Tameside & Glossop
Partnership Engagement
Network (PEN)

NHS
Tameside and Glossop
Clinical Commissioning Group

Tameside
Metropolitan Borough

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

Partnership Engagement Network (PEN)

Report of Engagement during the Covid-19 Pandemic

Background

Tameside & Glossop Strategic Commission (Tameside Council and Tameside & Glossop Clinical Commissioning Group) has engaged with residents, patients, service users and other stakeholders on the impacts of Covid-19 and their experiences during the pandemic in a number of ways to date. This includes virtual engagement sessions with members of the Tameside & Glossop Partnership Engagement Network, a locality-wide survey on the impacts of the pandemic and learning for the future, engagement with children and young people and with Elected Members via Scrutiny.

Key messages from the engagement that has taken place are:

Key messages
- Communication – participants spoke of the need for clear, effective and locally tailored communications to support the safe return to normality

- Mental health was a key concern, particularly for young, older, vulnerable people, and people facing hardship of the pandemic

- Isolation/fear experienced by most vulnerable was said to be a key impact of the pandemic

- Digital methods of delivering services & concerns – respondents spoke of the positives of how services have adapted to digital methods but this risks excluding vulnerable people and poorer outcomes

- Ability to access to GP services/primary care services was a focus for future planning

- Vaccinations – both for winter flu and a possible Covid-19 vaccine featured in discussion about priorities for the future

- The role that the VCFSE sector has played in the pandemic was discussed, including how it could be harnessed in the future

- Positive experiences and outcomes from the pandemic, such as less travel by car or improved delivery of public services

- The disproportionate impact that Covid-19 has had on BAME members of our community - with particular emphasis on our Muslim community and people for whom English is not their first language

- Young people also raised issues in relation to completing school work (difficulty for some in terms of accessibility / digital exclusion and motivation levels), exam concerns (including the feeling of missing out on key life milestones) and the importance of including young people in decision making processes

Virtual Engagement Sessions

Between 31 July and 17 August 2020, members of the public, stakeholders, partners, and voluntary, community and faith sectors, alongside representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust met virtually for the first virtual Partnership Engagement Network engagement sessions of 2020. These are the first sessions to have taken place since the Covid-19 outbreak and resulting social distancing restrictions. There were over **55** participants in total.

The sessions were intended to be predominantly listening exercises – building on attendees' experiences during the pandemic, both as individuals and professionals/part of an organisation. In addition to this, the fifth session held with young people across the local area was held so that the perspective of children was captured.

Each session was facilitated by local leaders who led the discussions:
- How do we get services back open safely? Facilitated by Jane McCall, Chair of Tameside & Glossop ICFT and Karen Huntley, CCG Governing Body Lay Member
- What have been the impacts on the most vulnerable members of our community/ what is the learning for the future in terms of inequalities? Facilitated by Councillor Brenda Warrington, Executive Leader of Tameside Council and Liz Windsor-Welsh, CEO of Action Together
- Living with Covid-19 and preventing future outbreaks / spikes – what does the community need to be able to do this? Facilitated by Dr Asad Ali, Co-Chair of the CCG and Jody Smith, Policy & Strategy Service Manager
- How do we do things differently in the future based on our experiences of COVID-19? Facilitated by Councillor Brenda Warrington and Karen Huntley.
- A bespoke young person's engagement session focusing on their experiences of Covid-19 and how we can do things differently in the future. Facilitated by Councillor Bill Fairfoull, Executive Deputy Leader of Tameside Council, Councillor Leanne Feeley, Executive Member - Lifelong Learning, Equalities, Culture and Heritage and Karen Huntley.

Participants were invited to have their say on the topic of the session, drawing on their personal experiences of the pandemic in their capacity as a local resident, patients, service user or other stakeholder.

Prominent key themes emerged from across all five virtual engagement sessions. The discussions and feedback captured during these sessions will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop in light of the pandemic and to help us build back better.

Messages from the engagement sessions in full:
Communication
- Communication was notably the most prominent theme across all five discussions. There was a general consensus of how essential communication has been to the pandemic, and how it continues to be of vital importance to a number of factors – keeping the public informed regarding lockdown rules, information about the virus, what services are available and how they can be accessed,
- Communication on a national scale (for example government communications) has been a cause for concern as new restriction measures are increasingly being implemented and communicated at a pace that is very fast and difficult to understand for many, in particular those who are more vulnerable.
- Comments echoed the need for strong local communication that will combat any confusion about national guidance. For example the national message encouraging the public to go out and support local businesses versus the localised lockdown measures in Greater Manchester and beyond shows how there needs to be a local strategy for communications. Another example is how well local public services are communicated – health, social care and other public services are open for business, however the fear caused by lockdown measures means that many vulnerable people still believe it is not safe to go and seek help or that services are still 'closed'.
- Communication also needs to be inclusive of people who may struggle to understand or for whom communication by digital methods is harder to access. For example – communication adapted for partially sighted/blind people; for people whose first language is not English.

Mental health
- Mental health also featured heavily – many participants reported either through individual experiences or their experience of working with people that mental health has worsened

significantly as a direct result of the lockdown restrictions. Particularly for those who have had to shield as a result, or those who were already socially isolated.

- Some services that have been delivered digitally will need to return to face-to-face, particularly if their remit is to combat social isolation – this cannot be done through screens. For example social groups at the Grafton Centre.
- The mental health or emotional needs of those who have had severe symptoms of Covid-19 or who have lost a loved one to the virus and have been unable to grieve properly due to social restrictions – will need to have their needs met.
- Anxiety is a problem for those people who have been shielding, now that the official shielding period has ended. Many are still too afraid to leave their house, and many have not left their house at all or very little throughout the pandemic.
- Mental health of children requires much consideration and planning – children have missed key life events during lockdown, have anxiety relating to school and exams missed.

Digital services/digital exclusion

- The discussion in each of the sessions largely found that there were two sides to the way that public and health services have been delivered virtually (Zoom, Teams, social media or other). Many reported personal experience of having better quality, more frequent contact with a doctor for example, and reported that as professionals there has been more time to deliver services because they have been able to do this virtually. However on the other hand, many people risk being digitally excluded from these new methods, particularly older people, people with no access to digital methods (financial reasons or other), and people who require additional support in such services – such as people who require a chaperone to advocate or family member who can translate.
- It was agreed that some services are best delivered in person, for example counselling or any sort of mental or emotional support that requires human contact to work well.
- As a result, there were suggestions that going forward there are many who will benefit from a return to face-to-face services – such as health appointments or social activities.
- Finally where digital methods have benefited a public service provider or charity, these methods should be retained where possible with learning from the pandemic to be incorporated.
- Those who may be affected by domestic abuse may feel safer and get the help they need by attending a setting as opposed to digital methods

Access to GP/Primary Care Services

- Many participants reported a disconnect between patients and GPs or Primary Care providers as a result of the lockdown measures. There were comments that now that the country is slowly beginning to open up, the relationship between patients and the NHS must be 'repaired' to encourage people to begin to seek help for whatever their need is once again.
- Many participants noted a variance between GP practices and communications about the services patients can access and how; the quality and frequency of communications is inconsistent across practices.
- Patients need to be reassured that they can and should ask to be seen at their GP practice in order to repair fear and anxiety about going into healthcare settings. There is a general sentiment that patients feel their practice is 'closed'.

Vaccinations

- When asked about how to do things differently in the future, some participants raised the issue of future vaccination programmes, for example the Covid-19 vaccine if it becomes available; the flu vaccine in light of eligibility being expanded to all those over 50; and finally those who have missed vaccines while the pandemic has been going on.
- Another point regarding the flu vaccine was how to manage its supply and distribution in terms of availability, learning from past shortages of the vaccine itself.
- Comments raised concerns over fear and misinformation being spread about a possible Covid-19 vaccine; and how suspicion is not limited to certain social groups but across age groups and social demographics. Future communications need to be able to counteract misinformation.

Impact of the pandemic on BAME people (emphasis on Muslim community and those whose first language is not English)

- Some residents accessing support through the Humanitarian Hub set up to support local residents experienced some language barriers with call handlers
- For those whose first language is not English or who do not speak English, the impact of having to attend appointments (in hospital or elsewhere) has caused issue for those who would normally bring a family member of friend to translate on their behalf. This acts as a further barrier to accessing primary and secondary care, and other services.
- Closure of Mosques – formerly strong community hubs for Muslims in Tameside & Glossop. Their closure posed problems to many during the pandemic who would rely on them for support. However now that they are open again they are useful for getting message out to Muslim community about the pandemic.
- There have been some reports of incidences of discrimination towards black and minority ethnic communities from others in public places / outside local Mosque. This appears to have been further compounded by the emergency lockdown measures announced the day before Eid.

The role of the VCSE sector
Discussion across the sessions highlighted the work of voluntary, community and social enterprise sector in providing for vulnerable people during the pandemic.
- Many charitable organisations continued throughout the pandemic to ensure that their vital support continued to those who needed it. Some have adapted to deliver services digitally/over the phone, which will need to continue to ensure those who are still vulnerable can access.
- Charities may struggle to continue working again in the event of a second wave.
- Volunteers require protection such as PPE and emotional wellbeing support
- There is a need for recognition of the impact that volunteers have had on people during the pandemic
- Volunteers and VCSE organisations must be harnessed as a vital resource in the event of a second wave or second lockdown

Positive outcomes of the pandemic
Participants from a range of individual and professional backgrounds wanted to share some of the positive outcomes they have experienced as a result of the Covid-19 outbreak:
- The role that local Mosques have played in dissemination of information, vital support to the vulnerable and coordination of volunteers
- The positive role that the community has played in supporting the most vulnerable, particularly volunteers – either from charities or those that have been furloughed and offered their time to help others – has been immeasurable
- The use of technology to deliver services has been positive for some service users and staff for a multitude of reasons – has resulted in greater flexibility and quality
- Comments that communications from the Council and CCG have been positive and had a good impact

Other comments:
- Comments about the difficulty of isolating for 14 days if there is a chance someone may have been in contact with a Covid positive person. Many do not have the financial option to do this and rely on going out to work.
- Track & trace has been inadequate – discussion of other local areas that have developed their own systems
- Better Covid-19 patient follow-up or aftercare is needed, particularly for those with severe symptoms who experience difficulty after being discharged
- Concerns about some treatments provided, for example Vitamin B12

The engagement session for young people was held on Monday 17 August. In addition to the key themes outlined above a number of distinct themes arose from this session as follows:

Concerns relating to school
- Participants of different ages voiced their worries about the amount of time and learning that they have missed due to school closures since March. The concerns are largely around the prospect of having to catch up with all of their work.

- A number of participants reported difficulty with completing online work at home for a number of reasons – no access to internet, limited or no access to a device in the household that will allow them to do their work and lack of motivation.
- Some young people such as young carers will have had further difficulty doing school work because of other responsibilities that have to come first

Concerns about exams
- Participants talked about stress owing to the cancellation of exams for a number of reasons including the varying information they were given about what was going to happen at the beginning of lockdown.
- The prospect of catching up on all the lost learning is more stressful for those in Year 10 or 12, who will have either GCSEs or A-levels next year.
- The way exam results are calculated has left young people feeling as though they cannot celebrate.

Mental health
- A key theme for the discussion was that the mental health of children and young people had deteriorated during the pandemic, affecting younger children as well. This notably includes children who had no prior mental health issues.
- There is a strong need for support networks for young people whose mental health is suffering as a result of the pandemic. Young people need to be made aware of what is available to them.
- For some young people, existing mental health problems were exacerbated and coping mechanisms or ways to alleviate this weren't accessible to them because of limited social contact.

Isolation
- Many participants spoke of the isolation felt due to being unable to see close family and friends. One word used to describe this was 'strange'.
- Children have been separated from parents and siblings due to lockdown and social distancing restrictions which has been very difficult. Having contact over the phone with family is no real consolation for the in-person connection that is needed.
- The lack of contact with friends has also impacted young people's lockdown experience, which was said to be 'boring and repetitive'.
- For some young people leaving care, digital access has rendered them even more isolated with phones and internet access being the main contact with the outside world.
- Young people have been left with no space to interact with others during the lockdown, and this has led to scapegoating about young people spending time on the streets with friends.
- The reduction of youth services has meant that young people have not had the space outside the home to enjoy themselves – either as part of youth groups or support groups for young carers

Other comments:
- Some feel that children and young people have been left out of the decision-making process during the course of the pandemic
- Many children will have gone through major life experiences since the beginning of the pandemic and may experience greater struggles associated with lockdown
- Some children have adapted well, particularly with learning and bonding with siblings
- Family bereavement is difficult for children because of funeral restrictions meaning family members cannot attend
- No internet access puts young people in a very difficult position in terms of completing school work, talking to friends and accessing support
- Positive comments were also made in terms of some children feeling they had learnt more during lockdown and the provision of digital equipment had assisted with this

Impact of Covid-19 and Building Back Better: Survey Feedback

A survey on the Impact of COVID-19 / Building Back Better was hosted by the Strategic Commission via the Big Conversation pages on the Council and CCG websites. The survey aimed to understand how the pandemic has impacted the lives of people who live, work or spend time in Tameside &

Glossop. We also wanted to gather views on how we can better live with, and recover from, COVID-19. As challenging as the COVID-19 pandemic has been, it also presents a range of opportunities to do things differently in Tameside & Glossop. We wanted to understand resident's priorities for the way we recover and for the future of the area.

The survey was open from 31 July and closed on 1 September. In total 455 responses were received and analysed.

Table 1 details the achieved sample from the survey by postcode sector compared to the Tameside & Glossop population. The achieved sample figures are based on the 62% of respondents who provided a valid Tameside & Glossop postcode sector in response to the question "What is your postcode?"

Table 1: Achieved Sample by Postcode Sector

Postcode Sector	Tameside & Glossop Households[1] (%)	Achieved sample (%)
M34 – Denton / Audenshaw	18.5	13.2
M43 – Droylsden	9.0	6.1
OL5 – Mossley	4.6	2.8
OL6 – Ashton (Hurst / St. Michaels)	11.6	11.0
OL7 – Ashton (Waterloo / St. Peters)	6.6	4.6
SK14 – Hyde	18.2	28.1
SK15 – Stalybridge	10.9	7.8
SK16 - Dukinfield	7.7	13.9
SK13 - Glossop	12.7	7.1
Other (outsideTameside & Glossop)	-	5.0

Weighting the data to account for over and under-sampling of particular sections of the population is not necessary, given that the survey was available via the Big Conversation web pages on both the Council and CCG websites. It was open to all residents / members of the public and was not a fixed/controlled sample. No personal identifying data was collected as part of the consultation process.

A total of 451 respondents also stated their interest in the consultation (Question 1). 393 of respondents (87.1%) were a resident of the area. Responses are detailed in table 2. Responses were not exclusive: a respondent could select as many or as few options as they wanted.

Table 2: Respondent's interest in consultation

Interest in Issue	%
I work in Tameside & Glossop	42.6
I live in Tameside & Glossop	87.1
I spend leisure time in Tameside & Glossop	37.9
Other	3.8

The 42.6% of respondents who indicated that they worked in Tameside & Glossop were asked which sector they work in. Responses are detailed in table 3.

Table 3: Employment sector of respondents

Employment sector	%

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[1] Figures are based on the number of households in each postcode sector area.

Public sector	64.9
Private sector	16.8
Voluntary sector	15.2
Other	3.1

All respondents were asked to select their top three priorities when thinking about living with Covid-19. The most commonly selected options are presented in table 4.

Table 4: Priorities when thinking about living with Covid-19

Priorities for living with Covid-19	%
My / my family's physical health	65.0
My / my family's emotional wellbeing and mental health	62.3
Staying in touch with friends / family	27.5
Access to health and care services	21.6
Capacity of health and care services to cope with coronavirus	17.9

Respondents were then asked to select their top three priorities for the future beyond Covid-19. The most commonly selected options are presented in table 5.

Table 5: Priorities for the future beyond Covid-19

Priorities for the future beyond Covid-19	%
My / my family's emotional wellbeing and mental health	59.6
My / my family's physical health	59.4
Staying in touch with friends / family	28.8
Access to health and care services	26.7
Managing household income and finances	13.4

Respondents were asked to indicate if they would do anything differently in the future by selecting as many options as appropriate. The most commonly selected options are presented in table 6.

Table 6: what would you do differently in the future?

What would you do differently in the future	%
Spend more time with family	60.9
Support local businesses more	59.6
Holiday more in the UK	40.1
Spend more time at home	39.8
Work from home more	36.7

In addition to the quantitative questions presented above, the Building Back Better survey asked five key open-ended questions. These align with those questions asked during the virtual PEN engagement sessions:

- What do you think the impacts of coronavirus have been on the most vulnerable members of our community? How can we best learn from this in the future?
- How do you think we can best prevent future outbreaks of COVID-19 in Tameside & Glossop? What does our local community need to be able to do to support this?
- What are your thoughts on how we can re-open services safely in Tameside & Glossop?

- Based on your experiences during COVID-19, how do you think we can do things differently in the future?
- Do you have any other comments you wish to make?

The key themes arising from each of the open-ended questions are outlined in Tables 7-11.

Table 7: What do you think the impacts of coronavirus have been on the most vulnerable members of our community? How can we best learn from this in the future?

Theme	No.	%
Loneliness and isolation	178	39.1
Mental health	51	11.2
Fear and anxiety about Covid-19	35	7.7
More/better services supporting vulnerable people	34	7.5
Access to technology/digital services	27	5.9
Reduced access to healthcare/other services	24	5.3
Financial difficulties	24	5.3
Access to food	20	4.4
Better communication/engagement	16	3.5

Table 8: How do you think we can best prevent future outbreaks of COVID-19 in Tameside & Glossop? What does our local community need to be able to do to support this?

Theme	No.	%
Following social distancing and hygiene guidelines	89	19.6
Stronger enforcement of lockdown measures	80	17.6
Effective and clear communication	59	13.0
Education of residents	28	6.2
More cleaning/hygiene	28	6.2
Local based approach	25	5.5
More/better testing	22	4.8
More effective track and trace	20	4.4
Support for people isolating/quarantining	18	4.0

Table 9: What are your thoughts on how we can re-open services safely in Tameside & Glossop?

Theme	No.	%
Follow social distancing guidelines (e.g. facemasks)	101	22.2
Reopen services slowly/cautiously	32	7.0
Ensure effective communication	32	7.0
Enforce lockdown measures	31	6.8
Lift lockdown quickly/immediately	28	6.2
Cleanliness/hygiene	23	5.1
Reopen services only when safe	19	4.2

Table 10: Based on your experiences during COVID-19, how do you think we can do things differently in the future?

Theme	No.	%
Tighter enforcement of social distancing and hygiene guidelines	83	18.0
Better flow of information	56	12.0
Focus on vulnerable people and shielded/isolated residents	26	5.7
More use of digital services	21	4.6
Raising issues with national government	20	4.0
More use of community volunteers or resources	17	3.7
More local input into decision making (residents/community groups)	16	3.5

Table 11: Do you have any other comments you wish to make?

Theme	No.	%
Better flow of information	24	5.3
Tighter enforcement of social distancing/hygiene guidelines	24	5.3
Praise for pandemic response	14	3.1
More local input into decision making (residents/community groups)	12	2.6
Disappointed by response to pandemic	12	2.6
Support town centre and local economies/businesses	11	2.4
Support vulnerable, disabled and shielded residents	11	2.4

Cross tabulation of results by demographic group has not been undertaken due to small numbers by individual category, making meaningful analysis not possible.

The achieved survey sample compared to the Tameside & Glossop population is presented in table 12.

Table 12: achieved survey sample compared to the Tameside & Glossop population

Demographic Group	Tameside & Glossop Population (%)	Achieved Sample (%)
Sex		
Male	49.1	31.9
Female	50.9	64.5
Prefer to self-describe	Not available	0.3
Prefer not to say		3.3
Age[2]		
Under 18	21.9	0.7
18 – 29	14.5	5.2
30 – 49	26.3	37.4
50 - 64	19.8	34.6
65+	17.5	22.0
Ethnicity		
White	91.8	93.0
BME	8.2	7.0
Religion		

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[2] Based on those respondents who provided an exact age to enable categorisation

No Religion	24.0	42.1
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	64.2	55.1
Buddhist	0.2	0.7
Jewish	0.0	0.0
Sikh	0.0	0.0
Hindu	1.3	0.4
Muslim	3.9	1.8
Any other religion	N/A	4.9
Sexual Orientation		
Heterosexual / straight	Not available	82.3
Gay/lesbian		4.8
Bisexual		1.7
Prefer not to say		8.2
Prefer to self-describe		1.4
Disability		
Yes	20.5	30.9
No	79.5	69.1
Carer		
Yes	10.9	35.7
No	89.1	64.3
Armed Forces Member / Ex-Member		
Yes	Not available	5.3
No		91.3
Prefer not to say		3.3
Marital Status		
Single	34.8	18.0
Married / Civil Partnership	44.4	62.7
Divorced	13.2	8.7
Widowed	7.5	3.0
Prefer not to say	Not available	7.7

OTHER FEEDBACK METHODS

In addition to feedback received through the 455 survey responses, some comments were also made directly via social media posts on the Strategic Commission social media sites.

In total, 9 posts promoting the Covid-19 Impact and Building Back Better survey were made across Tameside & Glossop Strategic Commission social media channels (Twitter and Facebook) during the engagement period. Information detailing responses to these posts is outlined in table 13.

Table 13: Social media – number of posts and performance

Social Media Platform	No. of Posts	Shares	Replies	Likes
Facebook	**1**	**7**	11	**6**
Twitter	**8**	**5**	1	**3**

These social media responses were analysed to draw out any key themes. Table 14 details these key themes. Percentages are not provided due to low number of responses.

Table 14: Key themes from social media responses

Theme
Focus on other towns (not Ashton)
Redevelop old/disused buildings
Listen to residents
Crime/anti-social behaviour

Other Sources

Additional engagement work around the impacts of COVID-19 has also been undertaken via the Children in Care Council. The engagement work undertaken with the Children in Care Council consisted of two questionnaires circulated via children's social workers. These contained statements about mental wellbeing and how well children felt they had been supported during lockdown. The young people who responded were Tameside children aged between 8 all the way up to age 25, involved with either the safeguarding, Looked After or Leaving Care social work teams. Children and young people were asked about their lockdown experiences, general wellbeing and their priorities or concerns for the future.

The first survey was sent out to children aged 8-16 involved with the duty, safeguarding and Looked After Children teams. Key findings included:
- Over three quarters (77%) agreed that they were generally in a good mood.
- 91% said they had felt supported during the lockdown (none disagreed with this statement).
- 80% said that they felt like their rights were respected
- Over nine in ten (94%) felt they were able to share their worries or opinions.
- When asked what they worried about, children mostly indicated that the future and how their family and friends were doing were the main concerns.
- When asked what helped them during lockdown, it was family, friends, pets, activities and residential staff.
- Generally, children understood the changes and reasons why.
- When asked if there was anything they wished they could do but couldn't because of restrictions, children said seeing family and friends, social activities and holidays.

The second survey was sent to young people involved with the leaving care team, aged 16-25.
- Over a third (37%) said that generally they were in a good mood
- Two-thirds said they felt supported during lockdown
- 75% said they felt able to share their worries or opinions
- When asked about what worried them, how their family were doing, the future, mental health and finances were the biggest issues for those who responded.

Engagement with residents and communities was also reported via Elected Members on the council's Scrutiny Panels. Scrutiny Panel members are well placed to report on feedback from residents in their local wards, and so it was requested that they take time to note experiences, impacts and the response to Covid-19 in Tameside. These key messages from this work was as follows:

- **Responding to Covid-19** – The crisis has helped generate a resurgence of a sense of community. There were positive outcomes such as online support groups. Agencies have responded well with regards to food and medication provision.
- **Health systems** – there are a number of concerns linked to the impact of Covid-19 and the lockdown on physical and mental health. Assessing and supporting mental health need must remain a priority. Concerns about avoidance of primary care during lockdown. Work is required to understand the impact on certain groups, for example Black, Asian and Minority Ethnic people.
- **Economy** – Residents have concerns about uncertainty connected with lockdown measures, particularly in the insecurity of employment, housing, financial support and debt.

- **Children and families** – There has been a positive response from local schools, but there are concerns about children returning to school. There is need for consistency in the messages relayed from schools.
- **Vulnerabilities** (elderly/shielded, BAME, homelessness, domestic abuse) – To review the need for a collaborative approach to assess and remove any potential barriers (physical or psychological), in supporting our elderly, shielded and vulnerable residents to become more socially mobile as lockdown restrictions start to ease further.
- **Future consideration** – A need to plan for the challenges we are likely to face going forward and particularly how we work to mitigate the problems that lockdown has imposed. For example, getting people back to work, future financial hardships and feasibility of foodbanks.