Approved: Margo Williamson, Chief Executive

Date: 14/02/2023

INTRODUCTION

Annex D: Rule 9 Request to be provided to Chief Executives of COSLA Members

Annex D contains questions which the COSLA should provide to the Chief Executives of the Scottish councils within the COSLA's membership.

1. The purpose of these requests are to assist the Covid-19 Inquiry to gain an overarching understanding of the roles and responsibilities of Scottish councils as far as this is relevant to matters within the scope of Module 2 and 2A. The Provisional Outline of Scope for Module 2 can be found here. The Provisional Outline of Scope for Module 2A can be found here. The requests at this stage are not an exhaustive list of the areas the Inquiry is examining for the purposes of Module 2 and 2A and are intended to be high level. As such, the Inquiry may be in contact again with further requests for information and underlying documentary evidence in relation to Module 2 and 2A and/or other Modules.

For the purposes of this request the statement should focus upon the period of time between the following two dates ("the specified period")
21 January 2020, which is the date on which the WHO published its 'Novel Coronavirus (2019-nCoV) Situation Report - 1'.

30 April 2022, which is the date when the remaining Covid-19 restrictions were lifted in Scotland.

If there are matters that you consider are relevant to the Provisional Outline of Scope for Module 2 and 2A, but fall outside of the proposed date frame, please identify those matters in your response.

SUBMISSION FROM ANGUS COUNCIL FOR THE REQUEST FOR INFORMATION FOR RULE 9 AND MODULE 2A

QUESTIONS & ANSWERS

Local Restrictions

a. **Were any local restrictions, in addition to the national restrictions, imposed in your Council? If so, please outline.**

Answer:
All restrictions that were applied in Angus were aligned to The Coronavirus (Scotland) Act 2020 and the national restrictions and guidance issued by Scottish Government and Public Health in Scotland.

There was a lack of direction and clarity of information in January and February 2020. Emergency planners, were ready to respond, activating plans and structures based on what was being issued by the World Health Organisation, yet there was no direction forthcoming from Scottish Government until March 2020, despite requests for situation reports. Scottish Government should have used recognised and tested channels and structures at national and local levels in responding to the pandemic, which would have aided a much more robust and dynamic approach to the emergency management of the pandemic. This was a feature throughout the duration of the pandemic, with unrecognisable concepts being introduced, creating challenges in our ability to co-operate and share information at a national level and to ensure cohesion in the approach across Scotland.

There were ongoing challenges with the timing and issue of all Scottish Government guidance, and it was not always updated as timeously as was required. Sometimes guidance conflicted with existing information, and it was not clear at times what had primacy. There was further complexity in the information that was being shared at UK Government level, and this was often conflicting with what was being delivered in Scotland both for partner organisations and for citizens who were seeking clarity.

Use of data at the outset was challenging in how it was presented for interpretation limiting the value of data that was being shared.

The tiered approach to levels created confusion across local authority areas and boundaries and uncertainty regarding what was permitted or not. The analysis and representation of data was complex and not always fully understood. Decision making on the use of the data, "R" number aligned to per head of population was fragmented. Understanding boundaries and what was permissible was difficult to disentangle.

b. Please provide a list, and the dates of, all local restrictions.

Answer:
No further local restrictions to add. All were aligned to Scottish Government.

c. Please provide an outline of the framework regarding the decision-making for the imposition of local restrictions.

Answer:
Please refer to all Scottish Government guidance documents by version and sequence on date of issue, and as previously highlighted no additional local restrictions were in place in Angus.

Co-ordination and information sharing, and agreement of decisions and actions aligned to national guidance and regulations was undertaken with partners within the Tayside Resilience Partnership. This was cascaded to local level delivery through our incident management process as aligned to our emergency plans.

d. Please identify the input of representatives of your Council into the decisions of the Scottish Government to impose local restrictions.

Answer:
We applied national restrictions at local level, aligned to Scottish Government Guidance.

There was no input requested from representatives within Angus Council on any matters relating to restrictions.

Governance matters, including agreement for delegated powers was reported to Angus Council and committee on a regular basis.

The Council Emergency Centre was activated and co-ordinated. Gold, Silver and Bronze groups including our third sector partners, Angus Alive (Sport and Leisure) and Tayside Contracts coalesced around what was required and delivered in accordance with national advice and local need. This was done through an incident management approach aligned to the council's emergency plan.

Angus Health and Social Care Partnership attended Gold, Silver & Bronze Groups of the partnership group led by the local authority but also the resilience structure set up by NHS Tayside. This was based on council, health and resilience partnership plans. Angus Health and Social Care Partnership also attended national meetings with health and Scottish Government on a range of topics.

The Tayside Resilience Partnership convened regularly with a public health lead, to ensure we had current information based on the guidance available and were sighted on daily updates from Public Health and Scottish Government. Often, we were playing catch up, as information was presented and released to members of the public at the same time or before the awareness of statutory partners.

Several subgroups were in place to address specific areas of work including human resources, grants, care for people, test and protect, vaccinations, additional deaths, humanitarian support, economy and communications.

e. Please identify whether, and if so which, representatives of your Council attended meetings with the Scottish Government to discuss the imposition of local restrictions.

Answer:
Several strategic and specific service leads had input via their professional networks and associations to ensure that full representation of emerging and current challenges were being raised and noted accordingly. This included (but was not limited to) Margo Williamson, Chief Executive, NR Service Lead for Environmental Health and Consumer Protection, Gail Smith, Chief Officer, Angus Health and Social Care Partnership, Kelly Mcintosh, Director of Education and Lifelong Learning and Kathryn Lindsay, Chief Social Work Officer.

Margo Williamson, Chief Executive and David Fairweather, Leader of the Council met with Government when a restriction level was identified as requiring to be raised. This happened on two occasions.

f. Please identify whether representatives from your Council provided any information or evidence to the Scottish Government in respect of the decisions that were taken regarding the imposition of local restrictions.

Answer:
Feedback during national meetings on the impact of Scottish Government restrictions and the challenges in compliance and specifically the humanitarian and shielding guidance and the impact on those most vulnerable within our communities.

At one point it was proposed to raise the level of restrictions in Angus because of the high level of cases in a neighbouring authority, Dundee. The Chief Executive and the Leader of the Council challenged this using public health data and Angus retained the level warranted.

g. Explain whether representatives of your Council agreed with the decisions and/or reasoning of the Scottish Government's decision to impose or extend local restrictions.

Answer:

Feedback was always provided, however Information that was presented and or guidance was not open to change or discussion apart from the one instance above (f). Guidance was issued for implementation. Despite concerns and challenges and concerns for our people and specifically those in our care homes, our young people, our vulnerable citizens, and our businesses it was difficult to see where local need was considered.

h. **Please outline any instances, if applicable, where funding implications impacted upon the decisions to impose or extend local restrictions.**

Answer:
Covid Funding was issued throughout the period of the pandemic often with little warning and specifically the grants that were being offered to citizens and businesses. There was lack of information and clear guidance on eligibility criteria to support the grant process, and this was restricted in who could apply. There was no flexibility in the system to support those most in need.

Lack of clear guidance created expectations from businesses that could not be met and resulted in additional time and resource dealing with complaints and seeking clarification from Scottish Government. Lack of clarity on reporting requirements resulted in further work to produce data in the required format. However, communication improved as we progressed with different grants allowing internal processes and guidelines to be updated promptly.

The number of funds to be administered at one time was challenging in terms of managing expectations of timescales, resource, and communications. This was relevant to both external and internally funding streams.

i. **Please explain whether representatives from your Council, or the Scottish Government of its own volition, considered the impact that local restrictions would have on 'different groups of people.' By this, the Inquiry means at risk and vulnerable people and those with protected characteristics under the Equality Act 2010. Please provide a high-level overview of:**

I. **How such categories of people, if any, were identified.**

Answer:
Vulnerable groups were identified and incorporated into the shielding process. Guidance was issued on the categories from Scottish Government and local authorities were expected to deliver support. In Angus, through the Humanitarian Assistance Angus Response Team (HAART) each identified individual shielding was contacted by telephone to tailor a response to their individual needs. A digital end-to-end system was designed and linked to both Council and regional websites that had been specifically set up to enable people to access specific support.

Care Home Oversight arrangements regularly considered the impact of various restrictions on care home residents who are disproportionately older people and/or people with disabilities. Additional nursing resources were employed to support care homes. There was also Care at Home oversight arrangements which considered how care was delivered safety in line with restrictions at the time. We locally also considered the impact of national restrictions on young people, care leavers and children with disabilities and their families. The issues arising from inequality of access to digital means of communication and participation was also a consideration for protected groups and more generally. There were significant concerns raised and monitored in relation to the patterns of violence against women and girls during the lockdown period(s). Data on this was routinely provided locally and nationally.

The national Education Recovery Group regularly considered the impacts on children, young people, and their families. The Angus Council Education Leadership Team also regularly considered this from an early stage. For example, when the initial confirmation of school closures was received, urgent steps were taken to ensure continued food provision for those in receipt of free school meals. Initially food packages were provided, before moving to a direct payment process. We also considered at length which groups of learners should be prioritised for access to our childcare hubs, considering factors such as care-experience and additional support needs. School-based colleagues established arrangements for contacting the families most in need of support based on their local knowledge.

In response to ring-fenced grant funding from Scottish Government, we identified children and young people most at risk of digital exclusion and prioritised them for access to Chromebooks, iPads, and internet connections. We made use of data relating to free school meals and school clothing grants as an identifier and followed this up with local discussions with head teachers.

We identified our priority groups for access to the Get Into Summer initiative, funded by Scottish Government. These included families in receipt of certain benefits and those with care-experience.

Our Annual Education Plans for 2020-21 and 2021-22 were developed with reference to the groups of learners most likely to be disadvantaged by the pandemic. Drawing on intelligence from the Equity Audit and analysis of our local data. We have prioritised education recovery in relation to literacy, health, and wellbeing, and how we support our care-experienced learners.

II. any key communications or meetings between your Council and Scottish Government relating to discussions on (i) different groups of people; and (ii) the potential impact of NPIs on such groups.

Answer:
Ongoing contact in relation to data sharing for those shielding and weekly returns provided. Weekly attendance at northern resilience partnership conference calls where Scottish Government officials provided updates to Council officers, including live issues they were addressing.

III. Any documents or submissions produced by your Council for the Scottish Government relating to discussions on (i) different groups of people; and (ii) the potential impact of NPIs on such groups.

Answer:
Data return spreadsheets relating to those shielding was provided in line with Scottish Government requests, following agreed national performance measures.

IV. Any methods by which your Council monitored the effect of the pandemic or the response to the pandemic on the different categories of people identified.

Answer:

Daily Incident Management Teams, and HAART; routine data collation, analysis, and submission in relation to protecting people arrangements.

V. Please outline the process by which your Council canvassed the views or response of the public to NPIs and whether, and if so how, this was communicated to the Scottish Government.

Answer:
Integrated approach with HAART and My Street Volunteers to understand the needs, views and demands from our communities and those most vulnerable. This was communicated to Scottish Government via the various communication channels available through the national response.

j. Please explain the role played, if any, by representatives of your Council in discussions with the Scottish Government on the impact of the border with England in the imposition of local restrictions. Please provide an outline of any specific occasions that the border with England caused difficulties surrounding the operation of local restrictions.

Answer:
N/A

Enforcement

k. Please provide a list of all non-pharmaceutical interventions ("NPIs") which your Council had responsibility to enforce. NPIs include.

I. The lockdowns in Scotland.

Answer:
Lockdowns restrictions were followed. Those on essential duties when travelling were informed through risk assessment to strengthen compliance with current protection measures. COVID-19 risk assessments were implemented to reflect current guidance.

The national bodies representing Environmental Health and Trading Standards formed an expert group to liaise with Scottish Government representatives in relation to decisions relevant to the control of the Covid pandemic. The outcomes were relayed directly to our ECP section and any questions or concerns relating to these decisions were passed to the expert group and raised at subsequent meetings. This worked well and ensured that there was a regular flow of information between all those involved.

II. Local restrictions.

Answer:
A COVID-19 risk assessment was in place for all services undertaking essential duties. Risk assessments were shared and consulted upon.

III. Working from home.

Answer:
As part of agile working from home remained the default position. A home working risk assessment process was implemented to ensure staff were issued with display screen equipment considering hazard controls at home. A controlled COVID safe environment was set up by our IT team to issue and receive equipment from staff safely following up to date NHS and government advice. Working online via Zoom and latterly Microsoft teams was in place swiftly, due to the work that had been ongoing as part of the wider agile programme.

IV. Reduction of person-to-person contact.

Answer:
COVID-19 risk assessments were put in place for each service setting to include the NHS inform direction to reduce contact. As part of agile work, working from home was our default position throughout. Key workers were informed to follow government and NHS self-isolation guidance.

V. Social distancing.

Answer:
Social distancing was included in COVID-19 risk assessment. 2 metres social distancing was implemented. Once the guidance changed to 1 metre the council continued with 2 metres until it was confirmed and agreed through services consultation that we would reduce to 1 metre where applicable. Car/vehicle sharing transport Scotland guidance was followed. The distance aware scheme was adopted.

VI. The use of face coverings.

Answer:
The council followed Health Protection Scotland, NHS and Scottish Government up to date guidance on the correct use of face coverings to include appropriate settings for care and non-care as part of procurement, including correct quality, type and usage. There was confusion as to what role required which type of mask.

VII. Travel in and out of Scotland; (including any consideration of the border with England)

Answer:
N/A

VIII. The initial development of Test and Protect.

Answer:
Test and Protect was developed at Scottish Government level and rolled out thereafter. This was much more complex than anticipated. Very little input requested from local level to influence delivery. Tayside Local Resilience Partnership convened a test and protect group, which developed a local delivery model from national guidance. This worked well with all partners engaged. This also included rapid response to the management of outbreaks.

Guidance aligned to testing of our workforce, in schools, seasonal workers, essential services, care services, and rapid response to outbreaks became an industry. Testing, support to isolate, and definitions of close contacts was an ever-ending challenge.

Systems were developed to support our HR processes and to ensure we were capturing covid and close contact absence. This was particular high risk in care settings with regular testing.

Changing parameters and guidance created issues through the response phases and particularly at the height of infection.

Different approaches to testing and mobile locations worked well, however appointments and allocation of contractors was an issue.

LFD kits were issued across the area to encourage citizens to test and isolate as required.

Procurement of Personal Protective Equipment (PPE) was difficult. We adopted a co-ordinated approach across the organisation, alongside the Scottish Government hubs that were in place for care sectors. Accessing PPE on a regular basis and understanding the changing model of delivery was complex. Different strands operating for a range of sectors, some duplication, and gaps evident.

IX. The certification and app systems rolled out by the Scottish Government.

Answer:
We did not have input into the digital or certification systems. However, impact of messaging, the next steps and what was being requested of citizens, had a knock-on effect in the workplace.

X. Repatriation.

Answer:
N/A

XI. Do you feel you had sufficient guidance from the Scottish Government to explain your role in the enforcement of NPIs.

Answer:
In part, however, the guidance changed on a regular basis, sometimes without notice and did not reflect other key supporting guidance such as NHS or health protection Scotland. Additionally, sometimes links were broken after a key change. This caused some anxiety when continuing to support essential services.

XII. Sufficient funding to fulfil your role in respect of enforcement of NPIs.

Answer:
Grant funding to local authorities was allocated to general funds, and to specific areas of work. A Grants Subgroup was in place in Angus to monitor and review all funding. A grants register was compiled with all grants and their purpose. Our existing legal and financial regulations and governance was applied alongside a seamless process to access funds in support of needs led and essential service delivery.

I. **Please provide a high-level overview of your Council's interaction with the NPCC or local police force in respect of enforcement of the Coronavirus legislation and regulations.**

Answer:
This was undertaken via the Tayside Resilience Partnership, with cascade of information nationally and locally. Challenges were discussed and actioned as required. Measures were put in places to identify which staff were able to be travelling for their roles and for what purpose.

Public Health Communications

j. Please outline the role your Council played in public health messaging.

I. **Please outline: Whether your Council issued public health messages over the course of the Pandemic.**

Answer:
The council's communication team issued continual, extensive public health messages throughout the course of the pandemic, from initial health warnings to vaccination programmes. Whilst most messaging was via digital methods (websites and social media) there were also local radio information campaigns as well as posters and flyers produced for specific and non-digital audiences.

This work was both reactive to changes and development in guidance, prevention of outbreaks etc. and pro-active, supporting the vaccination programme both in practical details of where and when centres were open, but also to support the vaccination programme.

Working with LRP partners, a website https://www.taysidecares.co.uk/ (not currently active) was created to form a central resource for all to inform and direct to further services.

The council's support for the pandemic remains ongoing due to winter illnesses and the booster vaccination programme running through 2022 into 2023.

II. **Whether the Scottish Government, or Public Health Scotland, provided guidance to assist with public health messaging at a local level.**

Answer:
Communications was represented on the National Communications Group by Dundee City Council's (DCC) communications team. Here both Scottish Government and PHS provided updates and discussed any issues relating to public health messaging and this guidance was also cascaded to local agencies by DCC through the Tayside public communications group which met on a weekly basis. This group included NHS Tayside, neighbouring local authorities, police, SFRS, and places of higher and further education. In addition, comms was represented (initially by NHS comms and then Angus Council comms) at the LRP which was also attended by Public Health representatives.

Education officers met regularly with the Tayside Public Health colleagues to review and agree local messaging through school networks. This included routine monitoring of case numbers and self-isolation data, and the development of Tayside-wide procedures to support contact tracing during term-time and holiday periods. Engagement with colleagues was very positive, however efforts were made more difficult by the lack of timeous and consistent information from central government

A particular area of challenge for Education was in relation to contact tracing. The understanding of officers was initially that contact tracing for schools would be the responsibility of the Test & Protect Service coordinated by government. It quickly became clear that this was not the case. Head teachers and local government officers were required to coordinate the contact tracing process – a task that was extremely difficult with limited resources. This also impacted on staff wellbeing, due to effectively being 'on call' at all hours to deliver a public health service. There are many examples of head teachers and officers working long hours at weekends, in the evening and over holiday periods to support the process.

Another area of strain was the implementation of lateral flow testing for schools, which required response to urgent data requests and the establishment of procedures for the administration of tests. While an element of administrative funding was allocated, it was impractical to utilise for this purpose due to the short notice and the way school offices operate. Public Health Tayside colleagues were instrumental in setting up these processes, but they often had the same notice as we did.

III. Whether you monitored understanding of local public health messages, and whether there were any instances of confusion in respect of what regulations or guidance applied to your particular Council.

Answer:
Monitoring was undertaken via the PHS and IMT dashboard, which gave insights into key metrics such as vaccination rates, numbers of positive cases etc. etc. This was enhanced by further intelligence sharing from NHST and Police Scotland to identify breaches of regulations, especially within identifiable social economic groups. (e.g at one period, young men were identified as key transmitters with low vaccination rates). In addition, social media feed interactions gave a good indication of the level of understanding of key messages and incorrect statements could be addressed and queries answered.

At times some messages were confused, particularly when national announcements were made without advance notice meaning that communications could not be prepared to expand and reinforce on new regulations. For example, the introduction of tiers was complex, and at one point Angus was tier 3 and Dundee was tier 2, meaning that people from Angus were prohibited from visiting Dundee other than to attend work etc. However, in the main it was clear that key messages were well understood, even if not always adhered to.

IV. Whether messaging of the Scottish Government, Public Health Scotland, or the UK Government, caused confusion to members of the public living in your Council.

Answer:

The main causes of confusion resulted from the council hearing of new rules/initiatives/restrictions at the same time as the public – specifically UK Government 5pm briefings and unscheduled Scottish Government briefings. This meant that if the rules were complex, contradictory and/or poorly articulated, the public would look to the council for guidance when we had no further information to give. This was frustrating, it diminished the council's credibility as a trusted source of information and therefore counterproductive in disseminating key messages.

From an Education perspective, officers were sometimes given an early indication of changes that may be announced for the specific service areas; however, this was insufficient for planning. Announcements were sometimes made in Scottish Parliament, followed by the publication of guidance in support of the announcement. This schedule allowed very little time for officers to understand the impact of changes and develop communication strategies for key stakeholders. In some cases, there was a lack of robust guidance – for example the definition of key workers and vulnerable children eligible for access to childcare hubs was open to interpretation.

There was also inconsistency in terms of the measures for schools and early years when compared to wider public services. Requirements in relation to physical distancing, mixing of groups, PPE and the use of face coverings are an example. We aimed to reduce this through messaging to the school community, and through the development of risk assessments for settings which clearly set out the requirements and expectations.

V. Whether and how members of the public in your Council could seek assurance as to what measures specifically applied to them.

Answer:

As the pandemic continued, the national resource of post code checking provided a useful resource for residents and staff advising them.

In Angus, the focus was on simple and concise messages which were updated immediately. This work was supported by partners across the communications group. This group shared intelligence to identify issues with understanding leading to incorrect behaviours which could then lead to specific communications actions. Over time, the group acquired a wide range to resources including videos, physical assets and translations for both testing and vaccination protocols.

Social media was another useful channel with residents using it to seek further clarification and guidance. We asked those active on social media to support friends, relatives and neighbours who may not be digitally enabled or active on social media and we also sent comms messages to staff, 3rd sector partners and volunteers who were out in the community to ensure that they could disseminate the correct information and correct any confusion and deal with specific enquiries regarding their personal circumstances. Our customer services helpline also provided information as required.

VI. What steps were taken to ensure that different religious or faith groups, or those that speak a language other than English or Scottish, were catered for in the use of public health messaging undertaken by your Council.

Answer:

There are no significant identifiable ethnically diverse populations within Angus, although the county does benefit from seasonal workers, primarily from Poland and other Eastern European countries. It is helpful that social media platforms will translate feeds. This was consistent with our digital approach.

However, the council faced a huge challenge with an outbreak at the 2 Sisters chicken processing factory which is located just over the Angus border in Perth & Kinross, with a significant proportion of the workforce living in Dundee. It transpired that 17 languages were spoken in the factory and English was not well understood or spoken and reading skills were especially poor. Angus worked closely with Dundee City Council and Perth & Kinross Council, NHS Tayside and NHS Tayside public health colleagues to create translations of covid information and testing as the company could not provide translations.

This proved difficult as our resilience procedures had been to use Google Translate to provide translations. However, bilingual staff said that the translations were extremely poor and could not be easily or well understood. Obtaining accurate translations proved difficult and in some cases were obtained from staff across the three councils. Working together, the councils targeted known residential areas with higher levels of ethnic population, schools with children from ethnic backgrounds as well as places of worship associated with those ethnic populations and in this way, a larger outbreak was prevented from spreading across the counties.

After consultation with gypsy traveller liaison officers, a leaflet was created for the gypsy traveller community, articulating COVID restrictions, and where the community could access health services and advice, as well as vaccinations. These was distributed by the community liaison officers and traveller site managers as trusted sources of reliable information, as well as being available in schools and GP practices. Unfortunately, due to resource issues, it proved hard to evaluate the success of these.

Further, Dundee City Council organised a feedback session with The Fairness Commissioners, a group comprising of people from populations who rarely engage. They were asked where they sourced information from, who's voice did they trust, did they understand some of the language used, what language did they prefer etc. This was an extremely valuable session and feedback from that session was and continues to inform comms approaches.

Lessons learned

k. In respect of any of the above questions, please explain any 'lessons learned' and whether this changed the actions of your Council over the course of the pandemic.

Answer:

Scottish Government missed the opportunity to enact well established resilience teams and procedures. The structure of Resilience Partnerships , locally and regionally for unforeseen events is an effective model. Desk top exercises and partnership working is well rehearsed through this structure. If this had been used from the beginning of the pandemic, the response would have been far more efficient and effective.

Debriefs outlining lessons identified were undertaken during the response to Covid across several different functional areas and partners. Lessons at local level were often at odds with national guidance and compliance at local levels. Our response remained focussed and flexible adapting to the daily changes of the operating environment. Our emergency plans and resilience partnership plans, which were well rehearsed and tested provided a robust framework for the ongoing response and recovery elements. Dealing with emergencies requires an integrated emergency management approach, adapting to what is required, and this is the approach always evident in Angus.

Critical national announcements made without normal advance notification, and sometimes outwith usual working hours. This placed a huge strain on a small communications team with few resources and little budget. For example, some decisions re school transportation were made after close of the school day to be enacted the following day. Information was released via social media without any recourse to the organisations who had to deliver.

Due to the speed of decision-making, there was frequently a significant time delay on the production of national assets which led to agencies having to create local versions. Cohesive national messaging supported by assets makes public messaging easier but needs to be timely.

Strong working relationships forged prior to the outbreak meant partner support was readily forthcoming and there was a good understanding of the challenges, weaknesses, and strengths across the partnership. Key objectives were understood, and outcomes identified. The even closer ties developed during the pandemic have continued to have a positive impact on multi-agency working on resilience, such as Storm Arwen and others, and other shared work such as the Tay Cities Regional Deal and refugees from Ukraine.

Existing support for partners' messaging was heightened during pandemic, particularly around public health, and public protection agendas. This helped promote public confidence.

Most communication was digital during the lockdown period. Solutions needed to reach those without digital access - e.g., leaflets in emergency food parcels/lunch bags. There was good support from local media in helping to support key messages both from a Scottish Government and public health perspective and local information.

Some assets changed frequently (e.g., PPE posters). Agencies arranged for assets to be printed then had to discard them as they were out of date.

There was limited capacity to speak (to media, on social media etc) as an LRP. No distinct "brand" or channels. Single agencies required to lead on all aspects of communications.

Angus Council communicated well with significant increase in social media interactions. In times of need and difficulty, citizens know where to come for trusted advice. This is evidence-based on interactions during Storms and flooding incidents.

The pandemic has shown the value of public (and employee) communications within the public sector. The protracted and heightened workload put a significant strain on the council's communications team and required prioritisation over other day-to-day workload.

ADDITIONAL INFORMATION

Scottish Government, NHS Public Health and national topic specific meetings have not been fully outlined, but referenced within this submission, based on the assumption that the detail will be included in all national submissions. This includes both the response and recovery phases.

Several reports were submitted to Angus Council, providing oversight of the response to the pandemic and specifically where decisions were required. Emergency powers and regulations were updated to reflect the operating environment. There are numerous reports that can be submitted should they be required. Reports were also submitted to the Integrated Joint Board (IJB)by Angus Health and Social Care Partnership.

We had regular meetings with Trade Unions who were sighted on our risk assessments and consulted on changes to policies and procedures.

Glossary

AC – Angus Council
AHSCP – Angus Health and Social Care Partnership
DCC – Dundee City Council
HAART – Humanitarian Assistance Angus Response Team
IJB – Integrated Joint Board
IMT – Incident Management Team
LRP – Tayside Local Resilience Partnership
P & K – Perth and Kinross Council
NHST – NHS Tayside
SG – Scottish Government
PPE – Personal Protective Equipment
UK Gov – UK Government.