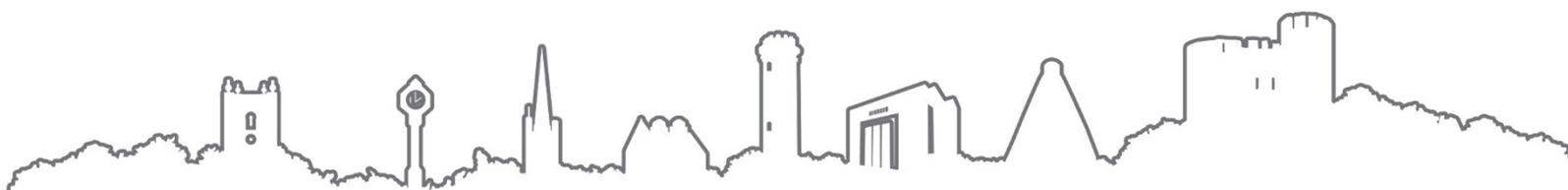




Council and Partner Response to the Covid-19 Pandemic

Report of the Health and Adult Social Care Scrutiny Committee

November 2020



...the historic capital of the Black Country



Introduction by the Chair of the Health and Adult Social Care Scrutiny Committee



Councillor Dave Tyler

At the start of lockdown in March 2020, both Group Leaders recognised the vital importance of maintaining proper levels of openness, transparency, democratic oversight and scrutiny during the Covid-19 Pandemic.

The Council moved very quickly to establish a thorough and effective scrutiny process to provide support, assurance and to make recommendations on improvements around the Borough's response to the Coronavirus Pandemic.

In the Annual Scrutiny Programme for 2020/21, the Health and Adult Social Care Scrutiny Committee was given the priority task of undertaking this scrutiny review.

The Council has worked cross-party to develop a scrutiny framework to review performance and drive further improvements over the coming months of Pandemic response and recovery.

The timing of the scrutiny, occurring whilst the Pandemic is still ongoing, puts Dudley ahead of the curve. The Council has recognised the value of undertaking the scrutiny work whilst its relevance and impact has the most value.

In July 2020, the Council conferred the Freedom of the Borough on the National Health Service, Public Health, Adult Social Care, Children's Services, Bereavement Services and Voluntary Sector workers serving the people of Dudley Borough during the Covid-19 Pandemic.

It is only right that we acknowledge the tremendous amount of work that has been undertaken by Council Directorates, Partner organisations and many others, under the most challenging circumstances. This work is still very much ongoing.

This report summarises the work of the Committee at a series of meetings held between June and November, 2020. I commend the report and its outcomes/recommendations to the Cabinet and Council. I would like to place on record my appreciation of all the hard work and support given by Councillors, Officers, Partners and many others who have contributed so positively to the scrutiny review.

The agenda, minutes and reports of our meetings are available on the [Council's Internet site](#). This document includes hyperlinks to the detailed reports and information considered by the Committee. In addition, recordings of the Committee's proceedings are publicly available to view on the Council's [You Tube Channel](#).

Alternatively, please contact Democratic Services on 01384 815238 or e-mail democratic.services@dudley.gov.uk.



Report of the Health and Adult Social Care Scrutiny Committee



**Chair -
Councillor
Dave Tyler**

Council and Partner Response to the Covid-19 Pandemic

**Vice-Chair -
Councillor
Chris Neale**

Meeting of the Scrutiny Committee on 10th June, 2020

Covid-19 Pandemic

1. The first formal meeting of the Scrutiny Committee in the 2020/21 municipal year took place on 10th June, 2020. The Committee considered a report of the Acting Director of Public Health and Wellbeing on the Council's response to Covid-19.
2. The Acting Director of Public Health and Wellbeing gave an overview of the Council's response in managing Covid-19 in Dudley and referred to the timeline of events.
3. The Acting Director of Public Health and Wellbeing outlined the statutory responsibility of the Local Authority and its contribution to health protection matters in the borough and across the wider system. This included planning for and responding to incidents that presented a threat to the health of the population. The public health threat, as a result of Covid-19, required a much wider system response than historically the local authority had been used to dealing with. For many people, including communities, key workers, carers and shielded individuals it was an intense and challenging time. It was also recognised and appreciated that a range of key groups of staff across the system had gone above and beyond their key duties to support with the response to the crisis.
4. The Acting Director of Public Health referred in sympathetic terms to the number of deaths that had resulted from Covid-19 and expressed condolences to the families and friends of those individuals. Data had been shared to help manage further cases and prevent deaths in the population.
5. During the presentation, reference was made to the total number of cases of Covid-19 in Dudley. Through a joint collaborative response, Dudley had managed to keep identified cases low and reduce deaths in the Borough. It was recognised that the majority of deaths in the Borough had occurred in hospital settings followed closely by Care Homes, Nursing Homes and Hospices. The location of deaths, by ward, within Dudley was relatively low with no statistically significant difference in the death rate.

6. In April 2020, Dudley Council piloted a “COVID-19 application” (the App) which had been introduced by a research agency that provided the opportunity to allow people to self-report symptoms and determine the amount of Covid-19 cases in the Community. The App had been useful in terms of providing the Council with local intelligence and contributed to national research.
7. It was reported that Dudley had 95 Care Homes registered with the Care Quality Commission and that all residents had been tested. An analysis showed a low number of deaths attributed to Covid-19 at that time and the Council was working closely with partners to ensure that staff testing was undertaken for all Care Workers in Care Homes.
8. A Health Protection Group was established comprising the main health providers and commissioners in the Borough, together with Public Health England to work together to develop a strategy on how to deal with the infection. The Group supported the Dudley Health Protection Corporation Agreement (the Agreement), which was an agreement that highlighted Dudley’s response in the event of a health protection incident and was signed by each of the key organisations required to respond to an incident in the Borough. The development of the agreement by the Council required commitment and resource from Dudley Clinical Commissioning Group (CCG), Dudley Group of Hospitals and other key partners working in Dudley to collectively agree robust measures to deal with and respond effectively to incidents. The partnership approach was essential, which had resulted in the Agreement being successfully used to bring various organisations in the Borough and the region together, to deal with outbreaks of infectious disease effectively. The Agreement was regularly monitored and updated.
9. In referring to the timeline of events during the Pandemic, it was recognised that the key issue was to increase the Council’s resilience by embedding emergency preparedness and business continuity management within its services. Emergency planning, business continuity and recovery arrangements were key in developing a strategy to respond to any public health threat. Work to test Pandemic plans had previously been carried out focussing on mortality rates, issues around Personal Protective Equipment (PPE) ensuring there was enough supply, how to deal with pressures on the system and NHS, managing the outbreak in care homes and keeping residents and staff safe, dealing with work place issues, managing population, messaging and communication and managing excess deaths. It was important to involve key parties, such as Cabinet Members and the community to get their views and input on potential issues threatening public health to support future plans and the recovery process.
10. Key organisations met in February 2020 to consider how to deal with first cases of Covid-19 in the community to contain the virus as far as possible. This was carried out through the Agreement and other agencies involved in the system. Challenges had been acknowledged during this unprecedented time, however, officers were satisfied that effective measures had been put in place to ensure that communication and support with all agencies was maintained, providing all staff and residents of Care Homes with advice where required.

11. The Governance, Command and Control processes that had been put in place were referred to and it was emphasised that the majority of the response had been down to co-operation, collaboration and true partnership work within the Council, across directorates and teams within the Council and the wider system.
12. The Corporate Risk Register had been reviewed in April in light of the Covid-19 situation. It had been agreed that additional mitigations identified in the Register would be included in a Covid-19 Strategic 8 point Action Plan, to help prioritise and co-ordinate the response, ensuring that focus was being dedicated to delaying the spread of the virus and protect the most vulnerable groups of people. The Plan was frequently reviewed and monitored and overseen by the Covid-19 Incident Group. Any risks identified were reported to the Strategic Executive Board.
13. In referring to the scrutiny review of Dudley MBC and partner response to the Coronavirus Pandemic, all partners within Dudley Borough were urged to take part in the process. This request was positively received by all concerned.
14. It was agreed that any recommendations arising from the scrutiny review should aim to guide and assist all Directors and partners in future planning and responding to any further Pandemics. Regular meetings would take place to consider various themes and it was agreed to hold a meeting with the Chairs and Vice Chairs of each Scrutiny Committee to update them on the scope and timing of the scrutiny review.
15. The Acting Director of Public Health and Wellbeing expressed her appreciation to all staff across the service for their commitment and invaluable work and support provided during this crisis.
16. The following points were discussed at the Scrutiny Committee meeting:-
 - Members expressed their appreciation to all staff in the Council, NHS, social care system, key workers, supermarket staff, refuse collectors, postal workers and community members for their determination and continued commitment during the crisis. It was anticipated that a second spike of the infection might be observed and the positives highlighted to date would need to be developed to ensure that the Council was prepared to tackle the situation. Continued commitment of the Community Nurses, Dudley CCG and partners was essential to identify and respond immediately to any 'hot spots' in the community. The wrap around support would continue from colleagues in the NHS, Public Health, Social Care, Commissioning and other colleagues across the Local Authority.
 - The initial Covid-19 Plan had been a 10 point plan, however, it was quickly recognised that the response needed to be more comprehensive and it was condensed to 8 points to ensure it was a more efficient and robust Plan.

- Reference was made to the track and trace system in operation. It was an essential system in terms of helping manage a potential second outbreak of the virus. Lessons had been learned following the initial response and work to reflect those lessons to develop procedures further was ongoing. Collaborative work was essential in terms of reducing the peak and flattening the curve, however, it was acknowledged that there were further opportunities to share learning from across the wider system to ensure robust procedures were in place should a second spike occur. Members were encouraged to play a key role in the crisis by continuing to remind people of the public health messages and risks associated with Covid-19.
- A key area for improvement was the contact between the national arrangements and the Local Government response. The timing and communication from Government nationally initially did not synchronise with the local response. Many of the early issues during the start of the Covid-19 pandemic were in relation to the disconnect between the national and local arrangements, for example, PPE at the outset, delivery of food to persons on the shielding list and the need for local arrangements to act as a failsafe service. It was acknowledged that going forward there was scope to improve that infrastructure between the local response and regional arrangements and the decisions being taken at a Government level to improve clarity and consistency.
- Reference was made to the changes to the care market as a consequence of Covid-19. Key issues to consider were the sustainability of that market to enable operators to continue to trade and to provide the vital care that was offered to residents in the context of reduced capital and the potential for an economic recession.
- Reference was made to the designations of the attendees at various groups. The Acting Director of Public Health and Wellbeing undertook to circulate information to all Members of the Committee to ensure Members were confident that the groups included proper representation at the appropriate levels.
- The Acting Director of Public Health and Wellbeing also undertook to circulate data regarding death rates and the numbers of deaths compared with what would normally have been expected at this time of year.
- Arrangements for ethnic minority front line workers had been considered and robust risk assessments had been carried out on NHS and staff within the Council. A group consisting of local staff from different ethnic backgrounds was put together to ensure that all staff were informed of processes and systems going forward.

17. **Outcome/Local Recommendation**

- (1) *That the Acting Director of Public Health and Wellbeing circulate information on the designations of attendees at various Groups to ensure that Members were confident that the groups were represented at appropriate levels.*
- (2) *That the Acting Director of Public Health and Wellbeing circulate an analysis of the number of death rates that have occurred compared to that normally be expected at the time of year.*

Presentation by Black Country and West Birmingham Clinical Commissioning Group

18. A representative of the Black Country and West Birmingham Clinical Commissioning Group expressed his appreciation to all systems for their contribution during the Pandemic. The crisis had brought together all systems and the collaboration and co-operation had been clear in the collective response. The need to build on learning experiences and continue to work collaboratively was essential not only during the current crisis but as part of the normal routine practice moving forward.
19. The work of Black Country and West Birmingham Clinical Commissioning Group in Dudley and across the Black Country and West Birmingham in terms of the response to Covid-19 was referred to. Partnership working within the Clinical Commissioning Group (CCG) and Sustainability and Transformation Partnership (STP) was key to getting the community back to what might be considered as normality, although it was accepted that 'normal' would have a new definition than that prior to the crisis. The priority was to achieve a more robust system, taking into consideration the work undertaken and the lessons learned.
20. The process that had been defined nationally through the STP consisted of a staged approach moving forward. The priority within the NHS, hospital and primary care systems was to maintain and ensure adequate capacity to maintain the response to the Covid-19 Pandemic, particularly in the event of a second spike.
21. The first stage of the National approach was Restoration. A requirement of NHS England was for assessments to be carried out to identify classified and essential services and an indication provided as to when those services could be reopened for business. A cohort of approximately 40 services where the expectation was to restore ranged from across the whole of the system in acute and community, mental health, learning disabilities and wider partner services. The need to ensure services were safe for both staff and the public was essential.
22. Specific consideration was given to what services could be restored, including maintaining capacity to manage Covid-19, whether that be critical care facilities, theatre facilities, the work force directed from routine elective work to concentrate on dealing with the Pandemic and to ensure that premises operated from were designated as Covid and Non-Covid sites. It was reported that the majority of services would be in a position in the imminent future to be restored, however, it was recognised that ongoing work was required for services to be fully restored.

23. Recovery was the next stage in the process, however, recovery could only take place once all services had been restored. It was recognised that routine elective work within Trusts and primary care had been suspended in part or slowed down due to the Pandemic which had a significant impact on waiting lists within all Trusts. The demand on the system when services were fully restored was acknowledged.
24. An additional element that the STP decided to pursue was a reset plan. It was acknowledged that for some services, the procedures previously followed and the way in which systems operated would be different. An evaluation of the service changes was currently being carried out to identify how services could be carried out more effectively in line with Government requirements and to develop a realistic approach for the reset plan. It was envisaged that the recovery strategy would be aligned with the expectation of the reset plan. Formal engagement and consultation with staff, patients, public and people who used the services was essential in developing a robust strategy that covered all aspects of the restore, recovery and reset approach.
25. Further information and updates would be provided to a future meeting of the Committee for Members views and validation of service changes and expectations of any formal processes that needed to be followed.
26. At this time, it was unclear what would happen in terms of Covid-19 and whether there would be a second or third spike of the virus. However, Members were assured that with robust planning, taking into consideration work carried out and lessons learned, the second wave would be tackled effectively. The key message was for Members to feel confident that the safety of staff, patients, service users and visitors was a key priority in planning the recovery strategy.
27. The following points were discussed by the Committee:-
 - A Recovery Strategy was being drafted with a presentation to the STP Board in July 2020. Focus at the start of the Strategy was dedicated to clinical safety, how inequalities would be addressed and how the Recovery Strategy would be used to address some of the imbalances and inequalities that had been identified across the system. Members would be provided with the opportunity to contribute to the Strategy, through the Dudley Health and Wellbeing Board.
 - Statistical information outlined in the report had been taken from various data sources, including the Covid-19 datasets that had been published nationally and local datasets submitted from various Trusts. Trusts had been very supportive in compiling twice daily analysis reports for certain aspects to allow work to be carried out to manage Covid-19. Collaborative working with public health colleagues was essential in containing the virus. Ongoing work was required to establish the best source of data for issues such as patient experience as it was considered key in ensuring accurate data was reported.

- GP practices were offering remote appointments and consultations, however, it was recognised that face-to-face consultation was essential. A designated red, amber and green site system was operated during the Pandemic. Red sites had been designated for incidents related to Covid-19, amber for suspected Covid-19 incidents and green for routine appointments. A review was being carried out to ascertain whether services continued as above to manage the Covid-19 Pandemic and how to move back to a more normal routine GP operating model, including face-to-face appointments. Service operations would not be changed immediately whilst there was a risk of a potential second spike, however, assessments as to how the operating model could be adapted in the shorter term was being undertaken to allow some services to return to some normality.
 - In terms of routine operations, risk assessments had been carried out on patients on the waiting lists to assess the potential risk of damage caused as a result of delayed operations. Following risk assessments, it was expected that routine orthopaedic operations would commence on 15th June, 2020. Capacity in the private sector would be utilised and joint operations would initially be carried out at Ramsay Healthcare UK. In terms of operations being carried out at Russells Hall Hospital, ongoing work was being undertaken to ensure theatres and wards were designated as Covid-19 free to ensure the safety of staff and patients.
28. The representative of the Black Country and West Birmingham Clinical Commissioning Group was thanked for the presentation. The Committee acknowledged all the hard work and determination that had been highlighted throughout the crisis. Sincere gratitude was expressed to everyone involved during the Pandemic and with the recovery process.

Meeting of the Scrutiny Committee on 27th July, 2020

Comments by the Chief Executive

29. The Committee considered the detailed arrangements for undertaking this scrutiny review. The Chief Executive expressed his support and confirmed that there was a clear commitment from Senior Officers, Cabinet Members and Councillors to support the Committee in undertaking a full and in-depth scrutiny of how the Council and partner organisations had responded to the Covid-19 Pandemic. It was considered important to identify and address those areas that had not worked as well; to make a difference to either prevent a second spike and/or reduce the impact should it occur, as well as to recognise and share examples of best practice.
30. As the Covid-19 Pandemic is a major public health emergency, it was considered appropriate that the scrutiny review was co-ordinated by the Health and Adult Social Care Scrutiny Committee to avoid any duplication. The Chairs and Vice-Chairs of all Scrutiny Committees were given a standing invitation to attend meetings of the Committee to contribute to the scrutiny review.
31. It was acknowledged that recommendations arising from this review would be referred to the appropriate decision maker(s) and proposals could be applied to future models of service.

32. The Chief Executive commented that the review was an exciting piece of work. Dudley was likely to be one of the first authorities to undertake such a review. The lessons that could be learned from the way Dudley and its partners responded to the Pandemic, could be submitted to universities and other learning providers to inform their academic work, as evidence and data setting moving forward.

Council and Partner Response to the COVID-19 Pandemic

33. Members considered detailed proposals and key themes for the scrutiny review over a series of specially convened meetings. Other items that had previously been suggested for the Committee's work programme were reviewed and prioritised, in consultation with the Chair, Vice-Chair and relevant Officers.
34. The Acting Director of Public Health and Wellbeing gave an assurance that measures were in place to ensure that Dudley was prepared should a further phase of Covid-19 occur. It was commented that as part of the national test and trace programme, Local Authorities had been required to provide outline strategies which included a prevention perspective, as well as providing details of how small outbreaks would be managed. It was recognised, however, that plans did not always succeed when put into operation and it was stressed that testing of plans would be conducted. Dudley was in a fortunate position as it had learning from the initial outbreak. As a result of collaborative working with the hospital and care home partners, services were prepared to provide the required response should a further outbreak occur.
35. The Acting Director of Public Health and Wellbeing confirmed that there had been a slight change in the demographic in which outbreaks were now occurring and plans were continuously reviewed to adapt to the ongoing situation.
36. A Covid-19 Health Protection Board was established which comprised of key representatives from across the system and was Chaired by the Acting Director of Public Health and Wellbeing. The role of the Board was to assure plans and to develop a trigger mechanism to help understand at what point steps needed to be escalated and when the authority's legislative powers needed to be enforced. A Member led engagement Board had also been launched, which was Chaired by the Cabinet Member for Health and Adult Social Care to help develop robust plans around communication and community engagement on a local ward based level, all of which strengthened preparations for a second wave.
37. Although the number of reported cases in Dudley remained low, a rise in numbers had recently been recorded. Officers continued to work collaboratively with neighbouring authorities with reported outbreaks, to reduce the possibility of cross border spread of the infection and to ensure that relevant public health advice was provided to affected residents.

38. A question was asked as to whether this scrutiny review was being conducted prematurely as the pandemic was still ongoing and aspects of the virus remained unclear, in particular with regard to the reasons as to why Black, Asian and Minority Ethnic (BAME) communities had been more severely affected. Members and Officers however considered it to be an important and appropriate stage within the process and it was essential that a review of the Council and partners response to the pandemic was conducted, so that lessons learned could be integrated into Phase 2, in preparation should a second wave emerge.
39. In considering the proposed programme of topics, a suggestion was made that it would be helpful if at each session there was a 'golden thread' and a focus around all strands of communication dealt with throughout the Pandemic at all levels including the public, internal staff and media. Communication should be addressed at every meeting, to ensure that each part of the Councils preparedness for the next phase was scrutinised and questioned.
40. At this point, it was reassuring for all to know that from the moment the virus hit Dudley, Officers had begun to scrutinise all aspects of work that was being done. The role of Members of this Committee was to oversee this scrutiny work and ensure that activities were being conducted in an appropriate and timely manner.
41. The Head of Adult Safeguarding concurred with the comments made with regard to the review of communication and commented that lessons had already been learned from the initial outbreak. Dudley and the partnership were also discussing the lessons learned and the ways the crisis had been managed with Chester University.
42. A question was raised about support for acute shielded residents as shielding was due to end. The Acting Director of Public Health and Wellbeing gave an assurance that support would continue to be available moving forward. Contributions and engagement from members of the shielded group was welcomed to help distinguish the level of support required to protect those that were most vulnerable.
43. Members expressed their commitment to this scrutiny review and emphasised the importance of engaging with the public, Dudley Council for Voluntary Services (DCVS) and Dudley Healthwatch, to get their perspective on the process. It was commented that there were lots of voluntary organisations making Personal Protective Equipment (PPE), however, the co-ordination of distribution of goods and the strategic set-up needed to be reviewed. Comments were also made about food distribution issues experienced for those children that were entitled to free school meals and the Committee welcomed contributions from DCVS on this matter.

44. **Outcome/Local Recommendation**

- (1) *The proposed approach to the scrutiny review of the response of the Council and partners to the Covid-19 Pandemic was endorsed and the Lead for Law and Governance, following consultation with the Chair, Vice-Chair and appropriate Directors, was authorised to take any necessary actions to progress the scrutiny review.*
- (2) *The Lead for Law and Governance, following consultation with the Chair, Vice-Chair and appropriate Directors, was authorised to review the Committee's work programme and to confirm the future programme of scrutiny business during the 2020/21 municipal year.*
- (3) *A 'golden thread' and focus around all strands of communication dealt with throughout the Pandemic, at all levels including the public, internal staff and media, was incorporated as a standing item of business for future meetings dealing with this scrutiny review.*

Meeting of the Scrutiny Committee on 3rd September, 2020

Comments from the Cabinet Member for Health and Adult Social Care and the Chief Executive

45. The meeting on 3rd September was the first meeting entirely dedicated to gathering information from Council Directorates and Partners. An introduction was given by the Cabinet Member for Health and Adult Social Care and the Chief Executive.
46. In introducing the report, the Chief Executive commended the Emergency Planning Team for their exceptional work throughout the Pandemic and in delivering outcomes.
47. The Cabinet Member for Health and Adult Social Care echoed the Chief Executive's comments and expressed his heartfelt thanks to Public Health and Emergency Planning colleagues, as well as to all Council employees that had worked during the crisis to ensure the safety of local residents.

Emergency Planning Team – Response to the COVID-19 Pandemic

48. The Head of Health Protection gave a detailed presentation outlining the Council's emergency planning arrangements and preparedness for the response to the Covid-19 Pandemic.
49. The Health Protection team was split into two sections, Contingency and Disaster Management (Emergency Planning) and Health Protection (Infection Prevention and Control). Both teams had worked tirelessly, together with wider partners, since February, 2020 to ensure that operations and processes were in place in preparation for the Pandemic.

50. The system wide approach to emergency planning, as outlined in the Dudley Health Protection Co-operation Agreement, together with executed business continuity plans, were referred to and considered key to the mobilisation of resources and ensuring that essential functions continued across the whole of the Council.
51. The Head of Health Protection referred to the timeliness of exercise Perinthus, that had been conducted in November 2019. The purpose of the training exercise had been to provide opportunity to 'stress test' the Council and partners' emergency plans and agreements and to make any improvements in preparedness for any future Pandemic. The partners involved in the exercise included Dudley Group of Hospitals Trust, Dudley Clinical Commissioning Group, funeral directors, coroners and elected members.
52. The key learning and actions that had been identified from the exercise were outlined, although it was considered that the most important factor was working together. The link made with partners through the event had a positive impact when dealing with the Covid-19 Pandemic. It provided the opportunity to build relationships and focus on the establishment of the command and control arrangements prior to being provided with national guidance.
53. The Head of Health Protection reminded the Committee that the Pandemic was still ongoing and that services were also trying to prepare in readiness for winter illnesses. Plans would be updated with the learning identified from dealing with the Pandemic and business continuity plans strengthened and regularly tested to ensure that they remained fit for purpose.
54. The Committee discussed the following points:
 - It was recognised that the emergency planning team had worked 7 days a week, 24 hours a day to fight the pandemic which was not sustainable moving forward. Additional resources were being pursued. It was, however, considered that emergency planning was a system wide approach and the wider workforce across the Council and public health should be engaged and involved.
 - Business continuity plans should be reviewed on an annual basis, however it was stated that this was sometimes a challenge. The Acting Director of Public Health and Wellbeing and the Strategic Executive Board (SEB) had provided support to ensure plans were in place for each service. To ensure plans were fit for purpose, a future review process had been agreed by SEB, where plans would be checked and signed by a senior member of staff and a further review conducted by the Health Protection Team prior to final approval.
 - Central Government provided national guidance, of which some aspects were mandatory and not controlled by the Local Authority. However, in the majority of circumstances the Local Authority, in conjunction with health partners, were able to create predominately Dudley-focussed plans that were robust in protecting local residents.

- The Leader or Deputy Leader of the Council, together with the Leader or Deputy Leader of the opposition group, were briefed by the Chief Executive on a weekly basis throughout the peak of the Pandemic. Executive powers were initially delegated to the Chief Executive to deal with all non-controversial decisions during the height of the Pandemic, which had worked well. Chief Executives' regional meetings were held daily, following which SEB meetings were attended to ensure common messaging was received. It was, however, recognised that the balance may not have been right during the five days leading up to the initial lockdown. This was a lesson learned moving forward.
- It was recognised that working collaboratively was key to fighting any Pandemic and working relationships and communication with elected members needed to be strengthened.
- Members agreed that emergency planning should be included as part of the training regime for newly elected members, as well as refresher training provided to long standing members. This should be considered as a mandatory training requirement, with appropriate levels of training provided to Leaders, Deputy Leaders and all Cabinet Members.
- Effective communication and briefings with elected Members were vital, particularly during the height of the Pandemic, as residents relied on Members to disseminate information.
- The Committee commended the emergency planning team and everyone that had worked tirelessly in fighting the Pandemic and keeping residents safe.

55. **Outcome/Local Recommendation**

- (1) *That the role of emergency planning in the Council, including the preparedness and response to Covid-19 Pandemic, be noted.*
- (2) *That the outcomes of exercise Perinthus and how the learning from the exercise was instrumental in informing the Borough's response to Covid-19 Pandemic, be noted.*
- (3) *That further work be undertaken to improve engagement with elected Members including making emergency planning training mandatory for newly elected Members and providing varying levels of refresher training for other Members of the Council depending on their role.*

Procurement of Personal Protective Equipment (PPE)

56. The Director of Commercial and Customer Services reported on the timelines, issues and successes in relation to the procurement of PPE during the Covid-19 Pandemic.

57. The Director of Commercial and Customer Services provided an overview of the whole system approach and commended staff that had worked above and beyond in ensuring PPE was available and provided as and when necessary.
58. The exponential rise in cost of PPE, due to the increased demand, was noted, as well as the national issue experienced with manufacturers changing the direction of supplies to higher paying customers. It was commented that the national flu Pandemic stock had previously been slow to arrive and at that time there had been uncertainty as to what equipment would be provided. A collaborative procurement group was established by the West Midlands Heads of Procurement and each Council was responsible for the procurement of one item type of PPE, which had worked successfully.
59. Local suppliers were used where possible and when mask supplies had depleted, stock had been provided by the Clinical Commissioning Group and a link provided to their supply chain so that stocks could be obtained direct.
60. The importance of due diligence and the high number of suppliers that had contacted the Local Authority offering PPE was referred to. It was discovered that the majority of the equipment offered was not eligible to be shared as it did not meet the correct protection requirement standards.
61. In the early stages, the demand and requirement for equipment had been over modelled and provisions had been over ordered. However, this had proven to be for the better as stocks and reserves were fully replenished. In referring to budgets for the procurement of equipment, it was confirmed that £1 million had been spent so far and a further £1 million had been committed to the supply of further PPE. With support from the Head of Health Protection, guidance had been published and circulated to Council's frontline staff to try to alleviate some fears and to advise on what PPE was required and under what circumstances.
62. In referring to national Local Resilience Forums (LRF) supplies, the Director of Commercial and Customer Services stated that clarification was required to ensure that all of those organisations that were entitled to LRF, were aware that they were eligible. It was recognised that this was a national concern and that guidance needed to be improved.
63. The Director of Commercial and Customer Services confirmed that at no time had Dudley lost out to fraudulent suppliers as attempts had been prevented by the diligence of staff.
64. The range of PPE of stock obtained and available was referred to and outlined in the report. It was confirmed that due to the quantity of stock, warehousing and distribution was now provided by the Community Equipment Service, who had experience in the operation of stock management systems and a good relationship with the care and health sectors.

65. Although guidance at the time indicated that PPE was not required at schools unless someone with symptoms was identified, a care package to include masks, gloves and hand sanitiser, had been distributed to all Schools in the Borough.
66. The Director of Commercial and Customer Services expressed her sincere gratitude to the procurement team, corporate landlord services, public health, commissioning services, and all of the adult social care and community equipment service, for their outstanding collaborative work throughout the crisis.
67. The Committee discussed the following points:
- Members commended the Director for a true, concise and honest report.
 - It was recognised in early March that the national flu PPE stock would be insufficient to deal with the Covid-19 Pandemic and that additional items would need to be procured. Although PPE stocks were rationed in accordance with urgency, Dudley had not run out of PPE and commissioning ensured that supplies were delivered when and where required. Care homes had been contacted daily to establish their PPE requirements.
 - Health providers and Local Authorities had different procurement rules and approval processes. Cross sector procurement in Dudley could be complicated, however, this could be reviewed in the future.
 - The Easter 2020 break was considered to be the most constrained period for the supply of PPE. The key factors that supported the Local Authority through this period included the receipt of a bulk supply delivered via the LRF and the mutual aid across health and social care providers in the Borough with support from the Mental Health Group, Dudley Group of Hospitals and the CCG. The support was reciprocated at appropriate times, when primary care stocks had depleted. At the most difficult time, care providers had been operating with a two-day worth of supply of PPE, however, on average throughout the crisis, the Local Authority had a rolling average of five days' worth of stock. It was recognised that the challenge with the regional arrangements related to a lack of clear communication and predictability of when stock would arrive and the quality of stock provided.
 - The quantity of LRF PPE supply had been based on the number of residents in the Borough and the age profile of the population aged over 65 years. However, this was not an accurate denominator and was the initial working assumption. The LRF supply was only a proportion of the PPE available at the time and would not cater for the total demand.
 - The arrangements with the Community Equipment Service for storing and distributing PPE had worked well and would remain for the time being. However, this would need to be reviewed for the long term due to the large quantity of PPE.

- It was recognised that there was duplication of PPE products. The report identified the separation between LRF stock, with stock that had been procured, as LRF stock was protected for certain customer groups. At the beginning of the Pandemic, stocks were ordered in any sizes that were available to ensure that sufficient products were available to protect people, however supply distribution had returned to normal.
- The Local Authority and care providers worked collaboratively to provide a system wide approach to protect everyone. Although on occasions stocks were stretched, those that called were never left without a supply of PPE.
- The Director of Commercial and Customer Services confirmed that she was confident that Dudley had sufficient stock available, with good expiry dates in the event of a second spike.
- Communication was key in ensuring staff felt safe and also to ensure they were aware of the use of PPE in the workplace.

68.

Outcome/Local, Regional and National Recommendations

- (1) *That the information presented in the report be noted.*
- (2) *That the exceptional work undertaken by the Procurement Team, Corporate Landlord, Commercial, Public Health and Health and Safety Officers during the Pandemic be acknowledged and recognised.*
- (3) *That the following recommendations be made:-*
 - i) *National and Regional Recommendation: That there is consistent National guidance and communications to potential recipients and distributors of National Stocks.*

That the Ministry of Housing Communities and Local Government (MHCLG) and Department for Environment, Food and Rural Affairs (DEFRA) improve the sufficiency of PPE emergency stock nationally and provide clear and reliable information about the supply of bulk PPE stock in the event of a second Covid-19 spike to Local Authorities (the Chair of the Health and Adult Social Care Scrutiny Committee wrote to the Government Departments accordingly and the [response is available on the website](#)).
 - ii) *National Recommendation: That MHCLG and DEFRA develop a consistent performance and evidence base and that the report formulae are checked and validated prior to publication (the Chair of the Health and Adult Social Care Scrutiny Committee wrote to MHCLG and DEFRA accordingly).*

- iii) *Local Recommendation: That expertise from public health, procurement and adult social care is re-mobilised in the event of a second Covid-19 spike and that the Health and Adult Social Care Scrutiny Committee receive regular briefings about the volume, quality and timing of PPE supplies; the Chief Executive to provide assurance to this effect.*
- iv) *Local Recommendation: That the Dudley MBC Procurement Team develop a clear protocol and due diligence test for the acceptance of PPE suppliers and portals to prevent poor quality PPE supply and/or fraudulent sales of PPE; the Head of Procurement to produce a protocol no later than mid-October 2020.*
- v) *Local Recommendation: That assurance is provided to the Health and Adult Social Care Scrutiny Committee that lessons learned about PPE at phase one of the Covid-19 Pandemic is factored into the phase two response (as required); the Director of Adult Social Care and the Acting Director of Public Health and Wellbeing to provide assurance and updates to the Committee as required.*

Communications

- 69. The Chief Executive reported on the supporting communications provided by Dudley Council during the Coronavirus (Covid-19) pandemic.
- 70. The Chief Executive stated that Dudley's percentage of infection throughout the Pandemic had been consistently low in comparison with other local authorities, which was a result of good and effective communication. The Chief Executive commented that Dudley had an excellent communications team and the role of Communications and Public Affairs together with other services created a safe environment for the community.
- 71. The Head of Communications and Public Affairs provided an overview of the work that the Communications Team had undertaken to alleviate uncertainty and anxiety across the Borough and ensure that everyone was informed as far as possible. Effective communication was key to delivering the Council's Covid-19: 8 point plan alongside the management and monitoring of all activities.
- 72. The communications team worked tirelessly to ensure that key messages were delivered to a variety of audiences via a mix of communication channels. However, it was important to recognise the role that all Council staff, managers and elected Members had in sharing messages through all networks.
- 73. At the peak of the Pandemic it was vital that communication was smooth and that the team was ready to respond to priorities that evolved. The Head of Communications and Public Affairs expressed his gratitude to the Communications Team for the work they had undertaken throughout the process.

74. Members received a summary of the variety of communications delivered and the key audiences that were targeted, as well as outlining the key channels of communications which had been exploited to maximum effect. In the ongoing Pandemic, the Communications Team continued to evaluate performance. Two resident surveys had been conducted, the results of which were shared with the Committee.
75. Although it was acknowledged that the fight against Covid-19 had been system wide it was considered that fast effective communication had contributed to the 'R' Rate in Dudley remaining consistently low.
76. The Head of Communications and Public Affairs referred to the continued steps being taken to address the crisis and in doing so confirmed that the Public Health Communications Group continued to meet on a regular basis; that a communications framework had been put in place for the Dudley Outbreak Control Plan and that an in-depth programme of engagement, led by Public Health would commence. This included the launch of Covid-19 Community Champions and the introduction of a Members toolkit which would provide clarity around Elected Member roles.
77. The Committee discussed the following points:
- Communication was acknowledged as a 'golden thread' and a critical attribute to the Council and partner response. Members stressed the importance of not just internal communication but also communication with Elected Members and external partners, as well as the West Midlands Combined Authority and residents.
 - The Dudley Borough magazine called 'Your Borough, Your Home' publication was produced and distributed as quickly as possible during the pandemic. Distribution had been undertaken by Royal Mail, however there was a two-week delay with the process. It was considered that three to four weeks was a standard time period for this type of publication.
 - At this time, Dudley's 'R' rate was in a good place, which implied that residents' compliance with restrictions was effective. However, partnership working with police colleagues would continue to address issues of non-compliance within towns and signage in public areas would continue to be displayed. The Communications Team continue to amplify national and local messages.
 - Covid-19 Community Champions would help support communities and encourage additional engagement and effective communication, particularly with those residents within hard to reach communities. Engagement over the next six months would be imperative.
 - When producing printed material, publications were created in a range of languages and the team endeavoured to be as creative as possible. It was recognised that it was essential for communications to be modified to ensure inclusion.

- Friday Focus Webinars for Black and Minority Ethnic (BAME) Communities were well attended and arranged on a day that had been instigated by the communities. Engagement between communities and presenters was positive and the Community Development Team continued to work with hard to reach communities to address their needs. The Acting Director of Public Health planned to meet with community leaders to finalise future engagement.
 - Further community engagement was endorsed and the importance of linking in with community groups that already existed and who had provided support during the peak of the Pandemic was encouraged.
78. The Committee expressed thanks to the Communications and Public Affairs Team for their commitment and gave recognition to all Council employees who had adapted to new ways of working and continued essential support throughout the Pandemic.

79. **Outcome/Local Recommendation**

That the information reported and presented at the meeting on the work carried out by the Council during the outbreak be noted.

Meeting of the Scrutiny Committee on 15th October, 2020

Adult Safeguarding and Deprivation of Liberty Safeguards (DOLS)

80. The Director of Adult Social Care provided an update on the Adult Multi Agency Safeguarding Hub (MASH) and DOLS teams' response to Covid-19.
81. The Director of Adult Social Care reported that a full safeguarding service had continued to operate within the Council and across partnerships throughout the Pandemic. Dudley had the lowest number of DOLS in the West Midlands and the data was subject to weekly scrutiny.
82. Professor Paul Kingston commented on the governance and partnership arrangements in place throughout the Pandemic and stated that, in his independent view, work over the Covid-19 period in Dudley had been exemplary. Safeguarding had continued to be maintained and meetings had been held on a weekly basis since lockdown. Given the challenges faced, the service had run as smoothly as possible, and in referring to the DOLS number, it was surmised that it might potentially be the best in the country. The Head of Adult Safeguarding was commended in this regard.
83. Safeguarding functioned extremely efficiently during a very stressful period. In referring to Care Act Easements, Dudley had kept these down at Level 2 whereas some Authorities, even across the West Midlands, had used easements at Level 4. Professor Kingston indicated that, although work had stabilised and was moving towards some degree of normality, challenges would inevitably be faced again during the second peak of the Pandemic and work would potentially revert to virtual consultations where needed.

84. The Committee discussed the following specific points:-

- Reference was made to the rise in domestic abuse incidents in the general population. Although it was acknowledged that Dudley's numbers were relatively low, they represented a 42% increase. It was queried whether this was repeated across the country and how the increase in incidents would be managed.

An increase in domestic abuse cases during lockdown was a national issue. Although the Police had seen a large increase in incidents, the Local Authority did not necessarily get involved in all cases as the people involved did not appear to have specific health and social care needs. However, the Council was aware of the difference in figures and concerns had been raised with the Police with a view to them making safeguarding referrals where needed. A West Midlands Police representative confirmed that there had been a 25% increase in domestic abuse incidents across the Borough this year from 1st April amounting to around 500 cases. However, it was positive that victims were reaching out and in turn were able to get support and safeguarding interventions as necessary.

Alcohol sales had increased by 30% over the past six months which was a significant factor contributing to domestic violence increase, as well as the added pressure of people having to spend more time at home together, particularly where difficult relationships already existed. Although there was capacity in accommodation in the West Midlands for those requiring refuge support, an increase in resources together with any support from the third sector to support victims of violence was welcomed.

- Given the commendable work of DOLS in Dudley, it was queried what strategy would be put into place to maintain the outstanding performance, particularly given the challenges and pressures on the service.

Throughout the Pandemic, extra staff had been put into place to manage the additional pressures and the opportunity was taken to get the list down as fast as possible. However, challenges would be faced the following year to maintain the current level of infrastructure. One of the opportunities in bringing adult social care back to the Council, given the Section 75 partnership agreement had ceased, was to bring in an increase in mental health expertise. In this regard there were also plans to increase the number of staff who had an interest and experience in DOLS. The Committee was assured that the Council and partners were taking a proactive approach and working positively with Advocacy Services to ensure the voices of people were being heard and ensuring that they were safe.

- The position regarding staff working from home, where possible, accessing the office as necessary and future plans in this regard was queried.

The three tier categories for the workforce was explained, namely red, amber and green. The red tier applied to frontline workers as well as a significant number of safeguarding staff and they were required to work throughout the Pandemic using Personal Protective Equipment (PPE) and adhering to social distancing measures. The workforce in all categories was subject to regular review and regular discussions were held with the staff concerned. Those staff in the green category who were required to consistently work from home missed the social interaction and consideration was being given to support their mental wellbeing.

- Reference was made to the increase in reporting of safeguarding issues since lockdown and clarification was sought on the reasons for the disparity in the number of cases progressing over the same period being reduced from 17.2% to 14%.

The 17.2% increase in cases from March to May 2020 was highlighted in comparison over the same period the previous year. At the start of Covid-19 there was a dramatic decrease in the number of safeguarding referrals which had been replicated across the region. However, from May concerns had started to rise and current figures were approximately showing a 32% increase. To accommodate the significant increase, additional staff had been recruited through Covid-19 monies. In terms of conversion rates, it presented an excellent position and showed that the threshold and criteria were working as well as exhibiting consistency across decision making. At that time the conversion rate was 14% but currently the conversion rate was at 15.2%. It was noted that the lower the number the better.

85. **Outcome/Local Recommendation**

- (1) *That the information reported and presented to the Committee be noted.*
- (2) *That the maintenance of appropriate staffing levels and business continuity plans to be followed, as established and agreed by the Director of Adult Social Care, be endorsed.*

Communications and Public Affairs Update

86. A presentation was made by the Communications and Public Affairs (CAPA) Team on communications activity since the meeting of the Committee in September. Since then there had been significant infection rate increases, both nationally and locally, prompting a huge amount of communication activity from the Council, particularly on key Government messages. CAPA continued to use a multi-channel approach to target different audiences cross the Borough to ensure communities were well informed and in a position to comply with the changes to restrictions.

87. A Covid-19 communications summary from 3rd September to 12th October, 2020 was displayed. 69 media releases had been issued over this period, of which 27 had been Covid-19 related. 43 e-bulletins had been sent including advice urging residents to comply with restrictions to avoid a local lockdown as well as information about the new NHS Covid-19 App. The average opening of electronic communication was reported to be higher than the national average. Although residents and businesses had been encouraged to download the NHS Covid-19 App, data was not available on the number of people that had downloaded the App in Dudley.
88. Statistical information was provided on the use of Social Media, the Council's main web pages on Coronavirus advice and on the Dudley campaign, 'Play your part – Protect Dudley Borough'. The Covid-19 Members' Toolkit had been developed as a result of discussions held at the Member-led Covid-19 outbreak webinar. The aim of the toolkit was to support Members in their role during the Pandemic and Version 2 had been launched and made live.
89. The Committee queried how changes in messages were dealt with, particularly to avoid confusion with the three tier system and ensuring messages were consistent, up to date, clear and simple for residents to understand. The Head of Communications and Public Affairs confirmed that this was a significant challenge and additional pressure was faced given the media, such as local newspapers and radio stations covered broader regions which were in a different tier to Dudley at that time. Whilst there was a need to be grateful to Dudley residents for complying, it was essential for them to understand that there should be no complacency.

Public Realm – The Impact of Covid-19 on Frontline Services

90. The Acting Director of Public Realm reported on the impact of Covid-19 in relation to the frontline services delivered by his Directorate. The Committee commented on the following key points:
- Reference was made to fly tipping issues in the Borough and it was queried whether the problem had returned to pre Covid-19 rates.
- Fly tipping continued to be monitored, and although levels were decreasing, they were still higher than pre Covid-19 on the basis that people were still at home. The Committee was reassured that continual monitoring was taking place, not only to remove rubbish, but by remaining proactive in enforcement action. Should evidence become available to identify culprits, enforcement action would be taken against those involved.
- It was queried whether the appointment system for recycling had eased or whether it was still solidly booked.

When the booking system had initially been introduced there was a large scale interest on the basis that the centre had been closed for a number of weeks following Government advice. However, this had levelled out resulting in some vacant slots for people to book online. Given positive feedback, it was intended that the bookable service would continue for the site.

- Temporary Environmental Health Officers (EHO's) had been employed and were conducting random visits. It was queried whether these visits had shown that businesses were generally complying with rules and restrictions or whether there were any emerging issues.

The additional EHO's worked closely with the Police, Trading Standards and the Licensing Team to target individual businesses to ensure they had adequate social distancing arrangements in place and were adhering to their licensing requirements. From the 15 premises inspections that had taken place, 14 were adhering to requirements and enforcement action was being taken against the remaining business. Extensive work was being undertaken to support and offer guidance to businesses, and where it was clear there was a blatant breach, enforcement action would be taken.

- The preparedness of the Council in the coming winter months, particularly should there be a significant cold spell, was queried, especially given obligations in ensuring highways were kept moving and taking into account potentially higher levels of staff absence than normal.

As a frontline service, various contingency arrangements were in place recognising that the service was required on a 24/7 basis enabling gritting to be undertaken during the day, evening or throughout the night. Formal rotas were in place from mid-November to mid-March comprising of employees from across a wide range of services. Arrangements could be put into place at short notice should the need arise. The Committee felt assured that the Directorate was confident with their contingency plans during the Pandemic and that services could be maintained in accordance with statutory requirements.

- It was confirmed that the Council's environmental enforcement contractors were now operational and working within the Borough following suspension of enforcement services during lockdown.

91. **Outcome/Local Recommendation**

That the action taken by the Directorate of Public Realm to ensure the continuation of frontline services to the public be noted and endorsed.

Housing and Community Services

92. The Director of Housing and Community Services reported on the impact and response of the different services within the Directorate during the Covid-19 pandemic highlighting that essential services were maintained with 98.5% of housing staff working throughout the period.

93. The Committee discussed the following key points:

- Reference was made to arrangements put into place to accommodate homeless people that were Covid-19 positive. It was queried whether there had been any facilities for the general homeless population and whether void properties had been utilised for this purpose.

Twenty partly furnished flats had been made available to accommodate the homeless which were fully occupied, together with a number of bed and breakfast establishments and supported accommodation units at the Lye Family Centre. The biggest increase had been in single men who were accommodated in temporary accommodation rather than in the Lye Centre or the flats.

- A query was raised on where homeless people were housed during the lockdown and whether they still remained in that accommodation. Also given the approaching winter months, Dudley's position was queried in terms of accommodation for the homeless, particularly if the area moved to a higher tier and whether there would be any additional Government funding to manage the issue.

There was a significant number of people in temporary accommodation. This was partly due to refurbishment of empty homes having to cease because of Covid-19 but the backlog of accommodation was being progressed rapidly. Most people had been accommodated within the Borough and approximately one third of bed and breakfast establishments had been used outside of Dudley. There was still some temporary accommodation available and the Council tended to have around 20 semi furnished units ready for people to occupy.

Regarding the availability of grants, funding had been applied for. Core homeless funding over £650,000 had been received plus an additional small amount from Covid-19 funds. 'Move on' funding in the sum of £150,000 had also been received which had to be spent by the end of the financial year and would be used to refurbish property as shared accommodation and used for temporary housing. The Committee was assured that although the service was under pressure the Council is confident that it can safely accommodate all homeless people in Dudley during the winter months.

- It was anticipated that there would be job losses within Dudley following the end of the furlough scheme and it was queried how an increase in rent arrears would be managed taking account of the long-term impact on Council finances. It was also queried whether there had been an increase in Universal Credit claimants.

There was an increase of 700 Universal Credit claimants between March and the end of May. The Council had an effective working protocol with the Department for Work and Pensions and could potentially be a model of best practice nationally together with administering the Housing Assistance Grants. It was predicted that the £0.6m rent arrears increase would amount to a £1m increase by the end of the year and approaching £4m rent arrears figure in total. It was recognised that this had an impact on Council resources, which would be particularly noticeable the following year. Whilst there had been no evictions due to Covid-19, rent was still actively being collected and tenants were being encouraged to pay so that they were not faced with overwhelming debts.

94. **Outcome/Local Recommendation**

That the information provided to the Committee by the Director of Housing and Community Services be noted.

Public Health and Wellbeing – Covid-19 Outbreak Control Plan and Local Governance Arrangements

95. The Acting Director of Public Health and Wellbeing gave an update on the Directorate's response to Covid-19 including an overview and update on the local outbreak plans prepared in response to the National Test and Trace Programme.
96. The Acting Director of Public Health and Wellbeing referred to the draft Dudley Outbreak Plan and highlighted that it had been viewed as an example of good practice, and in turn, been shared across other regional authorities to utilise and shape their plans. Other work undertaken across the Council and shared with other Authorities was alluded to, such as the Care Home Training Programme, making welfare calls to contact people testing positive and the setting up of specialist teams as well as various levels of Member support.
97. Testing for care home staff was taking place and the local authority food bank provision operating from Saltwells Education Development Centre had been decommissioned. However, that facility could be quickly reset if needed. With Dudley having the lowest testing uptake rates it was indicated that the figures could potentially correspond to initial low infection rates, however, it was pointed out that testing rates were similar to that of rural areas. Capacity would increase to 900, whereas in August the figures were approximately at 300. It was acknowledged that certain wards in the Borough generally had lower uptakes and although there would be an increase in rates it was intended to look at trends to obtain an overall picture. It was accepted that an external provider delivered testing in Dudley, but the Committee was assured that there were no additional costs associated with this.
98. In relation to school closures it was highlighted that schools in Dudley had performed far better than other areas in managing closures. Work had been undertaken with Children's Services and schools to learn from each of the outbreaks and consideration was being given to how it could be managed differently. However, it was pointed out that even where there were Covid-19 secure settings, closures contributed to the social mixing of workforce together with teacher contact outside of school hours. To combat the problem it had been agreed as a partnership that there needed to be strong messaging sent out on adhering to social distancing measures.

99. Arising from a query that other areas were conducting test and drops in order to include communities reluctant to engage and whether Dudley had a similar model, the Acting Director of Public Health and Wellbeing explained that various options were possible subject to availability of resources and agreement from national level. In the meantime, staff had recently been deployed to explore the Birmingham model. However, as Dudley was not in a higher tier group or on the national watch list at that time, there were difficulties in obtaining or securing additional resources. A proposal had been submitted for a pharmacy/community led offer for drop and collect, however, this had been rejected and would be revisited.

100. **Recommendation/Local Outcome**

That the information provided to the Committee by the Acting Director of Public Health and Wellbeing be noted.

External Partner Responses to the Covid-19 Pandemic

Black Country and West Birmingham Clinical Commissioning Groups (CCGs)

101. The Dudley Managing Director – Black Country and West Birmingham Clinical Commissioning Groups reported an overview of the key actions taken by local partners in response to the Covid-19 Pandemic.
102. The Dudley Managing Director commented that the report was not specific to the CCG but covered the perspective and contributions from the local NHS in Dudley and the Black Country Healthcare NHS Trust.
103. The Chief Executive Officer, Dudley Group NHS Foundation Trust commended the staff working in the NHS and the care sector for the tremendous response during the Pandemic as well as the huge support received from the Council and other partners. It was acknowledged that some staff had struggled throughout the period and had found the situation traumatic and difficult and therefore wrap-around support had been provided for those members of staff affected. It was noted, however, that the majority of staff had continued to attend work each day. The complexities and difficulties in wearing various Personal Protective Equipment (PPE) added to staff pressures in having to wear protective equipment, particularly certain types of face masks continually for an extended number of hours each day.

104. It was emphasised that during Covid-19, the Trust had tried to keep all urgent services continuing and provided responsive services to patients with urgent cancer diagnosis and life-threatening conditions. The private sector had been utilised for this purpose which had placed the Trust in a better position in terms of restoration and recovery. It was highlighted that the Teams in various organisations were working hard to recover services. On the 18-week pathways referral to treatment time, the Trust were the fourth best performing in the Country. Standards continued to improve all the time. However, there were challenges mainly encountered and experienced in the diagnostic area. The most challenging had been in the endoscopy section where aerosol generating procedures were undertaken and it was highlighted that it was taking longer to recover these services. However, the hospital had created a fourth endoscopy room allowing diagnostic procedures to be offered to larger numbers of patients. The Trust was now seeing an increase in patients attending the hospital with a Covid-19 diagnosis. It was also reported that there were some pressures on intensive care capacity, but staff were continuing to respond. At the time of the report, there were currently 100 staff absent with Covid-19 or Covid-19 related symptoms.

105. The Committee raised the following key points:

- Given the approaching winter months it was queried whether there were sufficient flu vaccines available, particularly taking into account current shortages and given all staff in hospitals and vulnerable residents were required to be vaccinated.

The shortage of vaccines was a national problem but the message from General Practitioners (GP's) was that they were beginning to work their way through cohorts of patients that needed to be vaccinated. It was difficult to determine how the situation would develop, however, intensive efforts were being made to ensure vaccines were available particularly for the more vulnerable groups. Where staff were concerned, the CCG were asking employees to be vaccinated in their local community pharmacies.

- Reference was made to national issues regarding discharge of patients into care homes during the peak of Covid-19, the order for care home residents to have 'do not resuscitate' (DNR's) together with the risks associated to discharges and Dudley's position on these matters was queried.

In terms of discharge of patients to care homes it was confirmed that specific care home capacity had been segregated for Covid-19 positive patients and this would continue during the next phase as the plan had been successful in containing the potential problem of outbreaks in care homes. This had been achieved through partnership working between the CCG, Dudley Group NHS Foundation Trust and social care colleagues, as well as working alongside infection control.

With regard to DNR's, a specific group was established from colleagues across the health and care sector including consultants from the Dudley Group. The group specifically looked at what support needed to be put in place for end of life in care homes and also provided advice on the DNR process for care home staff. As the process had been reasonably successful it was anticipated this would continue into the next phase.

- It was queried how Covid-19 patients were cared for safely and sensitively at Bushey Fields and whether the needs of those that had tested positive were undertaken within the unit or by transferring patients to the hospital. Also whether regular testing at Bushey Fields had been undertaken on a voluntary basis.

Plans were put into place to decrease the occupancy numbers in Wards allowing people to be more spaced out and this had been easily achieved as all rooms at Bushey Fields were single rooms, mostly with private bathroom facilities. However, there were two particular areas that had been challenging, namely on the older people's Wards where there were a number of people with dementia who had a tendency to wander around. The Dementia Ward had a relatively small number of bedrooms and staff were able to configure the layout to try and accommodate the wandering with staff escorts. The other area had been on the adult inpatients Ward where individuals exhibited behavioural issues, and where the situation could not be de-escalated, physical restraint procedures had to be used which involved getting close to the patient safely whilst using PPE in line with Covid-19 guidance.

The Committee was assured that, taking into account the overall support received and measures taken, the Trust was confident that they were able to care for people as safely as possible.

With regard to regular testing at Bushey Fields, it was confirmed that this had been undertaken on a voluntary basis and it was commented that there had been a high level of compliance rates. Although there were complexities with mental health, and where patients preferred not to be tested, their wishes were accommodated but efforts were continually made to encourage them.

- The purchase of private sector mental health beds had potentially made up for any shortfall experienced in the inpatients Ward but it was queried whether any patients had been accommodated outside of the Borough.

Prior to Covid-19, the Trust was making good progress in reducing out of area admissions. Since the Pandemic, there had been a growth in these admissions, however, this was primarily where people required a psychiatric intensive care facility. There was only one psychiatric male-only unit in the Black Country, (not in Dudley), and where there were more men requiring intensive care than the facility could accommodate, they had to go outside of the Black Country. Women requiring this type of care automatically had to go out of the region. It was confirmed that the majority of those requiring outside care had not been from Dudley and further details on figures could be provided.

- Reference was made to virtual GP appointments and whether this would continue to be made available on an ongoing basis, particularly where patients requested them.

All practices in Dudley were implementing a new system which was effectively a mechanism for triaging patients. Consultation methods would be provided in the most appropriate manner, whether it be via video, face to face or telephone and it was anticipated that remote consultations would become the 'new norm' in future.

- An update on the position with routine and emergency dental services was requested.

Dentistry was still an issue as it was an aerosol generating area and therefore the ability for the service to continue to accommodate large numbers of patients was limited. However, there was some emergency capacity available and general dentistry was gradually commencing.

- Compliance rates of staff and patients wearing PPE in corridors and communal areas was queried.

Those entering the hospital were required to wear a surgical face mask as well as use sanitising gel on their hands. Compliance was excellent whether it be staff, patients or visitors. However, there were exceptions where patients and members of the public were not able to tolerate face masks due to clinical conditions and this was accepted. The Group had recently implemented the wearing of face masks in non-clinical areas. Although Covid-19 secure areas had been created for non-clinical zones, it was agreed that mandatory wearing of surgical face masks for those not in single offices should be enforced in non-clinical areas. Spot checks had been carried out. Checks would continue and the message would be continually reinforced.

- Reference was made to the initial establishment of the Nightingale Hospital at the National Exhibition Centre, and given the subsequent redundancies of construction workers, the position on arrangements for the facility to be re-established, if needed, was queried.

The Trust had been asked to prepare in case the facility needed to be used and all organisations within one hours travelling distance of the site had been asked to nominate a Director to work with the Team at the Nightingale Hospital. There would also be a requirement to contribute with staffing arrangements if patients needed to be sent to that establishment. This was a challenge given normal staff absences as well as Covid-19 related. The issue would be managed closely.

- The Committee urged all to take up the offer of routine procedures as the hospital was a professional and safe environment.

106. The Director of Adult Social Care brought to the attention of the Committee an issue which had arisen whereby all care Directors had been asked to identify which homes would be able to take Covid-19 positive residents across the winter given the pressures on the NHS. This would be a real balancing act for the system as residential and nursing homes would be wary of accepting any placements for people who were infected. There were very tight discharge protocols in place for the hospital to ensure people were cleared before being discharged. The Director of Adult Social Care further commented that there would not be the same capacity available as the first time around and staff had worked extremely hard to keep Covid-19 out of care homes in the Borough. The Council had a duty to maintain flow as well as continue to support colleagues in the NHS as well as the duty of care to protect residents and staff in care homes. It was recognised that this issue would have to be managed carefully in accordance with clear, robust public health advice.

107. **Outcome/Local Recommendation**

- (1) *That the position in relation to the response of partners to the Covid-19 Pandemic be noted.*
- (2) *That the Director of Adult Social Care update the Health and Adult Social Care Scrutiny Committee on developments regarding the directive to identify care homes to take Covid-19 positive residents across the winter months to alleviate pressure on the NHS and the associated impact.*

West Midlands Police

108. The Chief Superintendent – Dudley Neighbourhood Police Unit provided the Committee with an overview of the key actions taken by local partners in response to the Covid-19 Pandemic.

109. The Chief Superintendent provided a summary of the key actions during the Covid-19 Pandemic. There had been an effective partnership working approach both at a strategic and operational level. From a Police perspective there had been far less crime across all crime types during the initial lockdown. However, levels of incidents were increasing to pre-Covid-19 levels. This required resources to be balanced around the support to the Pandemic response and 'business as usual' activities. The key focus had been on preventing the spread of Covid-19 by taking a holistic approach.

110. Patrols had mainly been Police Community Support Officer (PCSO) driven, supported by warranted colleagues and focused on schools and colleges, transport hubs, open spaces, retail and hospitality.

111. There had been significant joint messaging to encourage compliance with restrictions to prevent the spread of infection and protect life so as not to overwhelm relevant agencies. The Police were following the four 'E's approach, namely Engage, Explain, Encourage and Enforcement which was the last resort where fixed penalty notices were issued. The level of enforcement was relatively low but this reflected the understanding and compliance in the community and business owners. Thirty-nine fixed penalty notices had been issued at the time of the Committee meeting.
112. Hate crime had risen by 74% totalling 135 cases. However, it was considered positive that people were now coming forward. This gave an opportunity to intervene to ensure the correct support could be provided. Alongside external work, the internal focus was to ensure the Police's own Covid-19 security measures were complied with to protect the workforce to enable policing to be delivered. There were no major concerns with internal outbreaks.
113. The Chief Superintendent responded to queries from Members and referred to the particular issue of anti-social behaviour (ASB). It was acknowledged that various ASB issues occurred across the Borough. Members were encouraged to ensure that the community reported incidents so that patrols could be specifically targeted in those locations. The Police were aware of a particular issue involving a group of young people travelling on buses after school causing anti-social behaviour. The problem was being tackled by attempting to ensure bus passes were only useable to get to and from school and not for travelling across the Borough.
114. Whilst Dudley was statistically the safest place to live in in the Black Country, and figures for the year to date did not show an increase in crime, it was accepted that that there had been a number of recent serious incidents which were being investigated and would likely result in criminal justice outcomes. It was vital to continue with essential prevention activity. The Chief Superintendent set out a strategy with a key focus on tackling violence with injury under 25, gang activity and prevention of exploitation. It was essential to try and prevent issues occurring in the first place, divert resources as necessary and take enforcement action where needed. Arrests would be made as swiftly as possible where offences were committed and action taken to ensure the situation could be quickly controlled together with rehabilitation measures put in place as necessary.

115. **Outcome/Local Recommendation**

That the report in relation to the response of West Midlands Police to the Covid-19 Pandemic be noted.

West Midlands Ambulance Service

116. The Committee considered information from the West Midlands Ambulance Service on an overview of the Covid-19 impact and lessons learned. The West Midlands Ambulance representative provided an overview on their response and highlighted the key points to the Committee.

117. During the initial peak of Covid-19, the level of demand on the 111 service had multiplied by four or five times and various measures had been implemented to deal with the demand. At the same time it was vital that staff were kept safe by adhering to social distancing and following evolving guidance around infection control internally, as well as to hospital requirements.
118. Reference was made to the start of the Pandemic in March and that command and control arrangements had already been in place following the floods in February. Other measures to combat issues were alluded to including the recruiting of new staff together with redeployment of employees which involved dual training the 999 and 111 call takers so they were able to be flexibly deployed to the most appropriate service. A structured approach was also taken to utilise students who were nearing completion of their studies to be deployed to frontline duties with fully trained paramedics and other students were used to assist with fleet preparations. There were various PPE issues and the service agreed to procure fully compliant equipment to ensure staff had proper fit for purpose protective gear. Positive feedback on actions taken had been received from staff. Insofar as testing was concerned the service was very proactive and had quickly conducted anti-body tests for all staff. From 5000 swab tests undertaken on staff and their family members, 13% of staff had found to be positive and 8% of family members.
119. It was stressed that the staff had performed tremendously well throughout the Pandemic whilst complying with restrictions and were now gearing up for the second peak.
120. Reference was made to the mental wellbeing of staff and it was queried whether there was provision for extending the counselling sessions with a qualified counsellor after November. The West Midlands Ambulance Service representative stated that the service had been deployed as an additional service and she was not aware of any plans to extend or re-procure but she undertook to clarify this.

121. **Outcome/Local Recommendation**

That the information provided by West Midlands Ambulance Service be noted.

Healthwatch Dudley – Community Response

122. The Committee considered a report from Healthwatch Dudley demonstrating how the Team provided direct support to local communities, matching vulnerable local people to volunteers who supported with shopping and medication deliveries as part of the Dudley Council Voluntary Services (DCVS) support effort. The report also captured views and experiences from local people about the impact of the Pandemic on their health and wellbeing.

123. The Healthwatch representative commented on activities undertaken and inclusivity methods used to engage the community during the Pandemic, particularly by digital means. A bid had been submitted to Healthwatch England for additional funding and it had been announced that Dudley had been chosen as one of the five local Health Watches from 148 in the network. Targeted work would be undertaken for the over 65's, people with disabilities and people where English was not their first language to look at their experiences and challenges faced.
124. The Director of Adult Social Care conveyed his thanks for the work undertaken by Dudley Healthwatch and commented on their creativity and inclusive work to ensure all in the community had a voice. It was commented that Dudley's Healthwatch deserved the national recognition as it was a very strong local Healthwatch. In referring to the lessons learned from the work conducted on adult social care it was stated that these had all now been factored into plans for the second phase, but more immediately, had been fed directly into services that were operating to assist individuals with learning difficulties and to offer support to older people that felt lonely or isolated.
125. The Director of Adult Social Care responded to a query from a Member regarding the suggestion for a signed video service for deaf people. The Council had a number of people that used sign language in the visual impairment team as well as a number of groups linked to the Queens Cross Network (a local support centre for adults with physical and/or sensory disabilities). Although the capacity existed, consideration would need to be given to looking at how that expert service could be used and applied, particularly if digital meetings continued for the foreseeable future.

126. **Recommendation/Local Outcome**

That the report on the work of Dudley Healthwatch be noted.

Dudley Council for Voluntary Services (DCVS)

127. The Committee considered a report from DCVS demonstrating how the Team and the wider voluntary, community and social enterprise sector (including faith organisations) supported a system wide approach to ensuring vulnerable people received essential food and medication supplies, enabled newly emerging community initiatives to thrive whilst enabling them to engage with developing support structures and created a resilient chain of information.
128. The Committee commented on the exemplary work of the voluntary sector and highlighted concerns about their sustainability for the future. It was recommended that a robust conversation with DCVS and the charitable sector be arranged to reassess the relationship with the Council. It was an appropriate time to address the issues outlined in the report given that a new Director of Public Health and Wellbeing was due to join the Council shortly. The need for a robust conversation was supported given the crucial work of the sector.

129. Reference was also made to resilience funding and that a recommendation be made to the West Midlands Combined Authority for support for Dudley. The need to flag the issue at a national level was also suggested to inform Government that, unless adequate funds were made available for charity groups to bid into, there would be a massive decline in this sector together with the knock on impact on local provision.
130. The Director of Adult Social Care commented that the value of the role of the voluntary sector across the Borough should not be under-estimated and food hubs had quickly been mobilised with the support from volunteers from all backgrounds. The volunteers had played an integral role in getting food and medication to those who needed it as well as offering moral support. Sincere thanks were conveyed for that essential work. A full breakdown of the utilisation of funding received from the Government by the Council would be publicly available when considered by the Cabinet. However, it was highlighted that expenditure incurred had significantly exceeded all incoming funding, some being ring fenced for specific purposes such as business grants and infection control for care homes. It was acknowledged that discussions with the appropriate sector and relevant Officers was needed moving forward.
131. The Chief Executive of DCVS responded to queries from Members and commented that although there may have potentially been more volunteers during the first peak due to people being furloughed and the nation being in lockdown, they were still confident they would be able to deliver the same level of service during the second peak. It was anticipated that the public were more prepared this time around. Online issues and delivery slots were prioritised and there was support available to people from trained volunteers if required. The methodology used was to build on Dudley services and build new relationships with volunteers whilst serving at the food bank or delivering parcels as well as sustaining relationships by being neighbourly.

132. **Outcome/Local and Regional Recommendation**

- (1) *That the information contained in the report be noted.*
- (2) *That an appropriate recommendation be made concerning the need for urgent discussions on the sustainability of the voluntary sector as well as in relation to resilience funding from the West Midlands Combined Authority.**

*Please see paragraph 144 below; it was acknowledged that voluntary sector organisations had supported local authority services throughout the crisis and options would be explored to support voluntary sector organisations from un-ringfenced additional Covid-19 support monies that had now been granted.

Meeting of the Scrutiny Committee on 4th November, 2020

Local and National Covid-19 Developments – National Restrictions from 5th November, 2020

133. Due to a rapid increase of the rate of infection, a decision was made at the National Gold Command meeting on 29th October, 2020 for Dudley's alert level to move into the Tier 2 high alert category with effect from 31st October, 2020.
134. The move into Tier 2 was, however, superseded by the announcement of national lockdown restrictions which became effective from 5th November, 2020.
135. Members were assured that the Place Base Incident Management Group had continued to meet since September in response to the rise in cases, which involved engagement with all partners across the whole system and was now also attended by a representative from the Department of Health and Social Care. Members were further assured that all system partners had stepped up their response to the crisis and that Gold Command Control meetings had reformed.
136. The Committee received data on the current situation in Dudley, and the rolling incident rate since the start of the Pandemic. It was evident that there had been a rapid increase since the end of September. Although the number of infections recorded were much higher than in the first wave of the Pandemic, it was reported that this was as a result of the widespread testing that was now taking place. In comparison with neighbouring authorities, it was reported that Dudley's infection rates had remained low for a substantial period of time, however, hospital admissions had noticeably increased.
137. As the Alert Levels were now within the higher category, it was inevitable that decisions on elective surgery would be excepted and that the rise in infections rates were mainly within the working age category, 18 to 64 years of age, from a combination of work, household and recreation spread. It was further noted that the infection rates were spread across all wards of the Borough.
138. Members were encouraged to attend future Member webinars. Further data would be made available and shared.

139. **Outcome/Local Recommendation**

That the update from the Acting Director of Public Health and Wellbeing be noted.

Financial Impact of the Covid-19 Pandemic

140. The Director of Finance and Legal outlined the latest forecast 2020/21 revenue outturn position including the financial impacts of the Covid-19 pandemic. It was noted that the forecast was made in the context of a constantly changing situation.

141. Following the announcement of a further national lockdown, the situation had changed in that:-
- a further £3.9 million un-ringfenced General Covid-19 Grant had been provided to support the Local Authority in responding to the crisis.
 - as income generating facilities would again have to close the Local Authority would be eligible to claim 75p in every £1 compensation from the Compensation for Sales, Fees and Charges Grant.
 - an additional funding stream had been confirmed, namely the Contain Outbreak Management Fund to support test and trace which equated to £2.6 million ringfenced.
 - approximately £200,000 in additional funding to support the clinically extremely vulnerable had been confirmed.
 - there would be additional support to businesses that were required to close; the level of grants to be allocated to those businesses had been advised, however although costs would be reimbursed by the Government, the costs of this action were unknown at this time.
 - clarification was awaited on the level of additional funding the local authority was eligible for as a result of being in the Tier 2 category for a period of five days.
 - an Additional Restrictions Grant of £6.4 million had been given to deal with all other discretionary support the Local Authority may decide to provide to local businesses. This was a new grant and a view on how to apply this discretion needed to be considered.
142. The costs which the Council would incur in managing the Pandemic had yet to be assessed and it was unclear as to what would happen after the latest lockdown or for the remainder of the financial year.
143. Funding for the next financial year was unknown, however, the Comprehensive Spending Review was expected by the end of November. The economic impacts of the Pandemic will inevitably remain for a significant period of time.
144. Members commented on the following points:-
- With a combination of the impact on Council Tax and Business rates, the tax base income was estimated to be down by £10 million for the current financial year. The Government had however introduced measures that would allow losses to be spread over a three-year period. There was a level of optimism that there would be a speedy economic recovery, however, it was acknowledged that business profitability would not return to normal with immediate effect from 1st April 2021. The level of required Government support during this recovery period needed to be established.
 - To address financial pressures within the Adult Social Care and Children's Services, additional funding provided had been ringfenced to deal specifically with Covid-19 related impact. There was additional funding available for Adult Social Care services, however an additional £1.9 million had been included in the Dedicated Schools Grants to address the education catch-up following the school closures during the first wave of the pandemic.

- Following the Comprehensive Spending Review, the Council would have a better idea of its funding but this was still uncertain. For this reason, the Medium Term Financial Strategy would not be scrutinised during the November cycle of Scrutiny Committees. The Government had recognised the need to support local authorities but the extent of that support would not be known until the Comprehensive Spending Review in November and Financial Settlement in December, 2020. Officers continued to undertake background work on potential scenarios.
- Voluntary sector organisations had supported local authority services throughout the crisis and options would be explored to support voluntary sector organisations from un-ringfenced additional Covid-19 support monies that had now been granted.
- Although reductions in the payment of mileage and printing as a result of employees working from home had been identified, these savings did not outweigh the significant additional costs incurred from dealing with the Pandemic.
- Financial support to local businesses would be provided by the same teams that had issued the first wave of funding. It was expected that the process would run as smoothly and efficiently as it did previously. The eligibility criteria had however, changed and only mainstream businesses that were required to close would now be eligible to claim. Other businesses that were indirectly impacted by the lockdown, could claim support through the Discretionary Business Support Scheme.
- It was confirmed that only one fraudulent claim case had been identified, and this had been prior to any payment being made.

145. A report on the Medium Term Financial Strategy will be presented to the Cabinet in December, 2020, which will then be subject to detailed consideration by all Scrutiny Committees during January, 2021.

146. **Outcome/Local Recommendation**

That the position on the financial impact of the Covid-19 Pandemic be noted.

Children's Services response to the Covid-19 Pandemic

147. The Committee considered a report on the Children's Services response to the Covid-19 pandemic. The Acting Director of Children's Services reiterated the comments of previous presenting Officers in that circumstances, guidance and information changed frequently, therefore services and staff needed to be adaptable to change.

148. Following the closure of all buildings in March 2020, children and families had continued to be supported virtually and all services had continued to operate, albeit in a different manner. The Multi-Agency Safeguard Hub (MASH) and child protection conferences had operated virtually and families had been contacted to ensure that they were happy and confident in the way services were being delivered.
149. The priority at the commencement of the lockdown was to ensure that support was provided to the most vulnerable children and services worked collaboratively with all schools to ensure that vulnerable children continued to attend safely.
150. Five family centres had reopened during the summer and Corbyn Road had now been declared Covid-19 secure and would reopen from 18th November, 2020. The opening of Corbyn Road would continue despite the new national lockdown restrictions as it was considered vital that the MASH and social workers all returned to their respective teams.
151. During June, July and September, 2020 an increase in the number of contacts made to the MASH had been recorded, however this was expected as contacts during school closures had reduced. Moving forward, the MASH continued to deal with an increase in the number of referrals and resources were being managed effectively in conjunction with partner agencies.
152. The Local Authority had proactively supported early year providers to ensure that they remained open during the initial lockdown period, primarily for vulnerable children. From September onwards, provisions had reopened to all. It was also noted that Early Help had continued to support vulnerable families and had conducted home visits, when necessary, using the appropriate level of Personal Protective Equipment (PPE).
153. In referring to the Youth Offending Services, the Acting Director of Children's Services advised that Magistrate Courts had now reopened and cases were being heard, although there was a significant backlog which needed to be addressed. The Youth Offending Team continued to work proactively throughout the crisis.
154. It was emphasised that the Local Authority had worked extensively with all categories of schools to provide support, advice and to ensure that children could return to the school environment safely and that attendance remained high when schools reopened in September. Although some families had been anxious and had expressed concern about children returning to school, substantial work had been done to address these concerns, provide support and reassurance to alleviate any anxieties.
155. The Acting Director of Children's Services referred to the activities that had been scheduled and held throughout the summer to provide support and to help build children's confidence to return to school from September.
156. In relation to the work of the SEND team, temporary Government regulations and guidance had permitted SEND regulations to be relaxed during the peak of the pandemic. Generally, however, Dudley's service had continued to function as normal, with a new team recruited and trained virtually.

157. The Committee discussed the following key points:

- It was confirmed that all SEND vacancies had now been appointed and the team was fully functional. The new team had all been appointed virtually and had not yet met physically. All staff attended regular virtual briefings and team meetings.
- Positive comments were made on the virtual child protection conferences, which were preferred by some young people, as they were less intrusive. It was suggested that these could continue moving forward.
- Concern was expressed about the high number of Social Workers leaving the authority for various reasons including remuneration levels. The Acting Director of Children's Services undertook to consider and address this point.
- Concern was expressed regarding the communication of staff changes and it was requested that a list of existing staff and their roles be provided with any future changes being communicated accordingly.
- Gratitude was expressed for the exceptional work undertaken by Children's Services and the Committee commended the service for their continued support and dedication.
- School attendance data would be provided to Members of the Committee.
- Positive comments were made regarding the Foster Panel meetings being held virtually.
- It was confirmed that any new ways of working and good practices identified would be implemented moving forward. This included the opportunity to schedule Foster Panels and Child Protection Conferences virtually. Virtual meetings were considered beneficial for Social Workers in reduced travel time and they were less intrusive for the child and families. However, should there be any concerns with individual cases, face to face meetings would be conducted safely, in accordance with social distancing guidance and with the use of appropriate PPE.
- Concerns were raised regarding face to face visits for youth offenders where it was considered that virtual contact was insufficient to dealing with individuals. The Committee supported the need for face to face contact to be reinstated in a safe and secure manner. The Acting Director advised that Children's Services Directors had already registered their concerns in this matter.

It was suggested that the Independent Safeguarding Chair should also be requested to submit representations on this issue.

- The MASH working remotely was referred to, particularly as the primary purpose of the Hub was to have all partner agencies working together from one point of contact. It was questioned if any partnership working opportunities had been lost as a result of working remotely for a period of eight months. It was also queried if there had been a reduction of staff in the Service.

The Acting Director of Children's Services confirmed that previous reductions in job roles had now been reinstated. The MASH would return to the Corbyn Road premises on 18th November, 2020. Although the service had been working remotely, this had not impacted on performance and the service had, in some respects, been enhanced. It was, however, important for the team to be reunited in physical premises.

- At the commencement of the pandemic, health workers had been called back to provide support within the health sector in response to Covid-19, leaving services within the Local Authority under-represented. However, assurances had been received that this would not happen during the second lockdown period.
- During the first two weeks of September, there had been a significant increase in the number of elective home education applications, which had been recognised across all local authorities nationally. This had since levelled out. A significant amount of work had been done and the Local Authority worked proactively with parents to try to alleviate anxieties with regard to their children returning to the school environment. A large proportion of children were now attending school. The need for additional resources within the elective home education service would be reviewed and the DfE and Ofsted were observing the situation nationally.

The Chair of the Children's Services Scrutiny Committee commented that the Children's Services Scrutiny Committee had expressed their concerns on this matter and that a letter had been sent to the Secretary of State for Education outlining Dudley's concerns.

- Telephone conversations were held with children and families prior to virtual Child Protection Conferences, to help with preparation and to build confidence. Should a Social Worker have any specific concerns or anxieties with a particular child or family, a physical meeting or visit would be conducted.
- The Acting Director of Children's Services confirmed that there should not be a delay in the MASH contacting a resident following a referral being made and requested that she be contacted directly on individual cases if this had occurred.

158. **Outcome/Local Recommendation**

- (1) *That the information contained in the report and presented to the Scrutiny Committee be noted.*
- (2) *That the unprecedented challenges faced by Children's Services, and the way in which staff have responded, be recognised by the Council.*
- (3) *That the Children's Services response to Covid-19 be endorsed, together with the new ways of working, including virtual and IT services, which will continue for the foreseeable future.*
- (4) *That the Committee acknowledge that staffing changes are required and requests that staffing information and details of changes made are properly communicated to Members.*
- (5) *That the Acting Director of Children's Services provide further details on school attendance data from September 2020.*

The Impact of Covid-19 on Business and Employment and Skills Support

159. The Director of Regeneration and Enterprise reported on the impact of Covid-19 on the delivery of business support and employment and skills support by the Directorate of Regeneration and Enterprise.

160. The Committee commented on the following key points:

- Dudley Business First team continued to work closely with job centres and the Department for Work and Pensions on how support can continue to be provided to those residents newly unemployed and without access to technology. The Black Country Impact Programme and the Kick Start programme would both provide support, however it was recognised that there was a need for further engagement with local residents to provide support. There was an opportunity to bid for funding from the European Regional Development Fund for digital inclusion, which would allow individuals to loan equipment. Confirmation was awaited as to whether the Black Country had been successful in this bid. Neighbourhood Learning Centres would continue to remain open.
- A breakdown of the profile of new claimants, including the current level of job losses and the number of jobs losses, would be provided to Members.
- The Dudley Regeneration Academy project with Dudley College and the West Midlands Combined Authority was linked with the regeneration projects within the Town Centre, to ensure that local residents benefit from potential employment opportunities on construction projects, in terms of short term work placements initially, with potential for future career development. This initiative was currently in its infancy, but it was hoped that this would be replicated on other developments within the Borough in the future.

- The Not in Education, Employment skills or Training (NEET) Steering group worked collaboratively with the Employment and Skills Team, Connexions and Post -16, job centre plus and the West Midlands Combined Authority to actively support young people. It was recognised that intelligence and profiling was key for the future and to tackle the impact of Covid-19 on the economy. This would be developed further.
- Discussions had been held with the Loaves and Fishes Charity, based in Dudley, on how the Local Authority could work with them, to engage with groups and individuals that were not currently accessing mainstream support. This initiative was a pilot and would need to be progressed moving forward.
- When the Council procure the contract to deliver a project or when funding was accessed through the West Midlands Combined Authority, social value would be included. However, it was recognised that the challenge would be when the appointment of the contractor was made by a different sector, and should that be the case, early conversations would take place to establish what employment opportunities would be available to local residents.

161. **Outcome/Local Recommendation**

- (1) *That the information and the actions taken by the Directorate of Regeneration and Enterprise to ensure continuation of business support, employment and skills support services across the Borough, be noted.*
- (2) *That the planned interventions for business and employment and skills support as part of the Covid-19 response, be noted.*
- (3) *That the Head of Planning and Regeneration provide Members with a breakdown of the profile of new claimants, including the level and number of job losses.*

Covid-19 – Impact on Specific Communities

162. The Acting Director of Public Health and Wellbeing reported on the work being undertaken to identify and support specific communities in Dudley who were identified to be more at risk of the impact of Covid-19 and the joint response with Council colleagues and partner agencies to support specific communities.
163. Reference was made to the embedded inclusive approach of the Covid-19 outbreak plan and the varied engagement and communication mechanisms that had been used to build trust and participation with the whole community, which included the use of Covid-19 Champions, webinars and existing network organisations.

164. Significant targeted work had been undertaken around the Black and Minority Ethnic (BAME) communities, deprived communities and those already financially struggling on benefits; low income and residents with existing long term health issues. These communities had been identified as being at higher risk of serious illness or death due to Covid-19. Sub-groups of the Dudley Health and Wellbeing Board had been established to address the wider inequality issues. As a result of the announcement of the implementation of further national lockdown restrictions, work on community cohesion and support with food packages and benefit advice had again become operative.
165. A data comparison analysis was given by ethnicity, which included the number of recorded cases, the breakdown of cases by age and deprivation. Although there had been a significant increase in the number of recorded cases within the white community, it was clear that infection rate was much higher within BAME communities. It was suggested that this might be as a result of deprivation levels, BAME residents working in high risk jobs and living in higher populated houses. The higher number of BAME cases might also be due to increased testing and further data analysis was required moving forward.
166. In referring to the financial support available to struggling residents, concern was expressed about the high number of applications that had been unsuccessful. It was queried if the criteria was appropriate and if those that had been unsuccessful had received any other kind of support from the Local Authority. Specific criteria was applied to all applications, in accordance with the delivery guidelines and other constraints. Discussions had taken place with partners in the voluntary sector, Dudley CVS and other organisations with regard to monies from the Emergency Welfare Assistance Scheme to be put into those areas, as this would provide flexibility and reach residents that would not necessarily be eligible under the set criteria, although were in need of additional support. This included residents with no bank account or with no other recourse to public funds. Figures had significantly improved since the original report and updated information would be available shortly.
167. Reference was made to the provision of free school meals to eligible children. It was proposed that a recommendation be submitted to the Cabinet/Council supporting the continuation of free school meals, as per the first wave of Covid-19.

168. **Outcome/Local Recommendation**

- (1) *That the report and information presented to the Scrutiny Committee be noted.*
- (2) *That the Cabinet and Council be recommended, going forward, to support the free school meal vouchers as per wave 1 of Covid-19 and that this continues for all school holidays and/or extended school closure periods, due to Covid-19 pressures, for families who meet the criteria for free school meals.*
- (3) *That the presentation slides and the updated financial support package figures be circulated to Members of the Scrutiny Committee.*

Changes in working practices and new technology

169. The Committee considered a report on the ongoing impact of Covid-19 on the Council's workforce, working practices and the utilisation of technology.
170. The Committee noted that due to constant changes in circumstances, as with all services, there was a need to continuously update practices as guidance from central Government changed on a frequent basis in response to the pandemic.
171. It was reported that adjustments were made to working practices to enable services to continue throughout lockdown and that two thirds of the Council's workforce had either fully or partially worked from home. The majority continued to do so. The personal resilience of staff and the impact on their lives were highlighted and as well as the work undertaken to be more responsive on employee engagement. There had been a move from the planned bi-annual employee survey to a 'pulse survey' with results delivered within a short space of time. Targeted engagement with BAME employees had also taken place.
172. Employees affected by the closure of services had been deployed to other areas of greater need or to support Dudley CVS with the provision of food banks and support for vulnerable/shielded people. One of the key issues that had been identified throughout the process was the impact on employees mental health and wellbeing which was an area in need of investment and greater support.
173. The Committee received detailed information on the steps taken to enable employees to work from home and conduct business virtually. The Committee commented on the following key points:
- In referring to the new arrangements enabled to make payments, the Acting Head of Digital and ICT Services confirmed that cash payments could still be made at Post Offices and at PayPoint venues. The majority of residents that previously preferred to make cash payments had changed to an alternative form of payment method.
 - Staff would only be requested to return to the workplace once the building was Covid-19 secure and that it was considered safe for staff to do so. Individual risk assessments were undertaken for employees that were considered vulnerable or at a higher risk.
 - It was confirmed that any employee absence, as a result of Covid-19, would not be considered as part of the 'Bradford Factor' used in relation to the employee attendance policy.
 - Significant resources had been invested into new technology to improve connection speed, however, the local authority had limited control over an individual's home WIFI connection. Officers had liaised with suppliers to manage remote connection and any identified issues were under investigation.

- Procurement of laptops was additional expenditure and the lifespan of the equipment would need to be managed in the budget process over the forthcoming years.

174. **Outcome/Local Recommendation**

That the information contained in the report and presented at the meeting, be noted.

Democratic Services during the Covid-19 Pandemic

175. The Monitoring Officer and Lead for Law and Governance reported on the services administered by the Democratic Services Team during the Covid-19 Pandemic.
176. Dudley Council's governance arrangements and essential decision-making process had been maintained throughout the pandemic in line with the Constitution, legal requirements and Government regulations. Thanks were extended to all colleagues across the authority and to elected members for their support and commitment in this achievement.
177. There was an indication, following representations made to Central Government, that remote meeting regulations may be extended after the pandemic to allow Local Authorities to take advantage of the benefits of the new ways of working.
178. Reference was made to the possibility of 'hybrid' Council meetings and the introduction of virtual voting arrangements. The Democratic Services Manager confirmed that hybrid meetings were permitted in accordance with the temporary regulations, however, implementation of this had been delayed due to the announcement of the higher national restrictions effective from 5th November, 2020. The Members ICT Working Group had discussed the issue of virtual voting and ICT services were exploring the option to develop a mechanism within Microsoft Teams.

179. **Outcome/Local Recommendation**

That the actions and procedures put in place to maintain the continuity of Council business and essential decision making during the Covid-19 Pandemic, be noted.

Communications Update

180. An update was given on communications activity with a focus on two key communication themes relating to changes in Covid-19 restrictions and the launch of the two new Covid-19 testing sites within the borough.

181. As a result of media relations work undertaken concerning the Covid-19 Scrutiny Review process, both the Centre for Governance and Scrutiny and the Local Government Chronicle had expressed an interest in working with Dudley and to produce articles to showcase the scrutiny work undertaken. The Communications and Public Affairs team had been shortlisted for an award in the National Covid-19 Communications Awards. Members would be notified of the outcome in due course.
182. Members commented positively on the whole scrutiny review process and commended all the Councillors, Officers, partner organisations and others that had been involved.

Meeting of the Scrutiny Committee on 16th November, 2020

West Midlands Ambulance Service

183. Arising from a previous discussion (see paragraphs 116 to 121 above), a Member raised concerns about how quickly ambulances were being processed through the hospital and sought assurance that existing arrangements were under review and that actions were being put in place to mitigate against the backing-up of vehicles at the point of waiting for triage. This was to avoid ambulances backing up at the hospital, reduce delays in offloading ambulances and the triaging of patients and to minimise the time that ambulances may be out of circulation.

184. **Outcome/Local Recommendation**

That the Dudley Clinical Commissioning Group, Dudley Group of Hospitals and West Midlands Ambulance Service be requested to provide assurance that arrangements are being reviewed for the processing of ambulances through the hospital and that actions are being put in place to mitigate against the backing-up of vehicles at the point of waiting for triage.

Update on the Local and National Covid-19 Situation

185. A further verbal update was given on the local and national Covid-19 situation. Reference was made to the recent rise in the number of cases and incident rates in the Borough and the increase in testing. There were specific concerns regarding the 60+ age group, increased hospital admissions, death rates and associated pressures on the hospital and social care system. Reference was made to future plans for undertaking vaccinations. Mention had also been made of the intention for Dudley's Public Health and partners to administer the planned lateral testing exercise.
186. During the discussion, a concern was raised that the national tiering system had the effect of targeting resources at tiers 2 and 3. Therefore, with Dudley having lower rates in the region and not being prioritised for additional resources (for example testing sites), this had caused Dudley to be disadvantaged in earlier stages.

187. **Outcome/National Recommendation**

That representations be made to the Government to review the way in which resources are allocated to the various tiers moving forward, given that Dudley was not prioritised for additional resources whilst in tier 1 and the method of resource allocation may have contributed to the escalating position now being reported.

Future Developments and Meetings of the Scrutiny Committee

188. It was agreed that the scrutiny report would be finalised and submitted to the Cabinet on 23rd November and the Full Council on 30th November, 2020.
189. Developments relating to the Covid-19 pandemic will be kept under review and considered at future meetings of the Health and Adult Social Care Scrutiny Committee.

