitate inspections and enforcement action.**

A lack of capacity in terms of resourcing and funding was identified as a significant barrier to enforcement action by Housing Services officers, with 7 out of 10 local authorities in GM (including Tameside) also highlighting it as the most serious bottleneck. Lack of capacity to launch formal enforcement action may also explain some inconsistencies in Tameside's data provided to the Greater Manchester Law Centre, although more evidence is required to confirm this. While some new funding has been made available by the government and GMCA (for example; through the GM Housing Loan Fund, which is facilitating the development of the Good Landlord Scheme and other enforcement measures), it cannot undo existing cuts to local authority budgets and is well below the level needed to increase the size and capacity of enforcement teams to even keep pace with the growth of the private

rented sector. While this issue must be acknowledged, it is also recognised that this is an obstacle shared by all local authorities and will be very difficult to overcome without significant new funding at a national level. However, opportunities may exist to access new or innovative forms of funding in the future, and these should be identified and pursued as a priority.

**8.5 Improve communication and signposting mechanisms between the Council, relevant partners and private rented sector tenants to ensure that they are aware of their rights and know who to ask for support if they experience issues.**

Data from the DJS survey has shown that a vast majority of private rented sector tenants in Tameside have experienced some form of maintenance or repair problem in the last year, and that half of them were satisfied with how the issue was resolved. However, only 13% escalated this issue to the Council, with over half saying they had chosen instead to repair an issue themselves and 30% saying they had arranged and paid for repair themselves. Cross-referencing with GMLC data shows that, although the DJS survey suggested that although residents in the private rented sector experiencing maintenance and repair problems was significantly higher than the GM average, the number of tenants approaching the council about such issues was lower than in equivalent-sized GM local authorities. This suggests that, despite the local authority being the main organisation responsible for enforcement in the private rented sector, residents are either unwilling to approach us with issues or are unaware of the services the council can offer. To address this, tenants in the private rented sector should be informed of their rights and empowered to report issues where required. This could be done at relatively low cost through communications campaigns, engagement with partners (including tenants and landlord groups), and training customer service staff to identify residents facing issues in private rented sector accommodation and signpost them to appropriate support.

# Agenda Item 9.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Executive Member/Reporting Officer:</b>	Councillor Eleanor Wills, Executive Member for Population Health & Wellbeing Councillor John Taylor, Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth, Director of Adult Services Trish Cavanagh, Deputy Place Based Lead, Tameside Locality
<b>Subject:</b>	<b>BETTER CARE FUND 2023/24 QUARTER 2 MONITORING</b>
<b>Report Summary:</b>	<p>This report provides details of the Quarter 2 monitoring return against the Better Care Fund (BCF) plan 2023/25.</p> <p>It is a requirement that locality areas provide regular monitoring updates to the Health and Wellbeing board prior to submission. This as part of the national assurance and moderation process.</p>
<b>Recommendations:</b>	That the Health and Wellbeing Board approve the Tameside Locality Better Care Fund Quarter 2 return 2023/24 return ( <b>Appendix 1</b> ).
<b>Links to the Health &amp; Wellbeing Strategy:</b>	<p>The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Board (ICB) and local government to agree a joint plan, owned by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
<b>Financial Implications: (Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	<p>The report provides details of the 2023/24 Quarter 2 Tameside locality Better Care Fund (BCF) plan monitoring return (<b>Appendix 1</b> refers).</p> <p>The 2023/24 locality BCF plan was formally approved by the Health and Wellbeing Board on 15 June 2023.</p> <p>The plan included the following funding allocations awarded to the Tameside locality for the financial year periods 2023/24 and 2024/25</p> <ul style="list-style-type: none"><li>- Revenue Funding<ul style="list-style-type: none"><li>Core Better Care Fund</li><li>Improved Better Care Fund</li><li>Discharge Funding</li></ul></li><li>- Capital Funding<ul style="list-style-type: none"><li>Disabled Facilities Grant</li></ul></li></ul> <p>Table 1 provides details of the BCF funding awarded in 2023/24.</p>

**Table 1**

	2023/24 Funding		
	Council	ICB	Total
	£ m	£ m	£ m
<b>Revenue</b>			
Better Care Fund	13.145	7.427	20.572
Improved Better Care Fund	12.585	0	12.585
Discharge Fund	1.765	1.598	3.363
<b>Sub Total</b>	<b>27.495</b>	<b>9.025</b>	<b>36.520</b>
<b>Capital</b>			
Disabled Facilities Grant (DFG)	2.849	0	2.849
DFG - Additional	0.249	0	0.249
<b>Sub Total</b>	<b>3.098</b>	<b>0</b>	<b>3.098</b>
<b>Total</b>	<b>30.593</b>	<b>9.025</b>	<b>39.618</b>

The 2023/24 revenue funding allocations awarded to the Council are included within the 2023/24 Adult Services net revenue budget of £41.591m. The Disabled Facilities Grant allocation is included within the 2023/24 Adult Services capital programme.

The revenue and capital budget allocations are subject to robust monthly monitoring within the Adult Services Directorate budgets during the 2023/24 financial year, the details of which are reported to the Council's Executive Cabinet. Each of the funding allocations are also be monitored in accordance with their related grant conditions.

The quarter 2 monitoring return of the related metrics for the Tameside locality that are delivered by the schemes within the 2023/24 plan are provided in **Appendix 1**.

Expenditure monitoring details are to be provided in the quarter 3 monitoring return that has to be submitted to the BCF national team by 9 February 2024. This will be presented to the Health and Wellbeing Board for approval on 14 March 2024.

**Legal Implications:  
(Authorised by the  
Borough Solicitor)**

The Better Care Fund Framework 2022/23 is a central government initiative intended to ensuring joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer.

As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter.

**Risk Management:**

This report sets out how the funding was used to avoid the risk of recovery.

**Access to Information:**

Non - confidential

**Background Information:**

The background papers relating to this report can be inspected by contacting



Telephone: 0161 342 3414



e-mail: [tracey.harrison@tameside.gov.uk](mailto:tracey.harrison@tameside.gov.uk)



## 1. INTRODUCTION

- 1.1 This report provides details of the Quarter 2 monitoring return against the Better Care Fund (BCF) plan 2023/25.
- 1.2 It is a requirement that locality areas provide regular monitoring updates to the Health and Wellbeing board prior to submission. This as part of the national assurance and moderation process.
- 1.3 The core purpose of BCF is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The two core BCF objectives are:
  - Enable people to stay well, safe and independent at home for longer
  - Provide the right care in the right place at the right time
- 1.4 The BCF plan 2023/25 includes the following metrics:
  - Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
  - Proportion of hospital discharges to a person's usual place of residence,
  - Admissions to long term residential or nursing care for people over 65,
  - Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
  - Emergency hospital admissions for people over 65 following a fall.

## 2. 2023/24 MONITORING

- 2.1 As part of the BCF plan 2023/25, the Health & Wellbeing board agreed our integrated plans for Urgent Care, Length of Stay (LOS) and discharge, out of hospital 2 hour urgent care response all of which are supported and embedded through BCF funding and linked to the capacity and demand monitoring.
- 2.2 A key focus on reducing the length of stay for residents/patients both in hospital and in intermediate care has meant the locality has been able to sustain increased demand within existing capacity. However, we have seen an increased demand for community reablement and so capacity has been increased accordingly.
- 2.3 **Appendix 1** provides a copy of the Quarter 2 23/24 monitoring for information and approval.

## 3. RECOMMENDATIONS

- 3.1 As stated on the report cover.

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# Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

## 1. Guidance for Quarter 2

### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

#### **Note on entering information into this template**

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### **Note on viewing the sheets optimally**

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

## 5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

### 5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

### 5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

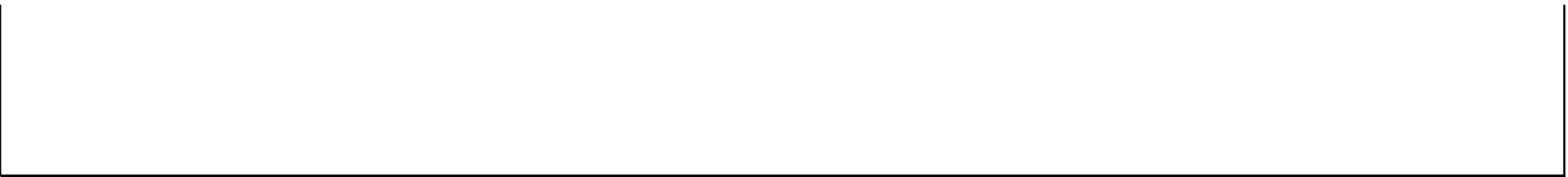
Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### **5.3 C&D Community**

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.







**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

2. Cover

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Tameside	
Completed by:	Stephen Wilde	
E-mail:	<a href="mailto:stephen.wilde@tameside.gov.uk">stephen.wilde@tameside.gov.uk</a>	
Contact number:	0161-342-3726	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Thu 18/01/2024	<< Please enter using the format, DD/MM/YYYY

**Checklist**

Complete:

Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

**Complete**

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Tameside

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	18/01/2024

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**4. Metrics**

Selected Health and Wellbeing Board:

Tameside

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	254.0	206.0	257.0	222.0	329.8	Data not available to assess progress	Without the definition and detail behind this it's difficult to assess the specifics of what is included i.e. in the local provider Ambulatory or Same Day Emergency Care is recorded as an Inpatient Admission and it's	The setting up of additional Frailty SDEC means more patients are going through these pathways rather than being admitted to an Inpatient Ward.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.0%	94.3%	91.9%	94.2%	91.51%	On track to meet target	Higher than expected Complexity & Acuity of frail Elderly patients, increased attenders to the acute needing medical input and stabilisation, before being referred in to IMC for rehab, this has also impacted on	Higher than expected Complexity & Acuity of frail Elderly patients, increased attenders to the acute needing medical input and stabilisation, before being referred in to IMC for rehab, this has also impacted on
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,797.6	498.6	On track to meet target	On track to meet target Q4	On track to meet target Q4
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				659		Not on track to meet target	Historically we have had a large number of service users sitting on temporary contracts. We are now working through these cases and where necessary converting these to permanent placements. This means we are	To compensate for the difficulties experienced with the short term contracts. We will look to assess separately the number of placements being made during the year excluding the short-term
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				74.8%		Data not available to assess progress	As per the national indicator, we only monitor this indicator between October and December. In the NW, it was decided a few years ago not to monitor this on a quarterly basis as part of the NWADASS performance	Not able to comment at this stage, however a plan is in place to report on this going forward through automation of our systems.

**Checklist Complete:**

Yes

Yes

Yes

Yes

Yes

**Better Care Fund 2023-24 Capacity & Demand Refresh**

**5. Capacity & Demand**

Selected Health and Wellbeing Board:

Tameside

**5.1 Assumptions**

<p><b>1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?</b></p> <p>Demand and Capacity assumptions have only changed slightly as the planned demand has more or less been seen as expected with some slight fluctuations but as we approach Winter it is expected that these levels will increase which is reflected in the planned profiles included initially. Demand from hospital discharge for Pathway 2 is lower than planned and capacity also slightly lower than planned as the planned reduction in LoS has not been fully achieved but the lowering in both capacity and demand result in an overall effect of having enough capacity for expected demand.</p> <p><b>2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)</b></p> <p><b>Demand:</b></p> <p>Optimising length of stay in intermediate care facility over winter was already built in our original assumptions and that a reduced LoS will increase capacity in these facilities to account for an increasing demand. Again actuals are close to plan so no refresh on initial methodology was required for this element.</p> <p>Demand in reablement in the community has been increasing during the last 6 months so we have calculated an uplift on these figures based on the average rise during the period.</p> <p><b>Capacity:</b></p> <p>As discussed above capacity increases would be the result of a reduction in LOS at the Intermediate facility. There has been a slight reduction but there is more work to do to get to the planned capacity levels although demand is also slightly under projections so there is still enough capacity to meet demand at current projections.</p> <p>The closure of a residential care home in the last month has meant we have fewer care home places and therefore it has been necessary to reflect this in our capacity figures. The same assumptions have been</p> <p><b>3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?</b></p> <p>No impact on refreshed figures as planned vs actual was close and the interventions expected were already accounted for. No further interventions are required at this time although pathways and processes within In</p> <p><b>4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?</b></p> <p>Concerns around the closure of a residential care home (33 beds) which means a reduction in capacity across the system but partially residential dementia. We are working with the sector to increase access to beds</p> <p><b>5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).</b></p> <p>The absence of national definitions, guidance and data sources to be used has been incredibly unhelpful in this process. After discussing with colleagues across the region and on national basis it is clear there appears</p> <p><b>6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?</b></p> <p>Not Applicable</p>	<p><b>Checklist</b> Complete:</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
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Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

**5.1 Assumptions**

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

#### 5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

#### 5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

#### 5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

### 5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be  $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."







Complete:







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# Agenda Item 10.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	18 January 2024
<b>Reporting Officer:</b>	Jane Timson – Independent Chair of Tameside Adults Safeguarding Partnership Board
<b>Subject:</b>	<b>TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2022/23</b>
<b>Report Summary:</b>	This Annual Report discusses the work of the members of Tameside Adults Safeguarding Partnership Board to carry out and deliver the objectives of the strategic plan during 2022/23.
<b>Recommendations:</b>	The Health and Wellbeing Board note the contents of the report and consider how they can contribute to the joint work of the Board.
<b>Links to Health and Wellbeing Strategy:</b>	Safeguarding vulnerable adults is a fundamentally important issue throughout the Health and Wellbeing Strategy.
<b>Policy Implications:</b>	In compliance with existing policies.
<b>Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)</b>	There are no direct financial implications arising from this report.
<b>Legal Implications: (Authorised by the Borough Solicitor)</b>	The report highlights the strategic direction of the Safeguarding Board and its partners. It is in line with the duties and responsibilities set out in the Care Act 2014. There is a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse.
<b>Risk Management:</b>	The Safeguarding Board is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting Pam Gough, Business Manager  Telephone: 07854 163183  e-mail: <a href="mailto:pam.gough@tameside.gov.uk">pam.gough@tameside.gov.uk</a>

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# TASP B

**Tameside Adult Safeguarding  
Partnership Board**

## **Tameside Adults Safeguarding Partnership Board (TASP B)**

### **Annual Report 2022/23**

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# Foreword

Welcome to TASPb Annual Report 2022/23, where the Board reports on their Safeguarding Activity over the last 12 months.

There is much to celebrate regarding the work, which is evident through the Partnership working. The conclusion of the TASPb strategy 2019-2022 demonstrates this. We have successfully responded to priorities of Making Safeguarding Personal, Prevention and Quality assurance, to such an extent whilst these will remain a core focus for the Board they are now embedded as practice across the Partner Organisations. We acknowledge that Partnership working in Tameside has been the key to the success of the strategy and are assured all Partners are committed to Adult Safeguarding in Tameside. This work provided the platform to continue to respond to the safeguarding agenda as it evolved during 2022/23.

It is acknowledged a wealth of work will continue across Partner Organisations in Tameside to inform this safeguarding agenda and the revision of the TASPb strategy 2022-25 begins to address this as you will read in the report.

TASPb constantly seeks assurance from partners that adult safeguarding is a priority for all their staff. Despite the impact of the many challenges faced on working practices, this Annual Report will provide an insight of the ongoing commitment from organisations to this agenda and how working in Partnership we strive for good outcomes for every person.

Led by the TASPb Independent Chair, Andrew Searle, during 22/23, TASPb Partners have been challenged and held to account encouraged in collective working to tackle the issues of abuse and neglect involving adults with care and support needs in Tameside. TASPb would like to thank Andrew for his commitment to this role and as we begin a new chapter and move into another 12-month cycle of business TASPb would like to welcome Jane Timson as the Independent Chair of the Board.



**Stephanie Butterworth**  
Director of Adult Services

# Introduction

TASPB have a statutory requirement to publish a report every year telling you what we've been doing to improve the safety of adults in Tameside and to explain what progress we have made in response to the TASPB Strategy 2022-25

The Annual Report includes information to demonstrate: -

- TASPB activity during 2022/23 to achieve the TASPB strategic priorities and response to the Safeguarding Adult Reviews.
- Outcomes of the Safeguarding Adult Work in Tameside.
- Partner Organisations contributions during the past 12 months to support the Adult Safeguarding Agenda in Tameside.
- Our priorities for TASPB 23/24.

## TASPB 2022/23

The main focus for TASPB during 22/23 was the conclusion of the TASPB strategy 2019-22 and the refresh of this to continue to progress TASPB business. [TASPB-Strategy-2022-25.pdf \(tameside.gov.uk\)](#) The work also included the review of the TASPB membership and TASPB are pleased to welcome, Change, Grow, Live, (CGL) Jigsaw and Voiceability.

Partner Organisations represented at TASPB: -

### **Statutory Agencies:-**

- Local Authority
- Greater Manchester Police
- NHS GM Integrated Care Organisation

### **Partner Agencies:-**

- Healthwatch
- Greater Manchester Fire and Rescue Service
- Probation
- Tameside and Glossop Integrated Care NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Jigsaw
- Change Grow Live
- Northwest Ambulance Service
- Care Quality Commission
- VoiceAbility

### **And Elected Member:-**

- Cllr John Taylor

# Safeguarding Adults in Tameside 2022/23

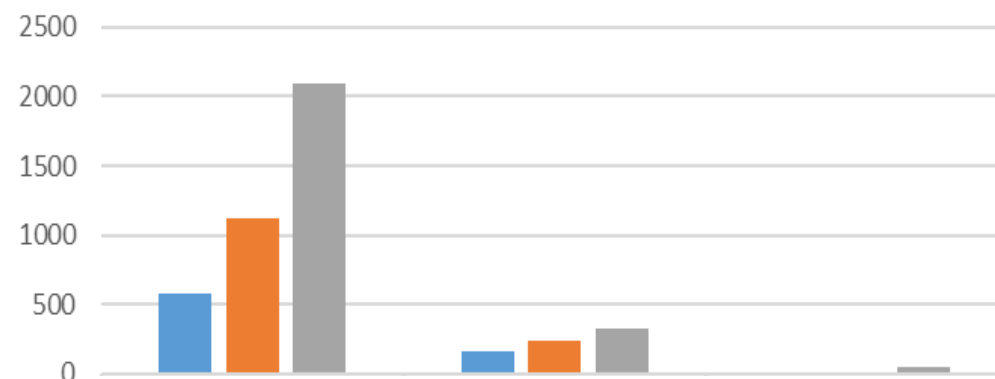
Partner organisations are pro-active in their response where there is reasonable cause to suspect that an adult who has care and support needs, is at risk of or experiencing abuse and neglect. These Enquiries are led by the Local Authority working in Partnership with Organisations across Tameside to prevent Adult Abuse.




During 22/23 the number of concerns has increased. This has been due to the change in the approach to recording the Adults Safeguarding Concerns and Enquiries. This has been an outcome of the changes to the TASPb Policy and Procedures introduced in February 2022. In addition, as the increase is mirrored nationally, it is felt that this is also an outcome of the COVID restrictions ending. Potentially, the increase in the number of enquiries where the location of abuse is in one's own home is evidence of this perception.

TASPb have continued their work to raise awareness of Adult Abuse and ensure Safeguarding is everybody's business, and the surge in concerns is also evidence of the impact of this work. The report later discusses the work in World Elder Abuse Awareness Day and the focus on Domestic Abuse. This data demonstrates an increase in this theme, which is an example of the effect of the TASPb work in response to this area.

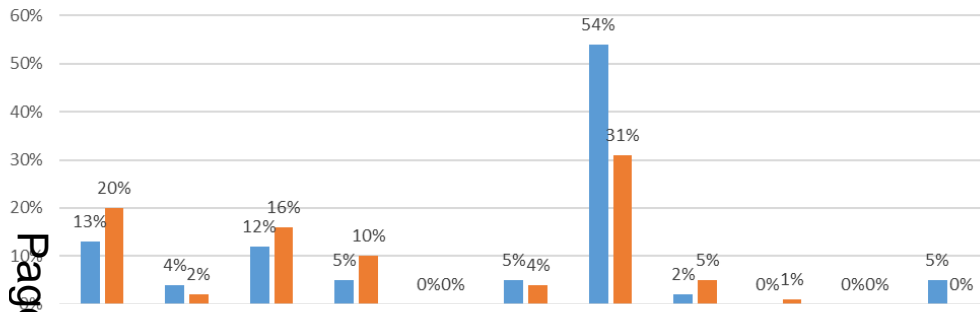
TASPb have also had a focus on the most prevalent type of abuse being neglect and acts of omission. Partner Organisations have worked together to understand the detail of these concerns to provide assurance to TASPb that these enquires are proportionate and appropriate. Consequently, there has been a reduction in enquiries for this area of abuse and work with partners to look at the quality of care in the context of neglect and address through commissioning arrangements.

## Total Number of Safeguarding Concerns



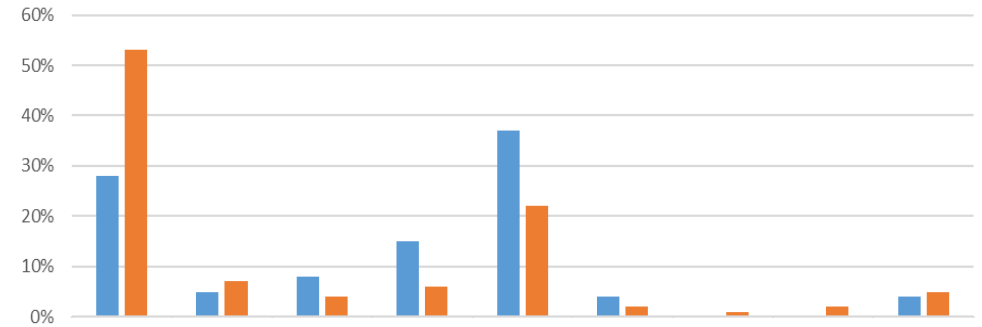
		Total number of Safeguarding concerns	Total Number of Section 42 Safeguarding Enquiries	Total Number of Other Safeguarding Enquiries
	2021	581	156	0
	2022	1116	232	0
	2023	2089	331	51

## Type of Risk - Section 42



	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material Abuse	Discriminatory Abuse	Organisational Abuse	Neglect and Acts of Omission	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self-Neglect
2022	13%	4%	12%	5%	0%	5%	54%	2%	0%	0%	5%
2023	20%	2%	16%	10%	0%	4%	31%	5%	1%	0%	0%

## Location of Risk - Section 42



	Own Home	In the Community (Excluding Community Service)	In a Community Service	Care Home - Nursing	Care Home - Residential	Hospital - Acute	Hospital - Mental Health	Hospital Community	Other
2022	28%	5%	8%	15%	37%	4%	0%	0%	4%
2023	53%	7%	4%	6%	22%	2%	1%	2%	5%

# Outcomes for Safeguarding Adults in Tameside 2022/23

## Safeguarding Adult Reviews (SAR)

Safeguarding Adults Reviews (SARs) are a statutory requirement for all Safeguarding Adults Boards.

To respond to barriers to good practice and review what is supporting Safeguarding Adult practice so we can adopt best practice and improve, to protect Adults from abuse, the findings from SAR's are used to inform this work.

TASPB ensure that SARs are shared to maximise the value of their learning. In addition to the SAR Report, 7-minute briefs are also shared to aid discussion across organisations.

TASPB are keen to develop this area of work to ensure it is effective as possible. Consequently, once again TASPB have revised their guidance for staff for the SAR process and will continue to respond to this as a working document as new methods and systems are adopted.

TASPB publish [Safeguarding Adult Reviews](#) on the TASPB website. The Board have a process in place to respond to action plans for the Safeguarding Adult Reviews: -

## Safeguarding Adult Review (SAR) Review of Action Plans Sub Group Chair: Tracey Hurst Designated Nurse Adult Safeguarding NHS Greater Manchester Integrated Care

The SAR Review of Action Plans Sub Group was set up in 2022/23 to monitor progress of action plans that have been developed in response to the recommendations from Safeguarding Adult Reviews (SARs).

The purpose of the group is:

- To develop action plans and monitor progress in response to recommendations as defined in Safeguarding Adult Reviews (SAR)
- To have oversight of Publication of SAR's in the National Repository and consider carefully how best to manage the impact of the publication on family members, practitioners and others closely affected by the case.
- To update the Tameside Adult Safeguarding Partnership Board (TASPB) regarding progress of action plans and publication
- To present a report to the TASPB for final sign off of completed Action Plans

The Sub Group is represented by key Statutory and Non-Statutory partners who have worked collaboratively to agree the Terms of Reference and develop the work plan for 2022/23.

The group continues to monitor the progress and implementation of Action plans developed from three completed and published SARs in 2022/23, [Demetria](#), [Erik & Gaynor](#).

The group links in to TASP Learning and Development Sub Group and TASP Quality Assurance Sub Group providing assurance and information on learning themes which inform safeguarding practice improvement initiatives.

One of the main priorities to respond to the learning in these SAR's has been the development of the Team around the Adult Model (TRAM). This is a Protocol for Supporting Practitioners working with Adults at Risk including adults with multiple complex needs or cumulative risks. It enables a co-ordinated and collaborative multi agency approach to risk, which acknowledges that complex cases are often long term and entrenched behaviours that requires multi-agency commitment for a longer-term solution-based approach. It is anticipated that the TRAM will be launched in November 23.

Work is also in place to develop an audit process to provide assurance that organisations have adopted the learning. This will be further developed during 23/24.



## Making Safeguarding Personal (MSP)

TASPB strategy 2019-2022 successfully responded to the TASPB priority of Making Safeguarding Personal, to such an extent whilst this will remain a core focus for the Board it is now considered to be embedded as practice across the Partner Organisations. The initial work in response to MSP provided the platform and the work has continued to evolve to promote a person centred, outcome focused and strength-based approach to safeguarding adults.

Adult Safeguarding Lead in Adult Social Care has been particularly proactive in working in Partnership with TASPB to develop a survey and leaflets for the Adults at Risk and their Carers to promote MSP. This work will continue during 23/24 and will contribute to TASPB assurance that this work is integral to daily Safeguarding Business.

## World Elder Abuse Awareness Day & National Adult Safeguarding Week

WEEAD this year would see TASPb working to promote the need to protect vulnerable adults, carrying the work from WEAAD on to National Safeguarding Week in November of the same year.

Elder abuse is any act that causes psychological and/or physical harm to an older person and is carried out by someone they know and trust, such as family, friends, or carers. TASPb provided a booklet with the support of colleagues from other organisations to offer advice and guidance relating to this.

The booklet was forwarded to colleagues across organisations and shared by Tameside communications team. This included two virtual sessions on Recognising Carer Stress which were designed to equip staff with skills, knowledge and give an insight into recognising carer stress with the use of professional curiosity to help keep people safe.

<https://www.tameside.gov.uk/TamesideMBC/media/adultservices/WEAAD-Flyer.docx>

Once again Dukinfield Town hall shone purple lights for the week.

All the events were supported by Tameside Communications Team sharing the information on the staff portal, the staff magazine “THE WIRE” and the Chief Executives weekly briefing.

The information was also shared with the public via Twitter, Facebook, and local media.

**World Elder Abuse Awareness Day**  
Wednesday 15 June 2022

Safeguarding adults, and especially the elderly, is everyone's responsibility. We all need to play our part in supporting vulnerable members of the community. If you see or suspect adult abuse please call **0161 922 4888** as soon as possible and report it to our team.

**Cllr John Taylor**  
Tameside Council Executive Member  
for Adult Social Care

Tameside Adults Safeguarding Partnership Board

Tameside Metropolitan Borough

Following on from WEAAD TASPb continued the theme into National Adult Safeguarding week with the launch of two flyers one for professionals and one for the public which were distributed across many organisations to provide useful information and contacts for support around Domestic Abuse.

Many organisations supported the week with events such as the learning Lunches, sharing of podcasts and promotion of the week within their own teams.

## Pennine Care NHS Foundation Trust

[Safeguarding-Adults-Week-2022-Newsletter-PCFT.](#)

**Adult social care** spent the week visiting the social care teams that have implemented the new Safeguarding Adult's Policy and whose roles changed to the enquiry officer.



## Shared Priorities

TASPB reviewed the Business Unit offer during 22/23 and concluded that the option in 21/22 to merge with the Tameside Safeguarding Children's Partnership TSCP Business Unit was counterproductive. It was agreed to continue to enhance the work to focus on the Shared Priorities the more appropriate and effective approach, was to separate the Business Units and have a dedicated Business Manager to support the Adults Board.

This approach will be implemented in 23/24 and the Board will continue to work in Partnership with:

- Tameside Safeguarding Children Partnership
- Community Safety Partnership
- Health & Wellbeing Board
- Domestic Abuse Steering Group

The focus on the shared priorities work will continue to progress and align shared priorities, such as the response to domestic abuse and transition.

## Learning and Development

In response to the refreshed TASPB Strategy the governance arrangements identified the requirement for a Learning and Development Sub-Group. TASPB agreed that the Learning and Accountability group had been productive to respond to 2019-22 strategy and felt that this group would be an evolution of the work to date. The purpose of this Learning and Development group is to identify the activity to respond to the TASPB Strategy.

The sub-group work is primarily focused on ensuring the TASPB Safeguarding Adult Policy and Procedures are fit for purpose and that learning from Safeguarding Adult Reviews informs future practice. The sub-group will also inform the development and review of the TASPB Learning Framework.

The first meeting of this group took place in February 2023 and the initial focus was to identify the systems and engagement of partner organisations to address communication and the priorities for TASPB and training to address the refresh of the learning framework. It was agreed that a priority to take forward for this meeting during 23/24 will be the TASPB website.

## Training for Partner Organisations

In addition to the development sessions for staff to compliment the work of WEADD and National Adult Safeguarding Week. During 22/23, TASPb have continued to host Safeguarding Adults Training. The training provides an overview of Adult Safeguarding in the context of the Care Act 2014. The content will build on Practitioners existing knowledge of the Care Act and the Mental Capacity Act (MCA) 2005.

The training provides an opportunity to focus on key themes and learning identified in recent Safeguarding Adult Reviews in Thameside. The Legislative framework to support Safeguarding Adults is explored. A particular focus is on exploring importance of capacity and consent in safeguarding and looking at how Practitioners work with people who have capacity but choose to take risks. The training also offers a summary of the Board and Partner Organisations Roles in Adult Safeguarding and the application of the TASPb Safeguarding Adult Procedures.

The course is a blend of presentations, discussion, and group work in a multi-agency environment. This enables Practitioners to consider their approach to Adult Safeguarding in their organisations and working in Partnership and the tools to support them in their role, Safeguarding Adults from abuse. The training also provides support and guidance to Practitioners to lead on an enquiry.

Organisations attending training 22/23	Number of Attendees
Active Thameside	4
Advocacy Services	3
Adults Social Care	11
Integrated Care Organisation	2
Change Grow Live	1
ICFT	12
Independent Commissioned Care Agencies	68
Jigsaw Housing	6
Pennine Care NHS Foundation Trust	27
GMP	1
St Peters Partnership	8
Thameside Education and Arts	2

This training has been well received by Practitioners. Comments received from these participants are used to inform the update of the training: -

**Areas that delegates felt really helpful: -**

- I thought all parts to me were helpful because other training courses just tend to just go through the basics of what is abuse and you helped me with the escalation of forms and procedures which in honesty, I have been a little unsure because of a lack of expertise.
- The scenarios were personable and realistic. I liked how the sessions were split in two and there was opportunity for discussions and tasks but didn't feel like too much was being asked from us.
- Sharing the knowledge from the other folk taking part in the training was very valuable. I'm dyslexic so it was easier to discuss procedures and policies as I struggled to retain some of the information. But overall, I found it very informative and will tailor to my various work with vulnerable adults and school children.
- Interactive, excellent tutors
- Both sessions were really helpful to bring me back up to speed with Safeguarding. I have been away from the role for about 3 years and so was a little rusty. Also, the role of SAM had changed to the provider led model so this was really good to know and learn. Also, to be able to look at the new Policy that came in in February 2022.
- This training was a good refresher and was very informative. Prefer class room based as I can find it easy to be distracted but it was still very engaging.

- General awareness of how the adult safeguarding process works has been improved massively. I now know where to raise concerns if I have any for people I come into contact with and more importantly how to raise them and how the process works...

## Quality Assurance Subgroup

In response to the refresh of the TASP B Strategy, TASP B, also identified that a Quality Assurance Subgroup is required to support TASP B to respond to the Annual Priorities to progress the TASP B Strategic Plan and Annual Business Plan. During the initial part of the financial year this work had been progressed via a Dashboard sub group and the work undertaken by this meeting informed the Terms of Reference for the Quality Assurance Sub Group: -

To develop a data set and approach to collate this, that can support TASP B to build a picture of the outcomes of safeguarding activity in Tamworth to provide assurance that safeguarding arrangements are in place to inform: -

- best practice
- policy development
- service development, planning and improvement.
- business cases
- identify any immediate priorities/areas for concern.

Evaluate the effectiveness and impact of the findings and recommendations from reviews, performance management activity and multi-agency learning.

Ensure the Voice of the Adult/ feedback from services is integral to safeguarding activity and that this drives service improvement.

The group should act as a critical friend and in collaboration with those agencies and partnership groups will have a clear line of sight on practice.

The initial meetings identified Key Performance Indicators and agreed a dashboard which TASP B will embed into practice during 23/24 and have made recommendations to TASP B to: -

1. The Board agree the mechanism for data capture and sharing.
2. The Board approve the information Sharing Agreement on behalf of their agencies.
3. The Board approve the dashboard design and the resources required to routinely deliver it.



# Individual Organisations Contribution

Tameside Adult Services .....	18
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## Tameside Adult Services

### Priority Self - Neglect

- We have continued to develop and strengthen our knowledge in relation to working with adults who self-neglect. During 2022/23 we have focused on working with adults who hoard.
- We have had regular attendance at the Greater Manchester Hoarding Improvement Partnership, and we have worked in partnership locally with Jigsaw Housing and Pioneer homes with support from Ian Porter a leading expert in this area to begin the first Peer Support Group for adults experiencing hoarding in Tameside 'Hoarders Helping Hoarders'
- A Safeguarding Forum took place focussing on approaches to hoarding, it was well attended by staff in Adult Services and Pennine Care NHS Foundation Trust.
- We have also delivered a joint learning workshop to staff from Adult Services and Jigsaw Housing strengthening the relationships between our staff and developing staff knowledge on responding to hoarding.
- Adult Services have chaired the Tameside Adult Safeguarding Partnership Board (TASPB) task and finish group on Hoarding and supported the work on the Multiagency Guidance.
- Self-Neglect continues to feature in the Safeguarding training provided to Adult Services staff and managers and following learning from internal learning reviews our procedures have been strengthened to support case transfer between teams when self-neglect is a risk.

### What impact has this work had?

- We have seen an increased use of the Managing the Risk Protocol in Adult Services which shows a greater understanding of the issues associated with self-neglect and a greater awareness of the structures in place to manage risk.
- We have seen an increased awareness of person centered approaches to hoarding and some creative approaches utilising direct payments and partnership working to achieve positive outcomes for adults who experience hoarding.
- We have observed through cases presented at a "Legal Gateway" that staff and managers are more confident in applying legal frameworks and local policy to support adults who self-neglect.

### Multi-disadvantage

- We have continued to strengthen our relationship with Change Grow Live, this has involved delivering shared learning events to our staff. One session focussed on the roles and responsibilities of our teams and consideration of partnership approaches when working adults who affected by substance misuses. The second session focused on Trauma Informed Practice. We are contributing to the drug related death panel and considering the learning for our services.
- We have made positive links with the homelessness service, the Integrated Urgent Care Team have attended and supported the complex case meeting to strengthen our multiagency response to adults affected by multi-disadvantage.

- We are regularly attending Multiagency meetings with the Organised Crime Unit in the Police to share intelligence; the group aim to strengthen safeguarding adults' pathways for adults at risk of criminal exploitation.
- Adult Services have a good track record of attendance at Multi-agency public protection arrangements (MAPPA) Meetings through our Neighbourhood Teams and Mental Health Forensic Social Worker. Plans are in place for a joint learning event in 2023 for adult services and probation staff to further strengthen relationships and knowledge of adult safeguarding for our staff.
- We have engaged in a Greater Manchester (GM) wide workshop sharing the learning from the Changing Futures Programme and local initiatives to working with adults affected by multi-disadvantaged.

### What Impact has this work had?

- Staff feel more confident in understanding the complexities of working with adults with affected by multi-disadvantages. We have seen increased number of cases shared at Legal Gateway of involving people affected this illustrates the increased awareness of staff and confidence in relation to legal literacy in this area of practice. We have also seen an increased use of the Managing the Risk Protocol.

### Priority – Neglect

- Neglect is featured in all Safeguarding training delivered to adult services staff and managers. Learning from safeguarding adult reviews has been cascaded through learning events and 7-minute briefings to staff.

- We conducted a deep dive into Safeguarding Data in relation to the police involvement with safeguarding activity. The learning from this has been shared and it has resulted in a Single Point of Contact being identified in the Police for consultation on safeguarding referrals and enquiries. Work has taken place across Adult Services to raise awareness of the Police's role in Safeguarding enquiries. This has supported to embed consistent approach and increased police involvement.
- A joint learning event with Children Social Care took place to consider share knowledge of one another's services, roles, and responsibilities. Learning in relation to neglect and self-neglect was considered in the context of 'Think Family.' Further work is planned in 23/24 to continue to strengthen our partnership working and knowledge in this area.

### What impact has this work had?

- We have seen positive outcomes for individuals and families through strengthened partnership working with Children Social Care. Staff and Managers have easy access to police advice and support in relation to Safeguarding Work.

### Domestic Abuse

- Domestic Abuse is featured in all Safeguarding Training delivered to adult services staff and managers. The Safeguarding Lead at Adult Services contributed to and delivered sessions during National Safeguarding Adults week focusing on Domestic Abuse.

- Through the implementation of the domestic abuse strategy for Tameside, staff have also attended specialist training on working with perpetrators.
- Managers from the Neighbourhood Team regularly attend Multi-Agency Risk Assessment Conference (MARAC). Adult Services have been regular panel members at Domestic Homicide Reviews and will be active parties in implementing the learning from these.

### What impact has this work had?

- Due to awareness raising with staff we have seen domestic abuse being recorded in the categories of abuse increase. There is an increased awareness of staff of the issues associated with domestic abuse and the prevalence in Tameside.
- Through legal gateway we have seen a number of complex cases that have required legal intervention to protect individuals from harm as result of domestic abuse. This is evidence of the recognition of the role that Adult Services can play in certain circumstances.
- We have also seen an increased number of non-statutory enquiries taking place, an analysis of this shows this has often been in relation to domestic abuse experienced by carers. Again, the increased recognition of adult services role in these situations is positive and shows the impact of the awareness raising and training that has been taking place.



## Greater Manchester Police (Tameside Division)

### Priority – Self-Neglect

#### Activity in your organisation in response to priority.

One of the core roles of the officers within the MASH is to triage any child or vulnerable adult concern recorded as a Care Plan (CAP) generated from incidents, external referrals, intelligence reported to Police and will include cases of self-neglect. The MASH officers will review the full circumstances of the CAP authored by the frontline attending officers (usually from the 24/7/365 Response Team) and review the overall history for the persons involved including previous CAPs recorded. This will include Toxic trio and RARA (Remove/Avoid/Reduce/Accept) and other risk factors such as history of mental health, suicidal tendencies and missing from home episodes.

This assists the MASH officer with making a risk assessment and creating an investigation plan; checking that appropriate safeguarding has been implemented for the child, vulnerable person, or family; and appropriate markers have been placed on the persons and associated addresses involved on GMP's record management system PoliceWorks. The MASH officer will assess whether referrals to other agencies are required and will share via email as per the local information sharing protocol in place.

Tameside Senior Leadership Team (SLT) have invested in a vulnerable adults SPOC within the MASH for partner agencies to undertake discussions, information sharing and seek professional guidance. This provides a consistent approach to adults at risk and ensures the most appropriate response is embedded at the earliest opportunity. A weekly

meeting takes place between GMP and Adult services with a tiered risk assessment process in place to recognise prevention and early identification of risk. The high-risk complex case panel meets every six weeks, again with a dedicated representative from GMP in attendance.

All new officers receive safeguarding training when they undertake training centrally including recognising and responding to adult safeguarding concerns and mental health. Additionally at Tameside, new recruits enrol on a further 15-week bespoke programme where they spend dedicated time with the MASH team to increase their knowledge in safeguarding procedures and practices and the early help offer available.

7-minute briefings are regularly circulated with staff to enhance learning. Additionally, the Public Protection Governance Unit centrally has provided a number of online to up training sessions over the last 12 months available to all staff to expand their safeguarding knowledge.

The partnership is providing training events in September/October 23 on 'Hoarding and self-neglect' that Police representatives from Tameside are attending.

GMP's Investigation and Safeguarding Review Team (ISRT) based centrally attends all Safeguarding Adult Review (SAR) panels that acts as an audit process. The SAR panel considers the involvement of partners in adult safeguarding concerns and whether this was in line with expectations. Feedback and learning take place, and this may include the views of the adult as part of each agency's interaction with that vulnerable person and/or family.

## *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The work within the MASH ensures GMP has a dedicated response to safeguarding adults at risk at the earliest opportunity with appropriate referrals made to partners for effective intervention and support. The dedicated vulnerable adults' spoc within the team encourages collaboration and strengthens working relationships with partners that results in the best outcomes for adults at risk within Tameside.

As indicated training of police staff is a priority for GMP and is being embedded through bespoke training programmes, briefings, CPD and partnership events to enhance knowledge and learning to apply to their practice and improve safeguarding of adults at risk of abuse in Tameside.

GMP's central Review team provides consistency and impartiality to Reviews, to enable identification of wider themes, learning and development opportunities, and the ability to work more closely with the Public Protection Governance Unit (PPGU) and People and Development Branch to implement recommendations arising from statutory reviews.

### **Priority - Neglect** **Activity in your organisation in response to this priority**

As indicated one of the core roles of the officers within the MASH is to triage any child or vulnerable adult concern recorded as a Care Plan (CAP) generated from incidents, external referrals, intelligence reported to Police and will include cases of neglect.

The MASH officers will review the full circumstances of the CAP authored by the frontline attending officers (usually from the 24/7/365 Response Team) and review the overall history for the persons involved including previous CAPs recorded. This will include Toxic trio and RARA (Remove/Avoid/Reduce/Accept) and other risk factors such as history of mental health, suicidal tendencies and missing from home episodes.

This assists the MASH officer with making a risk assessment and creating an investigation plan; checking that appropriate safeguarding has been implemented for the child, vulnerable person, or family; and appropriate markers have been placed on the persons and associated addresses involved on GMP's record management system PoliceWorks. The MASH officer will assess whether referrals to other agencies are required and will share via email as per the local information sharing protocol in place.

Tameside SLT have invested in a vulnerable adults SPOC within the MASH for partner agencies to undertake discussions, information sharing and seek professional guidance. This provides a consistent approach to adults at risk and ensures the most appropriate response is embedded at the earliest opportunity. A weekly meeting takes place between GMP and Adult services with a tiered risk assessment process in place to recognise prevention and early identification of risk. The high-risk complex case panel meets every six weeks, again with a dedicated representative from GMP in attendance.

All new officers receive safeguarding training when they undertake training centrally including recognising and responding to adult safeguarding concerns and mental health.

Additionally at Tameside, new recruits enrol on a further 15-week bespoke programme where they spend dedicated time with the MASH team to increase their knowledge in safeguarding procedures and practices and the early help offer available. 7-minute briefings are regularly circulated with staff to enhance learning. Additionally, the Public Protection Governance Unit centrally has provided a number of online to up training sessions over the last 12 months available to all staff to expand their safeguarding knowledge.

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GMP's central Review team provides consistency and impartiality to Reviews, to enable identification of wider themes, learning and development opportunities, and the ability to work more closely with the Public Protection Governance Unit (PPGU) and People and Development Branch to implement recommendations arising from statutory reviews.

### **Priority - Adults experiencing Multi-disadvantage. Activity in your organisation in response to this priority**

As previously mentioned, one of the core roles of the officers within the MASH is to triage any child or vulnerable adult concern recorded as a Care Plan (CAP) generated from incidents, external referrals, intelligence reported to Police and will include cases of adults experiencing multi-disadvantage. The MASH officers will review the full circumstances of the CAP authored by the frontline attending officers (usually from the 24/7/365 Response Team) and review the overall history for the persons involved including previous CAPs recorded.

This will include Toxic trio and RARA (Remove/Avoid/Reduce/Accept) and other risk factors such as history of mental health, suicidal tendencies and missing from home episodes.

This assists the MASH officer with making a risk assessment and creating an investigation plan; checking that appropriate safeguarding has been implemented for the child, vulnerable person, or family; and appropriate markers have been placed on the persons and associated addresses involved on GMP's record management system PoliceWorks. The MASH officer will assess whether referrals to other agencies are required and will share via email as per the local information sharing protocol in place.

Tameside SLT have invested in a vulnerable adults SPOC within the MASH for partner agencies to undertake discussions, information sharing and seek professional guidance. This provides a consistent approach to adults at risk and ensures the most appropriate response is embedded at the earliest opportunity. A weekly meeting takes place between GMP and Adult services with a tiered risk assessment process in place to recognise prevention and early identification of risk. The high-risk complex case panel meets every six weeks, again with a dedicated representative from GMP in attendance.

All new officers receive safeguarding training when they undertake training centrally including recognising and responding to adult safeguarding concerns and mental health. Additionally at Tameside, new recruits enrol on a further 15-week bespoke programme where they spend dedicated time with the MASH team to increase their knowledge in safeguarding procedures and practices and the early help offer available. 7-minute briefings are regularly circulated with staff to enhance learning. Additionally, the Public Protection Governance Unit centrally has provided a number of online to up training sessions over the last 12 months available to all staff to expand their safeguarding knowledge.

GMP's Investigation and Safeguarding Review Team (ISRT) based centrally attends all Safeguarding Adult Review (SAR) panels that acts as an audit process. The SAR panel considers the involvement of partners in adult safeguarding concerns and whether this was in line with expectations. Feedback and learning take place, and this may include the views of the adult as part of each agency's interaction with that vulnerable person and/or family.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The work within the MASH ensures GMP has a dedicated response to safeguarding adults at risk at the earliest opportunity with appropriate referrals made to partners for effective intervention and support. The dedicated vulnerable adult's spoc within the team encourages collaboration and strengthens working relationships with partners that results in the best outcomes for adults at risk within Tameside.

As indicated training of police staff is a priority for GMP and is being embedded through bespoke training programmes, briefings, CPD and partnership events to enhance knowledge and learning to apply to their practice and improve safeguarding of adults at risk of abuse in Tameside.

GMP's central Review team provides consistency and impartiality to Reviews, to enable identification of wider themes, learning and development opportunities, and the ability to work more closely with the Public Protection Governance Unit (PPGU) and People and Development Branch to implement recommendations arising from statutory reviews.



## Priority – Domestic Abuse

### Activity in your organisation in response to this priority

Front line staff and MASH Police officers regularly receive training on themes and topics such as 'Voice of a child' and toxic trio supporting informed decision making to improve outcomes for our children and families of Tameside. This includes 7-minute briefings and features in our new bespoke 15-week training programme known as the 'Tameside Academy' for Police recruits at Tameside. This ensures all opportunities for learning, coaching, and mentoring on effective safeguarding policing response across the district. Additionally, the Public Protection Governance Unit are regularly providing online CPD events for all officers to improve their knowledge of the powers and procedures available to them including Police Protection Powers, Claire's, and Sarah's Laws. A 'DA Matters' 1 day training course has been provided to all officers and staff within GMP with mandatory attendance to improve our response to Domestic Abuse aligned with our force priorities.

Locally Tameside district SLT have devised an improvement plan for DA that correlates with our business plan for 2023/2024. The three key priorities focus on

1. Building performance momentum
2. Instilling pride and effectiveness in our work
3. Overcoming inexperience with a learning environment

The objectives include improving officers' understanding that rapid response and primary investigation increases the chances of positive outcomes through evidence led collection and victim confidence with prioritised arrests. Additionally, GMP are currently working with the

partnership to develop the Domestic-Abuse-Tactical-And-Coordination (DATAC) meeting to embed a coordinated response to repeat victims and serial perpetrators to provide effective interventions and support to prevent further DA instances.

As indicated the core role of the officers within the MASH is to triage any child or vulnerable adult concern recorded as a Care Plan (CAP) or high/medium risk domestic recorded as a Domestic Abuse Care Plan (DAB) generated from incidents, external referrals, intelligence reported to Police. The MASH officers will review the full circumstances of the CAP/DAB authored by the frontline attending officers (usually from the 24/7/365 Response Team) and review the overall history for the persons involved including previous CAPs/DABs recorded. This will include Toxic trio and RARA (Remove/Avoid/Reduce/Accept the risk) This assists the MASH officer with making a risk assessment and creating an investigation plan; checking that appropriate safeguarding has been implemented for the child, vulnerable person, or family; and appropriate markers have been placed on the persons and associated addresses involved on GMP's record management system PoliceWorks. The MASH officer will assess whether referrals to other agencies are required and will share via email as per the local information sharing protocol in place.

In January 23, a Specific, Measurable, Achievable, Realistic, Timeframe (SMART) action plan was formed by GMP with objectives to improve the quality of referrals into the front door including training of frontline staff and MASH officers, joint triaging and adopting the conversational model as a multiagency. Joint discussions of referrals are tracked by police that have indicated a considerable improvement in the number of appropriate contacts being referred and a reduction in referrals being declined. Multiagency audits are now completed regularly allowing

partners to have a greater understanding of repeat referrals, influxes, reductions, and outcomes.

For high-risk cases of domestic abuse, daily risk management meetings are held by the partnership to address immediate safeguarding actions and the case will be discussed again at the next Multi-Agency Risk Assessment Conference (MARAC) meeting. MARAC meetings are held every fortnight to assess risk, actions taken, and longer-term work required. GMP are currently working with the TMBC to improve the effectiveness of the MARAC process and train all partners to share responsibility as chair. This will develop agencies understanding and the need to work in partnership to effectively problem solve.

Nationally, there is a drive to improve the police's response to Violence Against Women and Girls (VAWG) and GMP has rightly embedded this as a force priority to tackle. Locally, Tameside are delivering a VAWG plan with emphasis on changing culture and mind-set ingrained in the approach to VAWG offences, victims, and offenders. Strategic priorities include creating safer spaces, pursuing perpetrators, improving trust and confidence, communication, and awareness. The organisational approach focuses on combating and preventing inappropriate behaviour of any nature, ensuring staff feel safe, empowered, and confident in 'calling out' such behaviour.

To drive cultural change and increase people's voice, expectations and standards of behaviours set are aligned with GMPs Codes of Ethics, Plan on a Page (POAP) and policing values. Communication is vital and is delivered through regular briefings, CPD, posters, emails and one to ones. As part of GMP's VAWG Strategy, to prevent offending and educate children on spotting the signs of domestic abuse, exploitation and misogyny, the partnership leads locally including GMP consulted

a local youth council to capture their views on how best to deliver key messages through a play aimed at Year 6 pupils. The play will be delivered to primary schools in Oct/Nov 23 and has been commissioned by Tameside's Senior Leadership Team.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The colocation of Police Officers within the MASH at Tameside One has had a positive impact for our children and families, by improving the quality of our referrals into the front door resulting from joint triaging and understanding thresholds of children services. As previously mentioned, joint discussions of referrals are tracked by police that have indicated a considerable improvement in the number of appropriate contacts being referred and a reduction in referrals being declined. Multiagency audits are now completed regularly allowing partners to have a greater understanding of repeat referrals, influxes, reductions, and outcomes. The MASH would be keen to see the investment of adult services within the team to develop the same approach with vulnerable adults.

As indicated training of front-line staff, MASH and child protection officers is a priority for GMP and is being embedded through bespoke training programmes, briefings, CPD and partnership events to enhance knowledge and learning to apply to their practice and improve safeguarding of adults at risk of abuse in Tameside.

The new DATAC process will support with problem solving for repeat victims of abuse and serial perpetrators to ensure effective interventions and support are provided at the earliest opportunity to safeguard and reduce demand.

## Intergrated Care Board (ICB)

### Priority – Self-Neglect

#### Activity in your organisation in response to this priority

Self-Neglect is included within Mandatory Safeguarding Training which is aligned with Job Role in accordance to the intercollegiate document [adult safeguarding: roles and competencies for healthcare staff](#)

Designated Nurse for Adult Safeguarding and Continuing Health Care (CHC) team members continue to be fully engaged in Tameside Adult Safeguarding Partnership Board (TASPB) work on Self Neglect and Hoarding Strategy.

Designated Nurse for Adult Safeguarding and CHC team fully engaged with TASPB Managing Adult at Risk Policy including ongoing work reviewing this guidance.

Named General Practitioner (GP) for Adult Safeguarding represents at Local Drug Related Death Panel and cascades learning.

Safeguarding Awareness is ongoing via the following mechanisms:

- Learning from Safeguarding Adult Reviews (SAR) 7-minute brief
- Safeguarding Snippet Sessions for Primary Care
- Safeguarding Newsletter
- Safeguarding Facebook Page.

#### Commissioning:

- Safeguarding Assurance for providers with and National Health Service (NHS) contract is monitored via Greater Manchester Contractual Standards.
- The Big Life Group, Introduction of Safe Tameside a safe place for mental health support, an alternative to Accident & Emergency (A&E).
- Living Well Plus Service has been developed to complement existing services to support some of the most vulnerable individuals within our communities. The focus of the work will include identification and early intervention of a rolling cohort of people who are heavily relying on unscheduled services for their health care.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The Adult with Care and Support needs who self neglects feels safer as a result of being supported by multi-agency safeguarding procedures and approaches to managing risks.

### Priority - Neglect

#### Activity in your organisation in response to this priority

Neglect is included within Mandatory Safeguarding Training which is aligned with Job Role in accordance to the intercollegiate document [adult safeguarding: roles and competencies for healthcare staff](#)

- Participation in Practitioner learning events.
- 7-minute Briefings learning from Safeguarding Adult Reviews cascaded.
- Continued Engagement with TASP Learning and Development Group.
- Continued work with commissioned providers to seek assurance on quality and safety of services via Quality Assurance Processes and GM Safeguarding Contractual Standards.

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*What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- Raised Awareness helps all staff across the organisation including Primary Care understand and recognise the risks and signs of abuse including signs of neglect.
- Health professionals will know how to respond and how to refer safeguarding concerns.
- Adults with care and support needs feel supported through Multi-agency safeguarding processes.

**Priority - Adults experiencing Multi-disadvantage**  
**Activity in your organisation in response to this priority**

Designated Nurse for Adult Safeguarding has led a Multi-Agency Task and Finish Group developing a Tiered Risk Assessment Model (TRAM).

TRAM is a protocol which supports practitioners across the system when working with adults with capacity at risk including adults with multiple complex needs and cumulative risks.

Central to the protocol is:

- Team Around the Adult
- Proactive and timely sharing of information on risk
- The voice of the adult
- Holistic person-centred assessments that recognise individual strengths
- Shared multi-agency decision making and risk management.
- Multi-agency risk review processes
- Improved outcomes for the adult at risk
- Adults Complex and High-Risk Panel
- High Risk and Critical Risk Register

*What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

TRAM - Supportive Framework for practitioners which will improve culture of proactive and timely multi-agency risk assessment and management for people living with multi-disadvantages and increasing risks.

Adults with care and support needs feel supported through the TRAM Model and their voice is heard.

## Priority – Domestic Abuse

### Activity in your organisation in response to this priority

Domestic abuse is included within Mandatory Safeguarding Training which is aligned with Job Role in accordance to the intercollegiate document [adult safeguarding: roles and competencies for healthcare staff](#)

Contribution to Raising Awareness about Domestic Abuse during National Adult Safeguarding Week November 2022. This included raising awareness of Domestic Abuse amongst male victims and older people.

Raising awareness about Domestic Abuse including briefings on Coercive and Controlling behaviours to Primary Care via Safeguarding Snippet Sessions, Safeguarding Facebook Page, and Safeguarding Newsletter.

There is health safeguarding representation and support to the Deaths from Substances Panel so that learning from such reviews considers impact on all family including children.

NHS GM Tameside have supported the work of the domestic abuse strategic plan. We have contributed to the strategic and operational groups to ensure health partners support the work to improve Domestic Abuse (DA) services in Tameside. We have contributed to the DA workforce training offer and workforce.

We have worked with commissioned providers to ensure procedures are in place to recognise and respond to support victims of domestic abuse.

The Identification and Referrals to Improve Safety (IRIS) Programme has been commissioned and implementation steering group established with the aim of supporting victims of domestic abuse in general practice. The offer of service is for both male and female victims. Further work is intended to review service provision to perpetrators of violence.

Designated Nurse fully engaged with Community Safety Partnership in completing reports for Domestic Homicide Reviews and sharing the learning from those reviews across the health economy in Tameside.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- Strategic representation has influenced the decision to commission IRIS to support Primary Care.
- Representation at Domestic Homicide Panels ensures learning from reviews is shared across health.
- Raised Awareness helps all organisations understand and recognise the risks and signs of Domestic Abuse.
- Health Professionals will know how to respond and will feel more confident identifying risks and making onward referrals.
- Adults with Care and Support needs who are experiencing domestic abuse feel safer as a result of multi-agency safeguarding procedures.

## **Pennine Care NHS Foundation Trust**

### **Priority – Self-Neglect**

#### **Activity in your organisation in response to priority**

Making Safeguarding Personal is integral to our safeguarding families' policy, which has just been updated. Staff across PCFT can access the safeguarding team, through our helpline, Monday-Friday 9am-4.30pm. Safeguarding consultations are offered which support frontline staff to follow the values of MSP. Engagement with this has increased by 39%.

Safeguarding supervision is offered in children's services and is currently being audited. The safeguarding team are trialling the offer of group supervision to some adult sectors. This supports staff to think about MSP.

Level 1 adult safeguarding training is mandatory to all staff roles, this incorporates MSP. Compliance with this in Tameside is: 92.8%, which equates to 380 staff.

#### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

Any learning that the safeguarding team present to the trust staff is to a good standard and been developed in consultation with Safeguarding Adult Boards within the Trust footprint, this brings learning and development for all areas of practice. For example, the Tiered Risk Management protocol, which is for people with multiple complex needs, which can include self-neglect.

This was developed in Oldham; however, the Trust has been involved in developing this further with support and guidance to Tameside Adult Safeguarding Partnership Board (TASPB) to implement a similar approach.

To ensure that learning is embedded into practice, the team are starting to follow up on all participants of training, with a questionnaire to fully explore the impact on training, to support the transformation of our learning.

### **Priority – Neglect**

#### **Activity in your organisation in response to priority**

The Trust has a Safeguarding Families policy in place which includes how the Trust will ensure the staff are trained and developed in safeguarding, including neglect. The Trust's level 3 Safeguarding training is based on the intercollegiate adult safeguarding roles and competences. In addition, it meets our contractual standards. Our training is monitored by the ICB.

All staff within the Trust can all contact the safeguarding team via our duty system for advice support and guidance in connection with neglect. In addition, the Trust's Safeguarding team have oversight on all incidents with a neglect cause code or other indicator, ensuring that Neglect can be recognised, and advice given to ensure patient safety.

To ensure that learning is embedded into practice, the team are starting to follow up on all participants of training, with a questionnaire to fully explore the impact on training, to support the transformation of our learning.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

Any learning that the safeguarding team present to the trust staff is to a good standard and been developed in consultation with Safeguarding Adult Boards within the Trust footprint, this brings learning and development for all areas of practice.

PCFT are compliant with training and therefore equipped to safeguarding adults at risk of abuse within Tameside, this is supported with the advice given by the safeguarding team, which ensures the detection and action for those at risk of Neglect.

### ***Priority - Adults experiencing Multi-disadvantage Activity in your organisation in response to this priority***

The Trust has a Safeguarding Families policy in place which includes how the Trust will ensure the staff are trained and developed in safeguarding, including neglect.

The Trust's level 3 Safeguarding training is based on the intercollegiate adult safeguarding roles and competences. In addition, it meets our contractual standards. Our training is monitored by the ICB.

In addition, PCFT contributes to multiple working groups aimed at decreasing health inequalities for adults experiencing multiple disadvantages.

The level 3 training includes working with people with multiple disadvantages and the managing the risk process in the Tameside areas, the named professional is working with the Tameside Adult Partnership sub group, to support partners update the policy.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

Any learning that the safeguarding team present to the trust staff is to a good standard and been developed in consultation with Safeguarding Adult Boards within the Trust footprint, this brings learning and development for all areas of practice.

It is hoped that the work PCFT are completing towards the workstreams will reduce health inequalities and safeguarding adults experiencing multiple disadvantages.

### ***Priority – Domestic Abuse Activity in your organisation in response to this priority***

The Trust L3 Training encompasses domestic abuse, and the Domestic Abuse Stalking Harassment and Honour Based Abuse Risk Indicator checklist (DASH), Multi-Agency Risk Assessment Conference (MARAC) Process. In addition, the team have developed a standalone domestic abuse training.

This is currently being refreshed by one of the safeguarding practitioners. We are currently formulating a new lunch and learn session on how to complete a DASH risk assessment.

*What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The standalone domestic abuse training is part of the team's responsibility to ensure our workforce is well training and knowledgeable about people who experience domestic abuse.



## Healthwatch Tameside

Healthwatch Tameside are a committed partner to the Tameside Adults Safeguarding Partnership Board (TASPB) including its subgroups.

Our contribution to the partnership is primarily to utilise our expertise to be a critical friend sharing key insights on patient engagement and co-production but also to champion the lived experience of those who use health and care services in Tameside.

We continue to promote the role of safeguarding in our functions and ensure communications are shared with the public through our website and our engagement with communities.

We have robust governance, policies, procedures, and training in place which demonstrate our proactive arrangements at keeping adults at risk safe. As a service safeguarding is maintained as a high priority and we will continue to support the work of TASPB in the year ahead.

## Tameside & Glossop Intergrated Care NHS Foundation Trust

### Priority – Self-Neglect

#### Activity in your organisation in response to priority.

The integrated safeguarding team continues to offer a daily duty service, support, guidance, and advice and be proactive, reactive, and visible in supporting staff to safeguard.

The TASP Managing the Risk Protocol is actively promoted by the safeguarding team.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

Staff working directly with adults at risk have access to advice, support, and supervision and therefore adults at risk continue to be recognised and responded to at the earliest opportunity. The impact being- prevention, early intervention and creating safer cultures.

Self-Neglect is the third highest reported abuse by the Trust in this annual report year.

### Priority - Neglect

#### Activity in your organisation in response to this priority

The Trust continues to be responsive to meeting its statutory responsibilities, as outlined in the Care Act 2014.

The Trust successfully hosted their Inaugural Integrated Safeguarding

Conference in November 2022, focused on Safeguarding as ‘Our Everyday Business’. Attended by operational staff, system partners, and a number of Non-Executive Director colleagues were also able to join the event. The conference was attended by the National Associate Director of Safeguarding NHS England, and nationally acclaimed guest speakers who delivered thought provoking and engaging presentations on exploitation, adverse childhood experiences and predatory marriage. Presentations from local partners were also shared and recognition awards presented to Safeguarding Stars.

The day also included the premier of a play by Pluto Play Productions and commissioned by the Deputy Director of Nursing for Professional Standards, Safeguarding and Assurance on behalf of the Trust, called “Everyone Matters.” This play was commissioned in response to the learning from a complex patient story and lived experience following an inquest, comprehensive investigation and subsequent Domestic Homicide Review that included lines of enquiry for a Safeguarding Adult Review. This provided a unique and impactful way of sharing learning based on a patient’s experience and ‘neglect.’

The Trust also developed a short film of this patients experience and case as an alternative approach to sharing learning in the Trust. This film was presented to TASP.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The conference provided time and a space to reflect and focus on safeguarding, supporting, and enabling staff to understand how to make safeguarding their everyday business and consistently discharge their

safeguarding responsibilities. Excellent feedback was received, and the conference evaluated extremely positive.

*“Listen to people with lived experience.”*

*“Become a Safeguarding Champion”*

*“How important Professional curiosity is.”*

*“Absolutely an Excellent day, powerful and thought provoking. The voice of the person came through loud and clear and the work that is going on to support both children young people and adults at risk in our community is inspirational.”*

*“Such an important event – Thank you”*

The play functioned as a vehicle for sharing learning, encouraging professional curiosity, which echoed themes explored during conference.

### **Priority - Adults experiencing Multi-disadvantage Activity in your organisation in response to this priority**

Since November 2022, the Integrated Safeguarding portfolio has included mental health, dementia, learning disabilities and Neurodiversity. Strategic Objective: To drive and develop an enhanced offer of Mental Health, Mental Capacity Act, Admiral Nursing support, advice and expertise to hospital and community-based services.

“As specialist nurses we are here to professionally challenge and address health inequalities in Mental Health (MH) and Dementia” with a view to

maximising people’s potential for better outcomes and quality of care provided.

Ambitions: To improve service delivery, in line with statutory legislation, progress seamless pathways, improve partnership working to ensure parity of esteem, increasing better health outcomes & quality of care. The Lead Nurse for Mental Health is aiming to ensure appropriate oversight is in place and offer support to review incidents, contribute to relevant investigations and provide appropriate challenge where/if necessary to trust services.

A focused development session was held with the quality & governance committee in December 2022 on Mental Health and ‘vulnerabilities’.

The Lead Nurse for Mental Health who commenced in post on 19th September 2022, presented her work to date at this session and has been engaging with a wide range of colleagues across the system. Collaboration and relationships with colleagues at Pennine Care NHS Foundation Trust (PCFT) are areas that require particular focus. A scoping exercise is underway in relation to the background of mental health within the Trust, with an aim to develop a vision & strategy, ensuring clear priorities are set.

The lead nurse for MH is the Co-Chair for the Urgent and Emergency Care Workstream relating to the system wide Mental Health, Learning Disabilities and Autism (MHLDA) offer, and although in its infancy reports to the boards relating to the development of structures that support meaningful engagement and reduce duplication across the system. To ensure there is a collective understanding of what provision is currently hard to reach for some of our population to ensure inclusivity for all

minority and underrepresented groups this is in conjunction with other organisations across Tameside in which an alliance agreement across all partners will be formulated.

It is hoped that this will improve a strengthened approach in relation to health outcomes for adults experiencing multi disadvantage that are responsive, able to meet the needs and provide seamless journeys for the people of Tameside.

The system wide Key priorities for Tameside are to focus on outcome measures that will support:

1. The Development of an all-age Mental health and wellbeing strategy for the borough with a relentless focus on reducing health inequalities.
2. Transformation and service development to achieve our Starting Well, Living Well and Aging Well ambitions and delivery of the National Health Service (NHS) Long Term Plan.
3. Reducing Health Inequalities for individuals with a Learning Disability and Autistic People.

The Trust has continued to promote, create, and ensure safeguarding is our everyday business, culture and whole organisational approach that is firmly embedded within the wider duties and all areas and activities of the Trust.

The Integrated Safeguarding Team continue to triage incidents daily, effective collaboration with Mental Health professionals sat within the team has proved positive, contact is frequent with professionals in neighbouring organisations where patients are known which is supporting to develop seamless, timely interventions to the population served with the hope of better outcomes.

Supported National Safeguarding Adult Week 2022 that aimed to create a time where we could all focus on the importance of safeguarding adults.

Supported World Elder Abuse Day

A Spotlight on Safeguarding Month- Each week throughout November 2022, our aim was to create a time to focus on the safeguarding life course, by raising awareness and providing opportunities for learning to support and promote a culture and organisational approach, that safeguarding is 'Our Everyday Business'

Embedded safeguarding at the daily sight huddle, providing key messages, updates, and informing management of risks, incidents, and concerns. This continues to generate useful conversations where actions and learning is identified and shared, when relevant.

The Safeguarding Champions Model was launched at our Integrated Safeguarding Conference. This pivotal role will help the safeguarding team expand its reach, visibility, and promotion of safeguarding across the Trust. The safeguarding champion role will be central to a 'back to basics and back to practice' approach, where the champions will act as a focal point in passing on key messages, learning from incidents, investigations & safeguarding case reviews.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

Ensuring a continued focus on those with multi disadvantages and staff working directly with adults at risk continue to have access to advice,

support, and supervision and therefore adults at risk have continued to be recognised and responded to at the earliest opportunity. The impact being- prevention, early intervention and creating safer cultures.

The aim is to develop and improve system working to support the prevention agenda and a reduction in health inequalities.

To ensure collaborative, improved working relationships to promote responsive, well led provision, improvements in coordination across organisation sin Tameside.

To ensure meaningful alternatives to the emergency department are available for those with multi disadvantages to reduce People facing barriers in accessing help at a time of crisis.

### **Priority – Domestic Abuse** **Activity in your organisation in response to this priority**

Activity in your organisation in response to this priority  
The Trust continues to prioritise adult safeguarding and is core to its business and value, with a continued focus on developing its approach to Domestic Abuse.

The Trust is represented at the fortnightly Multi-Agency Risk Assessment Conference (MARAC) and contributes through facilitating information sharing, risk assessment and safety planning. There is daily contribution to the multi-agency risk assessment of high-risk domestic abuse incidents in the MASH.

The Trust is represented and contributes to the Domestic Abuse Operational and Steering Groups, supporting the implementation of

Tameside Domestic Abuse Strategy.

The Trust has contributed to Domestic Homicide Review processes and ensured lessons were learned from Domestic Homicide Reviews (DHRs) as well as serious incidents (SIs), and Safeguarding Adults Reviews (SARs) and continued to fulfil the Trust’s statutory duty in attendance at the Adult Safeguarding Board and subgroups.

The Trust Integrated Safeguarding team, managers and occupational health team have reported an increase in cases of domestic abuse where our staff are the victims. Over 80% of the Trusts employees living in Tameside, with over 70% of employees being women. Work has therefore progressed on developing a Domestic Abuse policy for its staff.

The Independent Domestic Violence Advocate (IDVA) fixed term funded role was extended and continues to work in the Trusts Emergency Department and Maternity Services.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

The hospital IDVA role aims to; Improve identification of victims of interpersonal violence; provide an effective, consistent presence in Accident& Emergency(A&E) to advocate for the service and improve the response to victims of interpersonal violence, by supporting, empowering and training clinical staff to identify signs of abuse and ask screening questions; work collectively as a team with our staff, to offer a safe space where support is provided and choices are offered for immediate safeguarding and provide on-the-spot advice, support and safety planning to victims of abuse and violence at the point of crisis.

Hospital based IDVAs are in the right place at the right time when co-located with the ability to have an immediate response.

Promotes domestic abuse in the trust/raises awareness this is a priority. Thus, sending the crucial message that health professionals are cognisant of abuse's prevalence and do not consider it to be acceptable or unimportant.

Safe space for disclosures created permanently and embedded in the service offer, aligned to strategic priorities.

Helps improve victim safety and health by increasing referral and access to wider services.

Help safeguard adults and children.

Could reduce future health costs.

## Greater Manchester Fire and Rescue Service (GMFRS)

### Priority – Self-Neglect

#### Activity in your organisation in response to priority.

GMFRS interventions such as Home Fire Safety Assessments, Prevention Education Programmes, FireSmart and Atlas (the children and adult fire setting programmes) all consider personal risk factors to identify and manage fire risk. Referrals for those who identify with self-neglect are made into the relevant services.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

GMFRS has attended and supported the Tameside Hoarding Task and Finish Group and committed to attend the Tameside Hoarding Peer Support Group (commenced in 2023). Involvement in these forums demonstrates GMFRS commitment to raising awareness and providing support where possible to those identified with self-neglect or affected by clutter and/or hoarding.

GMFRS continue to train staff and Designated Safeguarding Officers on the various themes of abuse and harm and are committed to promoting priority areas raised from emerging themes identified internally and via partners in Tameside and across GM.

This partnership approach and focus on development will ensure GMFRS staff are equipped to identify and support adults at risk in Tameside and other areas of Greater Manchester (GM).

### Priority - Neglect

#### Activity in your organisation in response to this priority

GMFRS routinely share the outcomes of Safeguarding Adult Reviews across the cadre of Designated Safeguarding Officers. We recognise that we need to strengthen our approach to sharing learning across the organisation and have committed to improve this area in our Safeguarding Self-Assessment documents and corresponding Action Plans (Section 11, National Fire Council Chiefs Self-Assessment Toolkit and Fire Standards Board – Safeguarding Standard).

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The intention of improving the services' approach to sharing information on emerging themes and outcomes from Safeguarding Adult Reviews is to raise the profile of prevalent or even hidden issues and best practice.

Again, this will assist GMFRS in continually improving our approach to safeguarding adults.

### Priority - Adults experiencing Multi-disadvantage

#### Activity in your organisation in response to priority.

GMFRS interventions such as Home Fire Safety Assessments, Prevention Education Programmes, FireSmart and Atlas (the children and adult fire setting programmes) all consider personal risk factors to identify and manage fire risk. Referrals for those who identify with self-neglect are made into the relevant services.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

GMFRS continue to train staff and Designated Safeguarding Officers on the various themes of abuse and harm and are committed to promoting priority areas raised from emerging themes identified internally and via partners in Tameside and across GM.

Ensuring GMFRS staff have an awareness of the range of safeguarding issues and the heightened risk created through Multi-Disadvantage should mean that more individuals are identified and supported appropriately.

### **Priority – Domestic Abuse** **Activity in your organisation in response to this priority**

GMFRS is proactive in raising awareness of the issue of Domestic Abuse through support for campaigns such as White Ribbon Campaign etc. As such we do see referrals from our staff, submitted to Social Care Teams and sometimes Police, relating to Domestic Abuse (DA).

In 2022 has joined the GM Domestic Abuse Steering Group.

In 2022, GMFRS launched a DA E-Learning pack for staff.

### ***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

Through greater promotion and public commitment to addressing DA, GMFRS staff should be alert and equipped to recognise and respond to DA appropriately and support adults at risk when they are identified.





## North West Ambulance Service (NWAS)

### NWAS Safeguarding-Annual-Report-2022-23

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## Change Grow Live

### Priority – Self-Neglect

#### Activity in your organisation in response to priority

CGL have been joint working with Adult Social Care and Adult Safeguarding to upskill staff across both services in both drugs and alcohol and adult care and to build relationships across the teams. We have liaised around individual cases, jointly care planning. CGL and Partners have attended and contributed to the Drug Related Death panel and have identified learning around self-neglect.

CGL have contributed to SAR's.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

Relationships and partnership working has significantly improved.

Processes are more streamlined with Multi-Disciplinary Team (MDT) meetings taking place and with queries and escalations being responded to.

CGL have supported people not in treatment, by providing information and advice in relation to substance misuse, to partners.

### Priority - Neglect

#### Activity in your organisation in response to this priority

CGL have contributed to SARs.

CGL have led on the Drug Related Death panel with Liverpool John Moores University (LJMU) and partners.

CGL have implemented an internal Safeguarding Multi-disciplinary Team (MDT) for the team to raise concerns and to improve learning.

CGL have Contributed to learning around specific issues – cuckooing (raising awareness) within the team.

#### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

Joint sessions have enabled staff to identify neglect more readily. Concerns are being raised by staff.

Learning has been generated.

#### **Priority - Adults experiencing Multi-disadvantage** **Activity in your organisation in response to this priority**

We have an MDT approach to multi-disadvantage.

The Drug Related Death panel highlights multi-disadvantage and encourages a partnerships approach to learning and improvements.

We have attended meetings to contribute to the Vulnerable Adult Multi Agency Safeguarding Hub (MASH) and tiered system.

## Priority – Domestic Abuse

### Activity in your organisation in response to this priority

CGL attend Multi-Agency Risk Assessment Conference (MARAC) and contribute to information sharing.

We have contributed to the Domestic Abuse and Violence needs assessment and the perpetrator task and finish group.

CGL have attended initial Domestic Abuse Task and Coordination panel (DATN) meeting and will continue to attend. We have given our commitment to continue with this.

We have advocated to support people to access support from Independent Domestic Violence Advocate (IDVA) and partner agencies where needed (safer option).

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

Continued to contribute to a partnership approach to recognition of DAV.

Using MARAC to manage risk.

# Summary

A wealth of work has continued during 2022/23 to respond to TASP B Statutory responsibilities and progress the TASP B Strategic Plan. The Board are assured that Partnership work is pro-active in Tameside in response to the Adult Safeguarding Agenda. This year we have seen how the outcome of the introduction of the revised TASP B Policy and Procedures has been instrumental in responding to the increase in the number of safeguarding concerns.

The governance arrangements and representation at Board also strengthen the approach in Tameside, to ensure Safeguarding Adults is everybody's business. It is evident TASP B continuously strive to improve Adult Safeguarding Practice and good initial progress has been made to implement the revised **2022-25 Strategy** and defined priorities.

- **Self-Neglect** - this type of abuse is included as a category under the Care Act. We recognise that this is an emerging theme of abuse in Tameside. Whilst the number of concerns are low, they appear to be increasing in Tameside. TASP B, are pro-active in their response to the Safeguarding Prevention Principle and we will strive to have assurance that Partner organisations provide a Person Centred approach to empower individuals to make choices and support for them to manage risks.
- **Neglect** - Strategies for the prevention of abuse and neglect are a core responsibility of TASP B. Recent local Safeguarding Adult Reviews have identified neglect as a pertinent theme. We acknowledge there is further work to complete to promote the signs and symptoms of neglect and support a multi-agency approach to protect Adults with care and support needs who are experiencing or at risk of this form of abuse.

- **Adults experiencing Multi-disadvantage** – There is a strong commitment from TASP B to raise awareness, strengthen an integrated approach and improve knowledge and understanding of Adults experiencing Multi-disadvantage. We will seek assurance that there are strong cross-sector partnerships to respond to tackling multiple disadvantage and improving outcomes to prevent Adult Abuse in this cohort of people
- **Domestic Abuse** - Many circumstances are both safeguarding situations and domestic abuse. Whilst Organisations will respond and support individuals in these circumstances we are keen to enhance the support and want to be assured Partner Organisations have a workforce who are competent in demonstrating and understanding of the signs and symptoms of Domestic Abuse and the knowledge of pathways available to respond in the context of section 42 enquiries.

The key to this work is Partnership and during 23/24 the Board focus will be to continue to strengthen this approach to prevent abuse and neglect and help and protect people with care and support needs at risk of abuse and neglect.

# Glossary

<b>CAP</b>	Care Plan
<b>CGL</b>	Change, Grow, Live
<b>CHC</b>	Continuing Health Care
<b>CPD</b>	Continuing Professional Development
<b>DA</b>	Domestic Abuse
<b>DAB</b>	Domestic Abuse Care Plan
<b>DASH</b>	Domestic Abuse Stalking Harassment and Honour Based Abuse Risk Indicator checklist
<b>DATA C</b>	Domestic Abuse – Tactical and Coordination
<b>DATN</b>	Domestic Abuse Task and Coordination panel
<b>DAVA</b>	Domestic Abuse and Violence
<b>DHR</b>	Domestic Homicide Review
<b>GMFRS</b>	Greater Manchester Fire & Rescue Service
<b>GM</b>	Greater Manchester
<b>GMP</b>	Greater Manchester Police
<b>GP</b>	General Practitioner
<b>ICB</b>	Intergrated Care Board
<b>IDVA</b>	Independent Domestic Violence Advocate
<b>IRIS</b>	The Identification and Referrals to Improve Safety
<b>ISRT</b>	Investigation & Safeguarding Review Team
<b>LMIU</b>	Liverpool John Moores University
<b>MAPPA</b>	Multi-agency public protection arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MDT</b>	Multi-disciplinary Team
<b>MH</b>	Mental Health
<b>MHLDA</b>	Mental Health, Learning Disabilities & Autism

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<b>MSP</b>	Making Safeguarding Personal
<b>NHS</b>	National Health Service
<b>PCFT</b>	Pennine Care NHS Foundation Trust
<b>POAP</b>	Plan on a Page
<b>PPUG</b>	Public Protection Governance Unit
<b>RARA</b>	Remove/Avoid/Reduce/Accept
<b>SAR</b>	Safeguarding Adult Review
<b>SI</b>	Serious Incident
<b>SLT</b>	Senior Leadership Team
<b>SMART</b>	Specific, Measurable, Achievable, Realistic, and Timeframe
<b>SPOC</b>	Single Point of Contact
<b>TASPB</b>	Tameside Adult Safeguarding Partnership Board
<b>TMBC</b>	Tameside Metropolitan Borough Council
<b>TRAM</b>	Tiered Risk Assessment Model
<b>VAWG</b>	Violence Against Women & Girls
<b>WEAAD</b>	World Elder Abuse Awareness Day



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