

Report of the Scrutiny Task and Finish Group on Covid and Recovery

(July 2024)

Executive Summary

This report presents the work undertaken by the Task and Finish Group set up by the Scrutiny Commission to review the local response to the Covid-19 pandemic and subsequent recovery, and the recommendations arising from that review.

The review focused on five core areas:

- (1) Local resilience and preparedness for the pandemic
- (2) Public health and emergency community support
- (3) Support for local businesses
- (4) Support for the education sector
- (5) Support for the care sector

The Task and Finish Group has developed a set of recommendations as set out below. Subject to the approval of the Scrutiny Commission, these recommendations will be referred to Executive for consideration on 7 November 2024 accompanied by a management response.

Part 2a: Public Health and Emergency Community Support

Ref	Recommendation	Lead
1	For the West Berkshire Chief Executive and his counterpart in the NHS, as a matter of urgency, to review the strengths and weaknesses in communications between the two organisations during the pandemic and identify improvements or where better practice is needed.	WBC Chief Executive / ICB Chief Executive
2	Do more to open channels of communication with key groups through: a) Building and maintaining a social media cascade to improve the reach of pandemic related communications and engagement of partners, particularly town/parish councils and local community groups. b) Using Community Champions (trusted community representatives) to improve engagement with seldom heard	Comms / Public Health/ Building Communities Together/ Business Development Team

	communities, assist with communication of key messaging, and provide feedback about concerns within those communities. c) Building and maintaining a database of rural businesses in order to improve communications in the event of any future pandemic.	
3	Provide regular hardcopy updates to cater for those residents who are not digitally enabled.	Comms
4	Review HR processes for sourcing additional staff resources during a pandemic with a focus on minimising delays, including recruitment of external staff, as well as rapid redeployment of Council staff where they are urgently required and restoring them to their original roles when no longer needed.	HR
5	Review in more detail the use of Crest (or similar) for case logging from the outset of any future pandemics/other emergencies, and consider greater use of Power BI and/or AI tools to help map virus transmission/outbreaks	Public Health/ H&S/ Emergency Planning

Part 2b – Emergency Community Support

Ref	Recommendation	Lead
6	Consider how the voluntary sector could best be involved in the command structure for future pandemic events or other emergencies.	Corporate Leadership Team
7	Ensure that all relevant emergency processes (including those developed by schools) are collated within a single repository and kept under review.	Joint Emergency Planning Unit

Part 3 Supporting Local Businesses

Ref	Recommendation	Lead
8	Seek to harmonise discretionary funding schemes with other Berkshire local authorities with support from the Berkshire Prosperity Board, ensuring that any gaps in coverage are addressed in future schemes. Also, seek to identify and allocate staffing resources for grant administration in advance rather than reactively.	Finance / Economic Development Team/ Corporate Leadership Team
9	Contact the other Berkshire local authorities to ask if they have undertaken a similar post-Covid review and if they would be willing to share their findings.	Joint Emergency Planning Unit
10	Review emergency plans to ensure that a structure can be put in place quickly to ensure that all relevant services coordinate to provide	Licensing / Highways /

	a single set of definitive advice about any temporary measures to support recovery (e.g., outdoor seating for pubs, cafés, and restaurants), taking a pragmatic approach wherever possible.	Public Health/ Joint Emergency Planning Unit
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Part 4 - Supporting the Education Sector

Ref	Recommendation	Lead
11	Recruit temporary staff to provide additional cover for school support at the outset of any future pandemic – the level of support should be defined in future updates to pandemic/influenza plans.	Corporate Leadership Team / Education
12	Undertake a formal review to understand what measures were/were not effective for secondary schools (e.g. ‘bubble’ arrangements and movement of pupils around schools) to ensure that schools learn from best practice.	Education
13	Review the mental health support available to headteachers and school staff and, if necessary, identify what can be done to bolster the support.	Education
14	Review the education welfare resources provided to secure full attendance at schools and, if necessary, what can be done to bolster the support.	Education

Part 5 - Supporting the Care Sector

Ref	Recommendation	Lead
15	Consider what support unpaid carers might need during a pandemic/other emergency and put a suitable plan together.	Adult Social Care
16	Review PPE policies to ensure that adequate stocks are held to meet local demand for an initial period (at least 4 weeks) while national supply systems are set up.	Joint Emergency Planning Unit
17	Challenge government guidance where it is not in the best interest of residents (e.g., discharge of patients from hospitals to care homes).	Corporate Leadership Team
18	Consider how the Council and care sector organisations could provide better peer support, sharing intelligence and best practice, and make provision for this within pandemic/influenza/emergency plans.	Adult Social Care
19	Develop a wider list of people who may need support to include parents/carers of adults with learning difficulties to be added to the Hub’s contact list.	Adult Social Care/ PPP

1. Introduction

1.1 This report has been prepared by the Covid and Recovery Task and Finish Group, which was established to undertake a review of the local response to the Covid-19 pandemic and subsequent recovery, and to develop recommendations for lessons learned that could be applied to similar future events.

2. Purpose and Membership of the Task and Finish Group

2.1 The Scrutiny Commission agreed the terms of reference and membership for a Task and Finish Group at its meeting on 14 September 2023. A copy of the terms of reference is provided in Appendix A.

2.2 The review focused on five core areas:

- (1) Local resilience and preparedness for the pandemic
- (2) Public health and emergency community support
- (3) Support for local businesses
- (4) Support for the education sector
- (5) Support for the care sector

2.3 The Task and Finish Group comprised the following Members:

- Councillor Paul Dick (Chairman)
- Councillor Patrick Clark*
- Councillor Carolyne Culver
- Councillor Paul Kander
- Councillor Erik Pattenden

(Councillor Clark stood down from the Task and Finish Group in May 2024 following his appointment as a Member of the Executive.)*

2.4 This review was intended to be complementary to the National Covid-19 Inquiry. The Council has given evidence to the National Inquiry along with other local authorities via the Local Government Association.

3. Meetings and Witnesses

3.1 The Task and Finish Group met seven times between October 2023 and June 2024 to hear evidence from a number of key witnesses. These included Council

officers past and present, and representatives from partner organisations who supported in delivery of the local response.

- 3.2 Members were keen to get the perspectives of representatives from organisations who were recipients of the services provided by the Council to understand their experiences of support and services provided by the Council during the pandemic. Witnesses were interviewed from the business, education and adult social care sectors. A full list of witnesses is provided below.
- 3.3 Members of the Task and Finish Group would like to thank all of the witnesses who took part in the review, particularly the former employees and external partners who were not obliged to attend. Throughout the review, Members were mindful of the fact that many of those giving evidence had been personally affected by the pandemic and may have found it difficult to relive their experiences.
- 3.4 The Task and Finish Group also undertook primary research via online surveys of the local business community, headteachers, and town/parish councils and community groups. Reference was also made to the Residents Survey that had been carried out by West Berkshire Council during the pandemic to collect feedback on the local response. Additionally, the Task and Finish Group was provided with various data sets that helped to quantify the impacts of the pandemic, and how effective the local response was in mitigating those impacts and meeting local needs.

Date	Focus of Meeting	Witnesses
10 Oct 2023	Review of the terms of reference Part 1 – Resilience and Preparedness for the Pandemic	Nick Carter (former WBC Chief Executive) Paul Coe (Executive Director – Adult Social Care) Tessa Lindfield (former Director of Public Health) Matt Pearce (former Service Director – Communities & Wellbeing) April Peberdy (Interim Service Director – Communities & Wellbeing) Carolyn Richardson (Service Manager – JEPU)
12 Dec 2023	Part 2a – Public Health and Emergency Community Support	Melanie Best (Service Lead - Customer Engagement and Transformation)

	Draft Business Survey	<p>Graham Bridgman (former Executive Portfolio Holder for Health and Wellbeing)</p> <p>Martin Dunscombe (Communications Manager)</p> <p>Catherine Greaves (Senior Programme Officer)</p> <p>Sean Murphy (Public Protection Manager)</p> <p>April Peberdy (Interim Service Director – Communities & Wellbeing)</p>
16 Jan 2024	Part 2b – Emergency Community Support	<p>Sean Murphy (Public Protection Manager)</p> <p>April Peberdy (Interim Service Director – Communities & Wellbeing)</p> <p>Garry Poulson (former Director of Volunteer Centre West Berkshire)</p> <p>Susan Powell (former Safer Communities Partnership Team Manager)</p> <p>Carolyn Richardson (Service Manager – JEPU)</p>
27 Feb 2024	<p>Part 3 – Supporting Local Businesses</p> <p>Business Survey Results</p> <p>Draft Headteacher Survey</p>	<p>Warwick Heskins (Chairman and Director – Newbury BID)</p> <p>Joseph Holmes (Executive Director - Resources)</p> <p>Sam Robins (Economy Manager)</p>
16 Apr 2024	<p>Part 4 – Supporting the Education Sector</p> <p>Headteacher Survey Results</p> <p>Draft Town/Parish Council and Community Group Survey</p>	<p>Chris Prosser (Headteacher, The Downs School)</p> <p>Carolyn Richardson (Service Manager – JEPU)</p>

		Fiona Simmonds (Assets Operations Team Leader) Alison Webster (Headteacher, Thatcham Park Primary School)
28 May 2024	Part 5 – Supporting the Care Sector Town/Parish Council and Community Group Survey Results	Paul Coe (Executive Director – Adult Social Care) Jane Edwards (Home Manager, Bupa Care Homes) Carolyn Richardson (Service Manager – JEPU)

4. Findings

4.1 The Task and Finish Group uncovered many examples of good practice and overall Members felt that the local response had been well-coordinated and effective, particularly given the scale and fast-moving nature of the pandemic. However, a key focus of the review was to understand where decision making and processes could be improved, so West Berkshire Council and its partners could be better prepared for the next pandemic. Key findings from each of the sessions are outlined below.

Part 1 – Resilience and Preparedness for the Pandemic

4.2 This part of the review considered risk management and emergency planning, as well as general preparedness for a pandemic, including structures, governance, processes and protocols.

4.3 Points of key learning were:

- Emergency planning and risk management processes were generally considered to be fit for purpose.
- There were plans at the West Berkshire, Berkshire, Thames Valley and national levels - the Berkshire Influenza Plan had been updated in anticipation of Covid spreading to the UK.
- A potential pandemic had been identified as a key risk prior to Covid and the national risk assessment now rated a future 'pandemic' as having the highest likelihood and impact.
- Working relationships locally, within Berkshire and across the Thames Valley were strong on the back of previous emergency planning exercises and Brexit preparations.
- A key challenge was the complex geography in the Thames Valley, with a mix of small unitary authorities and large counties.

- Despite being a health emergency, input from NHS colleagues to the Thames Valley Local Resilience Forum Strategic Coordination Group was late and unnecessarily confusing – they did not lead the regional response and created their own, separate command structure.
- Within West Berkshire, leadership from senior officers and Members had been good and local command structures had worked well.
- While some local authorities had established outbreak Control Teams, West Berkshire had adopted a matrix approach, which had worked well.
- The lack of notice of changes to government policy and with no prior warning before being made public, had been a major challenge, but staff had been flexible and responsive, and had worked at pace/gone the extra mile to interpret and act on new directives and guidance.
- Council staff had been redeployed internally and to the NHS to support the Covid response – in most cases it was felt that there had been sufficient numbers of staff involved in the delivery of the local response, but there had been areas of pressure, such as the Hub, and key services including Public Health, the Public Protection Partnership, and Education.
- Staff who had been involved in coordinating the Covid response were unable to cover their normal duties and few posts were backfilled.
- A small number of officers in key roles had worked flat-out for long periods - if one or more of these individuals had fallen ill, the response could have been adversely affected.
- The Council had quickly moved to adopt new ways of working, including home working and remote meetings, however, the health system had opted for Teams over Zoom, which had presented difficulties.
- Any future pandemic would be different to Covid - while there would still be an emergency framework, each scenario would bring unique challenges, so it is not possible to plan all aspects of the response in advance.
- Plans at the national and regional levels will be updated once the national public inquiry had reported, but it is likely that a greater emphasis would be placed on a multi-agency approach.

Part 2a – Public Health and Emergency Community Support

4.4 This part of the review looked at the Council's role in relation to:

- disseminating Covid-related information and advice to residents
- identification and containment of local outbreaks
- supporting the local vaccination programme

- coordination of the lateral flow testing programme

4.5 Points of key learning were:

Communications

- Covid had required a step-change in comms activity, but the Council had responded well, with both general and targeted comms across multiple channels, catering for a wide range of different audiences.
- The adoption of the Granicus system had allowed the Council to reach a large number of residents – over 40,000 households signed up to receive newsletter via email.
- Although some effort was made to reach non-digital audiences, feedback from the Parish Council/Community Group Survey suggested that more could have been done for this cohort.
- District and town/parish councillors were kept informed through weekly bulletins, which summarised the latest advice and actions being delivered locally.
- Effectiveness of comms had been measured through a variety of mechanisms, including a residents' survey focused on Covid-19 and the Council's response.
- The sheer number of meetings were very time-consuming, and the Comms Team had needed additional resource, but there had been challenges with timely recruitment and induction of staff.
- It was challenging to respond to national announcements, which often had little detail and short lead-times.
- Other local authorities had more engagement on social media, which suggested that there may opportunities to improve this (e.g., a cascade via parish councils and community social media groups).
- Numerous legacy benefits that remain as a result of changes put in place during the pandemic:
 - increased recognition across the Council of the importance of comms and engagement
 - a larger Comms Team that is better able to support the organisation
 - ongoing residents' newsletters
 - increased community engagement via live streaming of public meetings
 - improved links with external comms teams

Outbreak Management

- The process was managed through the Local Outbreak Management Group which had been responsible for writing/updating the Local Outbreak Control Plan – the group had worked well, with good support from all parties.
- Weekly Surveillance Cell meetings were used to review information and agree actions.
- A Care Home Task Group was established, and subject matter experts were identified for key settings such as schools.
- A Local Outbreak Engagement Board was set up to lead engagement with the public on Covid-19, endorse the Local Outbreak Control Plan/Comms Plan, provide political ownership of the local Covid-19 response and coordinate with neighbouring authorities regarding cross boundary outbreaks. Meetings were live-streamed and provided a key way for residents to keep up to date with developments – viewing figures suggested that engagement was good.
- Covid outbreak notifications were received from the UK Health Security Agency (UKHSA). There was no dedicated tool for centrally recording notifications - West Berkshire Council eventually adopted the CREST system for this purpose, but each local authority had used their own proprietary systems.
- Power BI was used to help map Covid transmissions, but it had perhaps not been used to its fullest extent and new AI tools may offer new possibilities in future events.
- The Public Protection Partnership operated a local contact tracing service – initially, they could call down contacts for tracing from a central list, but they took control for all contacts when they found that they were able to successfully contact more residents than the national service.

Vaccination Outreach Programme

- The Public Health Team coordinated the local vaccination outreach programme to supplement the core NHS offer.
- Barriers that had affected the roll-out of the vaccine programme, included:
 - patients not being registered with a GP
 - out of date patient records
 - patients ignoring/not responding to invitation letters
 - patients not being able to travel to appointments
 - vaccine hesitancy

- The Joint Emergency Planning Unit (JEPU) had also been involved in setting up the mass vaccination centres, since the NHS had struggled to find suitable large sites.
- Funding was secured from NHS England to support the local Covid-19 vaccination engagement and outreach community engagement sessions were commissioned to support the outreach vaccination clinics.
- Contain Outbreak Management Fund (COMF) allocations were used to secure additional resource to manage the vaccination programme, and NHS Inequalities Funding was used to fund the outreach service itself.
- Priority groups were identified based on an understanding of who would be disproportionately impacted by Covid-19 and NHS data on which groups were under-served by universal vaccination services.
- Vaccine uptake rates were tracked across the duration of the pandemic to monitor the effectiveness of the outreach programme.
- The outreach programme was successful in reaching nearly all of the priority groups identified as being under-served and uptake of the COVID-19 vaccination in West Berkshire was higher than the regional and national averages for nearly all groups.
- It was considered that a Community Champions approach could help to reduce the requirement to commission engagement providers in future.
- Officers considered that there may be benefits from having more Communicable Disease Outbreak Control/Pandemic Response capacity within the Council's Public Health and Communications Teams.
- There is also a need to develop risk communication and behaviour science knowledge and skills within the Public Health and Communications teams.

Covid Testing

- All aspects of the local response had to be developed locally, including strategy, sites, logistics, and providers.
- Joint working involving teams from across the Council was key to delivery of the Lateral Flow Testing (LFT) programme.
- An LFT Sub-Group was set up with separate cells for schools, care homes and community testing.
- Modelling had to be carried out for a number of different scenarios, including fixed/mobile/workplace testing sites.
- An agile approach was needed to respond to changes in testing requirements over the course of the pandemic, changes in test centre

availability, and the move to home test kits, and also to encourage people to use the Test and Trace Service.

- Testing sites were opened quickly in larger urban areas across West Berkshire, while a community car visited villages for 'community collect' and testing - this was scaled back over time with people encouraged to use online and pharmacy options.
- As part of the PCR testing programme, regional testing locations were established. The Department of Health and Social Care established a site at the Showground with the support of the JEPU. This had benefited West Berkshire residents, by virtue of having a convenient location, and it had also benefited the Showground.
- The Directors of Public Health had paid for a member of staff in the JEPU to coordinate mobile testing across the Thames Valley. These had been deployed as outbreaks had been detected.
- Plans had been put in place for surge testing - in the event of concerns about Covid levels in a particular area. Plans were developed by the JEPU for 10,000 people to be tested in a short period in order to provide a detailed picture of infection rates in areas of concern. Although the plan had not been tested in West Berkshire, it was still available and could be brought back into use as required.
- Communications were key to the success of the LFT programme, however, a Community Champion or Peer Educator approach would be a useful additional component of future outreach programmes.
- Significant uncertainties were caused by the way the programme was funded, with no guarantees that costs would be recouped.
- The Council had been forced to use recommended suppliers who were often more expensive than local alternatives.
- Healthwatch West Berkshire delivered community engagement on the LFT programme - they were able to mobilise rapidly and had good relationships with voluntary sector partners and communities.
- Solutions4Health were commissioned to deliver the LFT programme and were both proactive and reactive in their approach.
- The lack of resource meant those involved in the LFT programme worked long, intense hours for months on end.
- Officers felt that there remains a lack of resilience within the organisation, with the same individuals being used time and again to respond to emergencies.

Part 2b – Emergency Community Support

4.6 This part of the review looked at the Council's role in relation to:

- implementing the test and trace system
- identifying vulnerable residents
- delivering practical support to residents
- provision of voluntary sector support
- addressing issues of loneliness and social isolation and providing mental health support
- safeguarding and providing support for victims of domestic abuse

4.7 Points of key learning were:

Community Support Hub

- The Hub was established by the Building Communities Together Partnership to offer practical, financial, and mental health support, to residents, with signposting/referrals to services and grants.
- No advice was provided by the government/LGA on how to set up a hub - our approach was to consider what support people might need and to set up to meet those needs rather than focusing on existing services.
- Details of clinically vulnerable residents were provided by the NHS – they were subsequently contacted by the Hub to ensure they had everything they needed and to provide emotional support.
- Residents welcomed the contact – even if they didn't need support, they welcomed the fact that someone cared.
- Staff often had to dealing with difficult calls (e.g., residents who had lost loved ones, or terminally ill patients) and mental health support was provided to staff.
- The Hub worked well, but the volume of calls was overwhelming at times - use of temporary staff/putting business as usual activity on hold to allow more Council staff to be seconded could have helped with this.
- There was initially a disconnect between Adult Social Care staff and the Hub, but social workers were subsequently brought into the Hub.
- The Police provided support in terms of making welfare calls where there were concerns.
- There was anecdotal evidence of some individuals not being identified through the NHS data, but communities were good at identifying who

needed support, also some people self-declared as shielding and were not on the official NHS list.

- The voluntary sector had stood up quickly, with 90 groups across the district and 1,200 volunteers recruited within the initial 8-week period.
- The Hub worked closely with the voluntary sector and some financial support was offered to those organisations that were struggling to make ends meet.
- Weekly meetings were held with key partners throughout the pandemic.
- It was suggested that consideration should be given to how the voluntary sector could best be involved in the command structure in a future pandemic or emergency.
- The Covid Hub model was subsequently used as a template for the subsequent Ukraine and Cost of Living Hubs.

Mental Health Support

- A wide range of mental health resources were used to support residents' mental health and wellbeing during the pandemic, including online resources, and promotion of national campaigns.
- The Surviving to Thriving Fund was set up jointly with Greenham Trust where voluntary sector organisations could apply for up to £30,000 for projects to mitigate the mental health impacts of the pandemic - 26 organisations were awarded a total of £270,000.
- Mental health related presentations were incorporated within 'Community Conversations' that were held with local community groups.
- The Outbreak Management Fund was used to pay for local information resources, paid advertising on Facebook, and an additional member of staff in Education to provide mental health support for children and young people.
- Mental health first aid training was funded for people working or volunteering in voluntary sector organisations.
- The Public Health Team supported the 'Mental Health and Wellbeing in West Berkshire' event, which was focused on the impact of the pandemic on children and young people, and was attended by voluntary sector organisations involved in providing support locally.
- Mental health information was provided for staff working in care homes.
- Mental health information and advice was provided to Council staff through various newsletters and events, and staff were trained as Mental Health First Aiders.

- Initiatives were developed to try and tackle social isolation and loneliness amongst vulnerable residents, including My Speaker Friend and Activity Bags.
- Community Conversations were held with grass roots community groups to provide them with support, advice and information to enable them to safely support vulnerable and lonely residents in their communities. The Community Conversations still take place and represent a key legacy from the pandemic.
- Various activities moved from face-to-face to online, including seated exercise programmes, and online carers meetings.
- The Community Life Connected Map was established to connect local community groups, facilitate sharing, learning and mutual support.
- Members had asked if volunteer networks had been maintained post-pandemic. It was confirmed that the legacy pool of volunteers was small, but people had come forward in large numbers and would be likely to do so again. Contact with local groups was being maintained through Community Conversations.

Health Recovery

- The Council developed a Recovery Strategy, which focused on:
 - The health of our population
 - The educational success of the district
 - The economic success of West Berkshire
 - A strong and supported community sector
 - An environmentally focussed renewal
 - An enhanced openness of how we work and sharing of information
 - The enhanced quality of life of our communities
- Reducing inequalities was a key priority for the Health and Wellbeing Strategy, and the associated Delivery Plan included many actions focused on recovery.
- Body fat was a key factor that affected outcomes for Covid-19 patients, so weight management was a key focus of recovery – Government provided one-off funding, which was used to expand the Tier 2 Weight Management Service.
- A Health and Wellbeing booklet was produced with advice on budgeting, eating well, mental health, sleep, physical activity, and alcohol.
- A Nature for Health Coordinator was appointed to:

- improve physical and mental health and wellbeing and reduce social isolation through gardening and nature based activities
 - reduce inequalities by supporting access for all and facilitating projects with communities that may be disadvantaged or harder to reach
- A garden room was provided at the Willows Care Home.
 - Physical activity schemes were promoted to residents through a variety of channels in order to aid recovery.
 - Active Travel Capability Fund grant was used to improve walking and cycling opportunities in West Berkshire, to contribute to a greener and healthier recovery – part of the grant was used to fund an adult behaviour change study, exploring barriers and enablers of active travel.
 - The Let's Get Active Fund was set up with Greenham Trust - £33,600 was provided to local not-for-profits to improve access to physical activities where opportunities may be lacking and to prioritise activities that supported those most impacted by the pandemic.
 - Members felt that it was important to recognise the role of Greenham Comon Trust in supporting programmes such as Surviving to Thriving and Let's Get Active.
 - Even after the pandemic, some people were still worried about mixing with others and re-engaging with in-person exercise programmes, but online programmes were still available.
 - It was recognised that there was still a need to build confidence amongst certain residents and this was being addressed through social prescribing and the Community Wellness Outreach Programme.

Domestic Abuse

- West Berkshire had not followed national trends of increased referrals for domestic abuse during the pandemic, but it was acknowledged that there was a risk that incidents had gone unreported.
- Multi-media campaigns had been run locally to encourage victims to seek help and to encourage neighbours to report concerns, and the Police had followed up on all reports. The aim of the campaigns was to drive up reporting, but also to provide support/make interventions so that victims did not need to make repeat reports.
- The Building Communities Together Partnership had worked with a wide range of sectors, including schools, young people, diverse ethnic communities, etc.
- Statistics showed that there had actually been an increase in reports of domestic abuse post-pandemic, with more/more serious incidents coming to

court, but it was not clear if this was due to better rates of reporting or an increase in the number of incidents.

- Domestic abuse was an area that the Task and Finish Group would have liked to explore further, but they were unable to do so, due to the relevant officer being unavailable to attend meetings.

Part 3 – Supporting Local Businesses

4.8 This part of the review looked at the Council's role in relation to:

- Disseminating Covid-related information and advice to businesses
- Undertaking enforcement of Covid regulations
- Providing business rates relief
- Distributing grants
- Preventing fraud
- Undertaking checks / enforcement activity
- Advising on plans for local events
- Supporting economic recovery

4.9 Points of key learning were:

Information, Advice and Enforcement

- The Public Protection Partnership (PPP) had responsibility for provision of information and advice to local businesses, as well as enforcement of Covid controls at retail levels.
- Engagement was achieved through a mixture of public information, online briefings, 1-1 advice, visits to individual premises and event monitoring.
- No penalty notices were issued, but there were significant volumes of activity across Environmental Health and Trading Standards functions.
- The PPP coordinated the Safety Advisory Group (used to discuss and advise on public safety at local events), and they also provided Licensing Liaison Officers and Covid Marshalls.
- Normal PPP functions were put on hold unless the situation was an emergency (e.g., food inspections), or were carried out in different ways (e.g., calls to farmers regarding animal welfare).

Financial Support for Businesses

- The Council was responsible for administration of 15 different grants to local businesses – over £53 million was paid out in over 9,000 payments.
- Key challenges were:
 - contacting all businesses
 - making the grant payments
 - dealing with conflicting and constantly changing advice from central government
 - preventing fraud
- The Council was relatively slow to start making payments while it obtained contact details for local businesses, but this approach was invaluable in helping to minimise fraud and we quickly caught up with other local authorities.
- Once contact details had been obtained, if businesses had qualified for the first round of a particular grant, then subsequent tranches were allocated automatically.
- Discretionary funding was provided to support businesses that had closed or were affected by Covid – £6.42 million was allocated to over 450 businesses were supported, including self-employed.
- Discretionary payments were equitable, fair and regular, but there were some groups that fell through the net (e.g., taxi drivers).
- It was difficult to decide which businesses to support and the policy was constantly reviewed and updated in response to comments received, but feedback was mostly positive.
- £85,000 of Council grants were given to help 20 small businesses reopen, funding outdoor space, seating, capacity, events and stalls – this was successful, but follow-up monitoring was essential.
- Business Rates Relief was provided for businesses in the sports/leisure, hospitality, and retail sectors, with £38 million of rates relief given in 2020/21 and £21.1 million in 2021/22 (Government continued to provide some relief post-Covid.)
- Other assistance provided included:
 - Payment holidays
 - Flexibility on rates repayments
 - Delayed enforcement action
- There were still some legacy impacts from the above relaxations.

- A 'Welcome Back Fund' was created using European Regional Development Fund to support the safe return to high streets and help build back better from the pandemic – this paid for a series of events, public realm projects and staff resources.
- £85,000 of grants were given to local businesses to help them reopen, paying for outdoor space, seating and events.
- The spotlight system as used on all payments and this was estimated to have saved £500,000 related to fraudulent claims.
- Discretionary schemes used an application process which included declarations to safeguard against fraud.
- An audit by the Department of Business, Industrial Strategy found no instance of fraud.
- The results of the Business Survey undertaken on behalf of the Task and Finish Group showed that respondents were generally satisfied with the support provided by the Council.
- The highest levels of satisfaction were related to provision of Covid related information and advice, while the lowest levels of satisfaction were related to support for developing event management plans and activities to support economic recovery, with evidence of conflicting advice on outdoor seating from different Council departments.
- Local business groups, such as Chambers of Commerce, the Federation of Small Businesses, and Newbury Business Improvement District had acted as conduits, passing information to their members, but there was no equivalent organisation for rural businesses and communication had often been through local Ward Members or parish councils.
- Lessons learned by officers included:
 - The need to identify and allocate staffing resources for grant administration upfront rather than responsively.
 - The need to engage with other local authorities to share experiences, advice and ideas, since scheme varied significantly, which was confusing for businesses operating in more than one area – this may be a role for the new Berkshire Prosperity Board.
 - The need to achieve a balance between the simplicity of the grant application/allocation system vs the need to prevent fraud.

Part 4 – Supporting the Education Sector

4.10 This part of the review looked at the Council's role in relation to:

- Disseminating Covid related information and advice to schools

- Providing mental health support to staff and pupils
- Supporting the switch to online learning
- Responding to concerns about school attendance during and after the pandemic
- Assessing the impact on academic attainment
- Providing support to help pupils catch up on lost learning

4.11 Points of key learning were:

Disseminating Covid Information and Advice

- The Education Place Planning and Development Team provided Covid related information and advice to schools throughout the pandemic, including:
 - regular contact with schools via phone and email
 - interpretation of guidance and provision of advice to schools
 - created and updated guidance documents
 - created an Action Card for schools
 - worked with Public Health colleagues and UKHSA to provide advice and guidance
 - supported around 100 local authority maintained schools, academies and independent schools
 - created and maintained Education Portal pages with links to advice and guidance
 - attended Incident Management Team meetings with schools
 - advocated for schools at meetings and in discussions
 - attended regular meetings to provide updates and information on school cases
- There were just two officers in this team who provided support to schools seven days a week for 18 months, while also responding to service requests from schools and supporting other settings. (Similar scenarios were evident in other key roles across the Council.)
- Cases were monitored daily, and the team provided support/sought further information for each and every case.
- Headteachers found out about changes to government guidance at the same time as everyone else, so there was no time to digest and interpret it.

- Central guidance was general and intended for schools to interpret directly – officers put a lot of a lot of time and effort into tailoring the guidance for the individual circumstances of 17,000+ cases.
- Arrangements were simpler for primary schools, since pupils remained in the same class, while secondary schools had greater challenges with ‘bubble’ arrangements and movement of pupils around schools.
- The team set up case logging for schools, supported the move to Crest and transfer of data from existing records.
- Case logging had allowed issues with PCR testing at Newbury Showground to be highlighted.
- Initially, the focus for primary schools had been on supporting key workers and pressure on learning had reduced. In contrast, secondary schools had needed to put plans in place for key year groups (e.g., Y11 and Y13), and move quickly to remote learning.
- After final restrictions were lifted at Easter 2022, there was a spike in cases – it had been a balance between children’s health and education.
- The Headteacher Survey carried out by the Task and Finish Group highlighted that feedback was very positive in relation to Covid related advice, risk assessments and outbreak management.
- Lessons learned included:
 - The need to recruit temporary staff to provide additional cover for school support at the outset of any future pandemic.
 - The need to share knowledge and support activities more widely.
 - Adopt a Council-wide approach to case logging from the outset.
 - The situation created a lot of anxiety and additional pressure for headteachers.
 - The level of support to be offered to schools should be set out in local pandemic/influenza plans
 - It would be useful to undertake a formal review of the Covid arrangements implemented in secondary schools to understand what had/had not worked and learn from best practice.
 - The JEPU would benefit from having access to the documents and policies that schools had developed for remote learning, etc. This would allow templates to be created.

Providing Mental Health Support

- The results of the Headteacher Survey showed that satisfaction levels with mental health support offered to headteachers and staff during the pandemic were lower than for other services.

- The Council had provided signposting to online resources and there had been regular check-in emails from the Head of Education, with follow-up calls if he had any concerns, but without face-to-face contact, some problems may not have been picked up.
- Some insurance companies had provided schools with mental health support services during and after the pandemic.
- The Headteacher survey showed a mixed response to questions around mental health support offered to pupils/students and it was highlighted that CAMHS waiting lists were very long, with charities increasingly filling the gap.
- Mental health support was considered to be an area where comms from the Council had been relatively light.

Supporting the Switch to Online Learning

- Some schools adopted paper-based solutions rather than making the switch to online learning.
- There were challenges for families where children and adults needed access to computers for schooling and work, and Wi-Fi bandwidth had been an issue for some.
- Schools had taken advantage of funding to provide laptops for disadvantaged families, but there had been a mixed response from parents, with some laptops returned unused.
- Children had been engaged in task completion rather than learning.
- There had been very little Council support for schools to support learning, but schools could have sourced external support.
- Schools were signposted to online education resources, but teachers still had to put lesson plans together.
- Some schools had suffered due to low levels of investment in IT pre-Covid.
- There was no 'one size fits all' solution – smaller schools struggled to switch to online learning, and some had to draw upon the expertise of their governors to develop online learning solutions.
- The switch to online learning prompted an increased understanding and use of technology, particularly Teams – this had delivered legacy benefits post-pandemic (e.g., online parents' evenings).

School Attendance

- Consistent messaging was considered to be key to improving attendance during the pandemic.

- School attendance rates are still not back to pre-Covid levels and anxiety is thought to be a significant factor.
- The number of 'school refusers' has increased - this is more prevalent amongst female pupils/students, and there may be an autism link.
- The Headteachers Survey appeared to suggest that attendance rates at Special Needs Schools are more adversely affected
- Fines for parents would be introduced from September, but cases could take a year to get to court.
- Parents are still more likely to keep children off school with coughs/colds.
- Education Welfare budgets have been cut - EWOs used to work with parents to tackle absence issues, and some schools have since employed their own attendance officers.
- Attendance is now a bigger focus for Ofsted inspections.

Academic Attainment / Making Up Lost Learning

- A cohort of children has effectively lost several years of learning and poor attendance is compounding the issue.
- Around 1 in 4 children are not toilet trained by the time they started school.
- Pupils still exhibit low social and language skills, which could be linked to a lack of "communication opportunities" from a very young age, and headteachers are concerned that behaviour has become embedded.

Part 5 – Supporting the Care Sector

4.12 This part of the review looked at the Council's role in relation to:

- Providing infection control training
- Distributing PPE
- Supporting hospital discharge
- Providing mental health support to staff and residents

Infection Control / PPE / Hospital Discharge / Mental Health Support

4.13 Points of key learning were:

- Support for the care sector was delivered through a partnership of Adult Social Care, Health partners, Public Health, Commissioning, Finance, the care sector, neighbouring authorities, regional networks and the Community Hub.

- The situation had constantly change, with frequent updates of government guidance.
- Visitor policy decisions sought to balance human rights vs risk to life.
- Factors considered in determining visitor policy included how vulnerable the resident was, outbreak status and whether the patient was at end of life.
- Bupa had stopped visits earlier than the Council – they had consulted with residents’ families first.
- The Council had sought to minimise movement of staff between settings, but agency staff had been an issue.
- PPE had been delivered directly to care homes – stocks of aprons and gloves were OK, but masks were a problem and there was confusion about the type of masks needed.
- Government had prioritised the discharge from hospitals to make space for Covid patients.
- There was some testing of patients, but often hospitals could not wait for the results and this drove infections in care homes – the Council could have refused to accept patients until they had been shown to test negative, but this would have placed additional pressures on the health system.
- Quarantining transferring patients would have been the only way to stop the spread of infections, but there were no suitable facilities.
- In the second wave, the Government had asked local authorities to designate settings to accept Covid positive patients, but West Berkshire Council had refused.
- Care staff had to be vaccinated, but some refused – a few were offered back-office jobs, but others had to leave.
- Specialist nurses provided infection control training to care settings.
- Facilitated Covid testing was provided to staff and service users.
- Care settings had to notify the authorities of any outbreaks and Council staff provided support and advice.
- Day centres were unable to operate during Covid so the Council provided some financial support.
- The Council also provided some additional support to carers.
- Local command structures worked well.

- An Adult Social Care Task Group and Care Home Group were set up, and a range of subject matter experts were identified to support the response to any outbreak and advise on infection controls.
- The Association of Directors of Adult Social Services provided a useful way of sharing experiences and best practice between local authorities.
- Larger private providers, such as Bupa, provided internal support and there was little interaction with West Berkshire Council. This was a missed opportunity in terms of sharing information and best practice.
- The Berkshire West Partnership included representation from the Integrated Care Board and NHS Foundation Trusts.
- In terms of care home infections and deaths, West Berkshire did not appear to be an outlier, with rates similar to neighbouring authorities.
- Death rates were often related to the type of residents catered for by a particular setting – patients at end of life were less resilient than younger, healthier patients.
- Statistics showed that West Berkshire performed poorly in terms of vaccination of under 65s in supported living, but the reasons for this were not clear. This group also tended to not come forward for flu vaccinations.
- Key strengths were considered to be:
 - Partnership working
 - Keeping day services viable
 - Processing requests for financial support and PPE
 - Management of national funding
 - Facilitating access to vaccination and testing
 - Disseminating national guidance
 - Supporting hospital discharge
 - Refusing to designate settings to accept Covid positive patients
 - Effective management
 - Vaccination rates (apart from under 65s in care)
 - Use of monitoring data to drive intelligence
 - Compliance with guidance
 - Contact with shielding individuals via the Hub.

- The following were identified as areas of weakness:
 - Provision of mental health support beyond the Council's own staff (but acknowledging that larger care providers had access to their own support)
 - Support for unpaid carers who had lost their domiciliary care providers during the pandemic.
 - Parents of adults with learning difficulties moving home from supported living had indicated that the WBC offer had fallen short – they were not contacted by the Hub, which was focused on shielding residents.
 - Local stocks of PPE were not sufficient to cover the initial few weeks – there had been an opportunity to learn from other countries affected before the UK and stock up.
 - Expenditure was not always the best use of public money – profiteering on PPE was widespread.

5. Recommendations

5.1 The Task and Finish Group has developed a set of recommendations as set out below, informed by the testimony of the witnesses and the evidence collected. The recommendations are not in any ranked order – all are considered important.

Part 2a: Public Health and Emergency Community Support

Ref	Recommendation	Lead
1	For the West Berkshire Chief Executive and his counterpart in the NHS, as a matter of urgency, to review the strengths and weaknesses in communications between the two organisations during the pandemic and identify improvements or where better practice is needed.	WBC Chief Executive / ICB Chief Executive
2	Do more to open channels of communication with key groups through: <ul style="list-style-type: none"> a) Building and maintaining a social media cascade to improve the reach of pandemic related communications and engagement of partners, particularly town/parish councils and local community groups. b) Using Community Champions to improve engagement with seldom heard communities, assist with communication of key messaging, and provide feedback about concerns within those communities. 	Comms / Public Health/ Building Communities Together / Business Development Team

	c) Building and maintaining a database of rural businesses in order to improve communications in the event of a future pandemic.	
3	Provide regular hardcopy updates to cater for those residents who are not digitally enabled.	Comms
4	Review HR processes for sourcing additional staff resources during a pandemic with a focus on minimising delays.	HR
5	Review in more detail the use of Crest (or similar) for case logging from the outset of any future pandemics/other emergencies and consider greater use of Power BI and/or AI tools to help map virus transmission/outbreaks	All Services

Part 2b – Emergency Community Support

Ref	Recommendation	Lead
6	Consider how the voluntary sector could best be involved in the command structure for future pandemic events or other emergencies.	Corporate Leadership Team
7	Ensure that all relevant emergency processes (including those developed by schools) are collated within a single repository and kept under review.	Joint Emergency Planning Unit

Part 3 Supporting Local Businesses

Ref	Recommendation	Lead
8	Seek to harmonise discretionary funding schemes with other Berkshire local authorities with support from the Berkshire Prosperity Board, ensuring that any gaps in coverage (e.g., taxi drivers) are addressed in future schemes. Also, seek to identify and allocate staffing resources for grant administration in advance rather than reactively.	Finance / Economic Development Team/ Corporate Leadership Team
9	Contact the other Berkshire local authorities to ask if they have undertaken a similar post-Covid review and if they would be willing to share their findings.	Emergency Planning
10	Review emergency plans to ensure that a structure can be put in place quickly to ensure that all relevant services coordinate to provide a single set of definitive advice about any temporary measures to support recovery (e.g., outdoor seating for pubs, cafés, and restaurants), taking a pragmatic approach wherever possible.	Licensing / Highways / Public Health/ Emergency Planning

Part 4 - Supporting the Education Sector

Ref	Recommendation	Lead
11	Recruit temporary staff to provide additional cover for school support at the outset of any future pandemic – the level of support should be defined in future updates to pandemic/influenza plans.	Corporate Leadership Team / Education
12	Undertake a formal review to understand what measures were/were not effective for secondary schools (e.g. 'bubble' arrangements and movement of pupils around schools) to ensure that schools learn from best practice.	Education
13	Review the mental health support available to headteachers and school staff and, if necessary, identify what can be done to bolster the support.	Education
14	Ensure that sufficient education welfare resources are provided to secure full attendance at schools.	Education

Part 5 - Supporting the Care Sector

Ref	Recommendation	Lead
15	Consider what support unpaid carers might need during a pandemic/ other emergency and put a suitable plan together.	Adult Social Care
16	Review PPE policies to ensure that adequate stocks are held to meet local demand for an initial period (at least 4 weeks) while national supply systems are set up.	Joint Emergency Planning Unit
17	Challenge government guidance where it is not in the best interest of residents (e.g., discharge of patients from hospitals to care homes).	Corporate Leadership Team
18	Consider how the Council and care sector organisations could provide better peer support, sharing intelligence and best practice, and make provision for this within pandemic/influenza/emergency plans.	Adult Social Care
19	Develop a wider list of people who may need support to include parents/carers of adults with learning difficulties to be added to the Hub's contact list.	Adult Social Care/ PPP

Appendix A: Terms of Reference

Overview and Scrutiny Review Matrix

Review Topic: Covid and Recovery

Timescale

Start: September 2023

Finish: February 2024

Review Rationale:

The Overview and Scrutiny Management Commission has agreed to set up a Task and Finish Group to look at lessons learned from the local response to Covid and the subsequent recovery. This will consider the perspectives of residents, service users and businesses.

The scope of the review will include:

- Local resilience and preparedness for the pandemic
- The Council's role in delivering public health and emergency support
- The Council's role in supporting local businesses
- The Council's role in supporting the education sector
- The Council's role in supporting the care sector

The scope specifically excludes the response at the national level.

Terms of Reference:

The Task and Finish Group will consider the following:

- **Part 1:** Resilience and Preparedness for the Pandemic

The Council's risk management and emergency planning, and general preparedness for a pandemic, including structures, governance, processes and protocols, as well as local stocks of personal protective equipment.

- **Part 2:** Public Health and Emergency Community Support

The Council's role in relation to:

- *Disseminating Covid-related information and advice to residents*
- *Identification and containment of local outbreaks*
- *Supporting the local vaccination programme*
- *Implementing the test and trace system*
- *Identifying vulnerable residents*
- *Delivering practical support to residents*

- *Safeguarding and providing support for victims of domestic abuse*
- *Addressing issues of loneliness and social isolation and providing mental health support*
- *Provision of voluntary sector support*

- **Part 3: Supporting Local Businesses**

The Council's role in relation to:

- *Disseminating Covid-related information and advice to businesses*
- *Undertaking enforcement of Covid regulations*
- *Providing business rates relief*
- *Distributing grants*
- *Preventing fraud*
- *Undertaking checks / enforcement activity*
- *Advising on plans for local events*
- *Supporting economic recovery*

- **Part 4: Supporting the Education Sector**

The Council's role in relation to:

- *Disseminating Covid-related information and advice to schools*
- *Providing mental health support to staff and pupils*
- *Supporting the switch to online learning*
- *Responding to concerns about school attendance during and after the pandemic*
- *Assessing the impact on academic attainment*
- *Providing support to help pupils catch up on lost learning*

- **Part 5: Supporting the Care Sector**

The Council's role in relation to:

- *Providing infection control training*
- *Disseminating Covid-related information and advice to children's homes, care homes, and domiciliary care staff*
- *Distributing PPE*
- *Supporting hospital discharge*
- *Providing mental health support to staff and residents*
- *Providing support to help isolated residents reintegrate*

Review Membership:

Cllr Carlyne Culver
 Cllr Patrick Clark*
 Cllr Paul Dick
 Cllr Paul Kander
 Cllr Erik Pattenden

Chairman: Cllr Paul Dick

Scrutiny Officer: Gordon Oliver

Information Required:

Governance arrangements

Information flows and blockers
Provision of advice, guidance, practical support and financial support
Effectiveness of measures implemented
Lessons learned and changes put in place
Experience of residents, businesses and service users

Documents/Evidence:

Residents Surveys
Covid Community Support Hub Evaluation Report
Berkshire Observatory Recovery Report

Witnesses:

Chief Executive
Interim Executive Director – People
Executive Director - Resources
Acting Service Director - Communities and Wellbeing
Acting Service Director – Adult Social Care
Economy Manager
Acting Head of Children and Family Services
Emergency Planning Manager
Public Protection Manager
Economy Team
Town / Parish Councils
Chris Boulton (Greenham Trust)
Garry Poulson (Volunteer Centre West Berkshire)
James Wilcox (Fair Close)

Metrics:

Levels of PPE
Covid infections (vs Berkshire and England)
Number of outbreaks
Number of care home deaths
Excess deaths during the pandemic
GCSE and A-Level grades
Demand and waiting lists for CAMHS
Number of furlough scheme payments processed
Number of business support grants processed
Number of business closures / new businesses created
Town centre footfall

Desired Outcomes:

Members will collate their recommendations which will then form the basis of a report to be considered by the Overview and Scrutiny Management Commission.