

Report To: EXECUTIVE CABINET

Date: 27 May 2020

Executive Member / Reporting Officer: Councillor Brenda Warrington – Executive Leader
Sandra Stewart – Director of Governance and Pensions
Sarah Threlfall – Assistant Director (Policy, Performance and Communications)

Subject: HUMANITARIAN HUB

Report Summary: This report outlines all the current support provided by the Humanitarian Hub to vulnerable local residents, which was established in response to the Covid-19 pandemic outbreak. It identifies that the Hub's operations have already evolved due to Covid-19 being a fast moving situation, and the support it provides will need to evolve as the Covid-19 pandemic continues to change. The report thus provides a series of proposals identifying specified phases in the Humanitarian Hub's future support response as we move into the 'recovery' phase and manage Covid-19 in the longer term. These phases detail a gradual shift away from the emergency response to supporting residents struggling with the long-term impacts of the pandemic and associated control measures. Eventually, it envisions that the intelligence obtained from the Humanitarian Hub's operations will drive the re-design of support services as we build back better.

Recommendations: That Executive Cabinet approves:

- (a) the outlined proposals for the four phases of continued activity of the Humanitarian Hub.
- (b) the introduction of payment for food packages for those who are able to pay as above income thresholds.

Links to Corporate Plan: The Humanitarian Hub is closely aligned to the Corporate Plan. The Plan's objectives will be used to drive the Hub to support the borough's most vulnerable residents.

Policy Implications: In line with Government's Covid response and guidance.

Financial Implications: The cost of Humanitarian Hub response is expected to be £210k by the end of phase 2. £76k has been additional costs arising from the purchase of food and essentials to support residents and running costs of the operations hub. The cost of redeployment of staff into the hub from their normal work duties has been £132k.

The cost of preparing food packages is on average £41.97 per bag. The cost of the food only in each bag is £22.75. So the maximum proposed contribution from residents, where appropriate, would almost cover the food element.

In moving to phase four, it is unclear at this stage what the cost of any development of 'navigator' roles to support those in need would be, and if this would be an increase in costs to

the organisation or would be part of a wider reconsideration of resource allocation.

Legal Implications:

The shielding programme, an unprecedented package of support for those most at risk from coronavirus, has seen government partner with the food industry and local councils to deliver a programme on a scale not seen since the Second World War. There is [further guidance](#) available on how people can access food and other supplies, including those who are not clinically extremely vulnerable.

The Council initially and currently are providing additional support to the government's provision of food parcels to support those in the community affected by Coronavirus, however, as the pandemic continues it may well be the case that this duty of care is transferred wholly to Local Government. Accordingly, it will be necessary for us to keep under review how this is delivered. Additionally, much of the demand is arising as a consequence of the exacerbation of the impact of coronavirus on fragile lives and subsequently as an authority we need to find sustainable ways within the community to support such need and hence the need for ongoing review.

The cost of the support is expected to be met from the Government funding designed to support the Covid response. That said the council still has to comply with its statutory duties of delivering a balanced budget and any services efficiently and effectively whilst reducing inequality.

Risk Management :

This report fulfils the commitment for equalities issues to be monitored on a regular basis by Executive Board. It also ensures awareness of the agenda across the organisation.

Access to Information :

The background papers relating to this report can be inspected by contacting the report writer Simon Brunet: Head of Policy, Performance and Intelligence



Telephone: 0161 342 3542



e-mail: simon.brunet@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Humanitarian response to the Covid-19 Pandemic is a rapidly evolving and critical function in our response to the Covid-19 pandemic.
- 1.2 Since it began operating the humanitarian hub has received over 3,000 calls and made over 1,500 food deliveries.

	Calls + webchats (handled by covid-19 call centre)	Food support (households)	Food buddy referrals (to Action Together)	Prescriptions referrals (to Medicines Hub)	Wellbeing referrals (to Action Together)
w/c 23 March		75			
w/c 30 March	773	565	99	58	49
w/c 6 April	741	259	66	60	25
w/c 13 April	654	255	129	47	39
w/c 20 April	545	215	83	52	26
w/c 27 April	430	173	50	45	13
w/c 4 May	299	90	18	37	18
w/c 11 May	370	103	23	39	13
Cumulative	3812	1735	468	338	183

- 1.3 Running costs for the humanitarian hub forecast to the end of May 2020 are summarised below. Note: the below excludes costs for the delivery of the Medicines Hub and the Wellbeing Support offer. However it should be noted the Helpline and Triage function covers all aspects – food, medicines and wellbeing.

FUNCTION	£ (forecast to end Phase 2 – 29 May 2020)
INFRASTRUCTURE (building, security, cleaning, heating etc.)	£ 18,929
HELPLINE (cost of redeployed staff and licences)	£ 46,514
TRIAGE AND TRACKING (& OVERSIGHT) (cost of redeployed staff)	£ 27,792
FOOD PARCEL PREPARATION (cost of redeployed staff)	£ 18,605
FOOD COSTS (purchase from wholesalers)	£ 53,028
FOOD PARCEL DISTRIBUTION (taxi drivers)	Costs covered under existing contract
NEIGHBOURHOOD TEAM / STEP DOWN (cost of redeployed staff)	£ 45,963

- 1.4 The majority of those individuals supported to date have accessed the Hub through self-referral using the Council's 8355 number. Some individuals have been referred through other agencies and increasingly the government are directing individuals to the Hub or

requesting that the Council (through the Hub) make contact with people on the national shielding database.

1.5 The design and operation of the Hub has already been through a number of phases as the nature and extent of the crisis has evolved. The Hub was initially targeted primarily at those who were unable to leave their homes as a result of the need to shield from Covid-19 due to their age or medical condition and therefore unable to access supplies and basic essentials. The Hub has worked proactively with Action Together and local food banks to ensure that they are able to sustain their current operational delivery, however, it is clear that these are not as robust or resilient as we initially envisaged they would be. As the measures to limit spread and the impact of the pandemic have developed, a range of needs have emerged. The operation of the Hub and response of key services needs to be considered as we move into considering how we manage the impact of Covid-19 in the longer term. It is not sustainable or appropriate to operate the Hub as a standalone entity long term and as we move into 'recovery' phase we will need to build back into mainstream services – albeit where we build back into will need to change how it works as well (short and long term).

1.6 The Humanitarian Hub has also taken a lead on associated issues in addition to responding to individuals in needs. Providing planning and logistical support around supplies of food and basic essentials, including

- Storage and distribution of donations from supermarkets and other food suppliers (e.g. Manchester Airport Group and Etihad);
- Support to Foodbanks, including redeployment of staff, provision of vehicles and logistics and purchasing supplies on behalf of foodbanks (as we are able to secure more robust food supplies);
- Mapping and collating intelligence around mutual aid and other self-organised support in communities (through the redeployment of staff from HR and Policy into Humanitarian Hub cells in each of the four neighbourhood areas);

Operating Model

1.7 Currently the model operated in the Hub is

- i. Referrals received through Covid-19 Call Centre or through proactive outreach from Neighbourhood Cells using datasets which may indicate vulnerability
- ii. Initial triage of need and required response (provision of food or medicine)
- iii. Following deployment of initial package of support follow up triage call to discuss more detailed requirements and agree a more sustainable solution (matching to a food buddy, linking to mutual aid organisation etc)
- iv. Where appropriate a referral may be made to Action Together the local VCSF infrastructure organisation to arrange a general wellbeing check, and organise wellbeing support (for example linking in with a befriending service)
- v. A small number of people for whom no alternative provision exists will be provided with subsequent packages of support

Enhanced support to specific cohorts will be provided by key services including

- vi. Rough sleepers (ABEN/RSI) and refugees
- vii. Families (in particular with babies) with additional food parcels including nappies, formula etc.

1.8 The Government are increasingly looking to Local Authorities to supplement and/ or replace the support being given by them to the shielding cohort. This activity is increasingly coming to dominate the work of the Humanitarian hub, with a requirement in place to call all of those on the shielding list who the government have been unable to make contact (474) with and a request that we explore the possibility of contacting those the government made

contact with but were unable to establish a definitive resolution, (986) (e.g. a child answered the phone, or they were unable to speak directly to the shielding individual).

- 1.9 The Hub will be making contact with the uncontactable through a door knock (check) to establish that they are safe and well. This will be undertaken by redeployed Council employees and volunteers from Action Together working in partnership.
- 1.10 The Government and Greater Manchester Combined Authority have also requested that the Humanitarian Hub support the 300 plus Asylum Seekers in the Borough with basic essentials and support needs. We are exploring the options for working with this cohort and will set out proposals for Board once we establish what the requirements of this group are and how these needs might be addressed.

Understanding Needs

- 1.11 Through the operation on the Hub and an analysis of need it has become clear that large portions of the shielded population don't need new or additional help, nor require the involvement of the Local Authority or the government. For those that do need help in the shielded population the issues of limited physical access to food due to a clinical direction to stay at home is stabilising. It is the sub-shielding population where we are increasingly identifying significant needs (pre-Covid-19 that are exacerbated or new due to Covid-19). This need is twofold.
 - i. Conditions that don't make the shielding list but those people are self-selecting to shield out of fear, and the knock on impacts around access to basic services (food) plus their mental wellbeing etc.
 - ii. The economic impact of lockdown (not shielding) and how this is creating financial not physical barriers to food, fuel and housing (the basics of a person's dignity). And then what that lack of sufficient money to access basic essentials does to individuals self-esteem, family units and community cohesion (increased DA, drug / alcohol, child welfare, mental wellbeing etc.).
- 1.12 An analysis of contact indicates that in the Hub, (beyond the Shielding List) we are dealing with three broad cohorts:
 - i. Older people (45%). Not on the shielding list but with health conditions to which the severity is impacting their ability to cope (e.g. COPD, diabetes) and leading them to choose to self-isolate. The majority are on low incomes and in social housing with very limited capacity for digital (skills and/or access). Some have mental health conditions linked to impact of physical health and associated isolation. These individuals probably struggled with the basics (accessing food, medicines) pre-Covid-19-19 but this is now exacerbated. Many are potentially in need of some form of low level care support.
 - ii. Working age people (40%). These individuals are not on the shielding list but with health conditions leading to them to choose to self-isolate and/or fear. These individuals live in a mixture of social housing and private rented. Those in private rented are furthest from public services. Some of these individuals have mental health problems, and many without emotional capacity to problem solve (lack of hope, aspiration, energy). Key themes include low income, detachment from support networks (family / friends) and/or public service help not accessed (help navigating needed).
 - iii. Other (15%). The two main groups being single mothers and chaotic individuals / households. Single mothers on low incomes, child(ren) and/or mother self-isolating so unable to access shops etc. For these individuals their income situation limits access to alternative options. A number of these individuals are alcohol or drug dependent. They are predominantly on benefits, with the money they have got not prioritised on food etc. (with funds exhausted within a few days of receipt). Furthermore these individuals are often not effectively shielding / self-isolating although report they are.

- 1.13 Across all cohorts the issues of low income (limiting options like online) and mental health / emotional capacity (limiting ability to problem solve) stand out as regular markers. And underwriting it all is the difficulty in navigating a complex public service offer which is a challenge pre-Covid-19, but even more so now. Often through the Hub meeting food need is only part of the requirement, the Hub is also having to connect them to services, and/or get services they are currently supported by joined up to tackle an issue.
- 1.14 Clearly some of this food need would have been met pre-Covid-19 (in part) by the foodbanks. The foodbanks continue to provide critical support but the issue of shielding. However, the complexities of operating a foodbank through the pandemic and the fact that many of the individuals coming through the hub, while having a presenting need around food, have many and complex problems relating to accessing public services complicates what could be perceived as a transactional relationship. As a Local Authority once presented with these problems we have a duty of care which makes it not possible to pass these individuals and their needs wholesale to a foodbank. Finally intelligence from government suggests that shielding is likely to continue for a significant period potentially beyond six months and that the number of people required to shield may increase. Furthermore in coming weeks as the track, test and quarantine system becomes operational there will be humanitarian support required for those who are expected to quarantine due to contact with those infected. These will all require support through phase three of the operation of the hub.

2. NEXT STEPS

- 2.1 Now that the initial emergency response phase is over and we are developing solutions to the Covid-19 challenge over the medium to long term it is appropriate to review the operation of the Humanitarian response.
- 2.2 It is clear that a Humanitarian response will be required for some time to come as the impact of shielding, isolation, lockdown (through various stages of relaxation) and critically the financial impact of Covid-19 (and measures to limit the spread of the virus) take their toll on our community.
- 2.3 It is proposed that we retain the emergency helpline number for the foreseeable future but it is likely that the volume of calls through that number will decrease and we will start to see new and different needs emerging as a result of the ongoing impact of Covid-19 including the significant financial impact on some individuals, families and households.

Humanitarian Hub Phase 2. Mid May to Early June 20

- 2.4 As we move out of phase one of the Humanitarian response it is appropriate to introduce a nominal charge for those able to pay for food packages to ensure that longer term financial resources and support are targeted at those who most need it and that those who are able to pay but unable to access supplies contribute appropriately.
- 2.5 It is proposed that the price for a basic food package be set at £20.00 per household (which reflects the cost of bought items, donations are added in at no cost to the recipient) and that those who say they are unable to pay are asked to provide evidence to support that assertion in line with the evidence which would be required to access a foodbank. This could be assessed with Welfare Rights support. Where there are specific needs like diabetic or coeliac we try to adapt or purchase specific. Dog or cat food is provided if required.
- 2.6 Those working in the Hub will continue to respond to a reduced number of incoming calls, provide immediate support and then develop sustainable support (mutual aid, food buddies etc).

- 2.7 More targeting will be in place for those who maybe emerging as newly vulnerable or increasingly vulnerable will be undertaken. Working with current service leads to establish their current status in known systems e.g. adults, mental health etc.
- 2.8 The Humanitarian Hub teams continue to work with cases that come through the call centre. These numbers vary and some people are getting multiple follow up calls. Now we have the linked in arrangements with Action Together many of these will received a face to face (<2m>) visit which will help more move on.
- 2.9 It is proposed that we will also undertake some more general and targeted communication activity in phase two as a pre-cursor to moving into phase three.
- i. Mass messaging (and access) will be undertaken through a communication to all residents through a Covid-19 edition of the Citizen to be distributed end of May and a bulk text message (generic message for all)
 - ii. Targeted messaging and contact. A bulk text message to those identified as vulnerable through various data sources (tailored for different cohorts)

Humanitarian Hub Phase 3. Early June 20 onwards

- 2.10 As the numbers of people requiring support identified through self-referral or outreach reduces further it is proposed to shift the focus in terms of the provision of support to those experiencing financial hardship as a result of Covid-19 or those struggling with the long term impact of the pandemic and associated control measures (mental health, well-being, educational development, support with long term medical conditions).
- 2.11 The four key areas of concern emerging are:
- i. Financial hardship – impact of job losses – thus access to food, fuel etc.
 - ii. Mental wellbeing – exacerbation of existing and emergence of new
 - iii. Domestic abuse / general violence – spin off from lockdown pressure and financial hardship
 - iv. Safeguarding of children – from above and generally plus kids not in school (eyes & ears) and drop in referral (unmet / seen need)
- 2.12 Phase three will move to providing increasing support to foodbanks- financial, logistical and operational and to explore the option of partnering with/ or commissioning the third sector to undertake the residual provision of emergency food to those shieling or self-isolating.
- 2.13 A focus will be placed during phase three on providing additional resources to mainstream services providing support to those vulnerable as a result of Covid-19 Welfare Rights, CAB, Early Help, and Social Care, housing providers to stabilise and secure tenancies.
- 2.14 Work will be done to join the Neighbourhood cells with Neighbourhood co-ordinators in each of the four neighbourhood areas and shift the response to one led by volunteers and the third sector (with strong support from local authority support where appropriate). During this phase we will potentially explore the role of navigators, supporting those who have suffered significant hardship as a result of Covid-19 or who were previously below the radar/ threshold of service but have become more vulnerable or more visible as a result of Covid-19.

Humanitarian Hub Phase 4. Running concurrently with phase 3.

- 2.15 It is proposed that in this last phase as we move into normalising/ building back services, we use the intelligence from the operation of the Hub to drive the redesign of support services across the public sector, potentially including the development of 'navigator' roles to support those in need to support to access key services and support mechanisms. This will seek to address the issues identified through the Hub of low income (limiting options like online) and mental health / emotional capacity (limiting ability to problem solve). Critical to the success of building back will be tackling the difficulty these individuals face in

navigating a complex public service offer which is a challenge pre-Covid-19, but even more so now.

- 2.16 As the proposed model for testing, tracing and quarantining becomes clearer and we move to a relaxation of the lockdown it may transpire that a different cohort of individuals are required to self-isolate/ quarantine for a period of time. The humanitarian hub may also need to provide support to this cohort in coming weeks and months.
- 2.17 Finally, intelligence from government suggests that shielding is likely to continue for a significant period potentially beyond six months and that the number of people required to shield may increase. Furthermore in coming weeks as the track, test and quarantine system becomes operational there will be humanitarian support required for those who are expected to quarantine due to contact with those infected. These will all require support through phase three of the operation of the hub.

3. RECOMMENDATIONS

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

