



Walsall Council

Scrutiny Overview Committee (Revised)

Meeting to be held on: **30 June 2020 AT 6.00 P.M.**

Meeting to be held via: **Microsoft Teams**

Public access to meeting via: <https://www.youtube.com/watch?v=27KBLGtczQI>

MEMBERSHIP:

Chair: Councillor Murray
Vice Chair: Councillor Nawaz

Councillor S. Ditta
Councillor Ferguson
Councillor Harrison
Councillor Hussain
Councillor Jeavons
Councillor Rasab
Councillor Samra
Councillor Shires
Councillor M. Statham

LEADER OF THE COUNCIL:

Councillor Bird

PORTFOLIO HOLDERS:

All

ITEMS FOR BUSINESS

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes To approve and sign the minutes of the meeting held on 21 st May 2020.	<u>Enclosed</u>
6	The Black Country and West Birmingham Restoration and Recovery Plan'	<u>Enclosed</u>
7.	COVID-19 Briefing Note	<u>Enclosed</u>
8.	Areas of Focus 2019/20 For the Committee to consider and agree its areas of focus for the municipal year.	<u>Enclosed</u>
9.	Covid-19 Working Group Initiation Document For the Committee to agree the content of the initiation document.	<u>To Follow</u>
10.	Forward Plans To receive the Forward Plan and Forward Plan of the Black Country Executive Joint Committee	<u>Enclosed</u>
11.	Date of next meeting To note that the date of the next meeting will be 28 th July 2020.	

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The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of an Overview and Scrutiny Committee when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

SCRUTINY OVERVIEW COMMITTEE

Thursday 21st May 2020 at 4.30 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Councils Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present:

Councillor J. Murray
Councillor A. Nawaz
Councillor S. Ditta
Councillor K. Fergusson
Councillor K. Hussain
Councillor L. Jeavons
Councillor W. Rasab
Councillor S. Samra
Councillor I. Shires
Councillor M. Statham

Portfolio Holders present

Councillor M. Bird –	Leader
Councillor A. Andrew –	Deputy Leader and Regeneration
Councillor S. Craddock –	Health and wellbeing
Councillor R. Martin –	Adult social care
Councillor G. Perry –	Community, leisure and culture
Councillor T. Wilson –	Children's
Councillor C. Towe –	Education and skills

Officers

Helen Paterson –	Chief Executive
Neil Picken -	Senior Democratic Services Officer
Nikki Gough -	Democratic Services Officer

Welcome

At this point in the meeting, the Chair opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers, which could be found on the Council's Committee Management Information system (CMIS) webpage.

Members and officers confirmed that they could both see and hear the proceedings.

230/20 Apologies

An apology for absence was received on behalf of Councillor L. Harrison.

231/20 Substitutions

There were no substitutions for the duration of the meeting.

232/20 Declarations of interest and party whip

There were no declarations of interest or party whip.

233/20 Local Government (Access to information) Act 1985 (as amended)

There were no items in private session.

234/20 Minutes

Resolved

That the minutes of the meeting held on 10th March 2020 be approved as a true and accurate record.

235/20 Walsall Council and the Covid-19 pandemic

The Chair called upon the Leader and the Chief Executive to describe the initial response to the pandemic and explain how the Council was supporting local residents during this time.

The Leader described how the local authority had responded to the pandemic and emphasised that it would not have been possible without the investment in IT which enabled the council to respond quickly and move to virtual meetings. The success of the resilient communities' model was referenced, as it had allowed the Council to connect the community. In relation to schools, the Leader confirmed that they would only re-open once full risk assessments had been completed, to ensure that staff and children were safe. He stated that decisions were made on a daily basis, for the benefit of all Walsall residents and again emphasised that the investment made in IT had allowed the Council to continue to function.

The Chief Executive then addressed the Committee and thanked the Leaders of each group for their cooperation in making decisions, which ensured that vulnerable residents were supported. She acknowledged that many people had sadly suffered the loss of family members during the pandemic. With regard to the local approach to lockdown, the committee were advised that this had been carried out through two main groups. These were the West Midlands Strategic Coordinating Group, and a West Midlands Local Authority Strategic Group, which considered a broad range of matters such as PPE, testing, mortuaries, and funeral protocols. Significant communication had been required throughout the pandemic including briefing MPs, Members and

partners on a regular basis. Gold and Silver meetings were held daily, responding at a strategic level to issues as they arose.

The Chief Executive clarified that the aim of the Council, had been to 'maintain the welfare of the community'. The resilient communities approach had meant that in a short space of time, shielded and vulnerable individuals were supported. Children's services had continued to operate; however, there had been a reduction in referrals. The Authority maintained contact with schools, and work was underway to support the phased reopening of schools. Funding had been received to support business, and applications for this were being processed.

The Chief Executive confirmed that the impact of Covid-19 on the Council had been extensive noting that decisions on cessation of services had been taken. This meant that income to the Council had reduced. Whilst the financial position of the Council was stable. The long-term financial impact of the pandemic was not known at this stage.

The Chief Executive acknowledged that BAME groups, which made up 23% of the population in Walsall (2011 census) compared to 14% nationally, had been impacted upon by Covid-19. The Department for Work and Pensions and Council had seen an increase in requests for support from BAME residents.

The Chief Executive made it clear that the Council would be in recovery for some time. Noting that the resetting of services would provide the opportunity to be creative and flexible in the way that staff and members had adapted and found new ways of working to ensure that residents were supported during the Pandemic to date. She confirmed that the Councils reset would feed into the regional coordinating group ensuring that the region was prepared and well placed for recovery.

The Chair thanked the Leader and the Chief Executive for their presentations to the Committee and invited questions on the Cabinet reports as previously circulated:-

(1) Public Health

A Member asked if Covid-19 home testing was available in Walsall. The Portfolio Holder (Health and Wellbeing) stated that this testing method was not yet available.

It was questioned why Walsall had the highest Covid-19 death rate in the Black Country and higher than the national average. In addition, what steps the Local Authority were planning to take to further understand why Black and Minority Ethnic (BAME) communities were more impacted by the Covid-19. The Portfolio Holder confirmed that the reasons for this were being carefully considered. Data was being collated nationally data to inform understanding why BAME communities were more impacted by Covid-19.

The Portfolio Holder was asked if the number of cases and deaths in Walsall care homes available. The Committee were advised that this was not available but care homes were being supported by the Local Authority to carry out swabbing of all residents and staff.

The Committee then discussed 'track and trace' and Portfolio Holders were asked if they had confidence that this would be delivered effectively in Walsall. The Leader clarified that Walsall Council had been clear with national government that test, track, and trace would be best delivered locally.

In response to a question asking what the percentage of BAME population was in Walsall, Officers confirmed that this was 23%; was based on the 2011 census. It was clarified that there had been 385 Covid-19 cases per 100,000 population, and this equated to 1,082 cases, with 192 deaths at Walsall Healthcare Trust. These figures appeared to be reducing. It was agreed that, if available, numbers of BAME deaths in Walsall would be circulated to the Committee. The reasons for a higher impact to BAME needed to be better understood.

It was questioned if it was appropriate to open schools, given that Walsall had the highest infection rate of Covid-19 in West Midlands. The Portfolio Holder (Education and Skills) stated that schools had completed careful risk assessments and it was considered that the risk to children was low.

In response, a member asked how much work had been undertaken with school staff unions. The Committee were reassured that everything had been done within the authorities power to ensure that children and staff were safe and, as more children returned to school, further risk assessments would be carried out. The Portfolio Holder (Education and Skills) stressed that the decision to send a child to school was the parents' choice and there would be no penalties for those who choose not to send their child back to school.

A Member asked for reassurance that children were not disadvantaged if their school was not able to re-open. The Portfolio Holder stated that the authority was doing its best to ensure that all children were receiving an education.

Tribute was then paid to the voluntary and community sector for their response to Covid-19. The Portfolio Holder (Health and Wellbeing) was asked if the prevalence of 385 per 100,000 in Walsall related to hospital admissions only or if it included care homes. It was agreed that this would be clarified outside of the meeting.

Members discussed the difficulties for relatives to communicate with each other whilst they were in hospital during the pandemic. The Committee were informed that the Healthcare Trust had employed a 'family liaison officer' to provide support to families, and it was hoped that this, combined with virtual communication, would help to ease the heartache.

(2) Governance and decision making

A Member thanked the Chief Executive and the Leader for their efforts in ensuring that Members had been kept informed of activity.

(3) Safeguarding response

Members acknowledged the efforts of all key workers.

The Portfolio Holder (education and skills) was asked for clarity on the number of laptops distributed to children in Walsall to enable home learning. It was clarified that Walsall Council had pre-empted the government announcement in relation to the laptop offer, which meant that although an initial number of 50 laptops had already been distributed, an additional 1300 laptops and 300 routers would be provided to the Authority to support more children in Walsall. In the interim period, children had been supplied with workbooks and materials to assist with their education.

The Portfolio Holder (Children's) was asked if vulnerable children were attending school. He confirmed that the numbers were increasing and social workers were encouraging their attendance. The Portfolio Holder stated that they were advised to attend and regular contact was kept with vulnerable families.

The cost pressures to care homes were discussed, due to PPE, deep cleaning and extra care. It was explained that care homes were private businesses but the Council has assisted them by supplying PPE when they were unable to source it themselves. A government grant would be distributed to care homes in accordance to criteria, which would assist care homes in their recovery. The Leader agreed to circulate the report detailing this when available. Pressures on Council finances beyond the immediate future were then discussed as ongoing support would be needed by vulnerable people.

The Portfolio Holder (Adult Social Care) informed the Committee that 'Holly Bank House' had been leased to Walsall Healthcare Trust to care for stroke rehabilitation patients and increase capacity within the hospital. This was made possible due to emergency powers granted to the Leader.

A Member questioned how the distribution of free school meals was being monitored and what was being done within the community. The Portfolio Holder (Education and Skills) confirmed that this was the responsibility of schools and that the situation was monitored by senior officers on a daily basis.

A member sought clarity as to whether domestic violence and mental health cases had increased and what support was in place for vulnerable residents. The Portfolio Holder (Community, Leisure and Culture) confirmed that domestic violence cases had increased. The vulnerability of families was a concern to the Authority, and staff were also being supported in case they were also affected. It was noted that other crimes had reduced.

The monitoring of the financial viability and cleanliness of care homes was discussed as it was important that they were safe. The Portfolio Holder (Adult Social Care) stated that quality teams were being sent into struggling care homes. Assurance was sought that care homes remained viable and Walsall remained in a satisfactory situation. The Leader stated that this was not possible as they were private businesses; however, the distribution of the grant provided the opportunity for bounce-back loans. The Portfolio Holder (Health and Wellbeing) confirmed that the Public Health Team were working with care homes to provide training and ensure they were well equipped to deal with the emerging situation.

(4) Supporting shielded and vulnerable residents in Walsall

The Portfolio Holder (Communities, Leisure and Culture) was asked for clarification on how many medically vulnerable residents had registered for food parcels. He confirmed that 1,910 people had registered for food parcels. He was then asked if community associations had applied for government grants. He confirmed that the council were supporting community associations to apply for network and wider bids through the national lottery. Work had commenced with community associations to ensure that the smaller organisations were not disadvantaged and that they too were able to reset and adapt to new ways of working. It was emphasised that the community response had been strong.

Reassurance was sought that a consistent approach had been adopted across the four community hubs to assess eligibility criteria for requests for support. The Portfolio Holder (Community, Leisure and Culture) stated that, in the early stages, it was important to assist people who needed it. As this progressed an eligibility criteria was developed with hubs and networks.

A Member of the Committee asked how the Authority would fund extra pressures caused by the pandemic and how this would be sustained going forward given the hardship the Pandemic would create. The Leader stated that the Authority hold reserves and that a letter from all seven Metropolitan Councils would be sent to the Government to request that all costs would be reimbursed. The Leader stated that scrutiny would be kept updated on this situation.

The Portfolio Holder responded to suggestions that food parcels did not meet dietary needs confirming that every effort was being made to ensure that the challenges in the early stages were resolved. The importance of the third sector in responding to the pandemic was recognised

A Member suggested that the Local Authority should ensure that individuals affected by trauma should be assisted. The Portfolio Holder stated that the Council's offer, in terms of employee assistance, had been extended to community volunteers.

(5) Business rate relief and grant programmes for Walsall

The Committee discussed the effect of Covid-19 on resident's income due to loss of employment, an increase in housing benefit and council tax reduction applications. A Member suggested that a working group be established to consider the economic impact of Covid-19 and understand the implications on the sustainability of Walsall's communities.

The Senior Democratic Services officer suggested that an initial meeting take place to develop a scoping document for the working group, which could be considered by the Scrutiny Overview Committee at its next meeting. This was supported by the Committee.

A Member asked what mechanisms were in place to identify fraudulent applications for business grant funding. The Portfolio Holder stated that time and consideration had been taken to ensure that fraudulent applications could be identified.

(6) Paying for community based commissioned care services during COVID-19

There were no questions in relation to this report.

(7) Walsall Proud Programme – managing delivery during COVID-19

There were no questions in relation to this report.

(8) COVID-19 and Corporate Financial Performance

A Member questioned if contracts were still being paid for those services that were not being utilised during lockdown. It was acknowledged that the Council needed to support affected businesses, however this would be reviewed.

(9) Post lockdown – resetting and recovery of business

A Member stated that in the short to medium term it would be beneficial for the Covid-19 recovery plan to be considered by scrutiny prior to submission to Cabinet. The Portfolio Holder (Finance) agreed that it was important that scrutiny were involved in the reset of the Council and the economic recovery to ensure that Walsall attracted jobs and that the economy was protected.

A Member asked if businesses that received grants had been contacted to ensure that they would be ready to operate and be able to open once it was safe to do so. The Portfolio Holder stated that work was underway.

The Committee suspended standing orders to allow the Committee to continue past 7.30pm.

Resolved (by ascent)

A briefing note, previously circulated, detailing the impact of COVID-19 on Council services is considered by the Scrutiny Overview Committee at the next meeting due to be held on 30th June 2020.

236/20 Areas of Focus

In consideration of the reduced committee schedule, the Committee discussed the need to set a work programme for the coming municipal year. It was agreed that Members would email Democratic Services with suggestions for the work programme for the remainder of the municipal year.

Resolved (unanimously)

1. The areas of focus document, for the Scrutiny Overview Committee, is considered and agreed at the next meeting. Members are asked to send suggested items to Democratic Services for inclusion in the draft document (by ascent).

2. A Scoping exercise for the establishment of a working group to ‘understand the economic impact of Covid-19 on communities’ is undertaken and reviewed by the Scrutiny Overview Committee at the next meeting (by roll call).

237/20 Forward Plans

A Member suggested that scrutiny meetings should meet before Cabinet meetings to enable pre-decision scrutiny. The Chair confirmed that this had been raised with Democratic Services Office. The Clerk confirmed that special meetings and ‘call in’s’ remained an option for the Committee.

Resolved (by assent)

That the report be noted

Termination of Meeting

The meeting terminated at 7.45 p.m.

30th June 2020

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The Black Country and West Birmingham Restoration and Recovery Plan

Ward(s) All

Report:

1. Introduction

COVID-19 has created an unprecedented situation, resulting in a national major incident and the greatest health and care challenge of our time. The Black Country and West Birmingham care system has responded to this challenge at significant pace. This has been to deliver both the nationally mandated changes from NHS England and Improvement (NHSEI), as well as local decisions, so that together we provide an effective and robust response to COVID-19 and deliver as many services as possible during this challenging time.

NHSEI issued a series of mandates instructing health and care systems to implement a series of immediate service changes, which have included:

- 17/3/2020 – a letter regarding ‘urgent response’; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients as well as support staff and maximise their availability.
- 28/3/2020 - a letter regarding ‘reducing the burden’; which identified the need to change current governance to facilitate the COVID-19 response, as well as standing down a range of performance reporting requirements.
- 14/4/2020 – a request from the regional NHSEI team to complete a service change baseline exercise, to understand material changes across the Black Country and West Birmingham services.
- 24/4/2020 – Guidance on the service change baseline letter and the emergency service change protocol and template linked to restoration and recovery.
- Specific guidance relating to particular services and COVID-19 enablers, which was published since the start of the COVID-19 period.

Alongside this, we have taken local decisions to ensure resilience amongst our services and workforce as well as minimising COVID-19 infection rates. Given the diverse health and wellbeing needs of our population, we have wherever possible continued to provide services, albeit in a different location or virtually through telephone and/or online services. However, inevitably the response to the crisis meant a wide range of services had to be either altered or suspended to protect the public, patients and our workforce.

2. Purpose of this report

The purpose of this report is to provide the Health and Social Care Overview and Scrutiny Committee with an overview of the local health care response to COVID-19 and to outline the next steps towards the restoration of services. The paper will cover the following four phases:

- Major Incident (service changes in response to COVID-19)
- Restoration of essential services (by mid June)
- Full restoration and recovery (to March 2021)
- System reset (2021/22)

3. Major incident

A single Incident Control Centre led by the CCG was established in March. The Incident Control Centre acts as the single point of control and communication for the four Black Country and West Birmingham CCGs.

A crucial component of the response to COVID-19 was modelling the predicted impact of virus on local service capacity to ensure that there is enough critical care hospital beds and staff available for the anticipated surge in demand.

In line with the guidance issued by NHSEI, the following changes were initiated:

- Scaling back, suspending and changing non-urgent, non-essential routine appointments to virtually/telephone appointments.
- Speeding up safe discharges from hospital.
- Block purchasing additional capacity from the independent sector.
- Adapting the General Practice service to ensure resilience and support vulnerable patients.
- Clinical prioritisation of vulnerable patients and those who require access to essential services.
- The CCG has suspended all non-essential face-to-face meetings and adopted virtual working where appropriate.
- CCG staff were redeployed to support key services, including NHS111 call handling, frontline care and testing stations.
- Established the COVID-19 Management Service for the West Midlands, to monitor patients with suspected COVID-19 at home with clinicians calling each person to check they are coping. The service also has access to the voluntary sector response to connect people who need social support if necessary.
- The CCG established a PPE supply chain to ensure that PPE gets to the right areas so that staff are protected, including Continuing Healthcare Teams, Swabbing Teams, COVID-19 Management Service, Trusts, Care Homes and the Urgent Treatment Centre.
- Ensured NHS provider staff including GPs, voluntary sector workers, care homes and council staff have access to Silver Cloud for Psychological advice and support.
- Communication support to ensure messages get out to support those experiencing domestic violence or child abuse. Campaign to encourage people to seek help when they need it and messaging to encourage people to look after each other and themselves.

- NHSEI also commissioned the NHS Nightingale in Birmingham.

We now enter a new phase, one where the virus very much remains a threat, where careful monitoring of cases and mobilisation of increased testing, tracing and treatment will be key. This new phase also marks the restoration of those services which have been affected by the response to the virus over the last few weeks.

Across the Black Country and West Birmingham, we are working with partners in our hospital, community and primary care services to ensure that all urgent services are there for people when they need them, to reassure the public that services are safe and to restore as many services as we can as quickly as possible.

4. Restoration of essential services

NHSEI has set an ambitious target to restore “essential” services for cancer, maternity, cardiovascular disease, stroke, general practice, community services, screening, immunisations, urgent and routine surgery by the 15th June. Full compliance with this target is dependent upon;

- maintain capacity within the system to continue to respond to Covid.
- the impact of the social distancing rule on service capacity,
- the implementation of any associated changes to our estate,
- the availability of personal protective equipment (PPE),
- timely and accessible swabbing of patients,
- the impact of COVID-19 on the workforce (sickness and deployment)
- the system’s requirement to sustain the ability to respond to any future COVID-19 surges.

5. Full restoration and recovery

Now that we are past the initial major incident phase of the pandemic, restoring our services is a priority but it will present new challenges given the scale of impact and the ongoing need to curtail the spread of the virus. The system will need to carefully plan the restoration of services, reengineering how services are provided whilst ensuring they can respond immediately should there be a second surge of virus infections.

The key principles that we will follow as a system in both restoration and recovery are:

- We retain resilience to respond to the current COVID pandemic;
- We provide the safest and most effective care possible;
- We do everything we can to minimise non-COVID excess mortality and morbidity;
- We support the vulnerable in our community;
- We maximise our ability to address the inequalities in health in our population;
- We restore our ability to meet the NHS constitution standards;
- We help our staff recover from managing the pandemic and its consequences on mental health and wellbeing;
- The positive improvements we make during the pandemic are evaluated, improved upon and implemented across our whole system; and intended improvements will be accelerated;

To oversee this process of restoration and recovery the system has established a steering group to review, implement and report in accordance with the national guidance. The group reports the STP Board, which has representation from all the key system partners and will co-ordinate:

- The collation and maintenance of a full list of service changes and restorations made during the different phases of the pandemic (Appendix 2). This will include reviewing whether changes should be permanent for the restoration and recovery period or beyond.
- Review the risks, interdependences, quality and equality impacts arising from restoration and recovery. This will need to be reviewed at a system level, so that we do not compromise the ability of our wider system to operate effectively and safely during the pandemic, particularly considering the ongoing risks for social care, care homes and the independent sector. This will also need to include considerations regarding how the public use services in the future, so that we do not overload some parts of the system, only to have considerable knock-on effects in others.
- Bring further updates on progress to the Health and Social Care Overview and Scrutiny Committees to ensure appropriate oversight and engagement.
- Continue to brief and communicate with other stakeholders and the public.
- Review the lessons learned from this state of emergency, to maximise learning from within our system
- Seek the views of our patients, public and key stakeholders

Services will be assessed by use of an Impact Assessment Tool developed by NHSE/I designed to enable a clinically led evaluation of the COVID-19 service changes. Service changes will be assessed against its impact on patient safety, clinical effectiveness and clinical outcomes.

Service changes that can demonstrate a positive impact compared to the pre-COVID service model will be considered for long term adoption. Service changes that do not improve patient safety, clinical effectiveness and patient outcomes will be restored to its previous form.

We have commenced discussions with HealthWatch from each Borough to assist in the development of our Recovery Strategy and approach to system reset described below.

During COVID-19 access to services were extremely limited, as a result waiting lists have grown and performance against national targets have reduced (similar to the rest of the country). As part of the recovery process the system consider how it will rectify the position. Capacity and demand modelling will be completed within the next month, providing a System view about how long it will take to return to pre-COVID performance. The capacity and demand modelling will enable the system to run a range of scenarios describing how long it will take to be able to recover to a pre-COVID position in the safest and most timely manner.

6. System reset

When services have been restored and plans for recovery agreed, we want to ensure the Black Country and West Birmingham system learns from the pandemic and the innovations we have seen are retained in a manner that meets both system and public expectations.

This will include the continuation of the use of digital and other non-face-to-face consultations where appropriate as well as the way the CCGs and providers operate.

We will therefore be working on what the 'System Reset' looks like from the start of next financial year

We anticipate this to include:

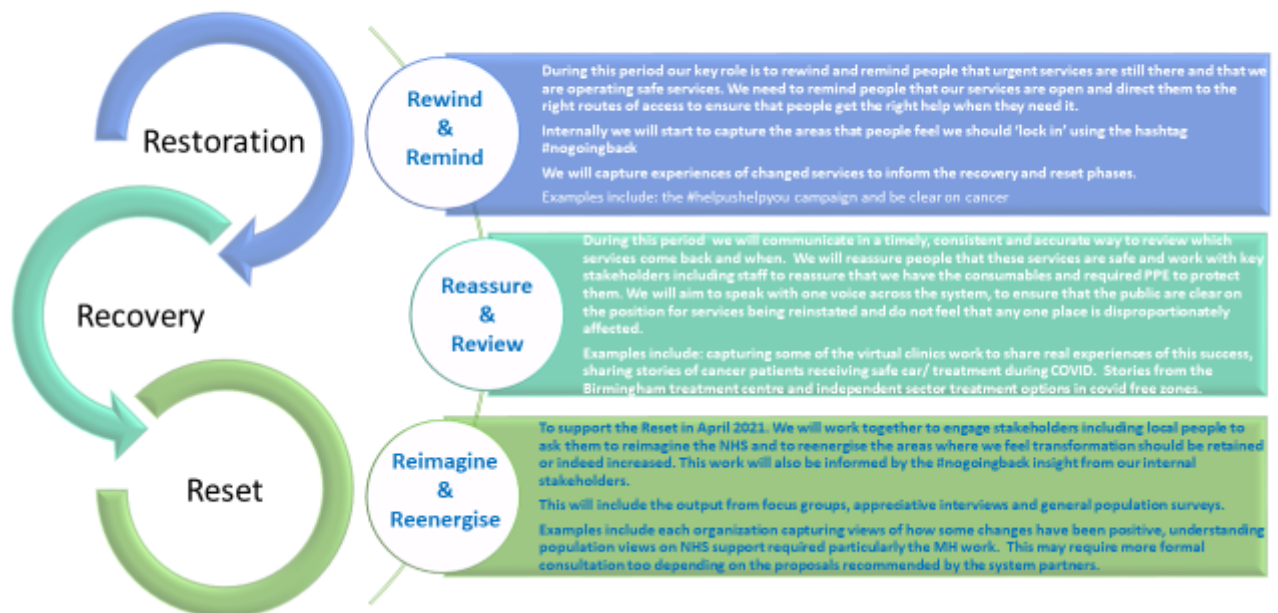
- a new population-based financial regime that supports our new ways of working and our approach to ICPs working together within our STP/ICS;
- Our STP/ICS delivers materially better quality and outcomes and has a more resilient infrastructure and is better governed

7. Engagement and Communication Plan

The STP partners have agreed the following principles for any communications and engagement:

- Inform and involve all stakeholders our vision for improved and joined-up health and care for our population.
- Speak with one voice – Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and to a shared agenda • Celebrating successes-respecting each organisation's priorities to improve health and care within their populations we will seek to celebrate success at a place and organisational level and view these as successes for the partnership as a whole.
- Seek every opportunity to positively raise our local profile – By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- Planned to ensure our activities are timely, coordinated and are regularly reviewed to ensure effectiveness.
- Professional – Ensuring our delivery is based on high quality standards and informed by best practice, enhancing the collective reputation and value of communications and engagement as a key system transformation enabler.
- Community-to use our collective skills to build a supportive communications community, providing mutual support to organisations, either be in times of crisis or sharing and promoting of each other's initiatives / achievements.

There is a Communications and Engagement Plan developed and being activated by each organisation, building on the national 'Help us Help You' campaign to bring people back to services and support the three phases in the following ways:



8. Conclusion.

Since March 2020 the Black Country and West Birmingham care system has undergone unprecedented change in respond the COVID-19 major crisis. The threat has not gone away but as the crisis de-escalates, the system needs to start the process of restoration and recovery.

9 Recommendations:

The committee notes the contents of the report and the summary of system changes that occurred during the COVID-19 incident.

Contact Officer:

Full Name Sharon Liggins

Job Title Chief Officer

☎. 0121 612 2833

sliggins@nhs.net

Service Change Baseline (June 2020)

The following is a breakdown by of the service changes that occurred during the COVID-19 major incident.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
ENABLERS		
Digital Systems	STP Partners	Rapid escalation of existing plans to adopt more remote and agile working for staff across all STP partners.
Digital First - community consultations	Primary Care and community services	Virtual consultations, video, phone etc
Digital first - OPA and consultations	STP Partners	outpatient service
URGENT		
Primary Care	All CCGs	Rapid escalation of existing plans to adopt digital access, video consultations and triage
Primary Care	All CCGs	Establishment of COVID "hot sites", where suspected infected patients can seek primary care
First Responder	111/Ambulance	Rapid escalation of existing plans to improve hospital avoidance, linking to community services and consultant advice and guidance
Acute Trusts	A & E	Development of new operating models to manage flow and demand, including working with community services and providing guidance

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
COMMUNITY		
istrict Nurses /community therapy/ admission avoidance	All Trusts	Patients were prioritised. At vulnerable/risk patients were seen at home. Stable non vulnerable patients were offered virtual appointments. Staff were redirected to provide in-reach to support discharges and care homes.
End of Life	Community Care	continued to provide end of life care, improved hospital discharge and community support offer (enhanced community care bed support)
Maternity	Trusts	Maternity services continued to be fully operational however no partners were permitted to attend births or antenatal appointments or scans. Home births were suspended. Women discharged asap within 2hrs if safe to do so. Virtual Ante natal classes. Virtual Tour available. Perinatal Mental Health virtual clinics available.
Sexual Health Services	Providers	all OP appts virtually, area open for patients to collect contraception and medications

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
Out patient and in patient services		
Anticoagulant Services	Trusts/community	All patients telephoned and pre-screened for symptoms prior to their appointments. Community clinics continued however capacity reduced. Vulnerable patients supported by home visits and switching of medication to suitable alternatives.
Long Term Condition Out patient appointments	Trusts/community	All non essential outpatients cancelled, essential appointments converted to virtual consultations. Essential face to face appointments continued.
Cancer (out patient and in patient)	Trusts	NHSE national guidance was followed. Additional capacity was secured via the independent sector. Tertiary referrals continued and urgent cases were clinically triaged and treated.
Oncology	Trusts	Chemotherapy continued in line with national guidance. No face to face outpatients with exception of any patients triaged on a case by case basis by Consultant/Specialist Nurse. Treatment provided in non COVID environment and independent sector.
Cardiology	Trusts	Emergency treatment, diagnostics and rapid access to chest pain assessment continued. All elective and outpatient activity was prioritised for clinical urgency. New referrals were reviewed, and virtual consultants conducted
Stroke Rehabilitation in patient beds	Walsall Trust	Stroke rehabilitation beds transferred to community setting
Trauma & Orthopaedics	Trusts	All outpatient activity being undertaken as virtual clinics. All routine surgery suspended, only trauma electives/day cases continued.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
PRIMARY CARE		
Multidisciplinary Team meetings	All CCGs	face to face meetings suspended.
local enhanced services	All CCGs	suspended so that Primary Care can focus on COVID and sustaining core primary care services
primary care working collectively at scale	All CCGs	Primary Care Networks worked collectively to deliver resilient primary care, including: sharing buildings and teams.
Total Triage	All CCGs	Virtual consultations/triage
Remote Care Home ward round	Primary Care	Escalation of existing plans to increase virtual access. Virtual ward rounds undertaken via telephone/video
THIRD SECTOR/INDEPENDENT COMMUNITY CONTRACTS		
All non statutory contractors	All CCGs	Where appropriate services were diverted to support the COVID 19 major incident, to support people in the community.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
MENTAL HEALTH		
Crisis Café	Mental Health providers	alternative phone line service to access psychological support in place
Counselling and education services	Mental Health providers	Moved to telephone counselling with staff working from home plus calling all people on the waiting list.
Non-essential and other services	Mental Health provider	<ul style="list-style-type: none"> • Non-essential services that have been stepped down - Older Adult Day Services (Wolverhampton), and TARU (Sandwell) • All other services continue to be provided, with elements of scale back and introduction of non face-to-face contact unless there is an urgent need for this to take place. • All face-to-face activities risk assessed for alternative approaches within all teams. • Older Adult inpatient provision for Wolverhampton residents has been relocated to Edward Street Hospital. • EIP services scaled back service provision previously provided between hours of 5-8pm. • 24/7 Urgent MH Support line introduced for all ages • Identified Hallam 136 suite as 'Red' suite for patients with symptoms and Wolverhampton 136 suite as 'Green' suite.
Community - Children and Young People	Mental Health provider	<ul style="list-style-type: none"> • All CAMHS patients who are medically fit are re-directed from A&E to trust premises for assessment. • Bladder scanning and urinalysis ceased in continence team. • Cessation of new assessments in continence team due to service depletion generally exacerbated by COVID-19.

COVID-19 Restoration, Recovery and Reset Communications Plan

Black Country and West Birmingham

Introduction

On 30 January 2020, the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. Then, on 17 March, NHS England and NHS Improvement wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

As we are now coming through the peak of hospitalisations, we are entering the second phase in the NHS's response. [Simons Stevens' letter](#) of 29 April 2020 on the Second Phase of the NHS Response to Covid-19 outlined this work, including our immediate actions for restoration, recovery and reset.

Nationally, the NHS must restore emergency services as soon as possible, look at how we can increase our elective work safely during recovery, and also look at the elements that we want to 'lock in': those areas where we have made great strides towards positive transformation that we simply don't want to lose. These three phases are **restoration**, **recovery** and **reset**.

This framework outlines the plans for the local communications and engagement response to COVID-19 Restoration, Recovery and Reset (RRR) in the Black Country and West Birmingham system (BCWB).

The BCWB NHS system comprises: Black Country Healthcare; Dudley Clinical Commissioning Group (CCG); The Dudley Group NHS Foundation Trust; The Royal Wolverhampton NHS Trust; Sandwell and West Birmingham CCG; Sandwell and West Birmingham NHS Trust; Walsall CCG; Walsall Healthcare NHS Trust; Wolverhampton CCG. We also host West Midlands Ambulance Service and NHS 111 for the West Midlands region.

Aim

The strategic aim of this communication plan is to ensure that the BCWB communications and engagement community works together to maximise the opportunities to communicate and engage successfully during the restoration, recovery and reset phases as outlined in the [NHS England letter](#) of 29 April 2020.

Approach

Capitalising on our collective strengths in successful local relationships and networks with local organisations, BCWB communications and engagement colleagues will combine efforts and communicate through our channels with one voice in accordance with the following principles, as agreed in the STP Communications and Engagement Strategy:

- **Inform and involve:** We will inform and involve all stakeholders in our vision for improved and joined-up health and care for our population
- **Speak with one voice:** Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and a shared agenda
- **Celebrating successes:** We will respect each organisation's priorities to improve health and care within their populations and we will seek to celebrate success at a place and organisational level. We will view these as successes for the partnership as a whole.
- **Seek opportunities to raise our local profile:** We will seek every opportunity to positively raise our local profile. By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- **Planned:** We will plan our activities to ensure they are timely, coordinated and regularly reviewed to ensure effectiveness.
- **Professional:** We will ensure that our delivery is based on high quality standards and informed by best practice, enhancing the collective

reputation and value of communications and engagement as a key system transformation enabler.

- **Community:** We will use our collective skills to build a supportive communications community, providing mutual support to organisations in times of crisis and sharing and promoting of each other's initiatives and achievements.

Engagement

Throughout the restoration phase, the system will work together to capture the experiences of patients using services in a different way during the pandemic to inform the engagement plan for the **recovery** and **reset** phases.

Engagement Leads will develop a plan explaining how we will involve stakeholders, patients and the public in the next two stages (**recovery** and **reset**) of delivery by the end of May. This plan will ensure that local people have a say in the reimagined and re-energised NHS, and work is already underway to capture experiences of those using and delivering services in new ways.

This engagement presents a really important opportunity to reflect, to take stock of the pandemic impact on real lives and share through lived experiences of using the NHS during the Covid-19 pandemic. It is crucial that this work includes engaging with 'hard-to-reach' or seldom-heard communities.

More detail on engagement plans can be found in [Annex 2](#).

External Communications

The communications and engagement response to COVID-19 Recovery, Restoration and Reset (RRR) will target all adults. However, specific messages to target particular audience segments will be developed for each phase.

Lockdown measures may present a number of challenges to external communications methods. During lockdown, our delivery methods will focus on our general population accessing social media, online media, household publications, printed newspapers and radio.

Throughout the three phases, we will seek ways to expand our reach via a variety of communications tactics. This includes using communications tactics that enable us to reach hard-to-reach communities, including stakeholder news, working with Local Authorities to use their channels, effort to produce materials in community languages and easy read formats and an effort to not just focus on social media channels. Our engagement teams also have planned work to engage those most hard to reach in our communities (see [Annex 2](#)).

This plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Internal Communications

Regular internal communications with clear and consistent messaging will be crucial for the success of our response to Covid-19 Restoration, Recovery and Reset.

Staff have been and will continue to be at the frontline of changes. They are therefore key to capturing views. Additionally, as the 'face' of the NHS, they have a key role in communicating reassuring messages to the public.

Across the BCWB system, each of our organisations will carry out regular, two-way communications with staff and other internal stakeholders to ensure that they are brought with us on this journey and that they have an opportunity to influence the response. This will include sharing stories of service change successes, providing updates on the response to date and inviting input and feedback on changes that have or should take place. Senior leadership will front important messages and announce opportunities for listening activities related to the response where appropriate.

Two-way and open channels of communications will be explored to ensure that staff have the opportunity to have their say and have confidence in the fact that they are being listened to. We must also ensure that staff feel safe at work and supported to raise any issues.

Phase 1: Restoration

During the restoration period, our key role is to **rewind** and **remind** people that urgent services are still available and that we are operating safe services.

Communications will focus on reminding people that our services are open, directing them to the right routes of access to ensure that people get the right help when they need it. Internally we will start to capture the areas that people feel we should 'lock in' using **#NoGoingBack**. We will also capture experiences of changed services to inform the recovery and reset phases. Patient and public communications will align to the national 'NHS Open for Business' Campaign, under the branding of **#HelpUsHelpYou**.

To combat future communication needs (both locally and nationally), the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

To ensure maximum impact, where possible, we will use insight to shape the campaign messaging and approach. For example, insight into cancer referrals by type of cancer will be used to shape messaging regarding signs and symptoms.

Key to this campaign activity is the opportunity to bring these messages alive with real people stories, so the communications and engagement community will seek to identify, follow up and share real people stories to maximise campaign impact.

See **Annex 1** for details of Phase One activity.

Phase 2: Recovery

During the recovery period, our key role is to **review** and **reassure**. We will review which services come back and when, and we will reassure people that these services are safe. We will work with key stakeholders, including staff, to reassure them that we have the consumables and required PPE to protect them. We will also continue to keep staff and internal stakeholders up-to-date on the recovery phase and service changes.

We will aim to speak with one voice across the system to ensure that the public is clear on the position for services being reinstated and do not feel that any one place is disproportionately affected.

Examples of this reassurance activity includes capturing and sharing real experiences of service change success; demonstrating changes to infrastructure (e.g. new wards) that show we are ready to treat people safely; and sharing stories of patients receiving safe care and treatment during the pandemic to share with the public.

Many of the service changes that the system and/or organisations might want to retain will require engagement activity to be undertaken to support these changes. The approach to this activity will be outlined in the engagement plan.

Each place will generate a unique hashtag to communicate messages to patients, public and staff about services coming back online. Further messaging will be developed throughout the restoration phase.

Phase 3: Reset

Phase 3 will support the reset in April 2021. During this period, our key role is to work together to engage stakeholders, including local people, to help us to **reimagine** the NHS and **re-energise** the areas where we feel transformation should be retained or increased.

This work will also be informed by the **#NoGoingBack** insight from our internal stakeholders as outlined in the Phase 1 section above, as well as the output from focus groups, interviews, general population surveys and other engagement methods.

Examples of how reset communications and engagement activity may be undertaken include capturing how service changes have been positive; seeking population views on NHS support; seeking staff and stakeholder feedback on service changes; and potentially formal consultation on service changes, subject to the proposals recommended by system partners.

Patient and public communications will be shared using the hashtag [#NewNormal](#)

Governance

The Black Country and West Birmingham NHS Communications and Engagement Community will meet weekly to report and reflect on the delivery of this plan and to ensure that the community is adhering to the overarching principles within it. These meetings will ensure that communications are coordinated and consistent – though tailored to each place – and will allow for the sharing and adoption of best practice activities. This weekly call includes representation from the STP communications lead (Laura Broster) and engagement lead (Jayne Salter-Scott). The STP Senior Responsible Officer sits on the partnership board where key decisions are made.

Additionally, a system call including NHS and local authority communications representatives meet weekly to coordinate communications and to work together to amplify messages where possible.

Budget

Budget for this campaign activity will come from existing communications resources.

Annex 1: Phase One overview

Help Us Help You Campaign Introduction

The coronavirus pandemic has resulted in a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus. This appears to be affecting:

- adults and children attending at A&E departments for urgent and emergency medical issues, including serious conditions such as stroke and heart attacks

- cancer patients attending their ongoing treatments
- expectant mothers attending for regular scans.

The NHS 'Open for business' campaign has been created to help address this issue by giving people permission to access NHS services and reassuring them that they won't be a burden on the NHS.

Public Survey

- 15% of people would not attend hospital if they or a member of their family needed urgent care and 45% have some concerns.
- 44% are concerned with catching the virus and bringing it home to loved ones.
- 41% are worried of contracting it.
- 29% are also concerned about being a burden on the hospital.

Aim

The strategic aim of the NHS 'Open for business' campaign is to increase the number of people accessing NHS services for non-coronavirus medical issues when they have a medical need or have been instructed to.

Audiences

The primary audience for this campaign is all adults. However, specific messages to target particular audience segments have been developed with data on these audience groups:

- Cancer patients
- Those most vulnerable to heart attacks and strokes
- Mental health patients
- Parents with young children
- Pregnant women
- Patients with learning disabilities or autism

Locally, we will also be carrying out communications activity to support vulnerable groups, including:

- people with a worrying symptom that could be cancer
- shielded patients
- those at risk of domestic abuse
- those at risk of child abuse.

Local delivery

As well as the emphasis on access to urgent and emergency care, the BCWB CCGs want to enhance messaging to encourage access to general practice – addressing emerging communication needs such as childhood immunisations. To combat future communication needs (both locally and nationally) the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Creative and key messages

Under the ‘Help Us Help You banner, a range of key messages and visuals have been developed, further supported by news releases. These will be updated as and when national materials are released/there is a local need. In addition, key messages have been translated into a range of community languages spoken across the BCWB.

Communications Methods

During lockdown, our delivery methods are focused on our general population accessing:

- Social media
- Online media
- Household publications
- Printed newspapers
- Radio

For our more targeted audiences there is a need to identify a number of staffing groups and organisations that are providing care, support and advice to these audiences – for example:

- Domiciliary care providers

- community and voluntary sector organisations, in particular those delivering worried well calls, shopping tasks, medicine deliveries
- Advocacy services – LD and Autism / Mental Health
- Community midwives
- Health visitors
- School Nursing Teams
- Social workers
- District nurses
- Community Pharmacists
- Community Mental Health Teams (both adults and children)
- Health specific support groups – cancer, mental health, LD, Autism.

National timetable

- **W/C 27 April** – Cancer / Immunisations and Vaccines
- **5 May** – Maternity, (International Day of the Midwife)
- **13 May** - Mental Health
- **14 May** - Stroke
- **15 May** - Heart attack (subject to change)
- **18 May** - Learning Disability
- **21 May** - Electives
- **25 May** - Children and Young People
- **27 May** - Changes in primary care
- **29 May** - Shielded groups

Communications Delivery Methods and Actions

Delivery Method	Communications Action	Status
<p>Social Media - Utilise influential social media channels across the health and care partnership and beyond – those accounts that have a population following (predominately on Facebook)</p> <ul style="list-style-type: none"> • Councils • Police / Neighbourhood Policing Teams • Resident owned Community/Neighbourhood Groups 	<p>Clear call to action on BCWB system comms calls</p> <p>Request support from police colleagues through SCG comms group</p> <p>CCG leads in each place to liaise with council comms to understand what community forums can be utilised.</p>	
<p>Online Media – Express and Star online likely to be accessed by large proportion of population – utilise advertising space on health pages of the site.</p>	<p>Option/Budget to be explored following delivery of less resource intensive methods</p>	
<p>Household publications – promotional space to share campaign creatives / potential editorial feature. Council owned / community updates/pages / parish newsletters</p>	<p>CCG leads in each place to liaise with council comms to understand what community publications can be utilised.</p>	
<p>Printed Newspapers – Express and Star advertising.</p>	<p>Option/Budget to be explored following delivery of less resource intensive methods.</p>	

<p>Community Radio – advertising, recorded/live interviews</p> <p>Mainstream stations: Black Country Radio, BBC WM, Free radio, Capital, Smooth West Mids, Heart West Mids</p> <ul style="list-style-type: none"> • Raaj FM (Asian Radio Station) • Ambur Radio (broadcasting in English, Hindi, Punjabi, Urdu, Bengali, Gujrati) 	<p>CCG leads in each place to scope community radio stations in their area, working alongside health and care partners</p>	
<p>BCWB Health and Care - Utilise internal/external communication channels across partner organisations:</p> <ul style="list-style-type: none"> • Patient/neighbourhood mailing lists • Internal staff newsletters • GP practice social media accounts / text service to patients 	<p>System comms leads to identify channels to utilise</p> <p>CCG leads in each place to liaise with primary care colleagues to understand access to text service / number of practices who have social media accounts</p>	
<p>Diverse communities – based on top five languages in each place, explore digital communication channels to share translated materials.</p> <ul style="list-style-type: none"> • Black Country Refugee and Migrant Centre. 	<p>CCG leads in each place to explore digital channels, linking in with engagement colleagues</p>	

Other targeted advertising – Facebook Instagram	Option/Budget to be explored following delivery of less resource intensive methods	
Community / Advocacy Groups / Health specific support Groups	CCG Engagement Leads to explore community contacts.	
<p>Review Primary Care data to monitor campaign performance:</p> <ul style="list-style-type: none"> • have we seen an increase in appointments for non-covid issues • have we seen an increase in apts / numbers of babies/children receiving routine immunisations/vaccinations • have we seen an increase in acute referrals for cancer investigations 	Rob Franklin, CCG Primary Care to supply data	

Phase one - Restoration - Weekly Activity Planner

Theme/Mess age	Audience	Activity	Comments
<p>April/May</p> <p>Cancer encouraging people to seek healthcare advice if they have cancer symptoms</p>	General public	<ul style="list-style-type: none"> Press release completed added to Cancer Toolkit CRUK Cancer Symptoms video promotion – completed added to Cancer Toolkit Social Media Posts – completed added to Cancer Toolkit 	<p>FURTHER ACTION</p> <p>Localised Cancer messaging will follow around: Upper GI, Colorectal, Lung, Prostate and Ovarian Cancer</p>
<p>13 May / W/C 18th Mental Health Awareness Week</p> <p>Mental Health</p> <p>Encouraging people to access 24/7 Black Country mental health support line.</p>	General public/ those accessing MH services/ those struggling with MH	<ul style="list-style-type: none"> Michelle Carr to lead on comms messaging with the support of Claire Austin (Dudley ICP comms lead) – update to be provided on RRR comms call Mon 18 May Social Media Pack - completed added to Mental Health Toolkit 	

<p>14 May</p> <p>Stroke</p> <p>Encouraging people not to ignore stroke symptoms during COVID-19.</p>	<p>General public</p>	<ul style="list-style-type: none"> • Press release with quote from local Stroke Association - completed added to Stroke Toolkit • Social Media Pack completed added to Stroke Toolkit • Scope secondary care patient case study – DGH to share video of consultant promoting think F.A.S.T message for adding to the Stroke Toolkit • Accompanying visuals / guidance materials – ACT fast / Stoke Association guidance - completed added to Stroke Campaign Asset Zip File 	
<p>4 week Global Radio Campaign</p> <p>Capital Birmingham</p> <p>Heart West Midlands</p> <p>Smooth West Midlands</p>	<p>All adults</p>	<p>30 second HUYH adverts - 707 spots across 3 stations</p> <p>1,853,000 reach</p>	

15 May	General public	TBC	
Heart Attack			
18 May	People with LD and/or Autism	TBC	
Learning Disabilities / Autism			

Annex 2: Engagement Plan

Our Approach to Engagement

In the past few weeks, the coronavirus pandemic has changed all our lives considerably, transformed our views of what is important, and posed a considerable challenge to our health and care services.

In line with our overarching principals and as part of our ongoing work to respond to the pandemic, we have developed a high-level engagement plan to ensure that we keep our stakeholders including our GP members, staff and patients informed, involved, and engaged.

We are extremely keen to understand the experiences of all concerned during the pandemic and the impact it is having on people's lives both personally and

professionally. It is imperative that any future Restoration, Recovery and Reset of local NHS services is underpinned and driven by patient experience.

We know that there are many vulnerable people living in our communities who may be less able to help themselves in an emergency than self-reliant people. Whilst this will continue to be the case during a pandemic, the impact of a pandemic may also mean that there are more individuals and groups who become temporarily vulnerable. Our engagement plan seeks to reach to those individuals or communities, and the organisations who are supporting them during this period. Which is why our plan will seek to reach out to a wide range of individuals and communities, including but not exclusively:

- People with a sensory impairment
- People whose first language is not English
- People who live alone
- Older people
- Those who are clinically at risk (shielded patients, people with LTCs etc)
- Those who are not registered with a GP e.g. Homeless people, Travellers etc.
- Those in residential establishments (residential homes, prisons, nursing homes, sheltered accommodation, etc.)

The outcome of these conversations and the views expressed in completed questionnaires will be used to ensure that we provide the safest and most effective care possible, that we support the most vulnerable people in our communities and will maximise our ability to address the inequalities in health which exist in our population, and are used to restore and reset the NHS services locally in line with the people who use the services now and in the future.

We will be using the messages developed by our communications colleagues to ensure that local people know that NHS services are open and safe to use. The coronavirus pandemic has resulted in people accessing health services differently, we need to ensure that through effective dialogue we begin to explore what people

think about the new ways of accessing services. So that want we begin to restore services to **'the new normal'** it reflects the views of people who have used the them during the pandemic. It is also part of our plan to continue to reassure and rebuild local confidence in the NHS. We are aware that people are presenting too late with CVD issues, or not presenting in the case of symptoms around Cancer. Our plan will support our communications colleagues to get these important messages out there, that the NHS is open for business and is taking the right precautions to keep people safe when they need to access services during the coronavirus pandemic.

Engagement Plan

Audience Type	Stakeholder Group	Activity	Responsibility
Involve and Engage	Staff	Create a co-produced Staff Communications and Plan Hold a series of staff workshops (using Microsoft Teams)	HRD Staff Communication and Engagement leads Chairs of Staff Council
Inform	Health and Adult Social Care Overview and Scrutiny Committee's	Presentation & Report Virtual Meetings and Workshops	DAO MD's in place
Inform	Health and Wellbeing Boards	Presentation & Report	DAO MD's in place

		Virtual Meetings and Workshops	
Inform	MPs	Briefing Papers Offer virtual meetings	AO
Involve and Engage	Healthwatch	1:1 Stay in Touch calls Collaborate on joint ventures e.g. surveys, workshops	Engagement Leads
Involve and Engage	GP Members	Newsletters Briefings MTs Virtual Meeting 1:1 Conversations Surveys	Communications and Engagement Leads
Involve and Engage	Voluntary, Community & Social Enterprise Sector	1:1 Stay in Touch calls Collaborate on joint ventures e.g. community and condition specific workshops and focus groups.	Engagement Leads

		<p>Picking up service redesign and co-production</p> <p>MTs virtual meetings</p>	
Involve and Engage	Patient Groups e.g. PPGs	<p>MTs/Zoom calls/workshops/Focus Groups on service redesign/ co-production</p> <p>Patient Experience Surveys</p> <p>Mystery Shopper</p>	Engagement Leads
Involve and Engage	Citizens/Local People (general)	<p>MTs/Zoom calls/workshops/Focus Groups</p> <p>Patient Experience Surveys</p> <p>Mystery Shopper</p>	Engagement Leads
Involve and Engage	Citizens/People and communities from our protected characteristic	<p>MTs/Zoom calls/workshops</p> <p>Collaborate approach with</p>	<p>Engagement Leads</p> <p>Local Experts and Leads</p>

	s groups (specific)	partners/stake holders Mystery Shopper	
Involve and Engage	Partners and other Stakeholders (Local Authorities, Public Health, NHS Trusts, Neighbouring CCG's, e.g. BSOL)	Newsletters Briefings MTs/Zoom calls/workshop s Collaborate approach with partners/stake holders around service redesign and co-production	Engagement Leads Local Experts and Leads

BRIEFING NOTE

TO: Scrutiny Overview Committee

RE: Information requests to Scrutiny Overview Committee

On Thursday 21st May 2020, the Scrutiny Overview Committee received reports on the Covid-19 pandemic. These reports were considered by Cabinet on Tuesday 19th May 2020.

To assist members with deliberations and in response to information requests from members, this briefing has been prepared.

Q1. What has the impact of COVID-19 been on the Council?

- *Financially – what is the impact on the budget and what are the implications of this impact? Will the Council's costs be reimbursed by the government?*

Cabinet in May received a report providing an estimated analysis of the financial impact of Covid-19 during 2019/20. Please refer to the link below.

<https://cmispublic.walsall.gov.uk/cmismis/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3057/Committee/406/Default.aspx>

Further work is being undertaken to update the position and understand the implications beyond the end of July and a further report will be presented to Cabinet in July.

In summary, the position is:

- The financial impact can be managed in the short term. Direct costs of Covid-19 are expected to be covered by Government funding, however a significant financial impact is accruing from lost income where Government direct closures of facilities (leisure centres etc) and also from delays in delivery of Proud savings as resources have refocussed on our emergency response to the pandemic. Further information is awaited from Government as to what other cash and non-cash support they will offer to council's to manage these aspects of the impact.
 - We are still legally required to maintain a balanced budget and take action when it becomes clear this is at serious risk. Should the impact of Covid-19 continue for the full year, costs could be in the region of between £31m - £47m, meaning a shortfall in funding of between £14m to £30m, requiring the need to replenish general reserves and take other actions if further Government funding is not made available.
- *Business – how are local businesses being supported?*
 - *Recovery – what are the plans to return to 'normal' with services?*
 - *Decision making whilst meetings are suspended – who is/has been making the decisions during the response to the pandemic? Are the Leader and Cabinet involved? If so, how?*

Information on these points is already contained within the Cabinet reports and so further responses have not been requested.

Q2. Gold Command:-

- ***What is it?***
- ***What are its terms of reference?***
- ***What decisions can it take?***
- ***What decisions has it taken?***
- ***What interface does Gold have with elected members (if any)?***

A PDF has been provided with the email and this briefing.

Q3. What services are still operational, which are limited and what has ceased?

Adult Social Care

With the exception of Goscote Day Centre, all Adult Social Care operational services continue to be delivered. Those that were previously supported at Goscote are having their needs met in a different way.

Some strategic development and commissioning work has been reprioritised and will be delayed.

ASC Commissioned services with the exception of day care and social clubs are largely continuing to operate, however, these services may prioritise those with greatest need, meaning others may experience a change in the way that their care is delivered.

Economy, Environment and Communities

Clean and Green

	Status	Comments / Service update / New risks
HWRC sites (tips)		Service operating - Open with restrictions from Saturday 16 May 2020
Garden waste (Brown)		Service operating – Reduced service – 5 weekly from 11 May Normal fortnightly resumed from 15 June
Fleet MOT's		Arrangements being made for potential partial re-opening July
Markets		Arrangements being made for phased re-opening from 12 June for Walsall. Bloxwich w/c 15 June and Willenhall w/c 22 June
All other Clean & Green Services operating as normal (grounds, street cleansing, trade waste, fleet, trees)		

Household Waste Recycling Centres (Tips) - open with restrictions							
Site	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Fryers Road	Open 8.00 to 17.30	Open 8.00 to 17.30	Closed	Closed	Closed	Closed	Closed
Merchants Way	Open 8.00 to 17.30	Open 8.00 to 17.30	Open 8.00 to 17.30	Open 8.00 to 17.30	Open 8.00 to 17.30	Open 8.00 to 17.30	Open 8.00 to 17.30

Leisure, Culture & Operations

Service area	Service Manager	Operational status
Bereavement & Registration	Christine Walker-Kelley (& Holly Holdsworth)	<p><u>Operational:-</u></p> <ul style="list-style-type: none"> Burials Cremations Death registration Birth registrations - (can now restart once office space is identified) <p><u>Not operational:-</u></p> <ul style="list-style-type: none"> Weddings
Sport & Leisure (Active Living Centres and Outdoor Education)	Stuart Webb	Closed
New Art Gallery	Stephen Snoddy	Closed
Walsall Arena & Arts Centre	Neil Johnson	Closed
District Libraries, Mobile & Home Delivery	David Gill	Closed
Leather Museum	David Gill	Closed
Lichfield Street Hub & Archives	Manjit Kaur	Closed

In the Bereavement Service, recent changes to the day-to-day service have to increase the number of mourners who can attend. As at 15 June 2020 these are:-

- Streetly Crematorium. 10 seats in the East Chapel and 15 seats in the West Chapel. A further 15 attendees can stand outside the chapel and listen to the service.
- At Council cemeteries a maximum of 30 attendees can attend a burial.

In the Registration Service, arrangements are currently being considered as to how the service can catch up with the 800+ outstanding Birth Registrations. Notice of weddings are already being taken. A decision from Government is awaited on the re-commencement of weddings.

For all other Sport, Leisure, Arts, Recreation, Libraries, Gallery and Heritage services, the arrangements for re-opening the services is dependent on the Government issuing its guidance. The Department for Culture, Media and Sport (DCMS) is currently leading on a Ministerial Taskforce and will advise Government on when and how re-opening may take place.

Extensive preparation and planning is taking place in the meantime and includes cleaning of the buildings, layout, signage, barriers, screens and PPE.

Children's Services

In Children's Services we are continuing to deliver our work within Statutory requirements although some of it is being delivered differently through virtual technology. With the exception of short breaks where we have had to cease some activities due to infection risks but are continuing to offer support to individual children/families in different ways such as shopping for food/medication and advice and support on home based activities.

Public Health

Public Health continue to fulfil their statutory obligation for mandated services. Following risk assessment, all services have been realigned, adapted using technology or suspended to ensure the protection and safety of staff. Our prevention programmes concentrate on the most vulnerable & disadvantaged who are most at risk of suicide, self-harm and mental health related issues within the Borough of Walsall. Support for some of our most vulnerable groups has been facilitated via our resilient communities model and officers from Public Health have helped facilitate the development and ongoing delivery of activity via locality hubs and a food distribution centre.

Q4. How is the local community being supported? How is each locality affected? Are Resources being directed in the most need as per the Marmot objectives? How is each area performing with regard to volunteers

The Council understands that the local communities are different and that any response to a pandemic needs to reflect that diversity. Therefore the use of Locality and Community groups is critical to the overall response. The Council are using the

Making Connections Walsall infrastructure to deliver its response to COVID-19. The council is also playing a key role in the procurement and preparation of food parcels however the service offered to communities through the hubs is not limited to food parcels and includes:

- Shopping requests;
- Befriending;
- Food Parcels;
- Prescription collection requests;
- Other ad-hoc activities

Some hubs also offer food hampers which are purchased directly by the hubs and is chargeable to the resident.

CUMULATIVE DATA FOR LAST 7 DAYS, week ending 16/6/2020 and total figures from the start of the project including demand types:

DATA FOR LAST 7 DAYS:

CUMULATIVE DATA FOR LAST 7 DAYS WEEK ENDING 17/6/2020:								
Below is the data for the last 7 days for COVID 19 referrals and demand types.								
7 days ending 17.6.2020	Total referrals	Number of new shopping requests	Number of new befriending requests	Number of new bespoke shopping	Number of new food parcel requests	Number of new prescription requests	Other, please provide examples	Total new activities
Thursday	56	4	5	0	42	4	10	65
Friday	61	11	1	0	56	0	3	71
Saturday	0	0	0	0	0	0	0	0
Sunday	0	0	0	0	0	0	0	0
Monday	85	7	4	0	73	9	7	100
Tuesday	48	6	6	0	51	5	2	70
Wednesday	60	10	0	0	57	5	4	76
Total	310	72	41	0	279	23	26	382
Previous 7 days	351	35	29	0	306	24	97	491
	-41	37	12	0	-27	-1	-71	-109
% Change	-12%	106%	41%	0%	-9%	-4%	-73%	-22%
Cumulative total	8195	1792	1370	1	5060	1045	1286	10614

The Council has registered for the new prioritised supermarket slot scheme for those self-isolating but are not part of the NHS shielding scheme. This is expected to further reduce demand for food parcels. Since the last scrutiny report demand for food parcels has been reduced by 25%. Befriending requests have remained consistent. There are no significant backlogs with the work. Referrals by locality since the start of the project are as follows:

Referrals by Locality	7 days ending 17/6/2020	7 days ending 10/6/2020	Movement	% Change
East	156	196	-40	-20%
West	58	63	-5	-8%
North	78	75	3	4%
South	18	17	1	6%
Total	310	351	-41	-12%

The Council plays a key role in the delivery of appropriate support in cases of hardship and the whole MCW process is linked into the Money, Home Job team who will help residents maximise their benefits and signpost to additional support as required. Much of this support is focused around the position and need of each resident.

Locality Hubs

The Council's community response to COVID-19 fits within its resilient communities approach. The key element is the Making Connections Walsall model which gave a readymade infrastructure which is being supplemented by additional community activity. The Making Connections model has been extended until December 2020. As demand for food parcels reduces the model will revert back to its original purpose of providing social prescribing opportunities including befriending services.

Phone calls are taken by the Fire Service and are automated as much as possible. In line with a desire for channel shift e-mail and direct forms are used to reduce the pressure on the fire service. The process has been mapped and is included in appendix (1)
The four locality hubs are run by:

Accord Age Matters - South
Bloxwich Community Partnership - North
Manor Farm Community Association - East
Old Hall Peoples Partnership – West

The demand figures for each hub is shown in the table overleaf:

Hub - 23.3.20 - 17.6.20	Total requests for hub support	Number of new shopping requests	Number of new befriending requests	Number of new bespoke shopping	Number of new food parcel requests	Number of new prescription requests	Other, please provide examples	Total new activities - including weekly ongoing demands
North	2072	677	279	0	996	263	268	3925
East	3023	253	874	6	1016	439	503	6589
West	2087	285	263	1	2437	164	208	4841
South	870	250	65	165	425	139	117	1156
Cumulative	8195	1792	1370	172	5060	1045	1286	10614

N.B – these are the new referrals that the hubs and breakdown of demands

Each of the hubs is responsible for adapting its service to local community need and using whatever networks it feels is required. They also have the ability to adapt/add to the food parcels supplied by the Council for local requirements. These additions typically include more fresh produce. This level of agility would not be available through the central distribution hub.

The hubs have the freedom to design their services and how those services are delivered. This freedom gives the opportunity for a greater match with local need. The responses from residents has been overwhelmingly supportive and some of the statements received have been included here:

- Delivery to lady 85 years of age living alone with no local family to help. “I would like to thank you for the food parcel you sent me. The amount and quality was really impressive. Thank you for everything you’re doing for the community, I’m so grateful for people like you”;
- The hub received a call from a client’s sister who lives 30 miles away. ‘I just wanted to thank you, my sister has just phoned to say had parcel and so happy with it, we are both in tears. You are Angels, your wings must be touching the walls’. She had no way of supporting her sister who was however managed to organise a delivery of a parcel;
- A lady with mobility issues called to say she was struggling to get to the shops and is unable to stand for a long time. She is in her late 80’s and supporting her son who has downs syndrome and he couldn’t go out. She was in tears with the thought of going out again. She is now receiving regular parcels from us and also phoning the local shops for additional items when required.
- A young single mother who has a child with autism found it impossible to go out to shop due to restrictions on numbers into the shop and also her son didn’t cope well with shopping. She was finding it extremely hard to cope as all respite support had ceased. She was provided with a box to relieve the immediate stress and local information to enable her to source food items. We chatted and she felt a lot better after the call as shared some of her concerns.
- A 63 year old man, single and self isolating, referral sent by one of our partnership organisation, struggle with food stock has been contacted and arranged to send him a food parcel every week. He was sceptical at first time but after first delivery our partnership organisation and ourselves received a few phone calls from this person to say thank you and that he is feeling supported, he has never felt like that before. Now we are contact with him between the deliveries to see if he is fine and he is answering all the time with joy in his voice.

Clearly with the level of demand and the speed of operational set up there have been issues. Generally the hubs work positively with the referrals to ensure high levels of resident satisfaction. Performance issues are fed back to the hub for review.

In relation to volunteering generally there has been a really positive response from Walsall residents and supply has outstripped demand. The central distribution centre has a network of 18 volunteers, 13 through One Walsall, who regularly support activities. Manor Farm Community Association – 10-15 volunteers, 10 through One

Walsall. Bloxwich Community Partnership – All non-management staff are volunteers.
Old Hall Peoples Partnership – All non-management staff are volunteers. Accord Age Matters – All non-office based staff are volunteers.

All volunteers receive appropriate training to the work they undertake with particular focus on COVID-19.

The Council values the work volunteer's do both for the Council and for organisations outside the Council. There is a recognition that the work being done is unusual and some volunteers may come across situations which are outside their experience. To support those individuals the Council has arranged for access for COVID-19 volunteers to the employee support scheme operated by Care First.

Catering, Cleaning and Caretaking

In response to the below catering, cleaning and caretaking services are all still operational in a safe working capacity, all employees are working on a rota system and meeting needs as requested by headteachers. Schools still have caretakers, and cleaners everyday and also catering staff providing hot meals and take away lunches.

Catering, cleaning and caretaking services are all still operational in a safe working capacity as follows:

- School Crossing Patrol Wardens have now all returned to their crossings.
- Catering, cleaning and caretaking are operating as usual but some schools with larger numbers are on a rota basis for safe distancing.
- We are working alongside Public Health / Head teachers with meeting individual school needs on catering and cleaning.
- We are implementing duty cleaners throughout the day in schools that require them.
- Managers are training school staff where required on bleach touch point cleaning.
- All catering and van drivers are working to provide meals to schools.
- Couriers and post room are still opening post and delivering for education.
- PPE still being collected by caretakers.
- Food hub deliveries – being conducted by caretakers.
- All library cleaners are back.
- Member so the team are part of the space occupancy group working on Reset
- Safe systems of work talks are ongoing and being updated with Government Guidance and cascaded to front line
- All systems are in place in case of a ' breakout ' of Covid-19.

Q5. What is the situation regarding Personal Protective Equipment (PPE) across the Borough?

In response to the COVID-19 pandemic, Adult Social Care worked to set up and prepare a central PPE supplies and distribution site at Goscote in order to support the urgent and evolving needs of care and support providers across Walsall in infection prevention and control.

Initial planning included the sourcing of urgent PPE supplies, in the absence of local supplies being available to all of the care market. Since that time, the site has sourced

and supplied many different items of PPE to a wide range of providers. The items most regularly distributed and hardest to source from all suppliers have been:-

Lines	Distributed
Masks	290,525
Gloves	530,505
Aprons	250,624
Sanitizer	746 Ltrs

Although the site has also sourced and distributed a whole range of products to support the Providers and workforce during the crisis, including Body Bags: Red bags for washing soiled items: yellow bags: overshoes: incontinence wipes/sheets: hand wash: cleaning, detergent/disinfectant/bleach, tablets: visors: overshoes/overgowns; goggles

The local Supply site at Goscote is currently supporting:

- 58 Residential /Nursing care Homes (7 x days' supply)
- 102 Domiciliary care: Extra care and Supported Living Providers where they require this
- Direct payment recipients
- Unpaid carers who require PPE to continue to care for people at home.
- Funeral Directors when in absolute urgent need
- Pharmacists in urgent need
- The Internal workforce across children and adults social care
- Now planning also for the re- opening of Walsall schools and in the event there are no local supply chains available for the schools who require this PPE, then the local distribution point at Goscote will also provide urgent supplies where needed.

By the end of March, the crisis in terms of the supply chains were increasing. Lack of raw materials meant increased prices for the PPE and the care market are still struggling intermittently with local prompt supplies. Work has also been taking place with regional partners in order to ensure that there is a consistent approach to managing the response to the PPE challenges. Due to the lack of consistent and regular supplies via the Local Resilience Forums (LRFs), there has been an absolute need to continue to purchase supplies via the Council in order to keep people safe and working within the national guidance.

There has been very little support to ease the pressures on PPE from the National Disruption Supply and some of the stock delivered via this route has contained out of date stock. The out of date stock was issued with assurances from the NHS, however, Walsall Council, along with other LA's have sought legal advice on the use of this. In the meantime, Walsall Council has taken the decision not to use the out of date stock unless absolutely necessary, and where no other stock is available for use.

Due to the continued urgent need for regular supplies of stock, an urgent decision was presented to the Leader of the Council on 23rd April 2020, to seek financial approval to purchase more Personal Protective Equipment (PPE) to the value of £660k per month from March – May. It is likely a further request for funding will be presented to Cabinet in June 2020.

Regional procurement arrangements have been established to secure best value for the items procured against a backdrop of few or no readily available and compliant supply chains for the providers to source their own supplies and at a reasonable price.

Q6. What is being done to ensure that all pupils have equal access to on-line education?

From 20 March 2020, schools, colleges, nurseries, childminders, and other registered childcare settings in England, closed for all but the most vulnerable children and for children of critical workers.

Vulnerable children, in this context, include children who have a social worker, and those children and young people with education, health and care (EHC) plans. Those who have a social worker include children who had a child protection plan and those who are looked after by the local authority. A child may also be deemed to be vulnerable if they are assessed as being in need, or otherwise meet the definition in section 17 of the Children Act 1989.

Critical workers are defined as parents whose work is critical to the COVID-19 response, including those who work in health and social care and in other critical sectors.

A core team of Inclusion leads was established as the front line staff to devise the LA communication with and response to all school settings including academies, as directed by the Department for Education. The Inclusion Team worked with school leaders to provide daily advice, support and guidance in the new ways of working during the pandemic.

The Department for Education also provided regular guidance documents for schools and parents.

During the coronavirus outbreak schools were required to continue to provide support to all children if the school is only open for certain groups or closed. They could decide how best to do this and this could be through a mixture of online support, phones, social media and paper based.

To help young people access online learning, devices have been ordered for disadvantaged children who would otherwise not have access to one and are preparing for exams (in year 10) or receive support from a social worker, or are a care leaver. This criteria is set by DfE and the devices are being fully funded from Government. This is intended to support schools and parents to ensure children and young people's education can continue. It is to ensure that children with a social worker can continue to receive support from children's social care services, and that care leavers have the online access they need to keep in touch with the support and services they need.

Where care leavers, children with a social worker at secondary school and disadvantaged children in year 10, do not have internet connections, the DfE are also providing 4G routers to them so that they can learn at home. In addition, they are working with the country's major telecommunication providers to make it easier for families to access selected educational resources by temporarily exempting these sites from data charges.

As of 8th June, we had received 844 laptops and 177 routers for children with Social Workers. There have been distributed to schools to give out to the pupils.

Other available support includes:

- [a list of online educational resources](#) which have been identified by some of the country's leading educational experts to help pupils to learn at home
- guidance to [help primary school children continue their education during coronavirus \(COVID-19\) outbreak](#)
- enhanced education provision from the [BBC to include daily lessons](#) starting from 20 April 2020
- an online resource from [Oak National Academy](#) with daily lessons available to both primary and secondary pupils.
-

For 16 to 19 year olds, education providers were directed to provide support to young people who are not able to access an internet connection. Young people and parents were asked to contact their provider if they are not able to access remote education.

Any 16 to 19 year olds in education, without a suitable device and/or connectivity to study remotely and whose family can't afford these costs were informed to approach their college, school or other 16 to 19 providers to request support. Decisions on support will be made by providers. Colleges, schools and other 16 to 19 providers will be able to apply to top-up bursary funds, where necessary, to ensure that vulnerable learners receive appropriate support.

For parents with children under 5 years old who have not yet started school, the Department for Education's [Hungry Little Minds campaign](#) features tips and practical activities that parents can do at home with children to support their early learning. There are many simple ways to help children learn and it does not have to feel like 'learning'.

Having everyday conversations, make-believe play and reading together all make a big difference to child's development. There are more ideas and content from the BBC's [Tiny Happy People campaign](#) and the National Literacy Trust's [Family Zone](#). The Department for Education has published further guidance on how to [help children aged 2 to 4 to learn at home during the coronavirus \(COVID-19\) outbreak](#).

They have published [guidance for parents of primary school children regarding supporting the continuation of education at home](#). This includes advice and guidance around:

- structuring the day
- use of digital devices
- language development
- reading and writing
- numeracy
- information tailored to each age group
- information for those with children reaching the end of primary school

This guidance is designed to complement support and advice provided by schools and teachers. Engaging with a child's learning will be helpful in their continued educational development. For example, something as simple as talking to them during the day about what they are doing for school, or about anything around the home, enhances learning.

There is support available to keep children safe online. Here you can access [further information on keeping children safe online](#).

Other useful links were produced to help parents and carers.

- [Thinkuknow](#) provides advice from the National Crime Agency (NCA) to stay safe online to help families manage during this time, the NCA has launched [Thinkuknow: home activity packs](#), a set of fun, engaging activities based on Thinkuknow cartoons, films, games, and advice articles
- a new activity sheet for each age group will be published on the [Thinkuknow](#) website every 2 weeks while schools are closed - these activities offer a great opportunity to help keep up positive, supportive conversations about online safety in the home
- [Parent Info](#) is a collaboration between Parentzone and the NCA providing support and guidance for parents from leading experts and organisations
- [Childnet](#) provides a tool kit to support parents and carers of children of any age to start discussions about their online life, to set boundaries around online behaviour and technology use, and to find out where to get more help and support
- [Internet Matters](#) provides age-specific online safety checklists, guides on how to set parental controls on a range of devices and a host of practical tips to help children get the most out of their digital world
- [LGfL](#) provides support for parents and carers to keep their children safe online, including 6 top tips to keep primary aged children safe online
- [Net Aware](#) provides support for parents and carers from the NSPCC, providing a guide to social networks, apps and games
- [Let's Talk About It](#) provides support for parents and carers to keep children safe from online radicalisation
- [UK Safer Internet Centre](#) provides tips, advice, guides and resources to help keep children safe online, including parental controls offered by home internet providers and safety tools on social networks and other online services
- [staying safe online](#) provides government guidance offering advice on parental controls, fact-checking information, communicating with family and friends while social distancing is in place and taking regular breaks
- Social connections, alongside exercise, sleep, diet and routine, are important protective factors for mental health. Materials to promote and support mental wellbeing are included in the list of [online resources](#) published to help children to learn at home.
- Public Health England's [Rise Above](#) platform supports young people. The Department of Health and Social Care is providing £5 million of additional funding to support mental health charities to increase their provision for adults and children at this time.
- Social isolation, reduced exercise and bereavement may affect children's wellbeing in this period. Resources to promote and support children and young people's mental wellbeing include:

[MindEd educational resources for adults about children and young people's mental health](#) which is relevant for parents and carers as well as volunteers, teachers, and other professionals working with children
[Every Mind Matters platform](#) which supports looking after your own and other's mental health
[guidance on looking after wellbeing and mental health](#) during the coronavirus (COVID-19) outbreak
[guidance on supporting children's wellbeing and mental health](#)

- All NHS mental health trusts are setting up 24/7 helplines and seeking to use digital and virtual channels to continue delivering support during the coronavirus (COVID-19) outbreak.

Q7. What does this look like across all four Localities?

The laptops for Walsall children have been distributed as below

Laptops		
	Number	Percentage
Walsall	661	80%
OOB(Out of Borough)	149	18%
Care leavers	21	2%
Walsall Localities		
East Locality	169	20%
North Locality	199	24%
South Locality	115	14%
West Locality	150	18%
Other (EHE, NEET)	28	3%
Total	661	

Q8. What is the picture in each locality re Universal Credit?

The Council is not responsible for administering Universal Credit (UC) so does not have direct access to this type of information.

- Walsall comprises four localities (North, South, East and West). The Department for Work and Pensions (DWP) only provide a breakdown of Universal Credit (UC) claimants by Local Authority (LA) area. They have confirmed there was an increase in the number of applications for UC in Walsall of 31% by the first week of April 2020. This was the highest increase seen in the Black Country.
- Walsall Council received an average of 2724 UC actions to process in the 6 weeks prior to lockdown. In the 6 weeks from 23rd March 2020 we received an average of 4318 each week. This represents a 58.5% increase. In the last 6 weeks this has reduced to an average of 3813 batches per week.
- There has also been an acceleration in the speed our Housing Benefit caseload is reducing (as local claimants transition into UC from legacy benefits due to a change in circumstances). For the 4 weeks prior to lockdown it reduced by an average of 41 case per week. For the 4 weeks following 23rd March 2020 it reduced by an average of 48 cases per week. This has slowed slightly to 46 cases per week on average in the 4 weeks up to 14th June 2020.

- There was an average of 107 new applications received each week for CTR in the 4 weeks prior to lockdown. This increased to an average of 240 new applications per week in the 4 weeks preceding 23rd March 2020. 404 new applications were received in a single week from 27th April 2020. We have seen a decrease now with an average of 132 claims a week received over the last 4 weeks.
- Although we have no definitive data for this question, the above all demonstrate the number of claims being received and increase in customers who have applied for UC for extra support.

Q9. What is the picture in each locality for council tax 3 month payment holidays?

We cannot provide this information on a locality basis as the system does not record the data in a way that would allow us to report on it in that way. Residents have been advised about the options available to them through the Council's website and a targeted campaign via direct text, email and voice messages. The 3 options offered have been:

Option 1

If you currently pay your council tax in instalments due April to January, you can spread the year's charge over 12 months; April 2020 to March 2021.

Option 2

If you currently pay your council tax in instalments due April to January, you can have instalments due June 2020 to March 2021.

Option 3

You can have April and May instalments spread over your remaining payments from June 2020 onwards.

It is not possible to get exact numbers of customers who have taken up the offer of these options. However the number is around 2,000 (based on financial profiling).

Additional Information:

- By the end of May 2020, £24,056,917 had been collected for the collection fund. This equates to 17.0% of the total charge for the year. Having regard to the Covid-19 crisis, this compares quite favourably against a normal collection rate of 18.0% as at the end of May and against other local authorities across the country
- This lower collection level resulted in circa £1,415,000 less being collected in April and May than would have been expected (based on previous years).
- Currently no formal recovery documents have been issued for the 2020/21 council tax, however we have begun sending text, email and voice messages reminding them that payments are due and the help that is available to them if they are experiencing difficulties.
- £3,093,732 has been awarded in hardship payments to 20,858 working age claimants. This has reduced each of their 2020/21 council tax bill by up to £150. In addition to the hardship payment, the amount of council tax reduction awarded to working age claimants for 20/21 has increased by £1,405,000.

- The authority was awarded a hardship fund grant of £3.9 from Central Government, however the total of the hardship payments and increase council tax reduction awarded is £4.5m, £0.6m in excess of the grant funding.

Q10. What happens to those who are on zero hours contracts and others who fall through the net all together?

- It would be expected that most local people on zero hour contracts would have already applied for Universal Credit and/or Council Tax Reduction (CTR) (where applicable) as they typically constitute low income households. We receive automatic updates from the DWP where someone has a change to their UC award meaning claimants are always receiving the appropriate level of CTR.
- Those who cannot now obtain any hours at work are advised to claim Universal Credit and CTR.
- We have seen a 6.1% increase for those in employment claiming CTR since 23rd March 2020. This is in comparison to a 0.6% rise seen between the start of January and 23rd March 2020. There has been a further rise of 0.7% between 14th May 2020 and 17th June 2020.
- Those who are in receipt of CTR will have received a further Hardship Payment of up to £150.00 off their annual bill. This has been awarded to 20,858 households and totals £3.1 million in support.
- When customers contact the Benefits Service they are advised of local services that can assist them including support through their Housing Provider, Ablewell Advice Services, Citizens Advice Walsall and their Job Coach.
- There is an escalation procedure for particularly vulnerable customers with all four local Job Centres and Money Home Job to ensure those flagged as vulnerable are given additional support.
- Use of Discretionary Housing Payment (DHP) funding has already been utilised for those in extreme hardship with an expected increase in demand over the coming months as the restrictions on evictions are lifted.
- Customer experiencing temporary hardship who are not eligible for benefits are being supported with council tax payment options or hardship support.
- Customer who are experiencing hardship can also receive help such as food parcels via local hubs. Staff are actively referring customers to this service when they identify need.

Q11. Do we know how many Walsall residents are furloughed?

No, the Council is not involved in this and therefore does not have specific data on the number of individuals furloughed in Walsall. All furlough data is held by HMRC. The figures included in the answer above give an indication of the increase in the number of those who are both employed and also claiming Council Tax Reduction (due to a low income). As at 14th May 2020 there were 5217 active CTR claims where either the claimant or the partner were employed. This is in comparison to 4918 on 23rd March 2020. As at 17th June 2020 there are 5253 cases.

There are no records held by Walsall Council in relation to those furloughed across the borough (as many are likely to reside in households with no active benefits claims). These cases are not identifiable due to automated processes to receive information via HMRC/DWP systems.

- 9 out of 10 of the worst economically effected LAs are in the Midlands or North West based on DWP data. This again gives an indication that we are likely to have a higher than average furlough rate.
- DWP have only released national data currently but we have managed to confirm the below with them to give an indication with neighbouring authorities:

There was an increase in the number of applications for Universal Credit by the first week of April as follows:

- 26.1% in Dudley
- 26.9% in Sandwell
- **31.1% in Walsall**
- 23.1% in Wolverhampton

Q12. What is the impact on Free School Meals?

The free school meal eligibility checking service has continued to operate for the 101 schools that use the service. The number of eligible children registered from the start of the Covid-19 pandemic to the current total has increased by over 600 children.

FSM application forms have been received and have been processed in a timely manner and new eligible children added to the scheme each week. Schools have continued to receive reports informing them of their new eligible children to enable them to be included in the free school meal provision that is being offered by the school.

Previous free school meal applications are being automatically checked for changes to their circumstances and added to the scheme if they have become eligible.

Prior to the FSM national e-voucher scheme being launched MHJ set up an interim voucher scheme to provide the 33 catered schools with a two week supply of vouchers. Three schools have continued to be supported with local scheme vouchers due to continual problems that they were having with the national voucher scheme. The schools will be invoiced for these vouchers but will be able to claim it from a government fund that is being made available for exceptional costs associated with COVID-19.

Frequently asked questions for parents has been made available to view on Walsall Council website advising parents of arrangements in place for FSM children and what to do for help. All schools across Walsall have been contacted to confirm the arrangements that are in place for their free school meal children.

The Government have also announced that Free School Meal vouchers will be provided during the summer holiday period. We believe the Government National Voucher Scheme will produce 6 weeks' worth of vouchers at the end of the summer term for schools to distribute to parents. We are still awaiting the official guidance. Please refer to appendix 2.

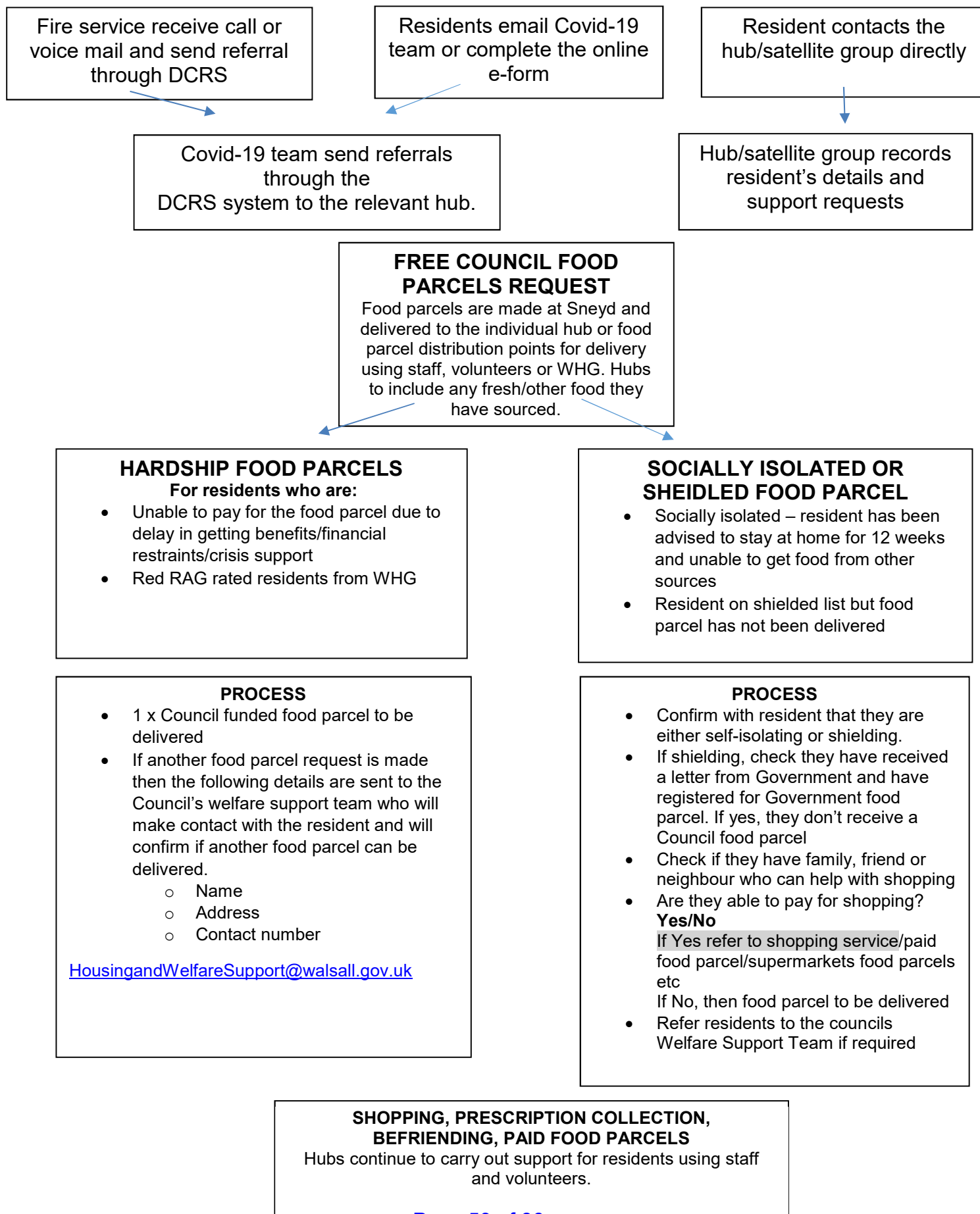
Authors

Neil Picken
Senior Democratic Services Officer
Council | Regulatory | Appeals

Nikki Gough
Democratic Services Officer

Making Connections Walsall Hub Referral Process

Appendix 1





Money Home Job

Date: 3rd April 2020
Please ask for: Elise Hopkins
Direct Line:
Email: elise.hopkins@walsall.gov.uk

Dear Parents / Carers / Teachers

Update about Free School Meals - Walsall

Please find below a range of information in response to frequently asked questions.

1. What help is being offered to children who are eligible for Free School Meals (FSM)?

On the 19th March 2020 and 31st March 2020, the government issued national guidance about what schools should do to support children in receipt of Free School Meals. The guidance is available from:

<https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance/covid-19-free-school-meals-guidance-for-schools>

2. My child is eligible for Free School Meals (FSM) but the school is closed, can I still receive support towards a meal?

Please contact your child's school via the telephone or email. They will be able to advise you about the specific support that they have put in place to support children who are eligible for FSM. Not all schools use Walsall Council catering, or FSM benefit processing team, and those that do not, will need to advise you directly on the arrangements that they have put in place. Under the government scheme, schools may provide a meal pack, packed lunch, or a voucher, which is redeemable from local supermarkets. What option they provide is down to each school to determine (in conjunction with their caterer) and is not a choice the parents themselves make. If your school is closed, and you are unable to get through to them via the telephone or email, please contact the Councils Free Schools Meal team on COVID-19communityhelp@walsall.gov.uk with your child's name, date of birth, and address, and we will do our best to liaise with the school on your behalf to find a solution.

3. What other support is available families who are struggling to afford to feed their children or who are self-isolating and cannot get out to buy food?

We are working closely with a number of partner organisations in order to provide support to families. You can contact Making Connections by emailing: COVID-19communityhelp@walsall.gov.uk or by calling 0121 380 6690. They will allocate your case to one of the four locality hubs who will arrange to contact you to discuss your needs. They will also be able to provide practical help with things such as shopping, picking up prescriptions or financial advice if you are self-isolating.

4. My circumstances have recently changed and I am now out of work or on a low income. Will I qualify for FSM?

Information regarding the eligibility criteria for FSM and our online claim form can be found using the following links to websites:

https://go.walsall.gov.uk/free_school_meals

<https://go.walsall.gov.uk/forms/Application-for-Free-School-Meals>

The Council's in house FSM benefit team are processing applications from families who apply for Free School Meals. If you apply, and qualify, we will write to you and also inform your child's school so they can put arrangements in place for your child.

5. I am unable to leave my house due to self-isolation / mobility problems and so cannot access the help available from my child's school.

We are working closely with a number of partner organisations in order to provide support to families. You can contact Making Connections by emailing: COVID-19communityhelp@walsall.gov.uk or by calling 0121 380 6690. They will allocate your case to one of the four locality hubs who will arrange to contact you to discuss your needs. They will also be able to provide practical help with things such as shopping, picking up prescriptions or financial advice.

6. Not all of my children are eligible for a FSM, but I have recently lost my job, what do I do?

Please make a claim for FSM based on your new circumstances (as per Q4 above) and we will check to see if you now qualify for FSM. You can also seek support from Making Connections by emailing: COVID-19communityhelp@walsall.gov.uk or by calling 0121 380 6690. They will allocate your case to one of the four locality hubs who will arrange to contact you to discuss your needs. They will also be able to provide practical help with things such as shopping, picking up prescriptions or financial advice if you are unable to leave your home.

7. I've been notified that I do not qualify for FSM, but I still need help, what do can I do?

We are working closely with a number of partner organisations in order to provide support to families. You can contact Making Connections by emailing: COVID-19communityhelp@walsall.gov.uk or by calling 0121 380 6690. They will allocate your case to one of the four locality hubs who will arrange to contact you to discuss your needs. They will also be able to provide practical help with things such as shopping, picking up prescriptions or financial advice.

8. Can the Council help me with Free School Meals (FSM)?

The Council is only involved in providing catering services for 33 schools in Walsall. In these schools, the catering team continue to provide hot meals to Key Worker Children who are still attending school, and meal provision is also available to vulnerable children who need meals (at the schools discretion). From Wednesday 24th March 2020, the Council began providing packed lunches to children who require a Free School Meal but are not attending for lessons. The school will distribute the lunch bags or arrange for parents to collect them from the school. The schools we cater for have also been issued with a two-week stock of e-vouchers from our local voucher scheme that they can distribute to families at their discretion.

9. What if a school in Walsall is struggling to provide a Free School Meals (FSM)?

In accordance with the government scheme (as detailed in Q1), every school has responsibility to make their own arrangements to provide food for children in receipt of FSM. In circumstances where a school in Walsall is having problems with putting provision in place, the Council will do our best to offer support and assistance.

Schools and individuals can request help by emailing: COVID-19communityhelp@walsall.gov.uk.

Please provide a name and contact number and the details of your problem and our team will contact you as soon as possible.

10. As a parent can I choose whether my children in receipt of FSM have a lunch bag, hamper or a voucher from their school?

No, the government guidance asks that schools seek help from their catering company in the first instance. Some catering companies can provide the school with packed lunches or hampers for their children in receipt of Free School Meals. In such circumstances, parents would not normally be entitled to an e-voucher as well.

11. I am a Head Teacher of a school and my catering team is still able to provide hampers or lunches to FSM children. Should I still register for the new government e-voucher scheme?

Walsall Metropolitan Council is advising all schools to register with the national government e-voucher scheme in case their circumstances change and they need help in the future. We also believe e-vouchers might prove to be more beneficial for children in some exceptional circumstances e.g. children with special dietary requirements (which cannot be met via standard food hampers) or for children whose parent(s) have a disability (which prevents them from collecting hampers from schools). The decision to issue vouchers is however entirely at the schools discretion.

12. I am a parent, why have I have received two different types of e-vouchers?

Until the new government e-voucher scheme was in place, Walsall Metropolitan Council and some local schools, put their own interim schemes in place to help children in receipt of FSM. We are sorry if this has been confusing but now the national e-voucher scheme is in place things should become more consistent.

13. I am a Head Teacher of a school. Do I have to provide meals to all FSM children over the Easter holidays?

On 4th April 2020 Micheal Gove announced that the government had done a U-turn and would now be extending the government e-voucher scheme to all children eligible for FSM over the Easter holidays.

14. My children are in reception, year 1 or year 2, and normally receive free lunches as part of universal meals support. Why are they not on the schools list of children eligible for FSM now?

Full information regarding the eligibility criteria for FSM and our online claim form can be found using the following links to websites:

https://go.walsall.gov.uk/free_school_meals
<https://go.walsall.gov.uk/forms/Application-for-Free-School-Meals>

In accordance with new government guidance, schools only need to provide meals to children currently not at school due to the Covid-19 crisis, if their parents are on a low income and would qualify for assistance as a result of being on benefits. To qualify parents will need to be on:

- Income-based Jobseeker's Allowance,
- Income Support
- income-related Employment and Support Allowance,
- Universal Credit and your monthly household earnings are below:
 - £616.67 (if you live in England and Wales);

The following benefits and assistance also apply for qualifying for free school meals.

- The guarantee part of Pension Credit.
- Child Tax Credit, as long as you are not getting Working Tax Credit and have an annual income of less than £16,190.
- Support under Part VI of the Immigration and Asylum Act 1999
- In England and Wales, if you are getting Working Tax Credit for a run on period of four weeks because you have stopped work or reduced your hours to less than 16 hours a week, or in some cases, less than 24 or 30 hours a week, you may still be able to get free school meals for your children.
- Children who get Income Support or income-based Jobseeker's Allowance in their own right qualify as well.

To qualify for FSM in these circumstances you need to apply for them. The Council's in house FSM benefit team are still at work and processing new applications from families who need to apply for Free School Meals now. If you qualify on the above grounds, and you have a claim for Housing Benefit, or Council Tax Support with Walsall Council, we will have automatically processed an application for FSM for you. If you live outside Walsall, and have not already applied separately for FSM, you will need to do so now at:

<https://go.walsall.gov.uk/forms/Application-for-Free-School-Meals>

If you apply now, and qualify, we will write to you, and also inform your child's school, so they can put arrangements in place for your child.

If in the mean time you are in immediate need of help with emergency food, we are working with a number of partner organisations in order to provide support to families. You can contact Making Connections by emailing: COVID-19communityhelp@walsall.gov.uk or by calling 0121 380 6690.

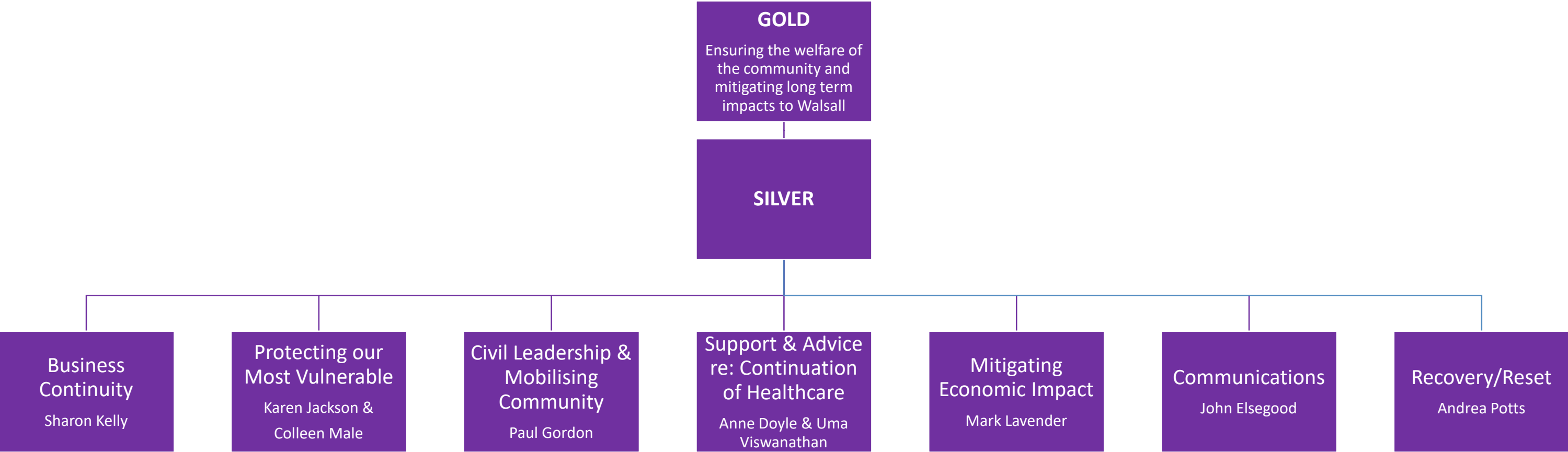
Due to the scale and speed of the Covid-19 emergency, Council officers are receiving the new guidance on Free School Meals at the same time that it is released to the public. At times, that has made it difficult for us to plan in advance, or know what advice to give schools, or parents when you first contact us. We are working very hard to respond quickly, and keep you informed, but I am aware that at times we have struggled to respond to every enquiry we have received from schools or parents.

I would like to thank you for your patience, and support, during such a difficult period. Please do continue to let us know if you need our help and we will get back to you as soon as we can.

Yours sincerely,

Elise Hopkins
System Leader
Money Home Job

GOLD & SILVER Control Meetings - Coronavirus (COVID-19)

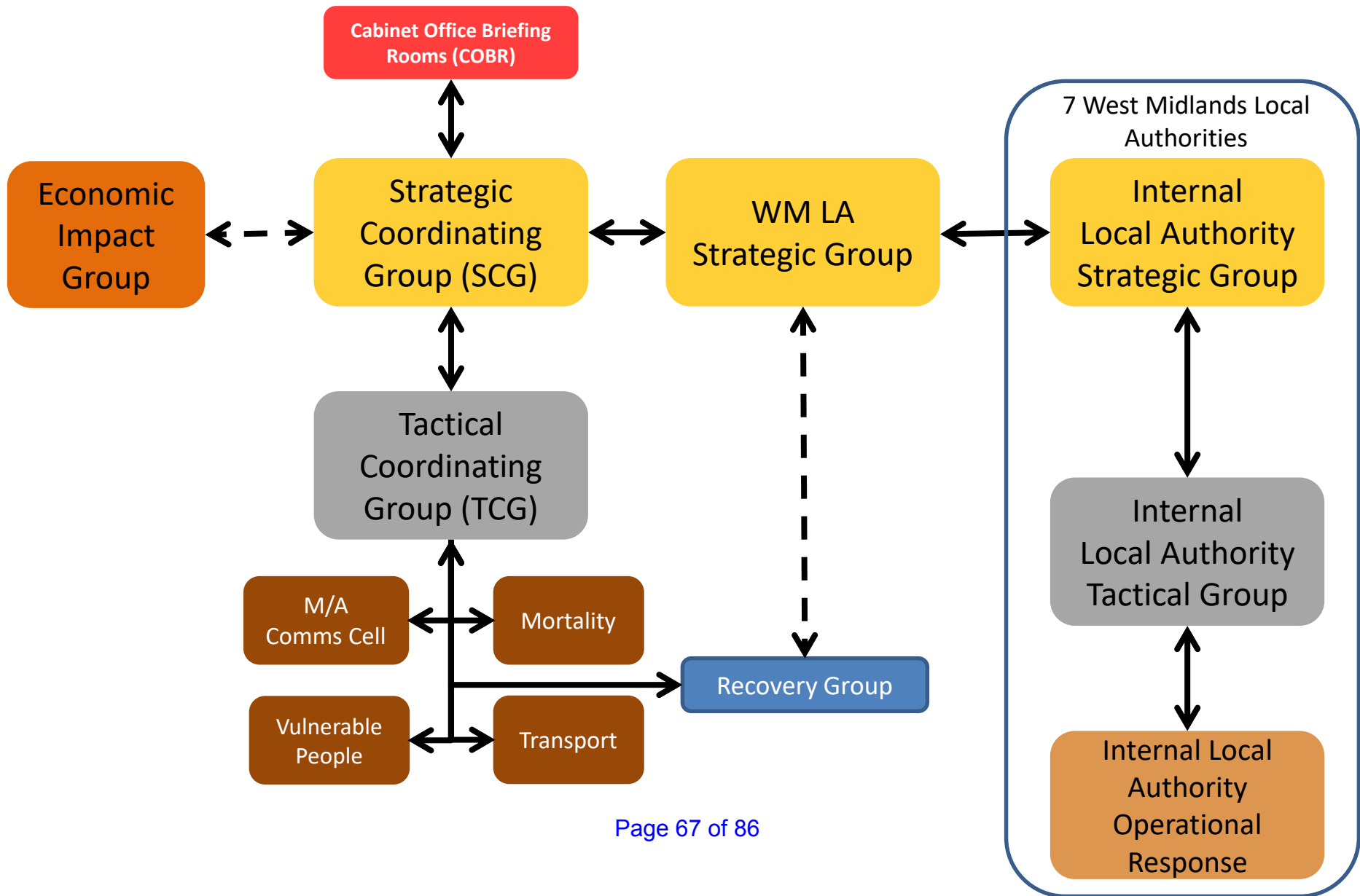


GOLD Attendees: Helen Paterson, Stephen Gunther, Paula Furnival, Sally Rowe, Simon Neilson, Anthony Cox, Vicky Buckley/Ross Hutchinson, Michael Smith, Kate Goodall, Sheridan Buckley, Lianne Deathridge

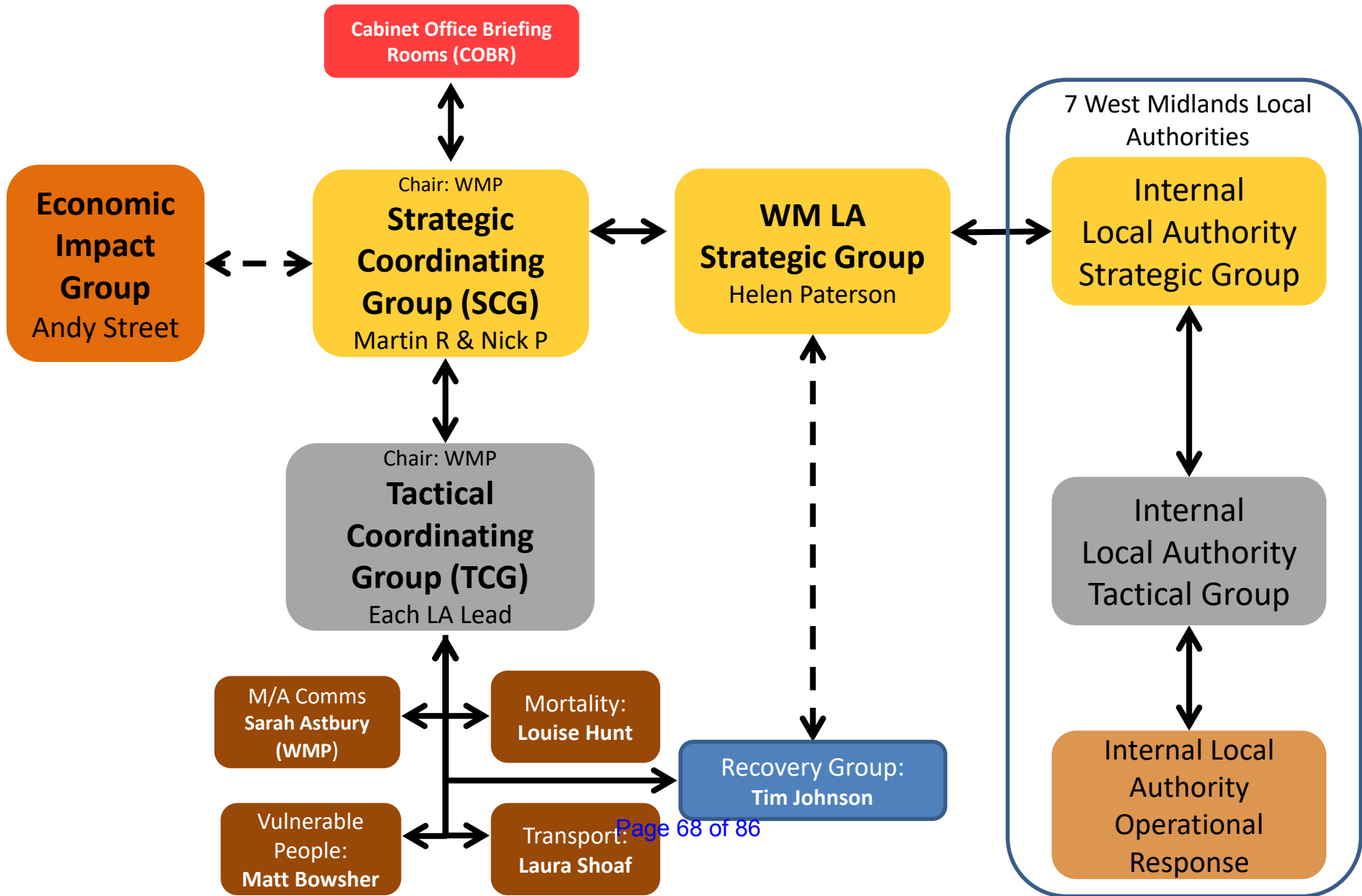
Roles and Responsibilities

- Multi-Agency S/TCG:
 - Coordinate Multi-agency Response
 - Local Authorities remain in this structure
- Local Authority command structures
 - Commands Local Response
 - Responsible for local activity
 - Accountable for all local activity
- West Mids LA Strategic Group:
 - Sharing intelligence to support SCG
 - Responding to coordination requests from SCG where they are not directed through TCG or a TCG Operational Cell
 - Provide support and mutual aid across WM Local Authorities

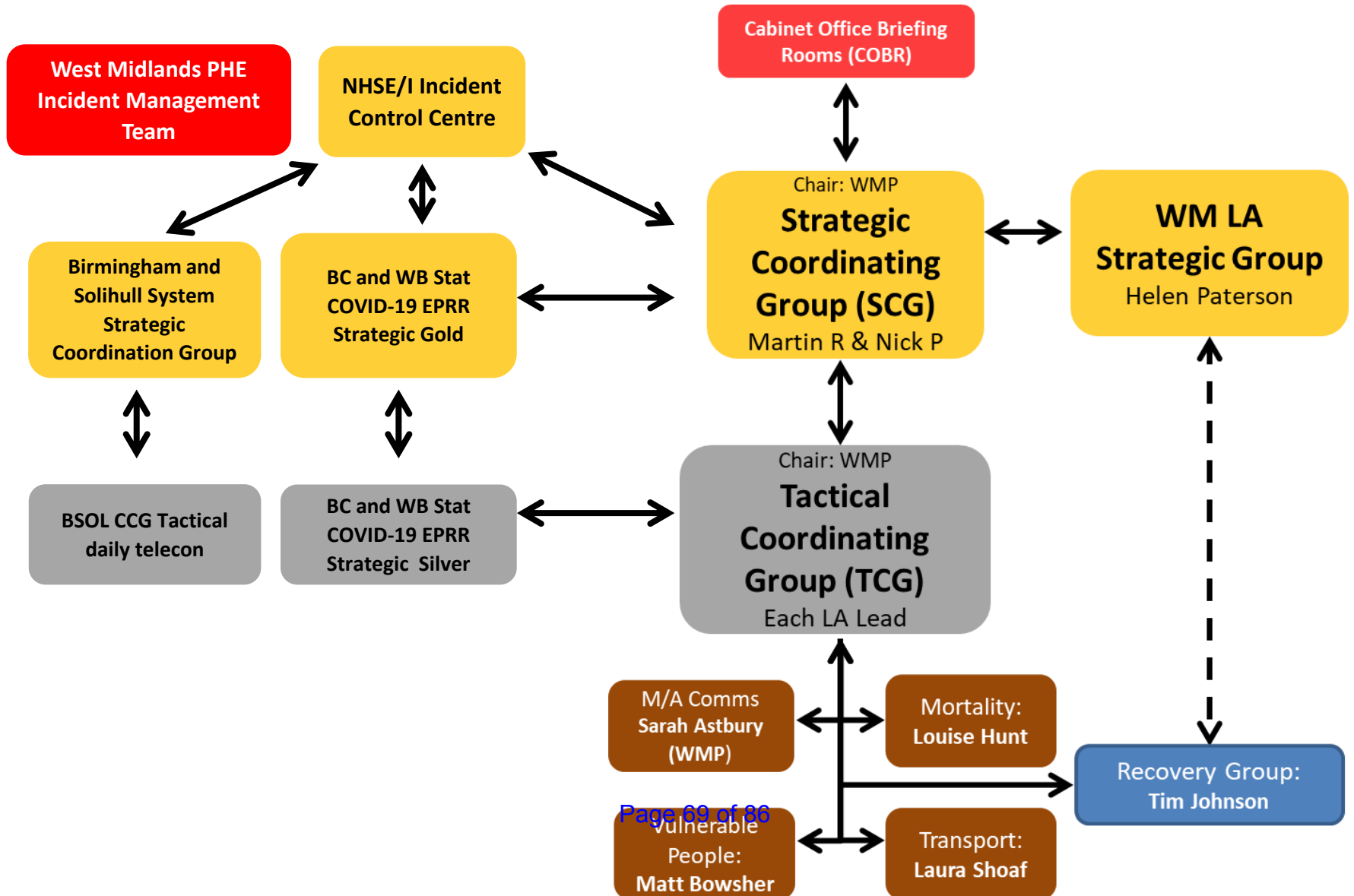
(1) Regional COVID-19 Response Structures



(2) Regional COVID-19 Response Structures (with named leads)



(3) Regional COVID-19 Response Structures: Health Focus



Scrutiny Overview Committee – Area of Focus – 2020-21

	21 May 2020	30 June 2020	28 July 2020	25 August 2020		
Economic Growth, for all people communities and businesses <i>Lead OSC: Economy & Environment</i>	CV-19 - Business rate relief and grant programmes for Walsall			Outcome of working group.		
People have increased independence, improved health and positively contribute to their communities <i>Lead OSC: Social Care & Health</i>	CV-19 - Public Health Paying for community based commissioned care services during CV-19 CV-19 and Corporate Financial Performance					
Internal focus, all Council services are efficient <i>Lead OSC: Scrutiny Overview Committee</i>	CV-19 - Governance and decision making Walsall Proud Programme – managing delivery during CV-19 Post lockdown – resetting and recovery of business	C19 briefing note. Black Country Plan	Financial outturn 19/20 (<i>Cabinet on 17/6</i>) Q1 (budget monitoring)(<i>Cabinet on 15/7</i>) <i>Resilience communities working group outcome.</i>			
Children have the best possible start and are safe from harm, happy, healthy and learning well <i>Lead OSCs: Children's & Education</i>	CV-19- Safeguarding response					
Communities are prospering and resilient with all housing needs met in safe and healthy places that build a strong sense of belonging and cohesion	CV-19 - Supporting shielded and vulnerable residents in Walsall					

Notes: Corporate Plan themes can be cross cutting for all Overview and Scrutiny Committees. Lead Overview and Scrutiny Committees identified for reference

Scrutiny Overview Committee – Area of Focus – 2020-21

Lead OSC: Scrutiny Overview Committee						
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Items to be scheduled

Local and Regional COVID-19 recovery plans and how they integrate.

Bonfire events

Member communication review

Notes: Corporate Plan themes can be cross cutting for all Overview and Scrutiny Committees. Lead Overview and Scrutiny Committees identified for reference

Walsall Council Overview & Scrutiny Working Group
Initiation Document

Work Group Name:	Covid-19 Working Group
Committee:	Scrutiny Overview Committee
Municipal Year:	2020/21
Lead Member:	Councillor I. Shires
Lead Officer:	Mark Lavender and Paul Gordon.
Support Officer:	Nikki Gough
Membership:	Councillor A. Nawaz, Councillor I. Shires, Councillor L. Jeavons, Councillor J. Murray
Co-opted Members:	

1.	Context
	The Covid-19 pandemic has caused major disruption to communities and the economy. This impact will continue into the near future and Members are keen to consider how this impact will manifest itself in Walsall.
2.	Objectives
	<p>What do you want it to achieve? It is important to have clearly defined outcomes at the start to give the working group direction and ensure it adds value.</p> <p>The working group wishes to understand the economic impact of Covid-19 on businesses and communities, to determine the mechanisms needed to allow them to recover.</p> <p>What is the effect on Walsall businesses and Walsall People?</p>
3.	Scope
	<p>What should be included and excluded?</p> <p>The working group will seek to understand the impact on the local economy in particular the impact on local businesses and employment of local people. After understanding this the working group will seek to understand the impact of the pandemic on local communities.</p> <p>The working group recognise that the recovery plans will be organised on local, regional and national scale so will maintain awareness of WMCA and Black Country Plans as required but these will not be the main focus.</p> <p>The working group will seek to identify any gaps and opportunities for further work in order to add value. Consideration will be given to the marmot objectives to ensure that those communities in most need receive required assistance to recover and that long-term inequalities do not persist as a result of the pandemic.</p>
4.	Equalities Implications
	There is a legal and moral obligation to ensure that, when undertaking a scrutiny review, the impact of policies; procedures; strategies and

Walsall Council Overview & Scrutiny Working Group
Initiation Document

	<p>activities is considered within the 6 strands of equality (Age, Disability, Gender, Race, Religion or Belief, and Sexual Orientation)</p> <ul style="list-style-type: none"> • How will the working group consult with each of these six groups regarding this review and its outcomes? • If an EIA has been carried out for this service\policy then what were its outcomes? Can this be mapped into the review? If no EIA has been carried out by the service is one required and can this be reported to the working group? <p>The working group will consider data to identify adverse impacts on any particular groups.</p>								
4.	Who else will you want to take part?								
	<p>Think about who else, other than lead officers and members, it would be useful to include either as part of the working group or to bring information at specific points. For example- partners, stakeholders, other authorities.</p> <ul style="list-style-type: none"> • Business representative (economic partnership) • Self-employed / taxi liaison group • Federation of small businesses • College • Community organisations • Jobcentre (locality level) • Foodbanks Trussell trust • Money, Home, Job • Employment Growth Team • WHG • Walsall pensioners convention • Disability Groups 								
5.	Timescales & Reporting Schedule								
	<p>Needs to be completed within the same municipal year and so should be able to report to full panel by the last meeting at the latest but consider the subject- is there anything else that it may need to tie into (e.g. academic or financial year or to coincide with national/sub-regional developments)</p> <p>How often will update be provided to full panel?</p> <table border="1"> <tr> <td>18th June 2020, 5pm</td><td>Initial meeting to discuss and formulate terms of reference</td></tr> <tr> <td>30th June 2020,</td><td>Terms of reference approved by SOC</td></tr> <tr> <td>8th July 2020, 3 p.m.</td><td>Business rep Self-employed rep Federation of small businesses</td></tr> <tr> <td>17th July 2020, 4.30 p.m.</td><td>Community organisations</td></tr> </table>	18 th June 2020, 5pm	Initial meeting to discuss and formulate terms of reference	30 th June 2020,	Terms of reference approved by SOC	8 th July 2020, 3 p.m.	Business rep Self-employed rep Federation of small businesses	17 th July 2020, 4.30 p.m.	Community organisations
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Walsall Council Overview & Scrutiny Working Group
Initiation Document

		Foodbanks Walsall pensioners conventions Disability groups									
	21 st July 2020, 3.30 p.m.	College Jobcentre WHG									
	7 th August 2020, 4.30 p.m.	Money Home Job Employment Growth Team Council reset plans Conclusions and recommendations									
	25 August 2020	Final report and recommendations presented to the SOC									
6.	Risk factors										
	<p style="color: red;">Are there any obstacles that can be predicted? For example, is it dependent on other organisations outside your control and duty to cooperate? Identifying these factors early and how they will be mitigated should help minimise their impact.</p> <table border="1"> <thead> <tr> <th>Risk</th><th>Likelihood</th><th>Measure to Resolve</th></tr> </thead> <tbody> <tr> <td>Short life span of working group</td><td>HIGH</td><td>Schedule of meetings organised.</td></tr> <tr> <td>Witnesses unavailable to attend on working group dates</td><td>HIGH</td><td>Substitutions and written submissions to be accepted.</td></tr> </tbody> </table>		Risk	Likelihood	Measure to Resolve	Short life span of working group	HIGH	Schedule of meetings organised.	Witnesses unavailable to attend on working group dates	HIGH	Substitutions and written submissions to be accepted.
Risk	Likelihood	Measure to Resolve									
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Witnesses unavailable to attend on working group dates	HIGH	Substitutions and written submissions to be accepted.									

Date Agreed:		Date Updated:	
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Timetable: To conclude by August 2020.

Date	Activity
Report(s)	Assets



Walsall Council

FORWARD PLAN OF KEY DECISIONS

**Council House,
Lichfield Street,
Walsall, WS1 1TW**
www.walsall.gov.uk

8 June 2020

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” at least 28 calendar days before they are due to be taken by the Executive (Cabinet). Also included on the plan are other decisions to be taken by the Cabinet (“non-key decisions”). Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. Copies of the plan can be obtained from Democratic Services, Walsall MBC, Council House, Walsall, WS1 1TW helen.owen@walsall.gov.uk and can also be accessed from the Council's website at www.walsall.gov.uk. The Cabinet is allowed to make urgent decisions which do not appear in the forward plan, however, a notice will be included on the agenda for the relevant Cabinet meeting which explains the reasons why.

Please note that the decision dates are indicative and are subject to change. Please contact the above addressee if you wish to check the date for a particular item.

Cabinet responsibilities are as follows

- Leader of the Council – Councillor Bird
- Deputy Leader and Regeneration – Councillor Andrew
- Adult social care – Councillor Martin
- Children's – Councillor Wilson
- Clean and green – Councillor Butler
- Community, leisure and culture – Councillor Perry
- Education and skills – Councillor Towe
- Health and wellbeing – Councillor Craddock
- Personnel and business support – Councillor Chattha

The Cabinet agenda and reports are available for inspection by the public 7 days prior to the meeting of the Cabinet on the Council's website. Background papers are listed on each report submitted to the Cabinet and members of the public are entitled to see these documents unless they are confidential. The report also contains the name and telephone number of a contact officer. These details can also be found in the forward plan.

Meetings of the Cabinet are open to the public. Occasionally there are items included on the agenda which are confidential and for those items the public will be asked to leave the meeting. The forward plan will show where this is intended and the reason why the reports are confidential. Enquiries regarding these reasons should be directed to Democratic Services (helen.owen@walsall.gov.uk).

“Key decisions” are those decisions which have a significant effect within the community or which involve considerable expenditure or savings. With regard to key decisions the Council’s Constitution states:

- (1) A key decision is:
 - (i) any decision in relation to an executive function which results in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council’s budget for the service or function to which the decision relates or
 - (ii) any decision that is likely to have significant impact on two or more wards within the borough.
- (2) The threshold for “significant” expenditure/savings is £250,000.
- (3) A decision taker may only make a key decision in accordance with the requirements of the Executive Procedure Rules set out in Part 4 of this Constitution.

Dates of meetings

17 June 2020
15 July 2020
12 August 2020

FORWARD PLAN OF KEY DECISIONS

JULY TO OCTOBER 2020 (8.6.20)

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
22/20 (8.6.20)	Corporate financial performance 2020/21 and Covid-19: To provide an assessment of the impact of Covid-19 on the Council's financial performance, including the allocation of Covid-19 government funding to address cost pressures arising from Covid-19.	Cabinet (Non key decision)	Vicky Buckley 07983 604698 vicky.buckley@walsall.gov.uk	Internal	Councillor Bird	15 July 2020
3/20 (6.1.20)	Strategic development at Moxley Road, Darlaston Private session: Report contains information relating to the financial or business affairs of any particular person	Cabinet (Key decision)	Joanne Nugent 01922 654752 joanne.nugent@walsall.gov.uk Joel Maybury 01922 654748	Internal	Councillor Andrew	15 July 2020
8/20 (3.2.20)	Black Country Transport Team Collaboration Agreement: To approve the agreement to facilitate the delivery of a strategic transportation function across the four Black Country local authorities	Cabinet (Non key decision)	Matt Crowton 01922 654358 matt.crowton@walsall.gov.uk	Internal	Councillor Andrew	15 July 2020
21/20 (6.4.20)	Hollybank House: Grant occupancy of Hollybank House to Walsall Healthcare Trust for the provision of stroke rehabilitation beds	Cabinet (Key decision)	Kerrie Allward 01922 654713 kerrie.allward@walsall.gov.uk	Internal	Councillor Martin/ Councillor Andrew	15 July 2020
17/20 (2.3.20)	Birchills Childcare: To seek approval of the preferred option following consultation on future provision	Cabinet (Key decision)	Julie Jones 07557 541064 julie.jones@walsall.gov.uk	Staff, service users (parents/carers)	Councillor Wilson	15 July 2020

Page 28 of 86

12/20 (3.2.20)	Surveillance and access to communications data: To recommend to Council for approval: <ul style="list-style-type: none"> Regulation of Investigatory Powers Act 2000: The Council's Corporate Policy and Procedures Investigatory Powers Act 2016 : The Council's Corporate Policy and procedures on the Acquisition of Communications Data To delegate authority to the Executive Director Economy and Environment to make minor amendments to the above policies	Cabinet/ Council (Non key decision)	Lorraine Boothman 07951 523523 lorraine.boothman@walsall.gov.uk	Internal	Councillor Perry	15 July 2020
23/20 (8.6.20)	Special Educational Needs Disability Information, Advice and Support Service: To delegate authority to the Executive Director, Children's Services to award the contract to the successful applicant	Cabinet (Non key decision)	David DeMay 07939 051561 david.demay@walsall.gov.uk	Internal	Councillor Towe	15 July 2020
21a/20 (6.4.20)	Oakwood Special School: To approve additional Basic Needs Funding for Oakwood expansions following identification of increased pupil numbers	Cabinet (Key decision)	Alex Groom 07920 500528 alex.groom@walsall.gov.uk	School staff, governors, schools	Councillor Towe	12 August 2020
59/19 (4.11.19)	Walsall's Allocations policy: To approve the policy which determines who is given priority for affordable housing	Cabinet (Key decision)	Neil Hollyhead 07943 500394 neil.hollyhead@walsall.gov.uk	Public, Housing Associations, internal	Councillor Andrew	12 August 2020
27/19 (8.7.9)	A34 Walsall to Birmingham SPRINT (Bus Rapid Transit) scheme: To approve the sprint scheme	Cabinet (Key decision)	Matt Crowton 01922 654358 matt.crowton@walsall.gov.uk	Internal	Councillor Andrew	September 2020

68/19 (2.12.19)	West Midlands Enhanced Partnership Scheme: To approve a plan to improve bus travel in the A34 Walsall to Birmingham corridor through delivery of a new SPRINT service.	Cabinet (Key decision)	Matt Crowton 01922 654358 matt.crowton@walsall.gov.uk	Internal	Councillor Andrew	September 2020
43/18 (8.10.18)	Lighting Invest to Save: To consider proposals for a major investment in the highway lighting infrastructure by replacing all existing lighting with energy efficient LED lighting	Cabinet (Key decision)	Paul Leighton 07831 120871 paul.leighton@walsall.gov.uk	Public, Walsall Public Lighting Ltd., industry companies, internal	Councillor Andrew	September 2020

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE

FORWARD PLAN OF KEY DECISIONS

Published up to October 2020 (for publication 09/06/2020)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
03/02/2020	Daisy Bank SI Change Request	Approval for the Accountable Body for the Growing Places Fund (Walsall Council) to proceed to amend the Grant Agreement with Wolverhampton City Council to deliver the Growing Places Fund, funded elements of the Daisy Bank Site Investigation project.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	(01/04/2020 meeting postponed) 24/06/2020
03/02/2020	Wolverhampton Environment Centre SI Change Request	Approval for the Accountable Body for the Growing Places (Walsall Council) to proceed to amend the Grant Agreement with Wolverhampton City Council to deliver the Growing Places Fund, funded elements of the Wolverhampton Environment Centre Site Investigation project.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	(01/04/2020 meeting postponed) 24/06/2020
02/03/2020	Woods Lane Phase 2 Change Request	Approves the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Vistry Partnerships Limited to deliver the Local Growth Fund (LGF), funded elements of the Woods Lane Phase 2 Project with delivery to commence in the 2019/20 financial year. Note that this change request relates to a change of company name and registered office address.	Papers TBC – Alison Knight Alison.Knight@sandwell.gov.uk	Sandwell Council	(01/04/2020 meeting postponed) 24/06/2020

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FORWARD PLAN OF KEY DECISIONS

Published up to October 2020 (for publication 09/06/2020)

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02/03/2020	BC LEP Assurance Framework – Revised Appendix 25	Approval of the revised Black Country LEP Assurance Framework Change Control and Delegated Authority governance, as detailed in the attachment of the report (Appendix 25).	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020
02/03/2020	Iron Park Moxley PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act1972 (as amended)	Approval for the Accountable Body for the Black Country Land and Property Investment Fund (Walsall Council) to proceed to a Grant Agreement with Parkhill Estates Ltd to deliver the Land and Property Investment Fund (LPIF) funded elements of the Iron Park Moxley Project with delivery to commence in the 2020/21 financial year.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020
02/03/2020	Phoenix 10 Change Request PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act1972 (as amended)	Approval for the Accountable Body for the Land and Property Investment Fund (Walsall Council) to proceed to amend an Internal Agreement with Walsall Council to deliver the Land and Property Investment Fund (LPIF) funded elements of the Phoenix 10 Project. Note: the change request relates to the reduction of LPIF grant award. Approve that future business rates generated from Phoenix 10 can be utilised by Walsall Council to recover	Papers TBC - Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	24/06/2020

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		their borrowing costs (capital payments plus interest) associated with funding in line with the financial model.			
02/03/2020	Changes to the Local Growth Fund Programme	Approval of the current position of the Growth Deal Projects, reflecting all changes to the Programme (Funding and Outputs) throughout the year and to maximise the 2019/2020 Growth Deal allocation expenditure for various changes, as detailed in Attachment 1 of the report.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020
06/04/2020	City Learning Quarter Site Investigation Change Request PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act 1972 (as amended)	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Wolverhampton City Council to deliver the Local Growth Fund (LGF) funded elements of the City Learning Quarter Site Investigation project with delivery to commence in the 2020/21 financial year. Note that this additional funding request relates to the City of Wolverhampton Technical Centre (Bilston Campus) and is to be underwritten by Wolverhampton City Council. Any Site Investigation funding is considered revenue and is subject to standard clawback conditions, until such time as: an asset/main scheme is delivered on site, which is required to be evidenced by either a built asset, or by a fully funded approved Business Case in support of the main scheme.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	24/06/2020

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06/04/2020	Sandwell Housing Gap Funding - Phase 1 PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act1972 (as amended)	Approval for the Accountable Body for the Black Country Land and Property Investment Fund (Walsall Council) to proceed to a Grant Agreement with Sandwell Council to deliver the Land and Property Investment Fund (LPIF) funded elements of the Sandwell Housing Gap Funding - Phase 1 Project with delivery to commence in the 2020/21 financial year.	Papers TBC – Alison Knight alison.knight@sandwell.gov.uk	Sandwell Council	24/06/2020
06/04/2020	WM5G Project Black Country LEP Development Contribution PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act1972 (as amended)	Approval for the Accountable Body for the Black Country Growing Places Fund (Walsall Council) to proceed to a Grant Agreement with WM5G Ltd to deliver the Growing Places Fund (GPF) funded elements of the WM5G Project with delivery to commence in the 2020/21 financial year.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020
06/04/2020	Boxpool PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A)	Approval for the Walsall Council (being the Local Authority area in which the applicant falls geographically) to proceed to a Grant Agreement with Darlaston Builders Merchants to deliver the Black Country Enterprise Zone (BC EZ) funded elements of the Boxpool project – with delivery to commence in the 2020/21 financial year.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020

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	of the Local Government Act1972 (as amended)	Approve that future business rates generated from Boxpool can be utilised by Walsall Council to recover their borrowing costs (capital payments plus interest) associated with funding in line with the financial model.			
06/04/2020	Fab Kit – Fab Lab Change Request	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Sandwell College to deliver the Local Growth Fund (LGF) funded elements of the Fab Kit – Fab Lab project with delivery to commence in the 2020/21 financial year.	Papers TBC – Alison Knight alison.knight@sandwell.gov.uk	Sandwell Council	24/06/2020
11/05/2020	Growth Hub Grant Funding Agreement Approval 2020/21	Approval for the Accountable Body for the Black Country Growth Hub (Walsall Council) to proceed to a Grant Agreement, with the Black Country Consortium Ltd, to deliver the Black Country Growth Hub Funding for 2020/21.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020
11/05/2020	M6 Junction 10 Change Request PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A)	Approval for the changes to the M6 Junction 10 project grant profile. Note the progress update for the M6 Junction 10 project and that this change request relates to the spend profile.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	24/06/2020

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	of the Local Government Act1972 (as amended)				
11/05/2020	Sandwell Aquatic Centre Infrastructure Phase 1 PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act1972 (as amended)	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to a Grant Agreement with Sandwell Council to deliver the Local Growth Fund (LGF) funded elements of the Sandwell Aquatic Centre Infrastructure Phase 1 project with delivery to commence in the 2020/21 financial year.	Papers TBC – Alison Knight alison.knight@sandwell.gov.uk	Sandwell Council	29/07/2020
08/06/2020	Narrowboat way Site Investigation Change Request	Approval for the Accountable Body for the Black Country Land and Property Investment Fund (Walsall Council) to proceed to amending the Grant Agreement with Blackacres Ltd to deliver the Land and Property Investment Fund (LPIF) funded elements of the Narrowboat Way Site Investigation Project with delivery to commence in the 2020/21 financial year.	Papers TBC – Helen Martin helen.martin@dudley.gov.uk	Dudley Council	29/07/2020