

WEST DUNBARTONSHIRE COUNCIL RETURN – MODULE 2A

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.

- 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"):
 - A. 21 January 2020, which is the date on which the WHO published its 'Novel Coronavirus (2019-nCoV) Situation Report - 1'.
 - B. 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.

Local Restrictions

- Were any local restrictions, in addition to the national restrictions, imposed in your Council? If so, please:
 - a) Please provide a list, and the dates of, all local restrictions;

Note that 'local restrictions' has been taken to mean those that were confirmed, based on geographical infection levels, at short notice to the Chief Executive but not subject to consultation.

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- From Midnight (Tuesday 1st September 2020) – Scottish Government announced restrictions on indoor gatherings and limits to hospital and care home visiting in East Renfrewshire, Glasgow and **West Dunbartonshire (WD)**,
- 2nd November 2020 – level three restrictions imposed on the majority of Local Authority areas in Scotland including WD (SG Strategic Framework);
- 20th November 2020 – level four restrictions imposed for three weeks (SG Strategic Framework) – WD was one of eleven Local Authority areas in Scotland placed in Tier 4 Restrictions. This came into effect on Friday, 20 November 2020 and ended on 11 December 2020. Hospitality businesses and non-essential businesses closed;
- 11th December 2020- WD returned to level 3.

b) Please provide an outline of the framework regarding the decision-making for the imposition of local restrictions:

West Dunbartonshire Decision Making forum

- Strategic Resilience Group (SRG) - SRG stands up during a major emergency e.g., Covid. The group essentially outlines the strategic priorities and decisions that the Council need to deliver to support the response. In order for strategic priorities to be delivered, an Operational Resilience Group (ORG) was stood up to align with SRG and take forward actions to adequately respond to interventions and requests from Scottish Government. The ORG coordinates the Council's operational response to a major emergency/incident, in this case Covid and escalates any issues to SRG for consideration and decision;
- West Dunbartonshire Chief Officers and West Dunbartonshire Health and Social Care Partnership (WDHSCP) Heads of Service were required to present SIT REPs¹/Exception Reports to SRG outlining key challenges and decisions that needed to be reviewed and agreed by SRG;
- Decisions were agreed by the SRG and noted on WDC SRG Covid -19 Decision and Action Log (document available);
- The ORG consisted of service managers from across West Dunbartonshire Council & West Dunbartonshire HSCP and their decisions were logged (document available).

West Dunbartonshire Health and Social Care Partnership (HSCP)

- Governance arrangements were enacted in line with the HSCP's Pandemic Plan;
- The Chief Officer and relevant Heads of Service took an active role within West Dunbartonshire Council's Strategic Resilience Group and the corresponding group in NHS Greater Glasgow and Clyde. Relevant Officers also attended the Council Operational Resilience Group. Regular SIT REPS were provided and decisions recorded in the relevant decision logs;
- The HSCP held a daily Core Group meeting and maintained its own decision log. In line with the HSCP's Pandemic Flu Plan, the Partnership stood up its' Local Resilience Management Team (LRMT). Updates were provided to the Integrated Joint Board, both through regular informal meetings with the Chair and the Vice Chair and through formal reporting to the HSCP Board. On the 25 March 2020 the HSCP Board agreed Temporary Decision Making Arrangements for the duration of COVID.

¹ SIT REP – situation report is a form of status reporting that provides decision makers with an understanding of the current position.

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

- As above, communication from the Scottish Government was largely routed through COSLA, Leaders, SOLACE, and/or established Regional and Local Resilience Partnership structures;
- While there were targeted communications with Scottish Government where enhanced local restrictions were being applied in West Dunbartonshire Council area (the dates of which are set out above and again below), there was little opportunity to influence the decision making;
- [1] 1st September 2020 restrictions - the Chief Executive was notified by SG representatives of concerns about the increase in positive cases the evening before following a meeting of the national incident management team. The Council's Chief Executive and Leader of the Council were invited to a call with the Deputy First Minister on the morning of Tuesday 1st September to discuss a number of additional measures to be introduced for restrictions linked to the increase of positive cases. The Chief Executive and Leader of the Council were then invited to the Scottish Government Resilience Room (SGoRR) meeting on 1st September 2020 at 5pm, where the First Minister communicated the decision to impose the restrictions;
- [2] 20th November 2020 restrictions – the Chief Executive was notified by SG representatives of concerns about the increase in positive cases. On Saturday, 14 November, East Renfrewshire, West Dunbartonshire & Renfrewshire Chief Executives were invited to a meeting being held on Sunday, 16 November with the Cabinet Secretary about moving into Tier 4. They were advised that the case rate per 100,000 had to be below 50 and that if there were to be changes to the restrictions announced they would impact the Central Belt – decision subsequently taken to impose level 4 restrictions due to concerns about hospital bed availability even though case numbers in WD had started to fall.

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

- As above.

E. 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.

- As detailed above in response to C and D, senior officers and elected officials were called to meetings where local restrictions were intimated. Changes were subsequently communicated frequently with very little notice or, more often than not, the Council found out about changes at the same time as the public, i.e. through the First Minister (FM) lunchtime briefings.

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F. 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.

- There was little opportunity to influence the decision making. The Council was advised that reasoning was generally linked to rising infection rates amongst other factors (subsequently have had sight of reports detailing the various elements considered in assigning protection levels).
- Please outline any instances, if applicable, where funding implications impacted upon the decisions to impose or extend local restrictions.
- N/A
- 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:
- Given the timescales with which the restrictions were imposed by the Scottish Government, these were not Equality Impact Assessed at a local level prior to implementation. However, impact was considered in terms of appropriate local support offered (see below). It is noted that the Scottish Government undertook a number of EIA's prior to the implementation of their agreed policy directions.

a. how such categories of people, if any, were identified;

- **Shielding**
The Council received the shielding list via Public Health Scotland and were required to add details into 'Carefirst' (our technology solution for users of care services) for those who didn't already receive support/care. This would ensure that if they did present for service access, we would already have their details and confirmation of their vulnerable status. The details were also securely passed onto the Working4U team in the event the person called for advice or support.
- **Crisis Support Team – Humanitarian Assistance Centres (HAC)**
The Crisis Support team was established very rapidly in early April 2020 primarily within the Housing & Employability Service but included employee volunteers from other service areas. The team provided support to critical cases highlighted via online

forms, texts, social media messaging and calls to the Council received through the contact centre. With collaboration from colleagues across the Council, the team created a Humanitarian Hub, coordinating most community responses, emergency assistance including food parcels, and support for pharmacies in delivery of prescriptions. A link to available support was highlighted on the Council website: <https://www.west-dunbarton.gov.uk/coronavirus/additional-support/>

- **Isolate and Support**

Local authorities were lead delivery agents for practical support in communities, tasked with providing people resource support to manage inbound calls, assess needs and arrange support for those in the shielding, non-shielding but at risk and, latterly, self-isolating cohorts. WDHSCP established a team to facilitate outbound calls to those self-isolating focused on ascertaining any support requirements available as part of the National Assistance helpline offer. As above, the Crisis Support Team supported by our Communities team coordinated the delivery of food parcels, prescriptions, energy assistance, dog walking and other community supports.

- **Establishment of Volunteer network**

A pool of volunteers from the Council workforce was established to carry out the tasks outlined in the sections above, with the volunteers playing a critical role in delivering practical assistance and support to vulnerable households including shielding groups. Separately West Dunbartonshire Community Volunteer Service (WDCVS) had a role to coordinate third sector activity.

- **Scottish Welfare Grants**

Self-Isolation Support Grants (SISG) of £500 were introduced in November 2020 by the Scottish Government and processed by Scottish Welfare Fund Teams within each Local Authority. Criteria for the grant continued to evolve through the pandemic and this impacted on the level of applications and in turn the processing time. These changes were often announced with little notice and this caused pressure in an already small team, largely working remotely. This increase in workload created overtime requirements and for former Welfare Fund employees to be redeployed back into to the team from other Council service areas.

- SISG was provided to workers who earned less than the Real Living Wage (RLW) or were in receipt of a low income benefit, and who experienced reduced earnings as a result of them, their child or the person they were caring for being required to self-isolate or advised to stay at home to prevent the spread of COVID- 19. Where applicants were not eligible for a particular grant, the team signposted to alternative assistance where available. Over the period 2020-2023, more than 5000 applications were received with more than half qualifying.

- **Vaccination centre provision**

The National Vaccination Programme was rolled out to protect the highest risk from serious illness or death. To support the rollout of the Mass Vaccination programme, two multi-disciplinary groups were established to provide strategic and operational leadership to develop and monitor the delivery of the programme and coordinate the multiple concurrent aspects of operational and logistical implementation. The main challenges included the provision of resource to support NHSGGC vaccination

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delivery and the frequency with which changes to said delivery were made, often with little notice.

- A working group was established and led by the Civil Contingencies Officer. The group's purpose was to establish a strategy to engage with hard to reach groups and citizens to identify any barriers to uptake and encourage participation in the vaccination programme. The group targeted the Travelling Community, Syrian Refugees, Homeless and those with Mental Health, Learning Disability and Addictions.
- **Community support**
In addition to the volunteer management service provided as part of the Crisis Support Team the undernoted support was also delivered:
 - There were regular calls to community group contacts during the first lockdown to establish support needs. This resulted in referrals to the Crisis Support Team and assistance to several community groups to access pandemic response funding, the team advised when funding would become available;
 - In spring 2021 - a telephone survey was conducted with community groups to discuss their recovery/restart plans and what assistance they required to achieve this. The survey asked who they supported and if their members had any protected characteristics. There were 23 community group referrals for further assistance which were taken forward;
- An EIA was conducted August 2020 to assess impact of team return to community based services.

b. 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;

- West of Scotland Regional Resilience Partnership (WoSRRP) Local Authority Isolate and Support Delivery Leads Contact Group;
- The Council and HSCP contributed to a significant number of information requests to the likes of Scottish Government, COSLA, Improvement Service (IS), NHS and other partner agencies. If information is required from these data returns (applicable to all Councils and HSCPs), the requesting agency would be best placed to provide.

c. 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;

- Isolate and Support Data weekly returns to highlight local statistics
- CoSLA weekly dashboard returns;
- In addition and again, as outlined above, the Council and HSCP contributed to a significant number of information requests to the likes of Scottish Government, COSLA, Improvement Service (IS), NHS and other partner agencies. If information is required from these data returns (applicable to all Councils and HSCPs), the requesting agency would be best placed to provide.

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d. 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.

- Covid Data analysis was presented to the SRG in the form of a SIT REP;
- Statistics that were provided to Scottish Government and CoSLA;
- Data was collated locally in respect of care home deaths and specific measures; Governance arrangements were put in place to monitor this situation and as far as practicable protect service users;
- As outlined above, the Council and HSCP contributed to a significant number of information requests to the likes of Scottish Government, COSLA, Improvement Service (IS), NHS and other partner agencies. If information is required from these data returns (applicable to all Councils and HSCPs), the requesting agency would be best placed to provide;
- Environmental Health established a local process for schools to contact the Service with queries about possible case(s) in the first instance. This developed into daily reporting of confirmed cases.

e. 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

- The focus was on response and support to communities, ensuring compliance with restrictions as far as remit permitted and maintaining service delivery to the most vulnerable. Formal canvassing of views was not undertaken.

f. 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

- Restrictions were imposed by Scottish Government without opportunity to provide feedback. Assume those policy decisions taken nationally were subject to Equality Impact Assessments (EIA) by Scottish Government.

Enforcement

7. Please provide a list of all non-pharmaceutical interventions (“NPIs”) which your Council had responsibility to enforce. NPIs include:

a. The lockdowns in Scotland

- Environmental Health, Trading Standards and Licensing Standards Officers had powers under The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020. In WD, enforcement was led by Trading Standards, Environmental Health, Licensing, and the Anti-Social behaviour (ASB) teams.
- Licensing Section took the lead in reviewing licensed premises' compliance with the government's hospitality restrictions, for example, social distancing, the use of one way systems, the undertaking of suitable risk assessments etc. Licensing Standards Officers undertook inspections of these licensed premises. Steps were also taken to ensure that occasional licence applications for outdoor areas were closely scrutinised. Applications were circulated to the Council's Environmental Health and Planning Sections as well as Police Scotland.
- Police Scotland also led on part of the enforcement as they urged people to comply with the advice from governments and health service.
- ASB Services experienced a sharp rise in complaints during the second lockdown, mainly because working from home was enforced and the ongoing uncertainty of COVID-19 caused anxiety within the local community. The lockdown and the message to stay indoors caused frustration within some parts of the community which led to unauthorised gatherings and increased complaints to ASB.
- Whilst ASB service retained all powers, restrictions required the team to work from home providing only a telephony service for a period. Police Scotland were the only agency able to attend tenancy breaches as they were deemed as essential workers. No exemption made by Governments to include ASB service as essential workers therefore the local team was unable to address any breaches of Covid-19 rules under ASB legislation.
- Due to compliance with COVID 19 regulations, the ASB team were unable to provide the full service to support the community for the majority for the pandemic. That said, ASB services continued to provide a limited service and managed to maintain case resolution for tenants albeit legal cases were delayed due to court restrictions.

b. Local restrictions

- From Midnight (Tuesday, 1st September 2020) – Indoor gatherings limited in West Dunbartonshire - Scottish Government announced restrictions on indoor gatherings and limits to hospital and care home visiting in East Renfrewshire, Glasgow and **West Dunbartonshire (WD)**, from midnight on Tuesday 1 September;
- 2nd November 2020 – level three restrictions imposed in majority of Scottish Local Authority areas(SG Strategic Framework);
- 20th November 2020 – level four restrictions imposed for three weeks (SG Strategic Framework) – WD was one of eleven Local Authority areas in Scotland who were placed in Tier 4 Restrictions. This came into effect on Friday 20 November 2020 and ended on 11 December 2020. Hospitality businesses and non-essential businesses closed;
11th December 2020 - WD returned to level 3.

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- For service areas where employees delivered essential services, local restrictions put in place including reducing the provision of service to urgent / emergency repairs only; reducing the numbers of operatives attending tenants homes and ensuring PPE and social distancing rules were adhered to; reducing the number of operatives in vehicles to comply with social distancing;
- In the opening of buildings to allow essential services to be delivered, local restrictions were in place in relation to access, social distancing requirements, mask wearing and reinforced via appropriate signage throughout each location;
- On occasion specific instructions had to be issued to licensed premises by the Licensing Standards Officers requiring practices to cease or procedures and/or policies to be amended so to ensure compliance with the relevant restrictions. Such instructions were complied with by licensed premises and no formal enforcement action was required;
- Steps were also taken to make sure that occasional licence applications for outdoor areas were closely scrutinised. Applications were circulated to the Council's Environmental Health and Planning Sections as well as Police Scotland.

c. Working from home

National and Local restrictions

- In order to comply with the work from home instruction to employees, the Council enabled workforce-wide remote working, allocation of devices to supplement those already set up for home working and instructing all those who could to remain working from home until advised otherwise. Within weeks hundreds of additional devices had been deployed. This included (but not limited to) sourcing laptops for those who did not have a Council device, repurposing devices or enabling employees to use own device. Additional work was required to ensure all access was secure, compliant with ICT Security arrangements and only by those authorised to do so. The technology teams fast tracked deployment of MS Teams and Zoom to ensure continuation of Council business and communication with employees and communities;
- There was a need to review and modify associated policies and procedures to allow teams to deliver services from home e.g. call management software, payment solution and accessing various national systems which, under normal circumstances, could not be accessed from home e.g. Department for Work and Pensions (DWP). Risk assessments and DSE assessments were reviewed; equipment (chairs, monitors, keyboards etc.) issued in response to those working from home;
- The different restrictions, rules and effective dates were communicated to employees, managers and elected members through regular workforce updates issued to ensure all were aware of current restrictions and implications for service delivery. The frequency of change made this both difficult to manage from a service delivery perspective and confusing for employees to keep track;
- Additionally, the Council more often than not found out about the changes to national restrictions at the same time as the general public. This included the various SG policies, funding schemes and supports being offered and which Scottish Local Authorities were expected to deliver;

- Trading Standards and Environmental Health officers provided advice on the operation of trade premises and enforcement where required.

Support to workforce

- An employee survey on working from home was undertaken fairly early in the pandemic to ensure that those who couldn't work from home (due to a variety of reasons from lack of suitable space to personal circumstances, e.g. domestic violence) and therefore needed to work from a Council premise were identified and accommodated quickly;
- Wellbeing support was increased over the period including additional access to counselling, online webinars, virtual cup of tea and chat etc. Unfortunately the SG wellbeing support provision targeted at social care workers seemed not to be taken up (data unavailable from SG on use) as the local and well-established provision was significantly over subscribed resulting in additional changes to the number of counselling appointments paid for through contract;
- A weekly newsletter was issued detailing current advice, restrictions, any action(s) required and support available. This was supported by a whole-scale review of all risk assessments and building protocols to accommodate COVID restrictions as they emerged;
- An organisation-wide call for volunteers was made from those employees not able to work from home and therefore available to work supporting community and testing centres.

- **Continuation of education and learning**

Production of local directives and local interpretation of 'loose' Government policy resulted in locally negotiated service level expectations for:

- Delivery of online learning (delivered from home) and direct teaching content by teachers using 'live learning' was not mandatory and had to be managed / agreed locally
- Negotiation about working time agreements to ensure children had access to teachers remotely whilst cognisant of the fact that many education staff had their own childcare provision and/or were dealing with illness at home
- Adaptation to the working time agreement for teachers to ensure balance of planning time which could be done at home and balance of in school provision of Childcare Hubs
- Negotiation about the balance of staff time between staff home working and provision of staff at 'key worker childcare hubs' - this stretched the capacity of the service
- Providing a fast paced response and change to service in response to national policy about service provision and the balance between expectations for remote 'home' education and 'blended education' in school
- Managing parental expectation about the quantity and quality of education provided by teachers - teaching remotely at home.

d. Reduction of person to person contact

- Restrictions in numbers in Council vehicles delivering essential services, supported by national guidance and adjustments to local risk assessments;
- Restrictions in care home visitation arrangements and cross-establishment working;
- Care home visiting restrictions were put in place on Friday 13th March 2020 with West Dunbartonshire care homes implementing this instruction immediately. Families who had relatives on end of life care were granted exceptions with only one visitor permitted and the wearing of PPE required;
- HSCP day care services were also closed on Friday , 13th March 2020 to limit foot traffic, as this service is part of the residential care building;
- Risk Assessments (RA) for care homes were compiled and as guidance was updated RAs were amended to reflect any changes/updates;
- West Dunbartonshire care homes and day care services followed and adhered to all information and guidance provided, daily updates given to managers as Covid-19 progressed. Residents and employees were encouraged to maintain good hand hygiene. Followed increased infection control procedures, enhanced cleaning regimes. All employees updated regularly on all guidance. Risk assessments updated as guidance changed.
- Closed care homes to visitors and new admissions in March 2020. Signage to doors re closed to public, visitors and instruction for all maintenance re essential visits only. Residents requested and supported to remain in bedrooms, en-suites available to all residents. Social media use introduced to enable residents to keep in touch with their families and friends
- Isolation stations with PPE for each person commenced, stocked and placed outside all bedroom doors with additional information provided to staff on Covid, PPE and increased hand hygiene.
- Increased and enhanced cleaning regimes, all lounge areas closed, all soft furnishings, hand rails, touch points and equipment cleaned. Signage placed on lounge doors stating area being decorated to stop residents entering these areas and encourage them to remain in own bedrooms.
- Residents encouraged to increase fluid intake, observations and monitoring of residents, all new symptoms or concerns re residents' health reported to GP immediately.
- Catering arrangements changed to deliver meals direct to residents in their bedrooms.
- Reduction in numbers attending funeral/cremation/burial services. Guidance provided to local funeral directors to ensure they were aware of and complied with the new restrictions. The guidance was explicit causing no concern for misinterpretation. On occasion more than the permitted numbers turned up to funerals, this was challenging for the teams to manage due to the sheer scale of people attending. If the team received intel that there was potential for larger numbers, the team worked with Police Scotland to minimise the impact this would have on bereaved families and the team on site. That said, that vast majority of cases funeral directors and families worked well with the team to ensure that the chance of increased numbers was reduced;
- Risk Assessments were put in place as well as local risk assessments which allowed building services team members to enter tenants and residents homes to ensure emergency repairs could be maintained;
- All those who could were instructed to work from home and follow national guidance to reduce contact and limit spread of infection;
- Gradual re-opening of building assets to allow essential services to carry out service functions;

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- Those employees who were shielding were supported to ensure they weren't put at risk e.g. working from home;
- There was a reduction in some regular inspection visits, mainly licensing, environmental health and trading standards, to minimise face to face contact.

e. Social distancing

- Restrictions in number of occupants within Council vehicles delivering essential services, supported by national guidance and adjustments to local risk assessments;
- All employees who could were instructed to work from home and follow national guidance to reduce contact and limit spread of infection;
- Social distancing implemented for employees who were required to attend work for essential service delivery. In addition, a limit on the numbers of employees permitted within rooms and work spaces. Respective risk assessments undertaken;
- Measures introduced in all relevant premises to facilitate distancing.

f. The use of face coverings

- During the Covid-19 pandemic, facemasks or coverings were mandated in public spaces and personal health control measures introduced to combat the spread of COVID-19. All those continuing to work in essential services (i.e. not at home) were instructed to wear a face covering (unless exempt) and revised procedures for allocation, use and disposal of PPE were issued and adopted (linked again to national guidance). From the 18th April 2022 people in Scotland were no longer required by law to wear a face covering in crowded indoor places or on public transport;
- Licensing Standards Officers engaged with taxi drivers at designated taxi ranks and offered advice and assistance in relation to the restrictions so far as they applied to taxi drivers, for example, wearing of face coverings;
- In respect of educational establishments, the guidance was initially subject to local interpretation making decision making very challenging about what could be expected of staff and our young people - the following directives exemplify this:
 - *"Government Guidance August 2020: 'If there is a local cluster of cases, a decision may be made locally to recommend face coverings for all secondary school pupils including in the classroom until any outbreak is resolved.....For children aged 6-11, a risk-based approach should be applied to the decision about face coverings, taking into consideration issues including local prevalence and transmission rates, social and environmental norms and customs, the child's capacity to comply, potential impact on learning and psychosocial development, and additional specific considerations.*
 - *The use of face coverings by everyone travelling on school transport (bringing it in line with public transport) is recommended, recognising the enclosed nature of transport, the difficulty of distancing and of natural ventilation as we move towards winter, and the mixed age groups (and sometimes pupils from a number of different schools) travelling together.*
 - *Face coverings are also advised for secondary school pupils and adults in those circumstances in schools where distancing is proving particularly difficult, such as when moving through the school towards communal areas, stairways and exits.*

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Crowding appears to happen in some schools in these circumstances and the wearing of face coverings would mitigate the associated risks.

- *In addition, where there is evidence of local clusters with a link to a school, a decision might be made locally in conjunction with PAGs/Incident Management Teams to recommend face coverings for all secondary school pupils, including within classrooms, until the outbreak is resolved'*

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

- Due to the geographical position of West Dunbartonshire Council, this was a matter for Police Scotland;
- All those who could were instructed to work from home and follow national guidance to reduce contact and limit spread of infection.

h. The initial development of Test and Protect

- The Council was not involved in the initial national development of Test and Protect.

- **Local Test and Protect**

The Council's enforcement activity was primarily led by our Environmental Health, licensing and Trading Standards teams. While this was focussed on the business community for much of the time, there were significant duties in respect of support to Education colleagues for the local application of test and protect. This required the contact tracing across all education, early years and childcare establishments and was reported periodically to the SRG.

- Worked with partners to select appropriate buildings and provide access to council owned vacant land to facilitate testing sites and vaccination centres to meet local requirements; West Dunbartonshire supported the delivery of this with NHS the lead body.

Officers (four in total) were placed in mentoring roles within Test & Protect to assist Greater Glasgow & Clyde NHS. This role, ran from May 2020 until August 2020 with officers completing two shifts/week and included: allocating cases to callers; advising callers on complex calls; undertaking case interviews; reviewing database for clusters; reporting clusters to Health Protection Advisor; the team was emailed daily by Test & Protect with "daily; settings" for businesses with positive cases which the Food & Business Group would investigate.

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

- The Council was not involved in this/did not have a role.

j. Repatriation

- The Council was not involved in this/did not have a role.

8. Do you feel you had:

a. Sufficient guidance from the Scottish Government to explain your role in the enforcement of NPIs;

- The guidance changed continually, at the beginning sometimes daily, which made it challenging to maintain an organisation-wide understanding of the rules. However, the strong and consistent messaging via SRG and ORG mitigated this to an extent.
- The guidance regarding the wearing/non wearing of PPE and Social Distancing led to confusion as it was not initially mandatory and subject to local context and local interpretation. This gave rise to specific challenges in educational establishments and required strong leadership and guidance from the central team to provide support when challenged by stakeholders and their individual interpretation of some of the 'loose' policy directives on face mask wearing/ PPE; and also provision of Childcare Hubs for different categories of Key Workers;
- From a licensing perspective, at times the way the legislation was set out it caused a level of ambiguity however, issues ended to be clarified when guidance was updated soon after.

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

- Funding stream was provided however local resource challenges continued throughout the pandemic and to this day there are recruitment and retention challenges. While initially focused on care and cleaning roles, this has evolved to many other roles where turnover is higher than the norm but in line with rates seen nationally;
- Funding was provided to support the initial set up of Test and Protect.

9. 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.

- Liaison with local police was largely via the Chief executive and link officers in trading standards, environmental health, housing, licensing and corporate communications.
- Licensing Standards Officer kept in touch with the local Licensing Department of Police Scotland on a regular basis. Joint visits to licensed premises were carried out between Police Scotland and Licensing Standards on a number of occasions. Police Scotland were consulted as normal in relation to the processing of applications.

Public Health Communications

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

a. Whether your Council issued public health messages over the course of the Pandemic;

- Messages were published via Council website, intranet, workforce briefings, all employee administrator emails, and social media platforms and proactively issued to local media outlets mirroring information provided by Public Health Scotland /NHS Greater Glasgow & Clyde/Scottish Government;
- At the outset of the pandemic, both prior to lockdown and in the initial weeks following, information was not readily published by Scottish Government /Public Health Scotland /NHS Greater Glasgow & Clyde. This resulted in the WDC communications team relying on World Health Organisation publications to ensure citizens and employees received accurate and timeous information;
- Throughout the pandemic information on the following could all be found on the Council website and intranet: general Covid advice, information and support; Covid Testing centres and home testing; Mass Vaccination Centres – including dates of clinics;
- Letters were sent to parents/carers at schools and early learning centres advising on contact tracing when there was an outbreak. Elected members received regular briefings and Council reports to keep them updated;
- The hospitality industry was subject to various restrictions. These restrictions changed on a regular basis. The Licensing Section kept the relevant pages of the Council website updated with relevant information. In addition, information was provided by email and phone as requested and from other interested parties;
- Overall, the Council had a robust communication structure in place ensuring all stakeholders were kept informed of key messaging, restrictions and interventions. This was consistent throughout the response.
- **West Dunbartonshire HSCP**
In broad terms, internal and external communication were managed by NHS and Council communications teams. Public health messages were well managed and distributed through intranet, internet, press releases, and social medial and staff briefings. The NHS issued Core Briefs to employees on a very regular basis (initially three times per day). Similarly the Council issued regular workforce briefings which provided key messages and talking points on Covid 19 response and guidance.

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

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- Yes see answer to a;
 - Scottish Government provided local authorities with communication toolkits which allowed the communication team to share consistent messaging. However in consideration of the bigger picture, key announcements were made as part of the First Minister's briefings. These included announcements on testing centres, vaccination centres, self-isolation support grants, business support grants, decisions on education and schools and the strategic framework/ local restrictions. Local Government was rarely provided with information on consequential expectations of LG in advance of the briefings.
- c. 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;
- Yes, confusion apparent via social media platforms/other communication channels with communities. Anecdotally via trade union colleagues, specifically concerning guidance for workplace practice. Initially geographical differences created confusion and division when moving between levels.
- d. Whether messaging of the Scottish Government, Public Health Scotland, or the UK Government, caused confusion to members of the public living in your Council;
- Yes - see answer to c;
 - Typically the announcements were high level but headline attracting. There was often no prior warning and without detail, the Council was left to contend with an influx of queries from our citizens but no clear answers until the guidance or information followed from the Scottish Government/PHS or NHSGGC over the following days;
 - From an Education perspective, messaging around non-wearing/wearing of face masks was confusing as wearing face coverings in educational establishments was not mandatory. Therefore, local factors needed to be considered when making decisions this resulted in mixed messaging and challenges around consistency in practice;
 - The complexity of mixed messaging is clearly evident below in the Scottish Government Directives below:
 - *'WHO advises (i) that children aged 5 years and under should not be required to wear masks; (ii) that use of masks by children aged 6-11 is dependent on a number of factors; and (iii) that children aged 12 and over should wear a mask under the same conditions as adults, in particular when they cannot guarantee at least a 1 metre distance from others and there is widespread transmission in the area. The report emphasises the need to apply the advice appropriately to the national and local context.....Face coverings are also advised for secondary school pupils and adults in those circumstances in schools where distancing is proving particularly difficult.... In addition, where there is evidence of local clusters with a link to a school, a decision might be made locally in conjunction with PAGs/Incident*

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Management Teams to recommend face coverings for all secondary school pupils, including within classrooms, until the outbreak is resolved.....For children aged 6-11, a risk-based approach should be applied to the decision about face coverings, taking into consideration issues including local prevalence and transmission rates, social and environmental norms and customs, the child's capacity to comply, potential impact on learning and psychosocial development, and additional specific considerations'.

- Allocation of places at Childcare Hubs was subject to interpretation by individual members of the public. The categories of key workers caused confusion for parents who assumed if they were needed at work they should be classed as key workers whether categorised as essential or not;
 - On the phased opening of schools, local decisions were made on the model of education being offered with no national dictate on what was expected. This resulted in different models across local authorities and caused some confusion for parents and staff;
 - In the period March to June 2020 guidance on social distancing, face mask wearing was not mandatory and subject to individual interpretation. Communication from the Service to Head Teachers advised how to interpret the guidance but a burden of responsibility fell on the service to interpret and decide.
- e. Whether and how members of the public in your Council could seek assurance as to what measures specifically applied to them;
- Messaging was continually shared and updated timeously as it evolved. Queries from employees and citizens were responded to swiftly. Links to the Scottish Government and Public Health Scotland website were shared across channels for those seeking reassurance or clarification;
 - Messages were published via Council website, social media platforms and utilisation of local media outlets mirroring information provided by Public Health Scotland /NHS Greater Glasgow & Clyde/Scottish Government;
 - Information on general Covid advice and support could be found on the Council website and intranet;
 - Information on Covid Testing centres and home testing could be found on the internet and social media;
 - Information on Mass Vaccination Centres could be found on the Council internet and dates of clinics were noted on social media;
 - Environmental Health established a specific code on Civica (the Database used by Environmental Health) to code Covid-19 enquiries and/or complaints. Enquiries were often regarding current guidance, particularly for businesses, which were dealt with by the Food & Business Group.

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f. 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.

- During the vaccination and testing phases West Dunbartonshire communications team proactively produced translated materials to be used at vaccination centres and testing sites promoted the Language Line service if people needed it. A BSL video was commissioned for vax centres, promoted via poster with a QR code. Information on testing and vaccination centres was also shared through the West Dunbartonshire equality forum;
- A working group was established and led by the Civil Contingencies Officer. The groups' purpose was to establish a strategy to engage with hard to reach groups and citizens to identify any barriers up uptake and encourage participation in the vaccination programme. The group targeted the Travelling Community, Syrian Refugees, Homelessness and those with Mental Health, Learning Disability and Addictions;
- The group fed back to NHS Greater Glasgow and Clyde's (NHS GGC) inequalities team to address local issues in terms of provision of information in different languages and BSL on NHS GGC website that the council communications team could share;
- Public Health messages were provided by NHS/Public Health Scotland therefore it is assumed that Equality Impact Assessment considerations were picked up at national level.

Lessons learned

11. 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.

- Lessons learned log created to capture issues, challenges and solutions. Used to share knowledge of what worked well and what could have been done differently during response;
- Decisions log created early in the process as pandemic stretched beyond expectations;
- Importance of remote work infrastructure and technology – the Council had to quickly establish extensive remote work systems and processes to comply with national instructions, keep employees safe and ensure services could continue to be delivered (including many vulnerable clients/service users);
- Enabling remote access for not only People & Technology employees but for WDC employees across the organisation to work from home at very short notice. This entailed (but not limited to) sourcing laptops, mobile phones and headsets for employees who did not have a Council device or their own device to allow them to work from home. There was a high volume of work for ICT to provision this to ensure any access was secure and by authorised employees;
- Educating employees on how to access remote systems;
- Maintaining an ICT infrastructure that was not designed from a capacity perspective to accommodate over 2000 employees working remotely;

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- Redesign of the device update process to apply updates and security patches to WDC devices being used at home;
- Responsive, flexible and able to react quickly to procure goods and services such as personal protective equipment (PPE), laptops and deep cleaning to meet the Service Area demands;
- Procuring remote access tokens for employees;
- There were issues with the supply chain with procuring laptops, mobiles and headsets and certain PPE items;
- Joint working between WDC and WDHSCSP in relation to the distribution of PPE to maximise the use of resources;
- Implementing an onsite and safe ICT appointment service to provide support to both corporate and education employees;
- Clear need for flexibility and adaptability - the pandemic created a rapidly changing environment that required the Council, as a CAT 1 responder, to adapt to the challenges and changes at a pace never before encountered. The Senior Leadership Group immediately mobilised themselves as the Strategic Resilience Group (SRG) to ensure that key strategic decisions and appropriate influences could be made quickly and robustly. Additionally, the Operational Resilience Group (ORG) an incident version of the peace-time Resilience Group, stood up to implement key policy decisions and inform required changes to working practices;
- Importance of clear and effective communication – with the majority of our 6500 employees working remotely, guidance for the workforce changing daily/weekly and wide-spread concern about infection levels, it was imperative that clear and effective communication channels were in place and updated as the guidance changed;
- The pandemic served to highlight existing societal inequalities in terms of the extent and severity of direct health impacts but also the urgent need for financial and practical support for disadvantaged individuals and households. This was particularly pronounced in Local Authority areas like West Dunbartonshire with very high social deprivation levels;
- Frontline services were able to quickly adapt to a significant incident and continue to deliver essential services in new ways;
- Decision making was agile and appropriate given the unprecedented environment with team members flexible and willing to offer support due to the circumstances. This was supported by effective communication between management and operational employees which helped reassure employees, tenants and other stakeholders;
- The Housing and Employability service coordinated the Council's community response, framed around a rapidly developed Crisis Support Team. At the early stages of the Pandemic, both Scottish and UK Governments were making announcements about the availability of support that would be delivered by local authorities. These announcements were often made at short notice with little consideration given to the requirement for a new delivery infrastructure within local authorities and with external partners. This meant Council teams were often responding to public enquiries about the various supports while simultaneously trying to create the teams, processes and structures that would deliver the response;
- Need for clear, timely directives communicated in a range of formats;
- Reinforced the value of having an informed central education service to make courageous and informed decisions when national policy was not mandatory;
- Need for education directors at central level to provide clear guidance and support to teams within schools / Early Learning Childcare Centre's (ELCC) who managed significant operational challenges and needed clear guidance and direction; and co-ordinated approach to ensure continuity of service;
- Importance of collaborative working between local education authorities when interpreting 'loose' national policy;

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- Importance of collaborative work across service areas and the value of having experts' in each service to interpret policy , and inform local decision making;
- Importance of relationships- across Councils and partners. Communication leads from city region met virtually during local restrictions and shared approaches and information;
- There was also a WoSRRP public communications group which was also beneficial particularly where communications challenges were experienced and restrictions changed and evolved;
- Despite assurances that the demand for data and information from the Scottish Government would be kept to a minimum to recognise the fundamental priority required in supporting the local communities, there were increasing demands for statistics and data, in multiple formats and varied frequencies. This created a significant and additional burden too many teams who were, for example, developing crisis support responses that necessitated the development of new teams while establishing information management processes that could record activity and satisfy the growing demand for statistics. These teams were working under new and exceptional pressure and the requirement to provide very regular and extensive statistical returns could have been reduced;
- Need for co-operation of partner organisations in particular Police Scotland in enforcement to ensure that appropriate powers are deployed in each circumstance;
- HSCP developed a report on COVID-19 Reflection and learning (document available) based on a self-assessment approach deployed using an online survey that was live between 8 February and 26 February 2021. This work highlighted a series of learning opportunities and resulted in the development and implementation of an improvement plan. Self-evaluation activity was undertaken with communities, staff, senior management team, extended management team and the HSCP Board.
- While the Council and partners quickly and adeptly responded not only to the rapidly evolving challenges for our communities but to the expectations from Scottish Government, the deep-cutting underfunding of local government has left the ability to respond to equivalent events significantly undermined.