

ISLE OF ANGLESEY COUNTY COUNCIL Scrutiny Report Template	
Committee:	Corporate Scrutiny Committee
Date:	14 th September, 2020
Subject:	Council's Response to Covid-19 Emergency
Purpose of Report:	Scrutinise the Council's response to Covid-19 emergency (including the financial impact)
Scrutiny Chair:	Cllr Aled Morris Jones
Portfolio Holder(s):	Cllr Llinos Medi Huws, Council Leader
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Local Members:	Not applicable

1 - Recommendation/s
<p>R1 The Corporate Scrutiny Committee is requested to:</p> <ul style="list-style-type: none"> • note the Council's response to the pandemic thus far and agree a formal response to the Executive considering views of the Finance Scrutiny Panel • agree its priorities for scrutinising areas of the Council's response to the emergency during 2020/21 and beyond <p>R2 Recommend to the Executive that the Programme Boards submit regular progress reports to both scrutiny committees on Recovery planning and delivery for the next Norm</p>

2 – Link to Council Plan / Other Corporate Priorities
This report outlines the Council's response to date to the worldwide pandemic under the auspices of the Civil Contingencies Act 2004, a key priority for the Council. The Council has defined roles and responsibilities under the Act in emergency preparation and response co-ordination at a local level.

3 – Guiding Principles for Scrutiny Members
To assist Members when scrutinising the topic: -
3.1 Impacts on individuals and communities [focus on customer/citizen]
3.2 A look at the efficiency & effectiveness of any proposed change – both financially and in terms of quality [focus on value]
3.3 A look at any risks [focus on risk]
3.4 Scrutiny taking a performance monitoring or quality assurance role [focus on performance & quality]

3.5 Looking at plans and proposals from a perspective of:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

[focus on wellbeing]

4 - Key Scrutiny Questions

1. Has the Council prioritised and managed its resources effectively in response to the emergency?
2. Have the actions of the Council to date been timely and effective in response to the emergency situation?
3. Does the Committee have a view on the appropriateness and effectiveness of the Council's response to date and are there development and learning points?
4. To what degree has the Council worked effectively in collaboration to support the Island's residents, communities and businesses?
5. How robust is the Council's planning for Recovery and the new Norm?
6. What specific areas of the Council's response would the Committee wish to prioritise in its forward work programme during 2020/21 and beyond?

5 – Background / Context

1. BACKGROUND / CONTEXT

1.1. Covid-19 is an infectious disease currently with a high outbreak, affecting over 200 countries worldwide¹, including the United Kingdom. It is therefore true to state that the pandemic is having a far-reaching impact. The current period (**managing the emergency response to the Pandemic, Recovery Period and gradually returning to the new Norm**) are extremely challenging periods for the Council and every other public organisation throughout Wales as we continue to face the challenges of the Covid-19 emergency. This has meant that the Council has changed its way of working as a result of the global health emergency. Below is a summary of the key dates of when / how the emergency evolved locally:

- 10th March – SCG established
- 18th March – Council's EMRT established
- 23rd March – UK national lockdown and staff requested to work remotely from home.

1.2. The Centre for Public Scrutiny has published a paper on Scrutiny during the pandemic (<https://www.cfps.org.uk/?publication=covid-19-guide-2-scrutiny>).

2. RATIONALE FOR SCRUTINISING THE TOPIC

The case for scrutinising the Council's response to the Covid-19 pandemic is compelling:

¹ World Health Organisation stated that 2016 countries, areas or territories have cases as at 05/08/2020

- i. During an emergency period, governance and accountability are of key importance and that Elected Members and the citizens of Ynys Môn have the assurance that decisions made are appropriate, timely and transparent
- ii. The Centre for Public Scrutiny's good practice model refers to the need for Councils' scrutiny committees to scrutinise an overview of the organisation's response to Covid-19
- iii. Locally, the remit of both committees facilitates the process of setting the boundaries for the topic
- iv. It is now timely to reflect and learn as we move forward.

Objectives of the scrutiny work

It is proposed that the purpose of scrutinising the Council's response is 4 fold:

- measure the effectiveness of the governance structures and arrangements and our internal processes for managing the emergency
- measure the success of the arrangements to safeguard vulnerable individuals (children, young people and adults)
- measure the impact of the pandemic on the Council's financial position and the mitigation measures put in place – short term and medium term. Receive a verbal report from the Finance Scrutiny Panel (meeting to be convened on 03/09/2020)
- an opportunity to identify lessons to be used to inform the Council's response to the Recovery period for the new normal
- to assist in the preparation work for any subsequent surge.

COUNCIL'S RESPONSE TO THE COVID-19 PANDEMIC

3. GOVERNANCE ARRANGEMENTS

3.1 Emergency planning for Covid-19 falls under the auspices of the Civil Contingencies Act 2004 and led nationally by the United Kingdom and Welsh Governments. Emergency planning governance arrangements were put in place nationally, regionally and locally to lead the response to the pandemic. On a regional level, this has been led and co-ordinated by the Local Resilience Forum (where the public sector works collaboratively) through the emergency Strategic Co-ordination Group (SCG). The Council has fully contributed to the work of specific thematic sub-groups reporting to the SCG:

- Health and social care
- Excess deaths
- Media
- PPE

3.2 The Council remains responsible for local decisions and to deliver relevant national legislation and guidance. There has also been a monitoring and reporting role through the governance structures to influence and inform. The SCG remained operational until the end of July 2020 and was then replaced by the Regional Recovery Group (refer to paragraph 7.3 for the detail).

3.3 **Emergency Management Response Team** - At a local level, the Council established an Emergency Management Response Team (EMRT) to lead the Local Authority's response to Covid-19². The EMRT initially met daily but has now been scaled down to weekly meetings. Its membership includes the Leader

² The Emergency Management Response Team was formally established on 18/03/2020

and Deputy Leader of the Council as well as the SLT and Heads of Service. The Emergency Team is responsible for:

- co-ordinating the Council's response to the pandemic
- sustaining key services and new activities
- workforce planning
- communication and information sharing
- health and safety.

The local emergency governance arrangements also included preparing daily (up to 10/07/2020) Situation Reports (Sit Reps) summarising key issues and risks to inform and escalate matters requiring attention / action to the SCG. The local Sit Reps continue to be prepared on a weekly basis (as of 15/07/2020). Each local authority is also required to prepare weekly Situation Reports to the SCG up until the end of August, 2020. These are now required on a fortnightly basis for the Regional Recovery Group which has now displaced the SCG.

3.4 **EMRT work streams** – sitting under the EMRT were specific sub-groups that align with the Council's initial key risk areas and the regional SCG structures:

- i. community – including cohesion / tensions, volunteering and supporting vulnerable individuals in their local area
- ii. Personal Protective Equipment (PPE)
- iii. surge planning
- iv. excess deaths

3.5 **Member communication and engagement** - the Chief Executive and Deputy Chief Executive have updated Group Leaders consistently and regularly. This has included daily updates provided for all Elected Members and staff, regular Member briefing sessions³, and also reporting formally to the Executive on:

- **15/06/2020 – update on the Council's response to date to the Covid-19 crisis.** Link to the report below:
<http://democracy.anglesey.gov.uk/documents/s15765/The%20Councils%20response%20to%20Covid-19.pdf?LLL=0>
- **13/07/2020 – Coronavirus outbreak early recovery planning.** Link to the report below:
<http://democracy.anglesey.gov.uk/documents/s15828/Coronavirus%20Outbreak%20Early%20Recovery%20Planning.pdf?LLL=0>
- **17/08/2020 – Coronavirus outbreak recovery planning and delivery update.** Link to the report below:
<http://democracy.anglesey.gov.uk/documents/s16155/Coronavirus%20Outbreak%20Recovery%20Planning%20and%20Delivery%20Update.pdf?LLL=0>

3.6 Considerable detail on the Council's response to date can be found via the above links to previously published reports.

3.7 The Council's website has also been regularly updated to provide up to date information on our local response to the pandemic and service related issues. Social media has also been utilised extensively to communicate key messages and announcements.

4. KEY RISK AREAS

³ Member Briefing Sessions convened on 04/06/2020, 24/06/2020 and 02/07/2020

The Council's governance arrangements in leading and responding to the emergency have included managing key risks to protect the Council's workforce, residents, businesses and communities. A specific emergency risk register was created at the outset and has been reviewed and updated weekly. The key risks have been prioritised in terms of time and effort. Key risks have included:

- care homes
- contact tracing and testing (TTP)
- Personal Protective Equipment (PPE)
- dealing with outbreaks
- supporting vulnerable families
- impact on the Council's financial position
- impact on Council's workforce

5. SPECIFIC MATTERS TO BE SCRUTINISED

As the Corporate Scrutiny Committee is responsible for overseeing the Council's internal work, it makes sense for the Committee to scrutinise the **internal, corporate aspects** of the Council's response to the Covid-19 emergency:

5.1 Provision of PPE to Council staff

5.1.1 The challenge

At the beginning of pandemic, the Council lacked a:

- sufficient stock of PPE
- Dedicated PPE storage facility
- Robust process in place to monitor usage levels across the Authority
- Co-ordinated ordering system across Services and external providers or processes to monitor stock levels

5.1.2 How the Council responded

- a. Creating a dedicated SRO (Senior Responsible Owner) for PPE
- b. Established a cross service PPE Steering Group that meets weekly to monitor usage, stock levels and prioritise ordering. This activity is reported on a weekly basis through the Situation Report
- c. Fortnightly meetings with Social Care providers to ensure that they have adequate PPE provision
- d. Established a dedicated, staffed PPE storage facility at Canolfan Byron

5.1.3 Outcome

- a. Although this was a significant risk area for the Council and other public sector organisations during the initial period of the lockdown, significant progress has been made in terms of both levels and quality of Personal Protective Equipment supplies (PPE). This remains an area that continues to be monitored on a weekly basis and is reported in the weekly Situation Reports
- b. Current stock levels are sufficient for weekly usage levels with a minimum of 28 days stock held for each item at Canolfan Byron and 7 at care centres
- c. Deliveries continue to be received from Welsh Government with additional storage areas identified in advance of a possible second wave of the pandemic.

5.2 Wellbeing of residents and staff of Council care homes

5.2.1. The challenge

- a. The wellbeing of both residents and staff was of paramount importance during the pandemic and particularly with the introduction of lockdown creating challenges of isolation, anxiety and stress for the most vulnerable members of society and for staff undertaking frontline care at an unprecedented time
- b. Enduring the physical, emotional and psychological wellbeing of both residents and staff and maintaining a sense of routine and normality was key objective at a time of raised uncertainties. The use of assistive technology to facilitate personal contact and virtual consultations by primary care professionals secured access to urgent interventions. However, total restrictions on visiting by families and other allied health professionals sustained a feeling of isolation
- c. Reducing the risk of viral transmission into care homes from both community and hospital environments required adherence to strict infection control measures, access to PPE and timely Covid-19 testing regimes that necessitated close monitoring and timely and effective interventions from key health and social care partners
- d. The challenge of maintaining social distancing for individuals with dementia entailed additional monitoring within the care homes in order to minimise the impact of cross contamination for those residents in self-isolation
- e. The commitment and dedication of frontline staff in maintaining the caring role and securing the wellbeing of residents is to be commended. However, the possible full long term impact on the mental health of both residents and staff is yet to be realised and will only become clear once the pandemic is over
- f. Maintenance of care and support during a second surge of the pandemic will be challenging as frontline practitioners succumb to the virus or morale deteriorates. A well-executed surge plan including attention to the emotional and psychological needs of staff and residents will be paramount.

5.2.2. How the Council responded

- a. The wellbeing of both residents and staff was a key priority for the EMRT (Level 1 & 2)
- b. The co-ordination and dissemination of a weekly supply of PPE has played an integral role in protecting the wellbeing of both staff and care home residents and minimising the risk of viral transmission
- c. Restricted and longer shift patterns were introduced to reduce footfall particularly in a care home subject to a Covid-19 outbreak
- d. Daily contact by an Environmental Health officer to discuss infection control measures, safe use of PPE and supporting clarification on ever changing Welsh Government regulations
- e. Designated officer supported the care homes in the identification of staff requiring testing in line with Welsh Government guidelines.
- f. A BCUHB and Local Authority operational group was convened weekly to discuss identified process issues in relation to PPE and testing and agree and effect an immediate action plan to address barriers and challenges

- g. The Responsible Individual within the provider service maintained daily contact with care home managers to provide support, reduce anxieties, provide solutions to issues raised
- h. Weekly meetings between the senior officer of the homes, the Head of Service and Director were in place
- i. Designated self-isolation beds were made available within some care homes (Covid-19 Red sites) to reduce the risk of cross contamination and in-home transmission. Special measures and additional staffing were in place to maintain the safety and wellbeing of individuals with dementia when daily routines were affected
- j. In collaboration with the Health Board, the availability of bank staff normally employed by BCUHB were made accessible to all care homes should additional staffing capacity be needed
- k. Care management and safeguarding interventions including Deprivation of Liberty assessments were conducted virtually
- l. Care home visitors were restricted to only end of life care where appropriate and outdoor contact was cautiously implemented in line with national regulations
- m. To ensure residents, families and friends maintained contact during the lockdown period the Council purchased and disseminated I pads to all internally managed care homes.
- n. A health and wellbeing page on the Council's E-learning portal provided a plethora of advice and support for staff
- o. Weekly communication from the Chief Executive kept all of the Councils homes up to date throughout the pandemic

5.2.3. Outcome

- a. A relatively small number of care home residents and staff had been confirmed as Covid-19 positive during the period March – September, 2020 attributable in part to the robust risk management measures imposed by the Council and effective integrated working with key partners:
 - Number of council owned care home beds – 130
 - Number of deaths in Council owned care homes – 1
 - Number of residents testing positive – 10
 - Number of staff testing positive – 10
- b. One Council owned care home was subject to an outbreak early in the lockdown period. However, lessons learnt during that period provides a blueprint for any future outbreaks and influences our integrated surge and Winter Pressures plan
- c. Maximising the use of social media and technology to share communications, conduct clinical consultations and maintain social contact with relatives has proved an effective and welcome advancement to enhance personal experiences and access to timely interventions
- d. The long-term impact of isolation, stress and uncertainty in a closed care home environment during this unprecedented time needs close monitoring with early intervention measures identified and implemented to ensure sustainability over the coming months and long term service recruitment. Residents' experiences will be captured and utilised to remodel and enhance care and support within care home environments.

5.3 Impact on Council budgets (including payment of grant monies)

5.3.1 The challenge

The pandemic has created a significant level of uncertainty in the 2020/21 budget and also for the future funding for local government in Wales:

- a. Covid-19 has resulted in the curtailment or complete closure of Council services; increased costs in the short term in dealing with the pandemic; significantly reduced the Council's commercial income streams; will increase the number of taxpayers requiring assistance with the Council Tax⁴ and increase levels of unpaid Council Tax. This will all impact on the Council's cash flow and revenue income
- b. Easing of lockdown, recovery and the new norm could increase costs as there will be a need for the Council to deliver its services differently. There will be initial startup costs to achieve change, possible additional ongoing costs and also possible reduction in income streams generated by services
- c. The level of financial support made available by both UK and Welsh Governments to mitigate the impact of lockdown to date will have a knock-on effect on future levels of public spending across the United Kingdom. This will translate into changes in the level of funding that the Council will receive from Welsh Government over forthcoming years

The Director of Function (Resources) / Section 151 Officer has updated Members informally at a Briefing Session⁵ and formally to the Executive⁶. See link below to the report:

<http://democracy.anglesey.gov.uk/documents/s15832/Financial%20Impact%20of%20the%20Covid-19%20Pandemic.pdf?LLL=0>

5.3.2 How the Council responded

- a. The initial concern surrounding the Council's cash flow and maintaining adequate cash balances to deal with the pandemic. At the beginning of the emergency it was unclear what the additional costs would be and would the Council still receive income in the form of Council Tax payments to help fund its financial commitments. Through the arrangement of a £10m one year loan and Welsh Government providing advance payments of RSG and Business Grant funding, this risk was mitigated and the Council maintained healthy cash balances throughout the period of the emergency
- b. During the emergency, the Council incurred additional costs in terms of securing PPE, providing support to the Council's main service providers (mainly residential and nursing homes), providing suitable accommodation for the homeless, payments to families in lieu of free school meals, meeting the costs of additional cleaning and ensuring staff could move to and continue to work from home. Welsh Government provided £123m in funding to Welsh Councils to meet the costs incurred during the first quarter. For the period March, 2020 to June, 2020, the Council submitted claims with a

⁴ Assistance available through the Council Tax Reduction Scheme

⁵ Members Monthly Briefing Session convened on 2nd July, 2020

⁶ A meeting of the Executive convened on 13th July, 2020

total value of £1.77m to Welsh Government and have received over £1.6m in additional funding and is expected to receive the remainder in due course

- c. As a result of the lockdown, a number of Council services which generate income for the Council were also closed. This was a point that all 22 Councils raised with Welsh Government. In response, Welsh Government provided an initial £78.1m to cover the loss of income during the first quarter. As each Council's circumstances is different with some Councils more reliant on income from services than others, the money allocated on a claims basis rather than by means of a formula. The Council has claimed £0.774m for the first quarter and has received £0.725m in additional funding to date and is expected to receive the remainder in due course.

5.3.3 Ongoing Risks and Consequences

- a. A major consequence of the pandemic is the impact on the economy with a rise in unemployment which is predicted to worsen as the Furlough scheme ends. This in turn has 2 consequences for the Council – a rise in the number of taxpayers applying for help through the Council Tax Reduction Scheme and an increase in the number of tax payers falling behind with payments of Council Tax and eventually defaulting on the outstanding amount
- b. As at July, 2020, the number of people on Anglesey applying for Universal Credit has increased by 6.7%. It is currently forecast that the Council's budget for the Council Tax Reduction Scheme will overspend by around £200k from a budget of £6.1m. However, this forecast is likely to worsen as the Furlough scheme ends and unemployment increases. Welsh Government have announced additional funding of £2.85m to help Councils meet the additional costs incurred during the first quarter
- c. We are yet to see the overall impact on Council Tax collection rates but to date the collection rates across Wales are lower than in previous years. No formal recovery action has been undertaken although informal reminders have been issued in August. Once the recovery action begins in earnest we will then see the impact on collection rates as taxpayers fail to pay their Council Tax in full. The overall impact may not be known for another 2 to 3 years when all possible avenues of debt recovery are exhausted and debts are written off
- d. As Lockdown eases, services have recommenced but the need for social distancing has impacted on the capacity of some services (leisure centres, Oriol Môn and the downturn in the economy will reduce other income sources (car park income, planning fees etc). Welsh Government has announced a further sum of £89m to help Councils make up the shortfall that will result from July, 2020 to March, 2021
- e. The Council will continue to incur additional costs as services resume (school cleaning is a good example) but there will also be a need to help social care providers deal with the additional costs and loss of income over the coming months. There is also the risk of a second wave which could result in a second lockdown and increased additional costs. Welsh Government have provided an

additional £57m to meet the additional costs during the second quarter and £24.9m to help with the cost of additional school cleaning. A further £48m is available to meet the additional costs faced by Councils during the second half of the year, although further funding may be made available.

5.3.4 Outcome

- a. The additional funding announced by Welsh Government has gone some way to address the financial concerns of Councils in Wales and the potential outturn position for Anglesey is likely to be significantly better than the worst case scenario reported to the Executive in July. However, there are still a number of events that could happen during the second half of the year which would worsen the Council's financial position once again eg a second lockdown
- b. The more significant financial risk for the Council relates to the 2021/22 budget and beyond. The pandemic has had a significant impact on the UK economy and it is unclear at this point whether this will result in reduced funding for public services in the medium to long term. It is likely that health and the social care sector will be at the front of any queue for any additional public funding but will that result in less funding for other services? A full report on the Council's Medium Term Financial Plan and the estimated financial position (quarter 1 forecast) will be presented to the Executive on 28th September, 2020.

The Finance Scrutiny Panel recently⁷ gave detailed consideration to the impact of the pandemic on Council finances. A verbal report will be presented at the Committee by the chair of the Panel (Cllr Dafydd Roberts).

5.4 Redeployment of Council staff

5.4.1. The challenge

- Council staff are appointed and contracted to specific roles and are not expected or obliged to undertake different work or roles. However, early in 2020 the Authority was one of a few in Wales to have agreed with the trade unions and adopted a policy allowing for the redeployment of staff in an emergency situation. This policy enabled staff to be approached to undertake alternative work during the emergency pandemic.

5.4.2 How the Council responded

- a. Set up an Opportunities Exchange whereby requests for support could be advertised internally to the Authority and staff could apply or be matched
- b. 800 forms were completed by staff indicating their willingness to assist with redeployed roles
- c. Staff worked in cross service teams to deliver the necessary outcomes.

5.4.3 Outcome

⁷ Meeting of the Finance Scrutiny Panel convened on 3rd September, 2020

- a. 3394 shielding letters were issued to Anglesey residents where staff contacted them to offer support in a short period of time
- b. 200 requests for Welsh Government food boxes were made and delivered direct to their homes
- c. Food bank parcels were provided and food boxes were delivered to our vulnerable residents in partnership with Menter Môn and Dylan's with 13 staff being redeployed to aid the service
- d. Test, trace and protect was set up as only one of two pilot areas in Wales utilising our own staff transferred from their usual work

5.5 Enabling safe remote working and the future

5.5.1 The challenge

- Council staff use Windows laptops as their primary end user device. These devices have been deployed and maintained using update and maintenance methods dependent on a regular connection to the servers of the Authority
- Staff have used Skype historically to communicate via video and Instant Messaging but the application was unlikely to offer the stability and collaboration elements required for an extended period of home working. Producing forms and systems that allow the Authority to adapt to the pandemic and change as part of the Recovery and preparation for any further waves.

5.5.2 How the Council responded

- a. Amended system settings to ensure devices were not disconnected from the servers if not seen on the network for extended periods of time
- b. Disabled scripts intended to automatically reboot Windows servers and implement a manual patching timetable to minimise downtime and patch sympathetically to the services effected
- c. Increased licensing of the Citrix estate to ensure sufficient concurrent connections could be accommodated
- d. Increased the resources assigned to the Citrix resource pools to ensure sufficient compute resource was available for the additional burden
- e. Provisioned 300 additional remote access tokens
- f. Deployed Microsoft Teams and created Team structures to assist staff with communication and collaboration
- g. Produced guidance for Microsoft Teams and targeted training to ensure Teams use was embedded
- h. Implemented a single point of contact for requests to ensure the EMRT would be able to review and prioritise the ICT unit's time and resources
- i. Implemented a safe method of device replacement and maintenance
- j. Created forms and guidance for the phased re-opening of services including household waste recycling centres and building control inspections.

5.6 Safeguarding vulnerable individuals and broader wellbeing matters beyond statutory safeguarding responsibilities

5.6.1. The challenge

- To meet the needs of **ALL** residents (including children and their families) during the pandemic which included the Council coordinating with partners and the third sector a range of new and innovative projects.
- The Council already works well with partners and third sector organisations in meeting non-statutory duties in order to improve outcomes for the residents of Ynys Môn.
- The Pandemic meant we enhanced or simply built on already existing provision and expanded a whole range of services across the Island.

5.6.2 How the Council responded

- a. On Anglesey, a Partnership was set up to provide support for the vulnerable in our communities in the very first weeks of the pandemic. The statement of joint working between Anglesey Council, Medrwn Môn and Menter Môn can be found here:
<https://www.anglesey.gov.uk/en/newsroom/news/anglesey-committed-to-support-volunteers-who-help-the-islands-vulnerable?fbclid=IwAR2SEYwIV-iRq55E1bKqE-LIEtXHdEAZlgxhJMSmsCpK6anr1hJM1doNVEY>
- b. A Covid -19 community guidance was developed and other important information, see link below. The link also includes contact details of community co-ordinators and food delivery companies.
- c. A Steering Group was established with key officers from the three organisations who form the partnership and operated three work streams, which includes:
 - Food work stream – includes the food bank and Neges food parcels
 - Volunteering – specialist and community volunteers in place across the Island
 - Befriending and wellbeing (including the shielded group)
- d. Each work stream was reviewed through specific conference calls, which occur either bi-weekly or every three weeks. During this initial stage of the pandemic, these calls were weekly. Developed a bi-weekly partnership newsletter to keep everyone informed on each other's' activities and work progress.
- e. The Council set up a dedicated emergency response phone line with 9 options and open 7 days a week. Information, Advice and Assistance in our communities is available via our Single Point Of Access in the community facilitated by Medrwn Môn and support from Local Asset Co-ordinators (community agents who connect individuals to community assets and services – a key element of our social prescribing service).
- f. During the lockdown period two pop up foodbanks were established on the Island, one in Llangefni and the other in Menai Bridge through the food work stream which includes Housing Services, Anglesey Food Bank and CAB. The additional foodbanks worked in conjunction with the established foodbanks operating in Holyhead and Amlwch.
- g. During the lockdown period and up to the 28th of July a total of 742 food packages were distributed from the 4 foodbanks operating on the Island.
- h. Menter Môn in conjunction with Dylan's Restaurant established the Neges project which distributed food packages including freshly prepared meals and distributed approximately 3000 food packages to individuals during the period.

- i. Medrwn Môn's whole operation pivoted to respond to Covid-19. Medrwn Môn run a Voluntary Sector Single Point of Access and Social Prescribing Programme called Môn Community Link, and this service with its phonenumber and email, was used to co-ordinate the community support element of the response. This phonenumber was used to identify Volunteers, Volunteer-led Area Team Co-ordinators and used as a referral route for people that needed support. The numbers of people Môn Community Link supported through the COVID period increased with the service receiving 146 new individual referrals in the 20 week period and there were 134 calls to the emergency line set up by the Council to provide information on community support.
- j. This approach meant that Medrwn Môn had to change the way they delivered their services from face-to-face contact to telephone calls and no home visits unless absolutely necessary. However, the offer of Medrwn Môn's services did not change and in many ways, they were enhanced as they were able to support the establishing of 36 Volunteer-led Area Support Teams consisting of over 850 volunteers. This established the Môn Volunteer Bank. Those vulnerable people on the Island were still able to receive vital shopping and essential items, medication deliveries, food parcels and information about what services were available to them during the last 20 weeks.
 - Between March – June, 2020 the food banks saw a significant increase in demand as many households experienced a loss of income because of lockdown restrictions. Two pop-up food banks were quickly established in Llangefni and Holyhead to help food banks already based in Holyhead and Amlwch.
 - The food banks have seen demand for food parcels increase by 400% in comparison to this time last year:
 - Since lockdown, a total of 1,440 parcels were delivered by all food banks on the Island. This amounts to the total value of almost £40k worth of food stock. Through various fundraising efforts, the food banks have sufficient stock levels and funding in the event we face a surge in infection levels. Foodbanks have also diversified to offer both fresh and frozen food items as part of their food parcels
 - The Neges project delivered 2858 parcels on Anglesey. Since mid-March, Neges have supplied in excess of 3,000 boxes for over 8,000 people, all contents from local food chain suppliers

5.6.3. Outcome

- a. The Partnership working between Anglesey Council and Medrwn Môn under the Pooled Budgets SPOA & Social Prescribing Programme, Môn Community Link, meant that information could be shared seamlessly about individuals who would need help and enabled different methods of engaging those individuals to be used to ensure no one was left without any form of support. Over 3,000 people were contacted as part of this process.
- b. The information sharing meant and our joint reporting procedures also meant that individuals could be cross-referenced across partners and issues escalated quickly for response when needed.

- c. The volunteers in the Area Support Teams received comprehensive guidance, with Area Team Co-ordinators being linked to their local Môn Community Link Local Asset Co-ordinator so that they were able to directly refer anyone needing additional help for support to their Local Asset Co-ordinator.
- d. Over a 20 week period Volunteer Area Support Teams and Môn Community Link have provided the following:
 - 1,800 prescriptions delivered
 - 8,426 Keeping In Touch calls
 - 160 Referrals to Foodbank/Neges
 - 12,125 Good Turns for 1689 people (to first week in August)
- e. From this Medrwn Môn have also been able to support the establishment of 8 Good Turn Schemes from the existing support teams, to ensure that we retain volunteers and that this kind of support continues long-term. These 8 will join 3 previously established Good Turn Schemes that adapted their ways of working under COVID to make sure that the majority of the Island was covered.
- f. As we move into the PROTECT Phase, this will strengthen the offer and Medrwn Môn will support the Good Turn Schemes with the current staff provision under the Môn Community Link programme and the wider Third Sector.
- g. We have had to be more flexible and innovative in the support we provide for carers.
- h. Continued tailored support through telephone/video/ online contact, keeping in touch calls, responsive emergency grants, specific information and advice to include financial concerns, low level advocacy, referral and signposting to community based support to include food banks, virtual groups, travel letters, protective masks for carers, specific newsletter and sharing of concerns to appropriate bodies, support to carers upon new discharge procedures and support to carers of individuals living with mental health. Over 3000 contacts were made with carers during this period.
- i. Alzheimer`s Society have established a new temporary Covid response service called 'companion calls'. The companion calls offer a social check in to people affected by dementia by a trained volunteer on a regular basis.
- j. Social Workers have been supporting carers by keeping in touch with them on a regular basis by phone. Home visits following a risk assessment and strict social distancing guidelines have also taken place over the past few weeks.
- k. Social Workers, Team Around the Family Workers and Youth Workers kept in touch with vulnerable children and their families, delivering Free School Meals, providing activity bags (over 600 in total) and providing advice and guidance to parents who were struggling throughout this period.
- l. The non- availability of day care and respite care has resulted in an increase in carers sitting service at home and this was provided.
- m. The Council has also pivoted ICF funding to deliver more singing for the brain programme run by the Alzheimer`s Society. We are also working on developing a virtual community hub programme with 4 of our community hubs and one of the area volunteer teams. 120 electronic devices along with a 90 day data bundle has been purchased for members of the hubs who are not connected to the internet. A final draft of the website will be ready by the beginning of September.
- n. The Medicine collections required an extra piece of work with Anglesey GP Clusters funding DBS checks for volunteers recruited by Medrwn Môn. Extra risk

assessments and work with BCU Head of Pharmacy and Medicines (West) meant that Medrwn Môn were able to put this in a couple of weeks, almost a month prior to the programme put in place by Red Cross.

- o. In response to the pandemic we adapted the way we provided that support, however the type of support offered only changed slightly in that access to food became a priority issue for many of the people we were contacted by.
- p. Through COVID the way we provided our services changed so that telephone and online services from staff was complimented by the direct work on the ground from our volunteer led Area Support Teams. We quickly realised however, that our communities began to request different types of support as they became more lonely and isolated. Whilst the frequent Keeping in Touch Calls were provided, individuals wanted more activities to keep them busy. Anglesey Council worked in partnership with Age Cymru Gwynedd & Môn and Medrwn Môn to secure money to run a virtual community hubs website. This pilot is being developed with a handful of our community hubs and a couple of our Area Support Teams and will offer the most vulnerable and isolated in those areas a chance to take part in online group activities, virtual tours of local landmarks, and online events.
- q. For us on Anglesey, the pandemic has served to strengthen our Building Communities Model and has moved us along at a faster pace towards building more resilient communities that are able to support themselves and to work in partnership with us to identify when and how they want services to become involved.
- r. We are currently re-introducing a phased opening of day services following corporate risk assessment process. All services provided by the children and families department have returned to face to face interactions primarily. Parenting groups will continue to be provided virtually.
- s. During the height of the pandemic the 36 Area Support teams had over 850 volunteers, and Medrwn Môn did a specific piece of work around trying to understand what capacity those teams had to deliver at weekends, evenings and if numbers of requests were to rise. All teams reported that they could cope if demand for their help rose and felt that at times, they had more volunteers than actually needed.
- t. Over the past few weeks Anglesey Council and Medrwn Môn have been working with Third Sector organisations to look at their individual 10 Lessons Learned from the last 5 months. Each organisation has provided their Lessons Learned and The Steering Group are currently looking at them collectively so that we can identify similarities or differences across the organisations so that we are able to plan for a potential second wave or a shift towards the PROTECT phase. What has become apparent across the board is that information sharing, and the way information was shared during the period was a positive across all partners.
- u. Children and Families Services which includes the Youth Service, together with the Leisure Service and the URDD provided Summer Play Hubs for vulnerable children across Ynys Mon.
- v. Information distributed by the Teams included contact information for their local Area Team Co-ordinator and what the Teams were able to provide. Some areas printed and delivered COVID specific newsletters with information about the Teams and the activities they had been doing during the pandemic.

- w. Accessibility and language considerations are always discussed between partners. This is especially important as the topic of COVID and the levels of information being shared were particularly confusing for many.
- x. We made sure that our Bulletins, newsletters, guidance, leaflets etc were easy to read and understand, both in Welsh and in English. We also produced a number of short videos for social media. These videos were particularly helpful in the beginning where we identified gaps in Area Support Teams and used these videos to recruit volunteers, we also used them to share volunteer stories and to thank those that had helped.

5.7 Managing TTP at a local level

5.7.1 The challenge

- a. Welsh Government published the 'Test, Trace, Protect Strategy'⁸ for testing the public and tracing the spread of Coronavirus in Wales. (<https://gov.wales/test-trace-protect>)
- b. The Plan outlined three major activities that needed to be progressed:
 - i. Population Surveillance
 - ii. Sampling and Testing
 - iii. Contact Tracing and Case Management
- c. The Strategy outlines a three-tiered approach to Contact Tracing in Wales – National Tier, Regional Cell and Local Cell
- d. Effective delivery of the strategy could not be met from the health protection resources within Public Health Wales or Local Government and as a result the nature of the patient identifiable information collected and distributed meant that the resource would be sought from the redeployment of existing public sector workers
- e. The use of a non-specialist workforce is essential to allow specialist resources in Environmental Health Officers and the health protection teams in Public Health Wales to focus on the more complex tasks and outbreaks
- f. IACC, based on the experience of the Ceredigion pilot, volunteered to establish and pilot a Contact Tracing process on the Island to inform the development of a Regional Model

5.7.2 How the Council Responded

- a. IACC, along with all other Local Authorities in Wales, recognised it had a key role to play in mobilising local tier activity in line with National Guidance
- b. Local authorities focused on the establishment of the local cells whilst influencing and engaging to ensure the Regional Cell was effectively established to meet local needs
- c. The IACC reviewed the Strategy and liaised other Local Authorities, PHW and BCUHB to establish a Contact Tracing

⁸ Test, Trace, Protect Strategy published by Welsh Government on 13th May, 2020

- pilot project on the Island to inform the development of the Regional TTP approach
- d. In establishing the TTP Pilot and subsequent Regional approach, the Council re-deployed staff to the following roles within the Local Cell:
 - Business Support Manager
 - Contact Tracer
 - Contact Advisor
 - Administrative Support
 - e. Environmental Health Support was provided by the Public Protection function
 - f. Clinical and Public Health support was provided by the Regional Cell which was led by PHW/ BCUHB
 - g. Once the contact tracing process was operational the Council focused, along with other North Wales Local Authorities, PHW and BCUHB in establishing and embedding the service on a longer term basis – this included reviewing workforce need and adopting an employment model, data protection, governance etc.
 - h. £11.2M was secured from Welsh Government to ensure the TTP Strategy is delivered until March 2021
 - i. An employed team is now in place to ensure the Contact Tracing process is effectively delivered until March, 2021

5.7.3 Outcome

- a. An effective Contact Tracing process
- b. A proactive response enabled the Council to mobilise the local tier quickly and effectively in line with the national and regional approach with the aim of reducing the risk of infection and the spread of infection within the Island's communities, reducing the number of hospitalised cases and ultimately lowering COVID-19 mortality rates
- c. The 2 Sisters outbreak was effectively managed and did not spread into the community
- d. The Contact Tracing process continues to operate effectively.

6. LESSONS LEARNED AND WAY FORWARD

In dealing with any emergency there is a need to reflect and learn and capture key information to inform future planning. An initial reflection and learning exercise was undertaken in late June 2020. This took the form of a SWOT analysis (strengths, weaknesses, opportunities, threats) which was completed individually by members of the management team in Service areas and collated into a single submission by the Head of Service/ Director. Following further review and consideration, the Strategic Leadership Team (SLT) agreed the standout issues from a corporate perspective:

Strengths

1. Information Technology has enabled effective home working (business continuity)
2. Top down communications have been effective and positive
3. Collaboration internally and with partners has been important and effective (building on arrangements pre-COVID)

4. Most of the workforce has adapted quickly and effectively to a different way of working and/ or new requirements (new behaviors and capabilities)
5. Workforce resilience and commitment
6. Carbon reduction and environmental benefits (need to measure/ quantify)

Weaknesses

1. Information Technology difficulties at home (broadband, slowness of citrix etc.)
2. Resilience and flexibility of telephony system
3. Continued use of paper processes in some areas with dependence on manual processes (photocopying, scanning etc.)
4. Difficulties of home working for some staff – inability, unsuitable workspaces, self-isolation, overseeing performance, supporting, managing from distance, welfare etc.
5. Challenge of long hours, ensuring work life balance, and ability to take time off for some staff
6. Inconsistencies in management and leadership styles, capabilities, and behaviors impacts on staff and outputs

Opportunities

1. Further exploit Information Technology – virtual meetings, electronic processing, office 365, communication etc.
2. Achieving a better balance between office and home working, with work-life balance and well-being benefits
3. Reducing Service silos, working more thematically across the structure to improve awareness, understanding, and performance
4. Reviewing how services are structured, delivered, and associated processes utilised to improve performance and effectiveness
5. Improve efficiency by reducing travel times to meetings, mileage, need for office space and manual processes
6. Mainstreaming environmental, climate, and decarbonisation benefits by adopting new working policies, protocols, and practices

Threats

1. Business continuity and resilience dependent on Information Technology
2. Working from home can be intense and lonely or some staff, impacting negatively on team cohesion and ability to integrate new staff
3. Lack of ability to recognise and adopt new dynamic digital solutions (with resistance to change from some staff)
4. Resilience, capacity and capability in some key work areas is shallow and slender
5. Negative personal welfare and wellbeing impacts on some staff, with demands and uncertainty creating stress and anxiety (difficult to detect, support, and manage remotely)
6. Some staff unable to adapt and change, becoming a barrier to progress and impacting negatively on their own wellbeing
7. Moderating internal controls increases risks and likelihood of non-compliance, fraud, errors etc.

The output from the SWOT analysis process, as summarised above, is being utilised to inform and influence the organisational development recovery action plan (and associated decisions on resources).

7. RECOVERY PLANNING AND ARRANGEMENTS

- 7.1 The report submitted to the Executive on 13th July and 17th August reported on the Council's framework and recovery work streams. Recovery work

programmes will be reported to the corporate programme boards which include Scrutiny Member input. Progress reports will need to be reported to both scrutiny committees on a regular basis. This will provide the opportunity for the Committee to scrutinise progress on the delivery of key thematic areas and shape the Committees' work programmes in moving forward.

6 – Equality Impact Assessment [including impacts on the Welsh Language]

N/a

7 – Financial Implications

8 – Appendices:

9 - Background papers (please contact the author of the Report for any further information):

Scoping Paper: Corporate Scrutiny Committee, 14/09/2020. Scrutinising Corporate Aspects of the Council's Response to the Covid-19 Emergency

Anwen Davies, Scrutiny Manager, Isle of Anglesey County Council, Council Offices, Llangefni. LL77 7HF

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