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Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr  
Bridgend County Borough Council



Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

*Rydym yn croesawu gohebiaeth yn Gymraeg.  
Rhowch wybod i ni os mai Cymraeg yw eich  
dewis iaith.*

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let us know if your language choice is Welsh.*



**Cyfarwyddiaeth y Prif Weithredwr / Chief  
Executive's Directorate**

Deialu uniongyrchol / Direct line /: 01656 643148 /  
643147 / 643694

Gofynnwch am / Ask for: Democratic Services

Ein cyf / Our ref:

Eich cyf / Your ref:

**Dyddiad/Date:** Thursday, 17 June 2021

Dear Councillor,

**COUNCIL**

A meeting of the Council will be held remotely - via Microsoft Teams on **Wednesday, 23 June 2021 at 15:00**.

**AGENDA**

1. Apologies for absence  
To receive apologies for absence from Members.
2. Declarations of Interest  
To receive declarations of personal and prejudicial interest from Members/Officers in accordance with the Members' Code of Conduct adopted by Council from 1 September 2008.
3. Approval of Minutes 3 - 44  
To receive for approval the minutes of 24/02/2021 and 10/03/2021
4. To receive announcements from:  
(i) Mayor (or person presiding)  
(ii) Members of the Cabinet  
(iii) Chief Executive
5. To receive announcements by the Leader
6. Cwm Taf Morgannwg Test, Trace and Protect Programme a Partnership Programme 45 - 194
7. Revenue Budget Outturn 2020-21 195 - 238
8. Capital Programme Update 239 - 250
9. Information Report for Noting 251 - 256

By receiving this Agenda Pack electronically you will save the Authority approx. **£5.20** in printing costs

10. To receive the following Questions from:  
Councillor Ross Penhale-Thomas to the Leader

What is the local authority doing to help address poverty and disadvantage across our communities here in Bridgend.

Councillor Tim Thomas to the Cabinet Member - Communities

What percentage of County Borough public rights of way are accessible to the public and are at a satisfactory standard.

11. Urgent Items

To consider any item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Note: Please note: Due to the current requirement for social distancing this meeting will not be held at its usual location. This will be a virtual meeting and Members and Officers will be attending remotely. The meeting will be recorded for subsequent transmission via the Council's internet site which will be available as soon as practicable after the meeting. If you have any queries regarding this, please contact [cabinet\\_committee@bridgend.gov.uk](mailto:cabinet_committee@bridgend.gov.uk) or tel. 01656 643147 / 643148.

Yours faithfully

**K Watson**

Chief Officer, Legal, HR & Regulatory Services

Councillors:

S Aspey  
SE Baldwin  
TH Beedle  
JPD Blundell  
NA Burnett  
MC Clarke  
N Clarke  
RJ Collins  
HJ David  
P Davies  
PA Davies  
SK Dendy  
DK Edwards  
J Gebbie  
T Giffard  
RM Granville  
CA Green  
DG Howells  
M Hughes

Councillors

A Hussain  
RM James  
B Jones  
M Jones  
MJ Kearn  
DRW Lewis  
JE Lewis  
JR McCarthy  
D Patel  
RL Penhale-Thomas  
AA Pucella  
JC Radcliffe  
KL Rowlands  
B Sedgbeer  
RMI Shaw  
CE Smith  
SG Smith  
JC Spanswick

Councillors

RME Stirman  
G Thomas  
T Thomas  
JH Tildesley MBE  
E Venables  
SR Vidal  
MC Voisey  
LM Walters  
KJ Watts  
CA Webster  
DBF White  
PJ White  
A Williams  
AJ Williams  
HM Williams  
JE Williams  
RE Young

MINUTES OF A MEETING OF THE COUNCIL HELD IN REMOTELY VIA MICROSOFT TEAMS ON WEDNESDAY, 24 FEBRUARY 2021 AT 15:00

Present

Councillor KJ Watts – Chairperson

S Aspey	SE Baldwin	TH Beedle	JPD Blundell
NA Burnett	MC Clarke	N Clarke	RJ Collins
HJ David	P Davies	PA Davies	SK Dendy
DK Edwards	J Gebbie	T Giffard	RM Granville
CA Green	DG Howells	A Hussain	RM James
B Jones	M Jones	MJ Kearn	DRW Lewis
JE Lewis	JR McCarthy	D Patel	RL Penhale-Thomas
AA Pucella	JC Radcliffe	KL Rowlands	B Sedgebeer
RMI Shaw	CE Smith	SG Smith	JC Spanswick
RME Stirman	G Thomas	T Thomas	JH Tildesley MBE
E Venables	SR Vidal	MC Voisey	LM Walters
CA Webster	DBF White	PJ White	A Williams
AJ Williams	HM Williams	JE Williams	RE Young

Officers:

Mark Galvin	Senior Democratic Services Officer - Committees
Lindsay Harvey	Corporate Director Education and Family Support
Gill Lewis	Interim Chief Officer – Finance, Performance and Change
Claire Marchant	Corporate Director Social Services and Wellbeing
Janine Nightingale	Corporate Director - Communities
Michael Pitman	Democratic Services Officer - Committees
Mark Shephard	Chief Executive
Kelly Watson	Chief Officer Legal, HR and Regulatory Services

503. DECLARATIONS OF INTEREST

None.

504. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of Council dated 20 January 2021, be approved as a true and accurate record.

505. TO RECEIVE ANNOUNCEMENTS FROM THE MAYOR

The Mayor commenced his announcement by stating that he hoped all Members and Officers were keeping safe and well.

He advised that although due to the ongoing pandemic he had been practising social distancing and therefore not been able to physically attend any events, he had been honoured to record a message and light the candle of remembrance as part of Bridgend Council's annual holocaust memorial day which this year was virtual. As those present were aware, Holocaust Memorial Day takes place on 27 January each year, a date that honours the day in 1945 that allied forces took over Auschwitz-Birkenau and freed the prisoners.

It was a day to remember, the millions of people murdered during the Holocaust, under Nazi Persecution and in the genocides which followed in Cambodia, Rwanda, Bosnia and Darfur and reminded us to be ever vigilant against persecution and discrimination in any form.

506. TO RECEIVE ANNOUNCEMENTS FROM THE LEADER

The Leader announced that Members may be interested to know, that more than 126,300 vaccinations have now been carried out across the Cwm Taf Morgannwg University Health Board region.

For Bridgend County Borough, this breaks down as more than 37,300 people who have received at least one dose of the vaccine.

This was excellent news, and quite different to our previous situation where we were one of the most affected areas in Wales.

Despite this improved outlook, it is important to remember that 38 people are currently recovering from coronavirus at the Princess of Wales Hospital.

Latest figures from Cwm Taf confirm that 16 residents are still battling the illness there, three of whom are in intensive care, so it is imperative that we do not let our guard down in terms of the illness.

As Members were aware, the priority groupings for the vaccination programme have been determined on a UK-wide basis by the Joint Committee for Vaccination and Immunisation.

Anyone within the first four groups who may be concerned that they have not received an appointment for their first dose can call 01443 562 264 or fill in an online form at the Cwm Taf website.

Otherwise, with vaccinations for people in priority groups one to four now complete, the focus has turned towards the 120,000 people who are within priority groups five to nine.

Colleagues in Cwm Taf believe that they are on track for completing this new phase and delivering at least the first dose of the vaccination by the end of April.

The Council is continuing to work closely with the health board, and is supporting the roll-out of the vaccine here in Bridgend County Borough.

We were leading on a new lateral flow testing initiative, also known as community testing, in a number of our local wards.

This is a four-week Welsh Government initiative where a testing team targets different communities, and carry out tests on residents aged 11 and over who are not displaying any symptoms of coronavirus.

The aim is to identify asymptomatic individuals who may not be aware that they are infected.

It involves the setting up of centres where people can attend and carry out a test themselves, which is then processed on the premises.

The participant receives the result by text or email within about 30 minutes of completing it.



If it is positive, arrangements are made for the participant to receive a second confirmatory test.

In Bridgend County Borough, the lateral flow testing will focus on Caerau, Nantyllyllon, Pyle, Kenfig Hill, Cornelly, Cefn Cribwr, Sarn, Aberkenfig, Ynysawdre, Bryncethin, Bryncoch, Pencoed, Hendre, Felindre and Penprysg.

While these areas have been selected based mainly on public health surveillance data, the testing programme has been designed to be able to react in the event that another hotspot becomes apparent.

A great deal of preparation is currently taking place to organise and promote the lateral flow testing, and the Leader hoped that Members would play their part, in making people aware and encouraging their participation.

With the programme set to begin very soon, Welsh Government are expected to confirm further details in the immediate future, and the Leader would ensure that Members are kept fully informed and updated on this.

Lateral flow testing will also be taking place within local schools and the Bridge Alternative Provision, again in line with Welsh Government requirements.

This will seek to prevent the likelihood of clusters and outbreaks, and the disruption to education and care that inevitably follows.

Throughout each of the vaccination, mobile testing and community testing initiatives, he was afraid to say, that residents will need to continue to remain alert for scammers who may try and trick people into handing over cash and confidential information.

He hoped that Members will remind their constituents that the vaccine is free to receive. The NHS will never ask for payment, and they will not turn up at your home unannounced or ask you to hand over confidential documents or banking details.

As before, the advice on keeping Wales safe remains the same, remember to keep a two-metre distance from others, wash hands regularly, and wear a face covering where required.

Mobile testing facilities remain fully available in Bridgend County Borough for anyone who is experiencing symptoms of coronavirus, and further details of these can be found at the Council, Cwm Taf and Welsh Government websites.

Finally announced the Leader, we are of course approaching the one year anniversary of the start of the pandemic. A national project is underway to mark this event on the 23 March, in order to enable people to pay respect to all those who have passed away as a result of coronavirus.

The project involves lighting up iconic structures and community buildings, such as the Grand Pavilion in Porthcawl, and Bridgend County Borough Council will be participating with this.

The Leader would share further details with Members here, as soon as they have been confirmed.

507. CORPORATE PLAN 2018-2023 REVIEWED FOR 2021-22

The Interim Chief Officer – Finance, Performance and Change presented a report seeking Council approval of the Council's Corporate Plan 2018-2023 reviewed for 2021-22 (attached at Appendix A to the report).

She advised that the Corporate Plan 2018-2023, described the Council's vision for Bridgend County Borough, its 3 well-being objectives and organisational values and principles that underpin how BCBC will work in the future, to deliver its priorities. It also represented the contribution to achieving the 7 national well-being goals.

The Interim Chief Officer – Finance, Performance and Change, explained that the Corporate Plan had been refreshed for the year 2021-22. This followed a corporate planning process with Corporate Directors / Heads of Service through each Directorate's departmental management teams. The process was carried out between October 2020 and December 2020 to review progress and streamline the plan, going forward.

As part of work undertaken to develop the Council's approach to recovery planning from Covid-19, the recommendations of the cross-party Recovery Panel set up with the aim of shaping, informing and advising Cabinet on the Council's recovery planning have been used to inform the review of the refreshed Corporate Plan for 2021-22.

Also, as part of the annual review, it was also proposed to extend the life span of the current Corporate Plan by one year to 2023. The rationale for this was detailed in paragraph 4.5 of the report.

The Interim Chief Officer – Finance, Performance and Change explained that, due to Covid-19, some of the targets set had become redundant, in that the performance indicators and data collected for these were not indicative of a normal year of performance.

She advised that the Corporate Overview and Scrutiny Committee had considered the updated Plan on 14 January 2021 and also had made a number of constructive comments and, where feasible, changes had been made to the updated Plan. The Committee would continue to monitor progress against the Plan, added the Interim Chief Officer – Finance, Performance and Change.

If approved by Council, the updated Plan would then replace the current Corporate Plan. Its delivery would be supported by the MTFs and directorate business plans. It would also be monitored quarterly through the Corporate Performance Assessment process, directorate management team meetings and twice a year by the Corporate Overview and Scrutiny Committee.

The Cabinet Member – Education and Regeneration felt that targets and performance indicators set last year during Covid had become almost irrelevant, in that the work that the Authority had achieved in this most unprecedented of times would never accurately reflect the challenges BCBC employees had to face and the work they had processed right across the whole of the Authority, from virtually day one of lockdown.

The Leader confirmed that the Corporate Plan did not fully reflect some of the dramatic and far reaching changes that had affected society during the last 12 months. The Authority had achieved a great deal in that time, including supporting the homeless through the provision of temporary accommodation. Work was ongoing with the third sector to help these individuals improve their lives further, through assisting them in

securing more permanent accommodation, moving forward. He thanked members of the Council's Corporate Overview and Scrutiny Committee for their constructive engagement which had assisted in the Plan's development.

The Cabinet Member – Communities commended some of the Plan's vision and aspirations including the Cardiff Capital Region City Deal which over the next 15 years would create 25,000 jobs and 4 billion private sector investment, including a firm commitment to tourism and business as well as de-carbonisation proposals through a new Strategy.

A Member hoped that as soon as the pandemic started to subside, some of the Plan's targets would be met, recognising that last year had been a difficult one by which to achieve all its goals and aspirations. He hoped that targets for bringing empty properties back into habitable use would be aspirational moving forward.

The Interim Chief Officer – Finance, Performance and Change assured the Members that this would be the case and that targets and challenges not met last year, due to Covid, would continue to be taken forward and where not met, these would be challenged through the Overview and Scrutiny process.

The Cabinet Member – Wellbeing and Future Generations, added that the targets set for bringing empty properties back into occupation next year and in future years, would be a realistic one as the Authority moved forward out of the pandemic.

**RESOLVED:** That Council approved and adopted the Corporate Plan 2018-2023, reviewed for 2021-22.

508. **MEDIUM TERM FINANCIAL STRATEGY (MTFS) 2021-22 TO 2024-25**

The Interim Chief Officer – Finance, Performance and Change, presented a report, the purpose of which was to seek Council approval of the Medium Term Financial Strategy 2021-22 to 2024-25, attached at Annex 3, which includes a financial forecast for 2021-25, a detailed revenue budget for 2021-22 and a Capital Programme for 2020-21 to 2030-31.

She explained that the MTFS, had been significantly guided by certain key priorities. Although previous year-on-year changes in Aggregate External Finance (AEF) have necessitated significant budget reductions across different service areas, the Council still plays a very significant role in the local economy of Bridgend County Borough and is responsible for annual gross expenditure of around £435 million and was the largest employer in the county borough.

The Council's Corporate Plan had also been presented to Council for approval alongside the MTFS 2021-25, and the two documents were aligned to each other, hence enabling the reader to make explicit links between the Council's well-being objectives and the resources directed to support them.

The Interim Chief Officer – Finance, Performance and Change continued by stating that the report was being presented to Council, in order to provide details of the Council's Medium Term Financial Strategy for the four year period 2020-21 to 2023-24. The MTFS was complimentary to the Council's Corporate Plan, and looked to provide the resources that would enable the Council's well-being objectives to be met.

The MTFS focused on how the Council intended to respond to the forecasted public sector funding reductions as a result of on-going austerity and increasing pressures on public sector services, which had been exacerbated during the Covid-19 pandemic.

Quarterly reports to Cabinet during the financial year, on the projected revenue position for 2020-21, had outlined in some detail the impact on the budget of the additional cost pressures and loss of income faced by the Council throughout the year as a result of the Covid-19 pandemic. Welsh Government had played a significant role in mitigating a large proportion of these losses through their various funding streams, most notably the Covid-19 Hardship Fund. Whilst some of these additional pressures were not recurrent, there were a number that would require longer term funding as new ways of working are embedded into the Council's business as usual, and these were reflected in the MTFS.

The Interim Chief Officer – Finance, Performance and Change advised that the final settlement from Welsh Government was not due to be announced until 2 March 2021. As a result, the budget was being proposed on the basis of the provisional settlement received in December 2020.

The report went on to outline the financial issues that Council was requested to consider as part of the MTFS 2021-22 to 2024-25. The Council's Section 151 Officer is required to report annually on the robustness of the level of reserves. The level of Council reserves, she advised, was sufficient to protect the Council in light of unknown demands or emergencies and current funding levels. It should be emphasised however, the Interim Chief Officer – Finance, Performance and Change said, that the biggest financial risks the Council was exposed to at the present time related to the uncertainty of Welsh Government funding, including funding to mitigate the effects of Covid-19, the increasing difficulty in the delivery of planned budget reductions, as well as the identification of any further proposals.

The Interim Chief Officer – Finance, Performance and Change (and Section 151 Officer) confirmed, that she was also required to report to Council if it did not believe that the Authority had sufficient resource to discharge its role as required by S114 of the Local Government Act 1988. She asked Members to note that there was sufficient resources available to discharge this role.

The Interim Chief Officer – Finance, Performance and Change then shared with Council some of the key points that were contained in the reports supporting documentation, ie in the form of Annexes and Appendices, for Members' information.

The Deputy Leader thanked the Interim Chief Officer – Finance, Performance and Change and the Finance Team for the report and the extraordinary amount of work that had been contributed towards this, in order to reach a balanced budget. It had been very difficult, he confirmed, to agree the Council Tax for the coming year. However, hard choices had to be made following a period of over 10 years of cuts of £68m in terms of a reduction in Council services which had equated to 25% of the total budget of the Council. The £8m savings that was originally anticipated needed to be made to the budget had been very difficult to find and, early in this year's MTFS considerations, it had been estimated that Council Tax for the forthcoming year may have to be increased by 6.5% in order for the Council to balance its budget

and continue to provide vital services to the public. Both the Council's Budget Research and Evaluation Panel (BREP) and Overview and Scrutiny Committees had ample opportunity throughout the past 12 months to question Cabinet and the Corporate Management Board on where best savings that were required, needed to be made. He continued saying that the MTFS had been thoroughly discussed, with views of Members sought, as well as those of the public, through the usual consultation exercise we carry out. This had all taken place in the middle of a pandemic, he added. In December 2020, the Deputy Leader advised that Welsh Government (WG) had given BCBC more funding than had been anticipated and this had allowed for certain cuts proposed to be revisited. This meant that efficiency cuts in schools of £1m were no longer required and more money being committed towards homeless people. There had been cost pressures also, for example, in relation to an increase of pupils in schools and to support a real living wage for Council employees. However, the Council had supported the likes of these through the additional WG funding. The extra funding had also meant that the Council Tax increase proposed earlier in the year, as estimated above, could be reduced to 3.9%.

A Member asked if the £300k proposed saving in relation to sports pitches etc, will only be realised if the CAT's proposed actually proceed to completion.

The Corporate Director – Communities, confirmed that the saving here only related to the CAT transfers that had been committed to by certain clubs and associations for the next financial year, not others that were also in the earlier stages of negotiation.

A Member referred to the Corporate Risk Assessment information on page 165 of the report and risks numbered 14 and 15. She asked if these were Covid related, and what would be in place to mitigate Risk 15, which had been rated as high and was therefore a risk of sum considerable proportion.

The Corporate Director – Education and Family Support believed that this risk was being addressed through current practises that had been put in place in order to negate it. However, he advised that he would consult with the Central South Consortium in order to once more 'test' the risk and in turn, come back to the Member with a response, outside of the meeting.

A Member felt that he was unable to support neither the MTFS proposals nor the increase in Council Tax that was proposed. He considered this, due to the effect that the pandemic had on the constituents of the County Borough, whereby a considerable number of these had faced financial hardship through job losses etc, which had resulted in a detrimental effect on their health and wellbeing. He felt that the above proposals were not consistent with the objectives laid out in the Council's Corporate Plan. He felt that there were alternatives where savings could be made to offset the Council Tax increase, including cuts in back office staff and/or taking money from the Authorities reserves which were in a healthy position.

The Leader advised that all local authorities country wide were having to increase their Council tax, in order to achieve a balanced budget, particularly in response to the added financial pressures public organisations had been faced with as a result of Covid-19 and pay pressures, amongst others. If these were not met this year, they would simply just roll over to next year, together with other financial pressures yet to come. He reiterated the savings the Council had to make since austerity, totalling

£68m, during which time the Council had to make a considerable number of its staff redundant as well as cutting public facing services, which had affected the public. No alternative budget had been proposed previously by BREP or through the Overview and Scrutiny Committees, in terms of where the Council could make savings other than in the service areas proposed in the report. Also, a number of recommendations made by both had been agreed to as part of the final MTFS proposals that were before Members today. The Authority did not wish to make savings anywhere, the Leader added, however, there was little option other than to do so, given the current climate and the uncertainties it faced going forward, particularly with regards to the pandemic. If Council Tax was not increased, then further cuts would be required elsewhere including in areas of growth, he added.

The Cabinet had however, agreed to look at revisiting the way BREP operated, in order to improve its function and the way it integrated with the Executive on the MTFS considerations, moving forward.

Members agreed, in view of the fact that there was conflicting support for the MTFS proposals, to have a recorded vote. The result of this was as follows:-

For:

Councillors S Aspey, SE Baldwin, JP Blundell, NA Burnett, RJ Collins, HJ David, P Davies, PA Davies, J Gebbie, RM Granville, G Howells, M Jones, M Kearns, DRW Lewis, JE Lewis, J McCarthy, D Patel, B Sedgbeer, RMI Shaw, CE Smith, SG Smith, JC Spanswick, G Thomas, DBF White, PJ White, HM Williams and RE Young = **27 Votes**

Against:

Councillors T Beedle, M Clarke, N Clarke, DK Edwards, T Giffard, A Hussain, B Jones, A Pucella, KL Rowlands, R Stirman, R Thomas, T Thomas, E Venables, S Vidal, MC Voisey, L Walters, C Webster, A Williams, AJ Williams and J Williams = **20 Votes**

Abstentions:

Councillors SK Dendy, CA Green, RM James and KJ Watts = **4 Votes**

The recommendations of the report, were therefore carried

RESOLVED:

That Council approved the MTFS 2021-22 to 2024-25 including the 2021-22 revenue budget and the Capital Programme 2020-21 to 2030-31, including the following specific elements:

- The MTFS 2021-22 to 2024-25 (Annex 3 to the report).
- The Net Budget Requirement of £298,956,245 in 2021-22.
- A Band D Council Tax for Bridgend County Borough Council of £1,597.01 for 2021-22 (Table 17 of the MTFS).
- The 2021-22 budgets as allocated in accordance with Table 10 in paragraph 4.1.3 of the MTFS.

- The Capital Programme 2020-21 to 2030-31, attached at Appendix H of the MTFS.

509. COUNCIL TAX 2021-22

The Interim Chief Officer – Finance, Performance and Change submitted a report, the purpose of which, was to provide Council with details of the council tax requirement for the County Borough Council, together with the requirements of the Police and Crime Commissioner for South Wales and Community/Town Councils, and to seek Council approval of the Band D council tax for Bridgend County Borough Council and the community areas for 2021-22.

The report firstly gave some background information following which, in paragraph 4.1, the Net Revenue Budget was outlined for 2021-22, approved previously at today's meeting.

The net budget requirement for Bridgend County Borough Council for 2021-22 is £298,956,245, and the amount to be funded from Council Tax is £86,764,691 as shown in Table 2 within the report. This equated to a Council Tax of £1,597.01 on a Band D property, an increase of 3.9%. This proposed increase of 3.9% equates to 77p per week for a person living in a Band A property and £1.15 per week for someone living in a Band D property (62% of properties in Bridgend are lower than a Band D).

The Interim Chief Officer – Finance, Performance and Change advised that the Police and Crime Commissioner for South Wales has notified the Council that their precept for the financial year ending 31 March 2022 will rise to £15,631,672, which equates to a council tax of £287.72 on a Band D property, a 5.5% increase. The 2021-22 precept was agreed by the South Wales Police and Crime Panel on 3 February 2021.

For the 2021-22 financial year, the Police and Crime Commissioner for South Wales has stated that the amounts to be levied by the Council in respect of policing services, in accordance with section 40 of the Local Government Act 1992, were as shown for each of the categories of dwellings shown in Table 3 of the report.

Table 4, then reflected the Average Council Tax increase for 2021-22, including a Band D property average.

Paragraph 4.6 of the report detailed the average Council Tax increase for BCBC (inclusive of each of the precepting bodies).

Tables 6 and 7 then included, therein, the Total Average Band D Council Tax requirements, 2021-22 for each of the BCB Community/Town Council areas.

A Member queried the increase, adding that a 3.9% increase in Council Tax was regrettable. She based this on the fact that Covid had brought about unprecedented times that had resulted in many residents throughout the County Borough having lost their jobs, resulting in them having difficulties paying their mortgage, with some even having to visit foodbanks to try and make ends meet. For reasons such as this, she was of the opinion that the increase in Council Tax for 2021-22 should be no higher than the rate of inflation.

She also asked if, in future such annual reports on the Council Tax, the number of properties in all Council Tax Bands could be broken down into the number that are in each of the different Bands, or preferably by percentage per band.

## COUNCIL - WEDNESDAY, 24 FEBRUARY 2021

Members agreed by way of assent, to vote on the recommendations of the report, the result of which was as follows:-

### For:

Councillors SE Baldwin, JP Blundell, NA Burnett, RJ Collins, HJ David, P Davies, PA Davies, J Gebbie, RM Granville, G Howells, M Jones, M Kearns, DRW Lewis, JE Lewis, JR McCarthy, D Patel, B Sedgebeer, RMI Shaw, CE Smith, SG Smith, JC Spanswick, G Thomas, DBF White, PJ White, HM Williams and RE Young. = **26 Votes**

### Against:

Councillors T Beedle, M Clarke, SK Dendy, DK Edwards, T Giffard, A Hussain, B Jones, A Pucella, KL Rowlands, R Stirman, R Thomas, T Thomas, E Venables, S Vidal, MC Voisey, L Walters, CA Webster, A Williams, AJ Williams and J Williams = **20 Votes**

### Abstentions:

Councillors S Aspey, N Clarke, CA Green, RM James and KJ Watts = **5 Votes**

The recommendations of the report were therefore carried.

RESOLVED: That Council approved:-

- a Band D Council Tax for Bridgend County Borough Council of £1,597.01 for 2021-22, and
- the Council Tax charges for Band D properties for 2021-22 for each of the community areas as outlined in Table 7, within the report.

## 510. TREASURY MANAGEMENT AND CAPITAL STRATEGIES 2021-22 ONWARDS

The Interim Chief Officer – Finance, Performance and Change, presented a report, the purpose of which, was to present to Council for approval the Treasury Management Strategy 2021-22 (Appendix A to the report), which included the Treasury Management Indicators, and the Capital Strategy 2021-22 to 2030-31 (at Appendix B), which contained the Prudential Indicators and the Annual Minimum Revenue Provision Statement 2021-22 (in Schedule A of Appendix B).

She advised that the Treasury Management Strategy 2021-22 confirmed the Council's compliance with the CIPFA Code, which required that formal and comprehensive objectives, policies and practices, strategies and reporting arrangements are in place for the effective management and control of treasury management activities, and that the effective management and control of risk are the prime objectives of these activities. It also contained the Treasury Management Indicators for a three year rolling period.

The Treasury Management Strategy had been updated to reflect the current economic context, not least the holding of interest rates at 0.10% by the Bank of England, but also the challenges of the exit from the European Union and the impact of the coronavirus pandemic, the latter of which was ongoing and therefore still a major risk.

The Interim Chief Officer – Finance, Performance and Change added that approved investment counterparties and limits (Table 6 included in the attached TMS) had been simplified and amended to take account of the latest advice from the Council's Treasury Advisors, Arlingclose. There had been a change to the limits for Money Market Funds,



which had previously been increased to £30 million as approved by Council in November 2020. This limit has now been removed so that there is no overall limit on investments in Money Market Funds. However, no more than £6 million would be invested in any single Fund, to minimise any potential impact of default risk to the Council.

The report explained that the Council may make loans to third parties for the purpose of capital expenditure. The proposed limit for such loans has been increased from £1 million to £2 million. This was to support potential investment in a Special Purpose Vehicle to support the delivery of the proposed Bridgend Town Heat Network.

The Interim Chief Officer – Finance, Performance and Change advised that the Capital Strategy, Appendix B, gave a high level overview of how capital expenditure, capital financing and treasury management activity contributes to the provision of services, along with an overview of how associated risk is managed and the implications for future sustainability. In doing so, it included the prescribed Prudential Indicators for a three year rolling period.

The Capital Strategy also sets out a framework for the self-management of capital finance and examines the following areas:-

- Capital expenditure and investment plans
- Prudential Indicators
- External debt
- Treasury Management

It further reports on the delivery, affordability and risks associated with the long-term context in which capital expenditure and investment decisions are made, added the Interim Chief Officer – Finance, Performance and Change.

Whilst much of the content of the Strategy was similar to previous years, there were a number of changes which needed highlighting. These related to Accounting of Leases, Borrowing for Commercial Activities and certain recommendations of an Internal Audit nature.

The Interim Chief Officer – Finance, Performance and Change then concluded her submission, by giving Council an update on key elements of the report's supporting information, particularly with regards to borrowing and lending and any changes in respect to arrangements regarding these.

A Member referred to the SPV and a proposal to increase lending to any external companies up to the value of £2m. She specifically asked how the Authority intended to protect itself from borrowing up to this amount and then lending for the provision of an SPV. The repayment for this was estimated to be over 40 years at an interest rate of 2.6%. She asked if this form of borrowing/lending would impact on the Council's ability to borrow, in order to fund its Band B School Programme.

The Interim Chief Officer – Finance, Performance and Change confirmed that Authority had never before been involved with an SPV. However, to give some assurance, she advised that the SPV will have support in terms of representation from the Council, as well as from a company that is very closely linked to BCBC. so we would have an element of control over the investment in this regard. Whilst no organisation was able to mitigate all risks associated with loans, the Interim Chief Officer – Finance, Performance and Change explained that colleagues in the Communities Directorate were ensuring that processes were put in place to reduce these risks.

The Member then asked how much the SPV was going to cost to run and where would BCBC look to, ie a reputable energy company, that has sufficient and relevant expertise, to adequately support the proposal. Did BCBC have sufficient expertise to support a project of this magnitude she added, bearing in mind it was significantly challenging.

The Cabinet Member – Communities assured the Member that, though this was a new concept for BCBC, other local authorities had taken on a venture such as this, ie an arms-length company to give BCBC the ability to provide a key service on behalf of themselves. The project was also linked to the Council's new De-carbonisation Strategy, he added.

The Corporate Director – Communities explained that a more detailed report on the SPV would be presented to Cabinet on 9 March next and this report would explain more of the detail of the proposal as part of the Bridgend District Heat Network scheme. She explained that the funding for the venture would be arranged jointly by BCBC and HNIP, a government funding programme, who were committing over £1m for a phased network commencing with Phase 1 in the Bridgend Life Centre. So the investment would come from BCBC and HNIP. One of the recommendations of HNIP in setting up the SPV, was that the project would be 100% owned by BCBC. The Council had recruited the services of legal consultants, Brodies, who had advised how best to set-up SPV's for local authority District Heat networks, through the support of Project managers amongst others.

The scheme would also be supported by a specialist Contractor, highly experienced in the energy sector, who, whilst working for the SPV, the SPV itself would be owned by BCBC.

Should Phase 1 of the scheme prove to be successful as part of De-carbonisation targets and assist in the creation of a Net Zero Bridgend, then phases 2 and 3 of the scheme would be explored. The SPV would also be used for further such De-carbonisation projects. The initial project was very innovative explained the Corporate Director – Communities and the loan over a proposed 40 year term was normal for projects of this nature, with the average term normally being between 30 – 50 years, where there would be a return on the investment that had been initially committed. The 40 year term of the loan, however, could be reduced dependent upon the success of the scheme.

Should both Cabinet and Council agree upon the scheme and the establishment of an SPV, then it would go out to tender as per other new Contracts.

The Chief Executive and Leader added, in turn, that should the capital funding from HNIP for the project not be accepted by the Council in the support of the project, then this would simply be taken advantage of by another neighbouring local authority for the same purpose. The funding could not be used for any other type of projects by BCBC, it was stressed.

Members agreed by way of assent, to vote on the recommendations of the report, the result of which was as follows:

For:

Councillors S Aspey, SE Baldwin, T Beedle, JP Blundell, NA Burnett, RJ Collins, HJ David, P Davies, PA Davies, DK Edwards, J Gebbie, RM Granville, CA Green, G Howells, RM James, M Jones, M Kearns, DRW Lewis, JE Lewis, JR McCarthy, D Patel, B Sedgbeer, RMI Shaw, CE Smith, SG Smith, JC Spanswick, G Thomas, R Thomas, T

**COUNCIL - WEDNESDAY, 24 FEBRUARY 2021**

Thomas, MC Voisey, L Walters, DBF White, PJ White, HM Williams and RE Young = **35 Votes**

Against:

Councillor A Pucella = **1 Vote**

Abstentions:

Councillors M Clarke, N Clarke, SK Dendy, T Giffard, A Hussain, B Jones, KL Rowlands, R Stirman, E Venables, S Vidal, KJ Watts, C Webster, A Williams and J Williams = **14 Votes**

As a result of the outcome of the above vote, it was

RESOLVED: That Council approved:-

- the Treasury Management Strategy 2021-22 including the Treasury Management Indicators 2021-22 to 2023-24 (Appendix A to the report);
- the Capital Strategy 2021-22 to 2030-31 including the Prudential Indicators 2021-22 to 2023-24 (Appendix B);
- the Annual Minimum Revenue Provision (MRP) Statement 2021-22 (Appendix B - Schedule A).

511. URGENT ITEMS

None.

The meeting closed at 18:35

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**MINUTES OF A MEETING OF THE COUNCIL HELD IN REMOTELY - VIA MICROSOFT TEAMS ON WEDNESDAY, 10 MARCH 2021 AT 15:00**

Present

Councillor KJ Watts – Chairperson

S Aspey	SE Baldwin	TH Beedle	JPD Blundell
NA Burnett	MC Clarke	N Clarke	RJ Collins
HJ David	P Davies	PA Davies	SK Dendy
DK Edwards	J Gebbie	T Giffard	RM Granville
CA Green	DG Howells	RE Young	RM James
B Jones	M Jones	MJ Kearns	DRW Lewis
JE Lewis	JR McCarthy	D Patel	RL Penhale-Thomas
AA Pucella	JC Radcliffe	KL Rowlands	B Sedgebeer
RMI Shaw	CE Smith	SG Smith	JC Spanswick
A Williams	G Thomas	T Thomas	JH Tildesley MBE
E Venables	SR Vidal	LM Walters	
CA Webster	DBF White	PJ White	
AJ Williams	HM Williams	JE Williams	

Apologies for Absence

M Voisey, R Stirman, A Hussain

Officers:

Lindsay Harvey	Corporate Director Education and Family Support
Claire Marchant	Corporate Director Social Services and Wellbeing
Janine Nightingale	Corporate Director - Communities
Michael Pitman	Democratic Services Officer - Committees
Mark Shephard	Chief Executive
Kelly Watson	Chief Officer Legal, HR and Regulatory Services

513. DECLARATIONS OF INTEREST

All Chief Officers present declared a prejudicial interest in Agenda item. 6 and left the meeting whilst this item was being considered. The Officers that remained in the meeting, were the presenting Officer from Human Resources and Organisational Development and Democratic Services Officers.

514. TO RECEIVE ANNOUNCEMENTS FROM:

The Mayor

The Mayor commenced by wishing everyone a good afternoon. He hoped that all those present were keeping safe and well and have been enjoying the early spring weather.

He announced that he had no engagements to update Members on but he did have an announcement for those present to note. Members will soon be receiving their annual related party transaction disclosure form. He reminded all Councillors that it was essential that they completed the form to declare any related party transactions for the financial year 2020-21, even if it was a nil return. The forms needed to be completed no earlier than 31 March 2021 and returned no later than Friday 9 April 2021.

A few days ago Councillor Altaf Hussain had a heart attack, but thankfully, after a few days in hospital, Councillor Hussain has now returned home where he is comfortable and recovering. The Mayor had contacted him and he was pleased to announce, that Councillor Hussain was feeling a lot better. The Mayor was sure, that Members and Officers would join him in wishing Councillor Hussain a full and speedy recovery back to good health.

Deputy Leader

The Deputy Leader advised that time was running out for EU citizens who are living in Bridgend County Borough, and who need to apply for the EU Settlement Scheme.

The scheme, which is part of the UK's new post-Brexit immigration system, offers citizens of the 27 EU member states the right to keep living and working in the UK as they did when the country was part of the EU.

It is free to apply for, all but applications must be submitted by the deadline of 30 June, next.

So far, almost 2,000 applications have been processed in the County Borough. Of those, 1,370 have been granted settled status, and 570 have received pre-settled status.

These are people who are contributing to the communities in which they live, and we want them to be able to continue to live, work and access services here.

Members are asked to encourage all EU citizens living within their wards who have made their home in Bridgend County Borough to apply to the settlement scheme before the deadline.

More information on how they can do this is featured on the Council's website

Cabinet Member – Education and Regeneration

The Cabinet Member – Education and Regeneration stated that colleagues may have seen the recent announcement from Education Minister Kirsty Williams, confirming that Welsh Government is to provide schools across Wales with an additional £72 million.

We are still waiting for Bridgend County Borough Council's share of this to be confirmed, but the funding forms part of the overall recovery from the pandemic, and is intended to help schools as they seek to support learners.

It will enable the Recruit, Recover and Raise Standards programme to continue into the next academic year, and will provide extra learning resources and support for foundation phase learners across schools and childcare settings which provide early education.

The funding will also enable support to be targeted at learners in years 11, 12 and 13 as they transition into the next stage of their education.

Furthermore, it is intended to support trainee teachers by helping them to undertake their practical experience in the autumn, complete their qualifications, and move into full-time teaching.

After the major upheaval of this past year and the hard work of schools to minimise the impact upon children, this additional funding will support our efforts as we look towards whatever the 'new normal' will be.

He was sure that Members would join him in welcoming this additional funding from Welsh Government.

Cabinet Member – Social Services and Early Help

The Cabinet Member – Social Services and Early Help, advised that Members may be interested to know, that a new, innovative service for people experiencing mental health problems is being piloted in the centre of Bridgend.

This is deliberately designed to offer less formal early intervention based within a homely, relaxed non-clinical environment.

The emphasis is on making it welcoming and calm for the benefit of residents who are experiencing anxiety, depression, loneliness, isolation, domestic and family relationship issues, carer's responsibilities, stress and other issues which may also be affecting their mental health and well-being.

Since opening just before Christmas, the out-of-hours service has received more than 100 referrals from across the area.

Access is through a referral process via professional health, social services or social care staffs, and the service even includes transportation by taxi to ensure safety and remove barriers to attendance.

It is provided by Mental Health Matters Wales and is delivered as part of a collaboration between the council, Cwm Taf Morgannwg University Health Board, South Wales Police and other third sector service providers.

As this is the first pilot of its kind within the Cwm Taf Morgannwg area, it's good to see that the feedback received so far has been positive, and she was sure that members will welcome this as a new, fundamental part of an extended network of mental health services in Bridgend County Borough.

Cabinet Member – Wellbeing and Future Generations

The Cabinet Member – Wellbeing and Future Generations advised that Officers from the Shared Regulatory Service were continuing to work with local businesses and carrying out checks to ensure that they are remaining compliant with all current lockdown requirements.

Now that Spring has arrived and the weather is starting to improve, people who purchase takeaway food and drink are being reminded that they should maintain social distancing at all times, and not consume alcohol in areas where a Public Space Protection Order is in place.

This follows recent issues experienced around the marina area in Porthcawl.

In an area where a Public Space Protection Order is in place, drinking alcohol or carrying it in an open container is prohibited.

Notices have been placed in designated areas to remind people of these rules, and officers from South Wales Police and the local authority will be conducting regular patrols.

The Shared Regulatory Services is also advising licensed taxi and private hire vehicle drivers in the county borough that a Welsh Government scheme offering free personal protection equipment has been extended.

The scheme, which provides eligible drivers with a pack featuring six months' worth of PPE items, will now be available until 26<sup>th</sup> March.

Drivers can apply and find out more by visiting the Welsh Government website.

#### Cabinet Member – Communities

The Cabinet Member – Communities was sure that colleagues will have noted how people throughout Bridgend County Borough have embraced walking and cycling as a form of permitted exercise during the pandemic.

Over the last twelve months, we have seen shortages of bicycles in shops, and an increase in dog ownership as residents rediscover what is literally on their doorstep.

BCBC had a long track record of providing active travel routes in the county borough.

In July 2020, we secured a £3m grant from Welsh Government to improve cycle ways and footpaths, including £2.6m for the planned active travel route between Bridgend and Pencoed College.

Then in January this year, work began on the active travel route linking Pencoed with Pencoed College.

Last December, more than 900 people responded when we asked them to tell us about the barriers they face when making every day journeys on foot or by bike.

That had been used that feedback to put forward proposals on new active travel routes for the county borough, and launched the second phase of our consultation last week.

This is currently underway, and we are also encouraging people to tell us what additional improvements they might like to see.

The consultation will be available until Sunday 4 April, and details of how people can take part are available at the council's website along with maps showing the existing and proposed routes.

He hoped that Members would encourage their constituents to take part, and let us know if the proposed routes will help them get around their local areas as a pedestrian or cyclist.

#### Chief Executive

The Chief Executive wished to share a very recent development with Members which, if successful, could prove to be the key that will unlock a major development site within the county borough.

As Members were aware, the former Budelpack COSi and Cooper Standard site on Ewenny Road Industrial Estate in Maesteg, which the Council part-owns, has been vacant for more than a decade.



This is despite a number of ongoing efforts at regeneration over the years, including site clearance, exploratory work and planning approval for one particular scheme, which ultimately did not proceed.

The truth of the matter is that the 20-acre site is largely unviable due to the considerable costs required to make the site ready for development.

Some major infrastructure work is necessary there, including the diversion of a historic mining drain and the need to backfill several mineshafts, and the cost of this runs into millions of pounds.

Now, thanks to our involvement with the Cardiff Capital Region City Deal, the site is one of nine projects which have been shortlisted for funding as part of a £30 million viability gap fund.

We should soon know if our bid has been successful or not, but if approved (and we are confident that it will be) officers will work alongside the City Deal team to ensure that all key criteria can be met in order to secure the grant in full.

The Chief Executive stressed, that the Council have only been able to take advantage of this funding opportunity because of its ongoing involvement with the Cardiff Capital Region City Deal.

In the event that subsequent development takes place, proceeds from the sale of land will be reinvested back into the Llynfi Valley, with future plans including new facilities such as a park and ride, an enterprise hub and more.

He would share further details with Members, as soon as they became known.

515. TO RECEIVE ANNOUNCEMENTS BY THE LEADER

The Leader wished to share a brief update on matters relating to the pandemic.

Members will have noted the fantastic news yesterday that more than a million doses of the coronavirus vaccine have now been administered across Wales.

In the Cwm Taf Morgannwg University Health Board area, more than 160,000 people have now received at least one dose of the coronavirus vaccine throughout the region.

For Bridgend County Borough, this breaks down as more than 46,000 residents.

The health board remains optimistic that it will have delivered one or more doses of the vaccine to the 120,000 residents within priority group's five to nine by mid-April.

To support this, a referral form was published earlier this week at the Welsh Government website which unpaid carers can use to apply for an appointment.

To recap where we are with the rollout of the vaccination, all residents and staff within care homes have been offered their first dose of the vaccine, and mobile vaccination teams are currently revisiting the homes to offer a second dose.

People aged 80 and over have received their first dose via their local GP, and are being contacted to come back for their second dose.

Frontline health workers have received their first dose at hospital vaccination centres, and second doses are currently underway.

Frontline social care workers have also received their first dose, this time at community vaccination centres, and their second dose is being arranged.

People aged 75 and over have received their first dose via GP surgeries, and are being contacted with details of the second dose.

People aged 70 and over have attended community vaccination centres and are receiving details about their appointments for the second dose.

People who received shielding letters have had their first dose, and GP surgeries are contacting them to arrange their second dose.

People aged 65 and over are currently being vaccinated with their first dose through local GP surgeries, and this is ongoing.

GPs have started contacting people aged 16 to 64 who have underlying health conditions to arrange for their first dose of the vaccine.

Letters will soon be issued inviting people aged 60 and over to attend a community vaccination centre for their first dose.

This will be followed with letters to people aged 55 and over, and then people aged 50 and over. Both of these groups will be asked to attend community vaccination centres.

As he earlier, unpaid carers have been asked to submit a form at the Welsh Government website to arrange an appointment for their first dose of the coronavirus vaccine.

Younger adults with learning disabilities, including those in care homes and supported living settings, are also being vaccinated as part of priority group six.

People with learning disabilities living in registered care homes are being vaccinated by the mobile testing teams, and adults with learning disabilities living in supported living will either be vaccinated in their home or at their local GP practice, whichever best suits the individual.

Elsewhere, the community testing work was ongoing across the Cwm Taf region.

As one in three people are believed to be asymptomatic, this is designed to locate and identify individuals aged 11 and older, who may not even know that they have coronavirus, and could be spreading it to family, friends, colleagues and more.

The first week of the initiative has been highly successful, and saw more than 500 people attend a community testing centre which was set up at Kenfig Hill Rugby and Football Club.

This resulted in 505 negative results, a single void result, and one positive result.

The centre will move on to Pencoed Social Club between Wednesday 10th March and Tuesday 16th March, Tondu Cricket Club from Wednesday 17th March until Tuesday 23rd March, and the Caerau Athletic Social Club between Wednesday 24th to Wednesday 31st March.

Overall, the community testing will focus on specific areas within the county borough - namely Caerau, Nantyffyllon, Pyle, Kenfig Hill, Cornelly, Cefn Cribwr, Sarn, Aberkenfig,

Coytrahen, Ynysawdre, Bryncethin, Bryncoch, Pencoed, Hendre, Felindre and Heol-Y-Cyw.

This is because the testing areas have been selected using public health surveillance data.

Lateral flow testing will also be taking place within local schools and the Bridge Alternative Provision, again in line with Welsh Government requirements.

This will seek to prevent the likelihood of clusters and outbreaks, and the disruption to education and care that inevitably follows.

As always, anyone seeking up to date details of where mobile testing facilities are located within the county borough can find out by visiting the council website, which is being regularly updated.

Our plans to mark the one year anniversary of the start of the pandemic are ongoing, and expectations are high that a number of changes will be announced when Welsh Government conducts its next scheduled review of lockdown procedures.

In the meantime advised the Leader, we must all continue to follow the rules and guidance, and keep making every effort to keep our communities safe and well.

516. TO RECEIVE THE FOLLOWING QUESTION FROM A REPRESENTATIVE OF THE 'SAVE OUR FIELDS' GROUP TO THE CABINET MEMBER - COMMUNITIES

Question by Mr. A Drury

We were delighted that, in the wake of the Brackla Hill feasibility study, Cabinet members of Bridgend County Borough Council have publically recognised the value of green spaces to the wellbeing of their residents and communities. The Leader has recognised “the value of that public open green space to the community of Brackla”, The Cabinet Member – Education and Regeneration has acknowledged that his “disposition has always been preserving open spaces” and the Cabinet member – Social Services and Early Help, has even gone so far as to say that “the extensive work that has been carried out will ensure the preservation of Brackla Hill as a green open space.” Article 11.01 of the Council’s Constitution permits the Council to undertake joint arrangements with other bodies in the interests of promoting well-being, these being powers granted by the Local Government Act 2000.

In recognition of these powers, the vital role green spaces play in our emotional and physical well-being, particularly in the height of a global pandemic, and BCBC’s current commitment to not develop on Brackla Hill, does the Cabinet Member – Communities agree to follow through with the Cabinet Member – Social Services and Early Help’s promise, to preserve Brackla Hill as a green open space and immediately begin the process of working with Fields in Trust to legally protect both Brackla Hill and the green open space at Channel View and Foxfields through a Deed of Dedication?

Response by Cabinet Member – Communities

The Council has recently made a commitment to preserve Brackla Hill as a green open space, as it fully recognises the value of open space to the emotional and physical wellbeing of its residents and communities.

This open space will be afforded protection thorough the Bridgend Local Development Plan (LDP) as it is the principal strategic land use planning document that guides future

development within the County Borough. It is also the principle consideration in the determination of planning applications, as planning law requires that the planning decisions must take into account the provision of the development plan.

The Brackla Hill area is already protected in the current LDP and is specifically allocated under Policy COM13(5) – Provision of Accessible Natural Greenspace (including public open space) as well as a number of other key open spaces within the County Borough. Any development on these areas of land will potentially depart from the development plan and would be resisted in planning terms.

The draft replacement LDP is due to be published later this year and will include allocated accessible open space provision based on up to date evidence and open space audits. The plan will be open for public consultation and any comments taken into consideration before the plan is scrutinised by an outside Planning Inspector with a view to eventual adoption in 2022. The provision and importance of open space within communities is outlined in national planning policy i.e. Future Wales 2040 and Planning Policy Wales both of which are material to the emerging plan.

Whilst understanding the Fields in Trust concept, the Council prefers to work in partnership where possible, with Town and Community Councils. Thereby to protect future use, but also to enhance and invest in the provision of amenity at Brackla Hill, the area could be handed over via a community asset transfer to the local Brackla Community Council. The Save Our Fields group may wish to consider approaching the local council in this regards.

517. PAY POLICY STATEMENT - 2021/2022

The Group Manager – Human Resources and Organisational Development presented a report on behalf of the Chief Executive, the purpose of which, was to seek Council approval for the Pay Policy Statement for 2021/2022. This was in response to legislative requirements and to provide openness and accountability in relation to how the Council rewards its staff.

She explained that the Council had a statutory requirement under the Localism Act 2011, Section 38(1) to prepare a Pay Policy Statement for the new financial year 2021/2022. This Statement needs to be approved and published by 31 March 2021.

The Pay Policy Statement provided the framework for decision making on pay, and in particular decision making on senior pay.

The Group Manager – Human Resources and Organisational Development referred Members to the updated Pay Policy Statement for approval, attached at Appendix 1 to the report.

This had been produced in accordance with the requirements of the Localism Act 2011, which required all local authorities to develop and make public their policy on all aspects of Chief Officer remuneration. In order to achieve further transparency, reference has been included to the pay of other relevant groups within the policy statement.

Since its introduction on 1 April 2012, the Pay Policy had developed to take account of relevant guidance, legislation and changes to the Council's senior management structure over recent years. The pay structure relating to this group of staff was at Appendix B to the report, within the Pay Policy, which had also been presented to Council for noting.

The Group Manager – Human Resources and Organisational Development then gave an update on paragraph 6.8 of the attached Appendix in respect of the homeworking allowance and paragraph 8, pay relativities, for Members information.

A Member asked whether or not the Pay Policy captured employer's mileage claims and what protocols were in place within the Authority, in order to ensure that such claims were both accurate and legitimately made.

The Group Manager – Human Resources and Organisational Development advised that the Pay Policy did not go into any detail with regards to employer travelling expenses. However, there was both guidance and checks and balances in place, in order to ensure that these were completed accurately. Guidance regarding this was also available through on-line expenses system she added. Should a fraudulent claim be made and identified, then this would be taken further with the employee and their manager, explained the Group Manager – Human Resources and Organisational Development.

In terms of any future proposals regarding Job Evaluation and/or Redundancy processes, a Member recognised that some employees had been disadvantaged when compared with others, particularly this last year since the pandemic and home working, in that they had no option but to commit more time to home care management commitments, whether this be for children or older family members. He sought reassurance that these employees would not be disadvantaged in any way, when it came to the Authority looking at potential cases for redundancy, etc.

The Group Manager – Human Resources and Organisational Development gave an assurance that HR policies would be applied in accordance with service needs of the Authority as opposed to other factors as mentioned. She confirmed that adjustments had been made to the Council's flexitime policy as a result of Covid-19 enabling those who were able to work at home to manage both their contracted hours and any such caring commitments, with each case of these being considered on its own individual merits by management.

**RESOLVED:** That Council approved the Pay Policy Statement 2021/2022 attached as Appendix 1 to the report.

518. **BRIDGEND TOWN HEAT NETWORK PROJECT PHASE 1**

The Corporate Director – Communities and the Interim Chief Officer – Finance, Performance and Change submitted a joint report, the purpose of which, was to:

- update Council on the development of the Bridgend Town Heat Network Project;
- seek approval for the inclusion of a budget of £3.4m within the capital programme for the project;
- seek approval for a loan of £1.821m to be made from the Council to the proposed Special Purpose Vehicle (SPV).

The Corporate Director – Communities commenced, by advising that Bridgend County Borough Council (BCBC) initially started looking at the opportunities for the development of heat networks in Bridgend County Borough in 2012, with drivers for the projects identified as decarbonisation, economic and social reasons, as expanded upon in paragraph 3.1 of the report.

The Bridgend Town Heat Network Project is included as a project within the BCBC Smart Energy Plan (SEP) (approved by Cabinet in February 2019). This Plan details the projects that BCBC will participate in during the period 2019 – 2025. This proposes to test various technologies, consumer propositions and business models, to provide a

pathway to the decarbonisation of Bridgend County Borough. It was also a key contributor to the Welsh Government's decarbonisation strategy (published March 2019) "Prosperity for All: A Low Carbon Wales".

She continued by stating that the Bridgend Town Heat Network Project proposed to deliver heat (via a gas combined heat and power engine located within the Bridgend Life Centre) to the Bridgend Life Centre, Civic Offices and the Bridgend Bowls Hall. The project would also provide electricity to the Life Centre, Civic Offices and Bowls Hall.

A capital grant application had been made to UK Government via its Heat Network Investment Programme (HNIP) in April 2019. This had been approved in December 2019 for: (i) £1,000,000 capital investment towards the construction of the heat network; and (ii) £241,000 for pre-construction activities.

The Corporate Director – Communities continued further, by stating that at its meeting of 19 January 2021, Cabinet approved the continued delivery of the Bridgend Town District Heat Network project. Progression of the scheme involved certain financial decisions. One was to note that the Treasury Management Strategy will need to be revised to enable the Council to make a loan of £1.821 million to the SPV; that this was to be reflected in the draft Treasury Management Strategy 2021-22 that was presented to the Audit Committee on 28 January 2021 and then subsequently to Council for approval in February 2021.

She added that, Cabinet had also agreed that a report be taken to Council, recommending that the capital programme be amended to include the Bridgend Town District Heat Network project and that Council agrees the loan to the SPV, subject to approval to changes to the Treasury Management Strategy. As Members were aware, Council had since approved this at its previous Budget meeting.

The Corporate Director – Communities, stated that Cabinet approved the procurement of a Design Build Operate Maintain contractor for the Bridgend District Heat Network by utilising the negotiated procedure with prior call for competition under the Utilities Contract Regulations 2016. It had been agreed to Brodies LLP (legal advisers for the Council on this scheme) running the procurement of the Design Build Operate Maintain Contractor under the negotiated procedure with prior call for competition under the Utilities Contract Regulations 2016 on behalf of the Council.

A further report is scheduled to be presented to Cabinet, following the conclusion of the procurement of the Design Build Operate Maintain contractor, for a decision on whether to award the contract.

The Corporate Director – Communities explained, that with regard to future phases of the Bridgend Town District Heat Network, Cabinet had also approved the procurement of and subsequent appointments of a technical/financial consultant and a legal advisor, to prepare an Outline Business Case for Phase 2 of the Bridgend Town Heat Network Project. This included delegating authority to the Corporate Director - Communities to tender for the technical/financial consultant and Legal Advisor to prepare an Outline Business Case for Phase 2 of the Bridgend Town Heat Network Project and awarding the contracts to the successful tenderers, with the contractual terms of the contracts to be approved by the Corporate Director - Communities in consultation with the Chief Officer – Legal, HR and Regulatory Services.

A further report on the creation of the Special Purpose Vehicle which will provide the commercial delivery mechanism for the project, would also be presented to Cabinet in due course, she added.

Cabinet have recommended to Council that the Capital Programme be amended to the full value of the project as outlined in paragraph 8 of the report and that a loan be provided to the SPV for the Bridgend Town District Heat Network Project.

The report before Council, was therefore seeking approval for the inclusion of a budget of £3.4m within the capital programme for the Bridgend Town Heat Network Project. Further details on the breakdown of the funding was also highlighted in paragraph 8 of the report. The Corporate Director – Communities concluded, that Council will likely need to borrow the funding itself, (within the terms of the approved Treasury Management Strategy), and then on-lend this to the proposed Special Purpose Vehicle (SPV). The interest rate charged to the SPV, will ensure there is no detriment to the Council.

A Member confirmed that he was supportive of anything that improved the Local Energy infrastructure. However, it was his understanding that Local Heat Networks such as this, had a shelf life resulting in them becoming less efficient with time. He asked what the expected shelf life was this for this particular Heat Network Project and what support mechanisms were in place longer term, to upgrade it as necessary, so that its efficiency level is maintained.

The Corporate Director – Communities confirmed that the life span of the project would be 40 years, ie to coincide with the loan period. What was proposed presently, was Phase 1 of the scheme only, which included work to 3 buildings. This would be looked to be expanded though to other public sector buildings, for example such as Bridgend College and the POW Hospital. This would increase the capacity and benefits the Heat Network had to offer further afield. She recognised that the technology elements of the project would change with time, so therefore built into the financial model was a Capital Contingency fund, in order to support the carrying out of infrastructure upgrades over the life span of the project.

Table 3 in the report, showed the various costs for the operation of the project, and these would ensure the efficient operation of the Network Project going forward. The SPV would also be supported by a Board of Directors which would monitor and provide increased management support to the project.

The Cabinet Member – Communities advised that the proposals of the report, would bring about a significant change to the way energy was supplied in Bridgend. This was required, in order to comply with Government targets of areas becoming carbon free. This was a new and innovative scheme, which other local authorities had successfully pursued as new ventures. The proposals would help address the climate crisis, which formed an integral part of the Council's De-carbonisation Strategy.

A Member sought assurance that that with regard to any public funds committed to the Bridgend Heat Network Project and the resulting profit that comes from this, these would not end up going to large profit making companies, that will be involved in supporting the project, including to the Board of Directors.

The Corporate Director – Communities advised that the Board of Directors would receive no remuneration package and any external people to be invited to sit on the Board, would only receive travelling expenses. Any capital made from the project would be ploughed back into its further development and/or, to commit to other energy efficiency proposals, such as tackling for example, fuel poverty.

A Member felt that the presentation of the project was untimely and too much of a financial commitment, in a year where people had suffered both financially and from a

mental health perspective, due to the Covid-19 pandemic. This had been compounded by people losing their jobs and facing poverty.

The Interim Chief Officer – Finance, Performance and Change, advised that with regards to committing any profit back into the Bridgend Town Heat Network Project, she reminded Members that at last Council the Treasury Management Strategy had been approved. In conjunction with this, she had made the point at that meeting, that the Council borrowing just for yield would present a situation whereby the Authority would then be unable to borrow for any Capital Schemes in the future. Therefore, she reaffirmed that any income derived from the project, would be fed back into it, rather than be profited by any companies involved in the support of this.

The Leader concluded debate on the item, by advising Members that whilst the Council had some choices and manoeuvrability in terms of schemes in its Capital Programme, there was no choice as to where to commit the £1m grant from the UK Government for this particular project. If the Council did not give a commitment towards the Bridgend Town Heat Network Project, it could not use the funding for anything else, the money would simply just have to be returned. He reminded Members that there was a climate emergency to address, that was impacting detrimentally on communities within South Wales, such as ever increasing problems with flooding and with this in mind, it was imperative that avenues were urgently pursued in order to alleviate these problems.

As some Members were not in support of the recommendations of the report, it was agreed that an electronic vote be conducted, as follows:-

For: (the recommendations of the report)

Councillors SE Baldwin, T Beedle, JP Blundell, NA Burnett, M Clarke, N Clarke, RJ Collins, HJ David, P Davies, PA Davies, DK Edwards, J Gebbie, RM Granville, CA Green, G Howells, RM James, B Jones, M Jones, M Kearns, DRW Lewis, JE Lewis, JR McCarthy, D Patel, JC Radcliffe, B Sedgebeer, RMI Shaw, CE Smith, SG Smith, G Thomas, R Thomas, T Thomas, KJ Watts, DBF White, PJ White, AJ Williams, HM Williams and RE Young = **37 votes**

Against:

Councillors S Aspey, A Pucella, A Williams and J Williams = **4 votes**

Abstentions:

Councillors T Giffard, KL Rowlands, S Vidal and L Walters = **4 votes**

It was therefore,

RESOLVED: That Council:

1. Approved the inclusion of the Bridgend Town Heat Network Project within the capital programme with a budget of £3.4m.
2. Further approved a loan of £1.821m to the Special Purpose Vehicle on the terms set out in the report, and delegated authority to the Chief Executive to agree and approve the final terms of the Loan Agreement and arrange execution of the Loan Agreement on behalf of the Council subject, with such powers being exercised in consultation with the Chief Officer - Legal, HR & Regulatory Services and the Interim Chief Officer, Finance, Performance and Change.



519. **EDUCATIONAL FACILITIES AND RESIDENTIAL DEVELOPMENT SUPPLEMENTARY PLANNING GUIDANCE**

The Corporate Director – Communities submitted a report, the purpose of which, was to seek Members approval to adopt SPG16 - Educational Facilities and Residential Development as Supplementary Planning Guidance (SPG) to the Bridgend Local Development Plan (LDP).

He stated that Members will be well aware that the Council has a duty to ensure that good quality educational facilities are available to the children and young people of the County Borough. This was a key objective of both the Corporate Plan and the Well-being of Future Generations Act.

The development of new housing in the County Borough, places existing education facilities under increased pressure, he explained.

SPG16 was a key tool in alleviating that pressure, by providing advice and guidance in relation to the circumstances in which the Council may justifiably seek financial contributions towards the provision of educational facilities.

In summary the SPG sets out:

- The National and local Planning Policy context and legislation;
- The Council's own policy and practice relating to education;
- Guidance notes explaining the circumstances, mechanisms for calculating the likely contributions;
- Examples of how this is done; and
- Guidance on how the policy will be administered.

In terms of the current situation, the Strategic Planning Team Leader advised, that the Council already has an SPG16, which had successfully generated millions of pounds towards school projects. However, the current version was adopted in 2010 and in recent times, officers have found that the level of contributions being generated was failing to keep up with the cost of modern construction practices. So a small working group was therefore formed, in order to undertake a formal review and produce an updated draft, and on the 16th January 2020, members of the Development Control Committee approved the draft version of the SPG as the basis for public consultation.

A 6-week period of consultation was held between 21 February and 3 April 2020, with the consultation advertised in the manner described in paragraph 4.2 of the report.

By the end of the consultation period seven representations were received on the draft SPG. These representations were summarised in Appendix 1 to the report.

On 21st January 2021, the Development Control Committee considered all of the representations and agreed the changes to be made to the document, in light of the comments received. These are now incorporated as amendments to the SPG attached at Appendix 2 (to the report).

Members would note from the bullet points at paragraph 4.4, that the proposed amendments are limited to relatively simple points of clarification, which reflected the amount of work that went into the draft SPG, from the outset. The Strategic Planning Team Leader acknowledged the input of the School Modernisation team and that of Cllr Amanda Williams, who both gave valuable contributions to the review and production of the draft SPG and ensured that Members had a voice in the process.



The report therefore informed Members of the requirement to complete the declaration attached at Appendix A, with reference to the guidance attached at Appendix B by Friday 9 April 2021. It was very important added the Interim Chief Officer – Finance, Performance and Change, that the form was completed as at 31 March 2021 and covered the full financial year or period for which the individual was a Member of the Council. Members should note that a copy of this declaration would be emailed separately to their BCBC email, address for completion and return.

In response to a Members question, the Interim Chief Officer – Finance, Performance and Change, confirmed that copies returned with a typed Members signature would be accepted.

She also confirmed in response to a further question, that Members who were involved in Sub-Contracting to Contractors for the Council, should also disclose this on the form, as should they disclose close family members who were providing the same, or a similar service.

In terms of the management of grants that BCBC had completed as a distribution element for Welsh Government, these should also be disclosed on the form, she added.

**RESOLVED:** That Council notes the requirement for Members to:

- (1) Formally declare any related party transactions for the financial year 2020-21.
- (2) Complete and date the return no earlier than 31 March 2021.
- (3) Submit the return by Friday 9 April 2021.

521. **REPORT OF THE INDEPENDENT REMUNERATION PANEL FOR WALES 2021-2022**

The Monitoring Officer submitted a report, to advise Council of the Annual Report of the Independent Remuneration Panel for Wales in respect of the level and range of remuneration the Authority must make available to its elected members for the 2021/22 municipal year.

This was the thirteenth Annual Report of the Independent Remuneration Panel for Wales (the Panel), and the tenth published under the requirements of the Local Government (Wales) Measure 2011 (attached as Appendix 1 to the report). The Measure extended the responsibilities of the Panel and its powers under Section 142 to decide (prescribe) payments to members of relevant authorities.

The Monitoring Officer confirmed, that representatives of the Panel held consultation meetings on their proposals, which was attended by the Authority's Head of Democratic Services. The Panel had acknowledged each of the 39 responses to the consultation on the draft report and answered all the queries that were raised in respect of this.

The Panel's Determinations for 2021/22, were shown at Annex 1 of the Annual Report (from page 51 onwards).

She explained, that the Basic Salary in 2021/22 for elected members of principal councils shall be £14,368 with effect from 1st April 2021 (Determination 1). This salary shall be paid by each principal authority to each of its elected members unless any individual member opts personally and in writing to receive a lower amount. Adjustments in recent years have been in keeping with the Panel's principle that its determinations should be affordable and acceptable. This principle is maintained in the increase for 2021/22 in the basic salary elected members of £150.

The senior salary levels in 2021-22 for members of principal councils shall be as set out in Table 3, page 14 of the Annual Report (Appendix 1 refers). The Panel considered that the leadership and executive roles carry the greatest individual accountability and that size of population remains a major factor in influencing levels of responsibility and the use of the population groups has therefore been retained.

The Salary for the Leader and Deputy Leader has been based on the population of the County Borough (100,000 to 200,000). The Leader is entitled to receive £49,974 and the Deputy Leader £35,320. Cabinet Members will be entitled to receive a senior salary of £30,773.

Where Chairs of Committees are remunerated, they will be paid a salary of £23,161. The Panel had re-iterated that it is a matter for individual authorities to determine which Chairs are paid. At its Annual Meeting in May 2020 Council determined that the Chairpersons be remunerated of the Committees, as shown in paragraph 4.2.4 of the report.

The Panel had determined that Council must make a senior salary of £23,161 available to the leader of the largest opposition group.

In terms of Civic salaries, Councils have strongly expressed to the Panel that Elected Members do not wish to make any choices that require Councils themselves to choose and match the level of activity or duties of a specific member to a given range of salary levels for a role. The Panel has determined (Determination 3) that (where paid) a Civic Head (Mayor) must be paid a salary of £23,161 and (where paid) a Deputy Civic Head (Deputy Mayor) must be paid a salary of £18,108 with effect from 1st April 2021.

The remainder of the report gave information in respect of the following:-

- Co-opted members of Committee's allowances;
- Contributions towards Costs of Care and Personal Assistance (CPA);
- Sickness Absence for Senior Salary Holders; and
- Compliance with Panel Requirements

**RESOLVED:** That Council noted the Report of the Independent Remuneration Panel for Wales 2021 and approved:

- the adoption of the relevant determinations of the Panel contained within its Annual Report (Appendix 1 to the report);
- those posts (as shown in the revised Members' Schedule of Remuneration at Schedule 1 of the report), who will receive a senior/civic salary;
- the level of remuneration for the Senior and Civic Salaries (where appropriate);
- the revised Members' Schedule of Remuneration at Appendix 2, and for it to become effective from 1 April 2021;
- that the Members' Schedule of Remuneration be updated with any changes to Senior/Civic Salary positions subsequently made by

Council during the 2021/22 municipal year;

- the Democratic Services Committee reviewing the provisions on the contribution towards Costs of Care and Personal Assistance as set out in paragraph 4.5 of the report.

522. TO RECEIVE THE FOLLOWING QUESTIONS FROM:

Councillor Altaf Hussain to the Leader

In Wales, 60% of the adult population and 1 in 8 children age 4-5 years are overweight or obese and each year this figure is increasing. There is consistent evidence that obesity (excess weight) is associated with an increased COVID-19 risk in addition to the risk of diseases such as type 2 diabetes, heart disease, cancer and respiratory diseases which themselves increase the risk of complications in someone who contracts COVID-19. Knowing that excess weight is one of the few preventable risk factors for COVID-19, could the Leader let us know what measures he is taking to help those residents who are living with overweight or obesity to lose weight in a sustainable manner, together with interventions to prevent weight gain and reduce risk of COVID-19 in our Borough?

Response

There is no doubt that the pandemic has served to highlight the detrimental impact of such a virus on more vulnerable groups and people with higher levels of risks that can often be associated with poor lifestyle and behaviours. The National Survey for Wales in 2019-2020 identified that amongst adults:

18% of the population were smoking  
19% of the population were drinking more than the weekly guidelines  
Only 25% had eaten five portions of fruit or veg the day before  
53% were active for 150 minutes or more per week  
10% followed fewer than 2 healthy behaviours  
61% of the adult population were overweight or obese (including 25% obese).

In terms of childhood obesity Bridgend Council is an active partner with Cwm Taf Morgannwg health board and is part of a network that is focused on preventing childhood obesity across the health board footprint. A whole system event involving many stakeholders took place prior to the pandemic and will support work going forward. Bridgend is supportive of a collective effort to tackle childhood obesity to improve the wellbeing of young people and our communities. The National Child Measurement survey is one of the tools that is used to track the physical wellbeing of children. In the most recent publication of data, Bridgend was slightly below the Welsh average of children classed as obese at 11.9% compared to RCT at 14.4% and Merthyr at 15.6%).

Supporting people to be of a healthy weight remains a public health priority and the Council has a role in maintaining or enhancing the wellbeing of local people and our communities. The evidence confirms that obesity increases the risks of type 2 diabetes, heart disease and respiratory disease and it is important that people have opportunities, information and support to sustainably manage their weight. This will be beneficial to combatting the negative impact of Covid 19 but potentially other communicable diseases or chronic conditions also. Welsh Government identify from learning and insight gained during the first phase of the pandemic that existing inequalities and issues around food insecurity may have been exacerbated.

In February 2020, Welsh Government launched its Healthy Weight, Healthy Wales strategy with a related delivery plan to run to 2022 but due to the pandemic original aspirations for delivery have needed to have renewed priorities as the response to the pandemic has seen a shift in services, funding and capacity.

The renewed priorities for Healthy Weight, Healthy Wales to 2022 are as follows:

Priority Area 1-Setting out proposals to make the food environment healthier

Priority Area 2-Increase Active Travel Opportunities

Priority Area 3-Increase physical activity and exercise opportunities

Priority Area 4-Commence delivery of a revised obesity pathway

Priority Area 5-Communications and digital packaging

In relation to the renewed priorities that have been presented, the Council and its partners are playing an active role in supporting the stated objectives. The following items all connect with the afore mentioned Healthy Weight...Healthy Wales priorities and identified actions;

The Council has continued to invest in community routes and safe routes to school to encourage more people to walk, cycle and scoot as opposed to vehicular travel and this will have built a solid foundation using the Active Travel Grant, Safe Routes in Communities grant and Road Safety grant.

The authority directly delivering the National Standards cycling/Active Journeys programme to young people in our schools at levels 1 and 2 and this programme has seen growth and whole county coverage in recent times. Despite the pandemic delivery of the programme has continued with schools.

The ability of young people to navigate their communities without being transported is an important part of our local play sufficiency assessment and action plan also. The Council has continued to invest in outdoor play spaces and more accessible opportunities also in partnership with Welsh Government.

The authority is working with Play Wales to explore how a safer streets approach might encourage more families to allow children to play outdoors as a doorstep opportunity as a simple way of increasing daily activity near to home.

The authority is also supportive of its own workforce engaging in Active Travel using the salary sacrifice scheme to purchase cycles.

The authority been part of the national steering group that has led to a new Active Leisure offer for the over 60's across Wales that is complementary to other investment into the National Free Swim offer for this population group. This will be launched when facilities are permitted to re-open but engaging older adults will commence sooner. The junior free swim programme has been expanded with a focus on disadvantaged groups who might be considered more "at risk" of poor lifestyles.

Through our partnership with Halo Leisure the National Exercise Referral scheme has continued to support people virtually and this will be an important part of the Covid 19 recovery pathway for people. The programme offers both lower level preventative support for those needing to move more often and also delivers the 'Foodwise' programme to promote healthy eating as part of a healthier lifestyle approach.

As part of National Exercise Referral Scheme, a full chronic condition pathway is offered for back pain, pulmonary rehabilitation, cancer, postural stability and with new joint care programmes being commissioned by the health board. These will be helpful for those for whom other medical support might be delayed. The exercise referral programme has

piloted a Covid recovery programme in partnership with public health wales in 2020. This is anticipated to be an area of focus over the coming year.

The authority has ensured that cost is not a barrier to accessing public sector leisure via the Access to Leisure scheme and has secured investment to engage more people who are disadvantaged at low cost or no cost to maximise the reach and benefit of services. The impact of disadvantage on being able to live active and healthy lives is recognised in service planning and offers sustainable opportunities.

Our partnership with Halo Leisure has also seen a Halo at Home digital platform develop to support those who are shielding to maintain activity or those who are comfortable to manage activity at home. This digital platform has the potential to develop and stream a broad range of wellbeing programmes into people's homes. There is targeted work progressing with Wales Co-Operative Centre to develop carer co-operatives and to support people living with dementia including support to build confidence and digital skills.

The authority has been supported by the Healthy and Active Fund to lead the Super Agers programme to encourage increased physical activity amongst older adults, including support at or near home. The programme has recently been identified as a Bevan Exemplar. There has been home mentoring support and resources developed that could be used more broadly in due course.

The authority has also been playing a leadership role in the Valleys Regional Park initiative encouraging increased use of the natural environment and development of social prescribing opportunities. This is an integral part of Healthy Weight...Healthy Wales.

The authority operates its own Love To Walk programme that has increased its interest when regulations have permitted and using volunteer led approaches where appropriate can become sustainable and low cost for participants. The Love to Walk festival was delayed but attracted positive interest and participation.

Through our partnerships with local schools there are action plans that help to develop the wellbeing of young people including physical wellbeing and emotional/mental wellbeing. We use peer mentoring by other young people and network groups to support individuals and have developed e-learning approaches for our young leaders. Our older ambassadors' group who are also supported by the AYP service have established media accounts to promote healthy eating and healthy lifestyles to other young people.

A new wellbeing programme called Ascent has been developed for boys and girls with lower levels of confidence or aspiration and with low activity levels. This health promotion project is being run over a 39 week period and aims to improve the engagement of participants.

Our Active Young People service is collaborating with Swansea University to research 9-11 year old childrens health and wellbeing in the County Borough. The 'BridgeLinx' programme has resulted to compare Bridgend to other areas as part of a more global programme.

Active play is being developed through our schools and also in partnership with Welsh Government and Play Wales. There are now 24 activity pods in place and we have been working with some schools to make their grounds more accessible to the community to support active lifestyles.

There are partnership agreements operating with our primary and secondary schools who have been supported during the pandemic with resources by our Active Young People department to maintain and enhance pupil wellbeing.

We have previously operated a Family Active Zone approach that includes all aspects of lifestyle and nutrition that was run in partnership with schools but will be available at a household level going forward. A range of other resources are being developed to support individual and group wellbeing.

Throughout the pandemic our volunteer run community centres have been available for essential public services and these venues would in a normal year be supporting weight management programmes and related organisations.

Our schools also participate in the Welsh National Healthy Schools scheme and use this framework to improve wellbeing. The aim has been to create a network of health promoting schools and within the seven health topics, food and fitness is one of the components.

In regard to school catering all menus in Bridgend's primary, secondary and special schools are certified by the WLGA as compliant with the Healthy Eating in Schools (Nutritional Standards and Requirements (Wales) Regulations 2013. All menus are devised to reduce salt, fat and sugar content to support the healthy eating agenda.

Beyond the above, the authority is actively involved in regional planning and networking regarding a health board approach to the Healthy Weight Healthy Wales strategy and related delivery plan and how we might be able to play an effective role in this important challenge.

Supplementary question from Councillor Altaf Hussain (presented by Councillor Giffard in his absence)

There are many inactive residential areas in the County Borough, for example, Penyfai. When are you going to help residents in such areas and others like this, in order to get them connected to our towns via Active Travel walking and cycling routes.

Response

We have a multi-million pound investment currently underway to support Active Travel routes across the County Borough and have undertaken a consultation engagement with Sustrans and Members regarding this and I'm sure Members would have fed their views into that consultation. The outcome of this would be considered, in order to plan future phases and investment in Active Travel to this end, which has received a significant investment commitment from Welsh Government in terms of future plans for this.

Second supplementary question from Councillor Jon-Paul Blundell

Can the Leader outline how the Council have promoted healthy eating through school lunches during the pandemic.

Response

We are providing food parcels to over 4,000 families each week for those children unable to attend school and whilst they have very tasty and nutritional meals in school, at home the food parcels include fruit, vegetables and pasta as well as other healthy products. Recipe cards were also provided as an accompaniment, in order to encourage families to cook innovatively. There had been positive feedback to this. Consultation on



these food parcels was ongoing and, the Council were awaiting feedback from parents and young people alike who were in receipt of these. An extension of funding for food parcels from Welsh Government for school holiday periods as well as term time, was also being proposed.

Third supplementary question from Councillor Paul Davies

Are we providing guidance at schools presently in relation to healthy eating through classes, ie are there any specific educational lessons or guidance being given regarding this as well as nutritional guidance also, in terms of the best things to eat (and drink).

Response

We have seen a much stronger focus on the practical cooking and food preparation skills within schools in recent years. I was very pleased to see that Welsh Government an award winning food project called 'The Big Box Boyd,' in order to develop an early understanding of healthy food choices, while at the same time, providing affordable priced food to parents that benefit families in the County Borough.

Councillor Tim Thomas to the Cabinet Member – Social Services and Early Help

Compared with other local authorities, how well do children in care do at school, both academically and in terms of other achievements?

Response

Comparing the performance of children looked after (CLA) in schools across Wales is very difficult, as Welsh Government ceased national data collections on CLA attainment after 2013-2014. Unfortunately, there has been no comparative all-Wales annual data since that time. Local authorities have tried to maintain some of the previous performance indicators for CLA attainment at a local level, but have had very limited success, as the cohort changes frequently with many children experiencing very short periods in care.

For 2018-2019, officers extracted a list of children recorded as CLA from the school management information system (SIMS) on the day that the Pupil Level Annual School Census (PLASC) was taken in January 2019. Officers later undertook a detailed manual matching against the data obtained from Welsh Government on teacher assessment and key stage 4 examination data for summer 2020. I attach this analysis for your information and retention. This provided some data on CLA attainment. However, this analysis has not been progressed again as there has been no 2019-2020 data collection and there have been changes in the measures used which impacts on comparability.

The issues of regional benchmarking have been raised with Central South Consortium (CSC) as a consequence of the cessation of a number of Welsh Government data collections/publications. CSC produces a regional data pack with comparative data but the last available data is 2019. Unfortunately, data specifically for CLA is unavailable and due to the difficulties with this data the CSC Benchmarking Group decided that work on this and other cohorts, would not be progressed

The local authority's Digital Transformation Board is currently assessing the business case for the procurement of a management information system that can provide enhanced intelligence to the local authority on the CLA cohort in the future. It is hoped that this business case will be successful and will provide for a range of improvements to the accessibility of pupil level data for all cohorts moving forward.

The Education Engagement Team is the single point of contact for schools and other professionals in respect of any vulnerable learner within the local area. This includes CLA. The team works closely with schools and children social care to ensure that education provision meets that learners needs. The team is responsible for the co-ordination and scrutiny of personal education plans (PEPs) which are implemented for all CLA.

In addition, the team provides training to schools to ensure that they are fully aware of the impact of becoming looked after can have on a child on their development which may affect their learning or behaviour within a school environment. This training has included First Aid, mental health and trauma-informed approaches to adverse childhood experiences.

Each school is required to identify a designated person to lead on CLA. Prior to Covid-19, six-monthly events were held with designated safeguarding leads or CLA leads to explore and consider best practice in respect of improving educational attainment and attendance. Schools are encouraged to share approaches in supporting learners and the Education Engagement Team provides updates in respect of Welsh Government guidance and legislation.

The relationship with Children's Social Care is crucial in respect of support for CLA. The Education Engagement Team will attend CLA reviews (when required to do so) to ensure the PEP and support related to education is appropriate and benefits the learners.

The local authority is provided with some funding via the Pupil Development Grant. This funding is used to provide support to schools through training as described earlier, but also through additional tuition for learners in respect of their literacy and numeracy should this be required.

Within Children's Social Care, the 16+ Team supports care leavers during a transitional period in their life encouraging them to be aspirational and to plan for their future. This planning is completed through direct work that the social workers and personal advisors undertake with young people. This work includes close liaison with school/college tutors and Careers Wales. Once a plan is agreed with the young person, this is formalised in a Looked-After Children's (LAC) Review or Pathway Planning Review if the young person is aged over 18 years.

The Cardiff University and First Campus Confident Futures Project is accessed by care-experienced young people and care leavers aged 14 to 19-year-old aiming to raise aspirations and confidence. The sessions run monthly from October through to April on an annual basis. They are administered at Cardiff University and consist of group work and individual support session run by Cardiff University students. The workshops are aimed at supporting care experienced young people with their existing studies as well as any applications to university. It is open to all young people regardless of their academic ability, as the aim is also to increase confidence and self-esteem for care experienced young people. In the last academic year, 3 students from Bridgend have attended these sessions with staff from the 16+ Team providing transport and support.

Confident Futures Summer School is a yearly summer school which aims to raise aspirations, devote one-to-one time with young people who are looked after to mentor them about the next stage of their academic life, to have some taster sessions from University lecturers/professors and to find out what university social life is like. Participants spend time and stay in student accommodation with current undergraduate and postgraduate students and have academic taster sessions with experts in their chosen fields. Sessions include advice on personal statements writing, mock

interviews, budgeting and talks from support services. There are also taster sessions for opportunities outside of study, including societies and sports clubs. Finally, they experience a mock graduation. All of our care-experienced young people who are considering applying for university are encouraged to attend.

Supplementary question from Councillor Tim Thomas

LAC do 'generally' have less positive educational outcomes than other cohorts, so considering that, could the Cabinet Member – Social Services and Early Help confirm what Strategies we have in place, to specifically target LAC so their numbers are reduced in terms of NEETS.

Response

Something we have done recently, was to change to an "Outcome Based model" launched just before Christmas and part of our philosophy is instilling into these young people a sense of self-belief in the first instance. Often these children have suffered from adverse childhood experiences and therefore, to make them the focus of their future plans and allowing them to set their own agenda and give them support there in both an holistic and therapeutic way was a very important start of the process. Outcomes from this approach, would hopefully be that by the time they reach 16 years of age, they will be inspired and have sufficient confidence to allow them to be capable in terms of academic achievements. This process was a bit more difficult than the previous approach that was in place, however, the change was believed, would result in the academic prospects of our young people going forward, receiving support in a more effective way than previous. The Cabinet Member – Education and Regeneration added that further information in respect of the above, could be obtained from the Education Department outside of the meeting, should the Member wish to receive this. As corporate parents, Members and Officers do their best to replicate supporting children in the same way they would be supported by their natural parents in terms of their education needs and requirements, up to the stage where they enter higher education, for example University.

Second supplementary question from Councillor Jane Gebbie

Could you be more specific, as the majority of our LAC do experience adverse childhood experiences and as we are well aware, this often results in a barrier to both their academic and personal achievements. Therefore, how are we as corporate parents, encouraging them to achieve more positive life outcomes.

Response

The Cabinet Member – Social Services and Early Help, replied that it was all about putting the voice of the LAC first, whilst weaving in a more therapeutic and holistic approach in terms of their education. The Corporate Director – Social Services and Early Help added that the local authority had a fundamental responsibility to ensure that it provides the right family environment for our children and young people, so there is an assurance that they have the right amount of care and support in place for them, in order that they may have a happy and balanced life. Actions that are pursued in order to achieve this, include the recruitment of highly qualified Foster Carers. At yesterday's Cabinet meeting, a report had been approved regarding the best way going forward on not just how to recruit these professionals, but also putting in place ways to retain them. It was also important that LAC were effectively and well supported both at home and in school. The Council had invested in Foster Families for those children who were unable to stay with their parents or Foster Carer(s), as well as its own residential provision. Funding had also been made available by Welsh Government, in order to assist learning

opportunities for LAC during the pandemic as well as for longer term, in order that they can support LAC's outcomes up to the time they enter higher education. She assured Members that the Council were adopting a person centred approach dually through its Earl Help and Children's Services sections. The Corporate Director – Education and Family Support added that supporting LAC, included joint working collaboratively as well as ensuring any interventions were evidence based. The Council had an Education Engagement team, that ensured that the local authority discharged its statutory duty in relation to children's education needs at schools. The Council also advised all schools how best to use Pupil Development Grants as a support mechanism to the learning process. There were presently 32 LAC who received additional teaching tuition, in order to assist in closing the gap between them and certain other learners. He concluded by advising that 4 years ago, Estyn had identified excellent practise in both Brynteg School and Penybont Primary School, for the extent of support that they had in place for LAC.

Third supplementary question from Councillor Stuart Baldwin

What work was the Authority doing, to encourage Foster Carers from more diverse backgrounds, such as for example the LGBTQ Plus communities.

Response

The Cabinet Member – Social Services and Early Help, confirmed that there had been a campaign just last week encouraging people from LGBTQ Plus communities to consider being a Foster Carers. There were other examples of encouraging individuals far and wide (including from such diverse backgrounds), to consider committing to such a role and she was happy to share these with any Members who may be interested in having this information. A report had also been considered by Cabinet at its meeting yesterday, entitled 'Fostering Recruitment – Children's Social Care,' that gave approval to align fostering recruitment across Bridgend, Rhondda Cynon Taf and Merthyr Tydfil, and dealing with fostering recruitment enquiries, processing applications, as well as supporting potential Foster Carers through the process of becoming a Foster Carer.

Councillor Matthew Voisey to the Leader

why is this Labour administration discriminating against some key workers, by not allowing those in the private sector access to childcare provisions during this current lockdown, considering these are the very workers the Labour party claims to look after, part time workers and those on or near minimum wage?

Response

Welsh Government guidance in respect of critical workers requires local authorities to have regard for its critical worker list. However, it states that it is for individual local authorities, based on their current situation to determine eligibility. Given the public health emergency in Bridgend County Borough Council (BCBC), we took the difficult decision to restrict our eligibility to traditional 'blue light' occupations such as National Health Service (NHS), education, prison officers and social care workers (both public and private sector).

This decision was made in the interests of ensuring schools had adequate capacity to protect the health and wellbeing of the pupils and staff without compromising their ability to provide high-quality blended learning. We have worked with key delivery partners (listening to their concerns) to develop effective and COVID-safe learning/working environments. Although it is fully recognised that this has caused some difficulties for some families, the strategy has helped to reduce rates of transmission of the virus in the community while maintaining educational standards in schools.

We have also worked hard to support families whose children didn't secure on-site, in-school provision. This has included working with the Early Years and Childcare Team, private childcare settings, supporting families/grandparents, and communicating with employers. Early years colleagues have continued to deliver the Flying Start programme and have also supported non-maintained settings to deliver childcare throughout the pandemic (with advice, guidance and, where eligible, funding). Support has also been provided by members of the Inclusion Service, offering online check-ins with pupils identified as being vulnerable and/or requiring additional learning support and for families who have been struggling to manage their children's behaviour. Priority for support has been given to looked-after children, children on the child protection register and children with complex disabilities and medical needs. Schools have also offered outreach support through multi-agency working. This has included home visits by the teams and regular check-ins to the most vulnerable.

School staff currently provide on-site provision for vulnerable learners and the children of critical workers, direct off-site support for vulnerable learners and remote learning opportunities for all learners. Therefore, any increase in on-site provision will inevitably have an adverse impact on the school's ability to provide high-quality online learning and limit a school's capacity to provide off-site support to vulnerable learners. All headteachers report that it is very difficult to have sufficient staff on-site to supervise those pupils attending school while also having sufficient staffing capacity to provide blended learning for those pupils who are off-site.

We are in a very difficult position of needing to keep numbers as low as possible to reduce transmission opportunities in the face of growing pressure from parents/carers to offer places to their children. We acknowledge that the current situation creates difficulties for parents/carers who are also key workers who have to go to work but who are not eligible according to BCBC's agreed criteria and have no alternative childcare available. We are naturally keen to expand on-site provision when/where it is safe to do so to meet the needs of parents/carers where this support is required.

As the transmission rates have reduced, we have made plans to expand the local offer to meet the needs of more parents and carers by continuing to provide a safe teaching and learning environment for pupils and staff based on the results of a recent online survey. On 5 February, we launched an online survey to ascertain the demand for on-site provision. The results of the survey indicated that 1797 additional on-site places were required. Of these, 1405 referred to on-site provision for primary school-aged learners while 392 referred to on-site provision for secondary school-aged learners.

At the same time of the launch of the online survey, the Minister for Education announced that all foundation phase learners (ie in Bridgend, all three to seven-year-olds eligible for a school place) would return to school during the week commencing 22 February. As expected, much of the demand for on-site places for primary school-aged learners were linked with younger children. Consequently, by applying a range of filters (eg by asking parents/carers whether they would make use of the additional provision, whether they'd be able to care for their child/ren at home, whether their child attends a foundation phase setting, and/or whether they actually consider themselves a critical worker based on Welsh Government's eligibility criteria), the actual demand for on-site provision is lower. In this scenario, if we were to expand our eligibility criteria to include all occupations on the Welsh Government list, the indicative demand for places would see an additional 163 (key stage 2) on-site places being required in the primary school sector and an additional 39 (Year 7 and Year 8) places being required in the secondary school sector.

However, due to the significant increase in pupils attending primary schools following the half-term break, feedback from schools has been that any increase in on-site provision at this time would present significant difficulty. For example, due to recent Welsh Government advice in respect of maintaining class/year group 'bubbles', an increase of only four learners in a primary school may require an additional eight staff (ie one teacher and one learning assistant per class) to be on-site. This will inevitably impact negatively on the school's ability to deliver high-quality online learning. Consequently, this has impacted on our ability to bring more children of critical workers back sooner, in that there will be less capacity to cater for additional childcare requirements. The more pupils there are in school, the more school staff will be required to supervise/teach and this will reduce the capacity for staff to be able to offer high-quality remote and blended learning opportunities for all pupils who are not on-site.

In conclusion, however, I am pleased to advise members that on-site, in-school provision will be available to all children (in nursery to Year 8 (inclusive)) of critical workers (as defined by Welsh Government) from Monday 15 March.

Supplementary question from Councillor Matthew Voisey (presented by Councillor Walters in his absence)

Whilst it's good to know that children of key workers up to Year 8 will have space in schools from next Monday, this has been a long time coming. These non-blue light key workers have served us all through the pandemic and have often been forgotten about or the recipients of frustrations when there were food shortages earlier on in the pandemic. I appreciate all they have done to keep all of us going. There is another set of key workers whose children were also excluded, namely those employees of the Armed Forces who were excluded from the list to start with and many of these people were on 24 hour Movement Notices. How did this exclusion fit in with the Council's signing of the Armed Forces Covenants. Without the help of the Armed Forces during the pandemic, many of the food and other supplies would not have got through to those that needed them. They were now assisting in the vaccine roll-out and without their support here, Wales would not have progressed so well, as they have to date in succeeding with its vaccination programme.

Response

We of course value the amazing work being carried out by critical and key workers throughout the pandemic. The difficulty has been capacity of our schools to accommodate the pupils, as all of our schools Head teachers, had been concerned regarding the shortage of space and staff at schools required, in order to accommodate all the children of all key/critical workers that would have been eligible under that wider definition. We are of course, going to see all Primary School pupils back at schools in the next week or so and that will address the immediate issue for younger children. This decision was made following a comprehensive consultation and engagement exercise with families, ie that even if schools had not been re-opened to all primary aged pupils, we had decided to widen that eligibility, upon establishing that there was capacity at the schools, to accommodate children of key workers, including the Armed Forces/Service personnel, etc. These service personnel had been fantastic during the pandemic and outside of this also. I have not however, received any examples of where the above has given rise to an issue. However, if there have been any and they are raised with me, I will address them quickly. The Cabinet Member – Communities as Armed Forces Champion for the Authority, added that the above highlighted a glaring absence when it comes to children of serving members of the Armed Forces. The reason for this, was that there was no mechanism within schools to build a register of pupils there, confirming they were children of parents who were in the Armed Forces. We should be required to keep such a register at schools for this purpose, in order that it could be

made easier for them to flag this up to the Education Department/wider Council/Cabinet Members. However, far as I am aware, we have had no representations as the Leader has said, from any members of the Armed Forces or the organisation itself with regard to children of their members in this regard. So it is difficult for us to pinpoint where the need was (at schools).

Second supplementary question from Councillor Bridie Sedgebeer

In Councillor Voisey's original question, he makes reference to the minimum wage. In terms of this, it was the Labour Party and only that party that stood up for key workers and working families over years past and it was the Labour Party that campaigned for and introduced the minimum wage, which had been opposed to by the Conservative Party. So why are they now defending key workers and their families?

Response

This is correct and the national minimum wage was opposed to by the Conservative but I'm glad to say, that this challenge was unsuccessful and the minimum wage is now protected by law.

Third supplementary question from Councillor Jane Gebbie

Would you consider that our Welsh Labour Government have been considerably more successful and pro-active in managing their Consequential budgets to protect both key workers and the public, than the UK Government. In Wales there was put in place a 'Test and Trace' system which had been structured in such a way, that proved to be effective and cost effective, as it was organised by staff in the NHS and primarily local government workers on low to moderate incomes. In contrast the Conservative Government had undertaken the same project though employing highly paid Consultants at a cost of £22m, which had been far less successful.

Response

Critical Care workers have been at the frontline of the Covid crisis, and I cannot thank them enough for their unrelenting hard work, carried out in the face of extreme pressure and trauma through people sadly losing their lives as a result of the virus. I'm proud that the Welsh Government had paid an additional £500 to its Care Workers as a recognition of the invaluable role they have provided at this most difficult of periods in the support of our most vulnerable in society.

523. URGENT ITEMS

None.

The meeting closed at 18:02

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## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO COUNCIL

23 JULY 2021

### REPORT OF THE MONITORING OFFICER

#### **CWM TAF MORGANNWG TEST, TRACE AND PROTECT PROGRAMME A PARTNERSHIP PROGRAMME**

#### **1. Purpose of report**

- 1.1 The purpose of this report is to present the Cwm Taf Morgannwg (CTM) Region – Test Trace Protect COVID-19 Prevention and Response Plan 2021/2022 for noting and to outline the contribution of the Shared Regulatory Service (SRS) in the delivery of the plan.

#### **2. Connection to corporate well-being objectives / other corporate priorities**

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-
1. **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions for all people in the county.
  2. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
  3. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council’s well-being objectives.

#### **3. Background**

- 3.1 Welsh Government produced their “Test, Trace, Protect” Strategy on 13 May 2020 which was based on Public Health Wales’ (PHW) advice. Each region was required to develop a response plan outlining how the aims of the Strategy would be achieved. The Cwm Taff Morgannwg response plan, referred to as the CTM TTP Programme, is being managed on a regional (CTM) footprint under the leadership of the Director of Public Health. A multi-agency Regional Strategic Oversight Group (RSOG) comprising of members of the Health Board, Local Public Health Team and

the three local authorities was been set up to operationalise the response plan within the CTM area.

3.2 The Cwm Taf Morgannwg COVID-19 Prevention and Response Plan for 2021/2022 attached as **Appendix 1** was submitted to Public Health Wales and Welsh Government in August 2020.

#### 4. Current situation/proposal

4.1 The 2020/2021 plan led to a number of significant deliverables, delivered in partnership and often within very short timescales, all with the aim of preventing and responding to the pandemic to minimise the impact on our communities as far as possible. This included:

- Establishment of a PCR testing and sampling service;
- Establishment of a contact tracing service;
- Enhanced enforcement services including a Joint Enforcement Team arrangement with South Wales Police;
- A protect service supporting communities who have to self-isolate, including a telephone helpline;
- A community pilot for lateral flow device (LFD) testing and subsequent community roll-out in March 2021 on a targeted basis;
- A COVID-19 vaccination strategy and delivery plan, on track to immunise priority groups;
- An underpinning surveillance system which has targets and triggers where required, for escalation and de-escalation purposes;
- A communication and community engagement framework supporting the whole programme in terms of both prevention and response to the current pandemic.

4.2 The plan is set in the context of a 'look-back' to events in 2020/2021 and lessons learned. It provides some of the epidemiological back-drop, together with the current status of COVID-19 in CTM and potential scenarios communities need to be ready to respond to, as we move into 2021/2022.

4.3 The overall aim and objectives for the TTP programme can be found in the plan attached at Appendix 1 together with the governance arrangements for the programme.

4.4 In March 2021 Audit Wales produced a report "Test, Trace, Protect in Wales: An Overview of Progress to Date" (attached at **Appendix 2**). The key messages on a national level included:

- *The TTP programme has seen different parts of the Welsh public and third sector work together well, in strong and effective partnerships, to rapidly build a programme of activities that is making an important contribution to the management of COVID-19 in Wales.*

- *The configuration of the TTP system in Wales has a number of strengths, blending national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.*
- *The TTP programme will remain a key tool in Wales's battle with the virus for some time to come.*

4.5 The Audit Wales report highlights a number of challenges which impact the delivery of services, these have been taken into account in the development of this year's plan, including:

- Maintaining the required performance in areas such as testing and contact tracing, which has proved challenging in the face of increasing demand;
- Test Trace Protect services have needed to be supplemented with increasingly stringent local and national lockdown restrictions in an attempt to reduce transmission rates;
- When demand has risen across regions at the same time, there has been insufficient contact tracing capacity to meet the increased demand;
- It remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate;
- Most importantly of all, the public has a huge role to stop the virus spreading by following guidance and self-isolating when necessary.

4.6 Whilst the positive progress in the vaccination programme is recognised there remains uncertainty around COVID-19 variants of concern and there remains the need to maintain monitoring and be agile and flexible, in order to respond to emerging threats. The situation remains under close monitoring and review via TTP systems, with all these important factors informing our future TTP response, as partners move together into 2021/2022.

4.7 In considering the potential COVID-19 scenarios presented for 2021/2022, the following have been taken into account as planning assumptions:

- Considering the information presented, it is anticipated that there should be some certainty in levels of incidence up until July 2021. After this period, the number of variables described means that this becomes much less certain at this stage;
- 'Surge' plans should also be maintained just in case these may be needed;
- Where there is capacity 'headroom' in the Test Trace Protect service, we should look to focusing on more proactive and preventive COVID-19 measures such as for example:
  - Contact tracing – Welsh Government request to embed enhanced backward contact tracing.
  - Testing - support to community LFD testing and other areas of testing developing.

4.8 The plan has therefore been based on the context and scenarios presented, but it must be recognised that this remains an ever-changing and fast moving situation which is under close review by the Regional Strategic Overview Group and we may well need to adapt to circumstances we find ourselves in, that are difficult to predict at present.

4.9 The TTP recovery work is presented as an enabling piece of work which will underpin the programme, as we move hopefully from a health pandemic to an endemic situation. This will be undertaken in close association with existing partnerships such as the Public Services Board and Regional Partnership Board, as well as statutory bodies such as the health board and local authorities who will be key in leading and supporting the broader and longer term recovery.

4.10 Numerous officers have been involved in the tracing of people who have tested positive for coronavirus, linking with health professionals to identify trends and incidents and restrict the spread of the disease. This allowed the Shared Regulatory Service (SRS) to monitor incidence rates and address upsurges in case numbers effectively and promptly. Notable areas of work relate to care homes and schools. SRS have also lead on enforcement throughout the pandemic. In collaboration with South Wales Police the Joint Enforcement Team (JET) was established. The team played a huge role in ensuring the goals set out in the national plan were achieved through:

- Investigating quarantine and self-isolation referrals from contact tracers; this work has gained greater import with the arrival in the UK of the different variants of coronavirus;
- Monitoring gatherings at different visitor locations, beaches, country parks, etc;
- Disrupting illegal house parties and the issuing of fixed penalty notices to those in attendance;
- Restricting the opening of non-essential businesses and issuing compliance notices where rules are ignored.

4.11 SRS were also at the forefront of business closures at the start of the pandemic and provided support and advice to a number of premises. As the legislation evolved the advice continued and advice had to change rapidly in line with current restrictions. Officers provided tailored advice to assist businesses with their plans for re-opening.

## **5. Effect upon policy framework and procedure rules**

5.1 There will be no effect on the policy framework and procedure rules.

## **6. Equality Act 2010 implications**

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

## **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The well-being goals identified in the Act were considered in the development of the TTP programme and continue to be an influencing factor. The objective of the TTP programme is to work with communities to prevent ill-health and promote better health and well-being. The work of the SRS commits to improving social, economic, environmental and cultural well-being and promoting sustainable development in line with the Well-being of Future Generations (Wales) Act 2015.

## **8. Financial implications**

8.1 For 2020-21 BCBC incurred costs of £298,083, mainly in respect of costs of contact tracing staff (£187,000), both those employed by BCBC and the Vale of Glamorgan, via the Shared Regulatory Service, some ICT costs for staff (£24,000) and premises costs (£87,000). The latter included security and toilet facilities for mobile testing units, deep cleaning of test centres and minor repair works undertaken on test centres (e.g. electrical/ lighting repairs). All costs were reimbursed from Cwm Taf Morgannwg University Health Board.

8.2 For 2021-22 the majority of staff are employed directly by Rhondda Cynon Taff CBC, with the exception of Shared Regulatory Service staff, so BCBC will generally only incur premises related costs, which will be reimbursed by the Health Board.

## **9. Recommendation**

9.1 It is recommended that Council note the Cwm Taf Morgannwg Region – Test Trace Protect COVID-19 Prevention and Response Plan 2021/2022 and the ongoing work of the Shared Regulatory Service in the delivery of the plan.

**K Watson**

**Chief Officer – HR, Legal & Regulatory Services and Monitoring Officer**

**May 2021**

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**Background documents:** None

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# **CWM TAF MORGANNWG REGION TEST TRACE PROTECT**

## **COVID-19 PREVENTION AND RESPONSE PLAN 2021/2022**

### ***A PARTNERSHIP APPROACH***

**Approved by Regional Strategic Overview Group  
16<sup>th</sup> March 2021**

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## CWM TAF MORGANNWG TEST TRACE PROTECT

### COVID-19 PREVENTION AND CONTAINMENT PLAN 2021-2022

#### 1.0 PURPOSE

The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government contains three key elements:

1. Preventing the spread of Coronavirus Disease (COVID-19) through contact tracing and case management.
2. Sampling and testing different people in Wales.
3. Population surveillance.

Subsequent letters and guidance from Welsh Government and Public Health Wales set out that the effective implementation of an integrated national and local system should be based on six principles as follows:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Be open with data and insight so everyone can protect themselves and others.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

This plan is the Cwm Taf Morgannwg COVID-19 Prevention and Response Plan for 2021-2022, which builds on the previous plan submitted to Public Health Wales and the Welsh Government in August 2020.

The 2020/2021 plan led to a number of significant deliverables, delivered in partnership and often within very short timescales, including:

- Establishment of a PCR testing and sampling service.
- Establishment of a contact tracing service.
- Enhanced enforcement services including a Joint Enforcement Team arrangement with South Wales Police.
- A Protect service supporting our communities who have to self-isolate, including a telephone helpline.
- A community pilot for LFD testing and subsequent community roll-out in March 2021 on a targeted basis.
- A COVID-19 vaccination strategy and delivery plan, well-on track to immunise priority groups.
- An underpinning surveillance system which has targets and triggers where required, for escalation and de-escalation purposes.
- A communication and community engagement framework supporting the whole programme in terms of both prevention and response to the current pandemic.

Further detail on work delivered in 2020/2021 can be found in **Appendix 1**.

## 2.0 CONTEXT

When setting the plan for 2021/2022, it is important to set this in the context of a look-back to events in 2020/2021 and lessons learned. The following section sets out some of the epidemiological back-drop, together with the current status of COVID-19 in CTM and potential scenarios we need to be ready to respond to, as we move into 2021/2022.

### 2.1 Look Back - 2020/2021

From February 2020 onwards, Wales saw a number of peaks and declines in the incidence and positivity rates of COVID-19. The first peak of the COVID-19 pandemic (March-July 2020) was considerably lower than the second peaks (September-November 2020) (November 2020- Feb 2021) as can be seen in the Public Health Wales Rapid COVID-19 Surveillance Report, although it should be noted that at this time, testing was much more limited and therefore the numbers were higher in all likelihood. The higher peaks from September could be attributed to seasonal change, restrictions in place, seeding of new infections from international travel and non-compliance with the guidance.

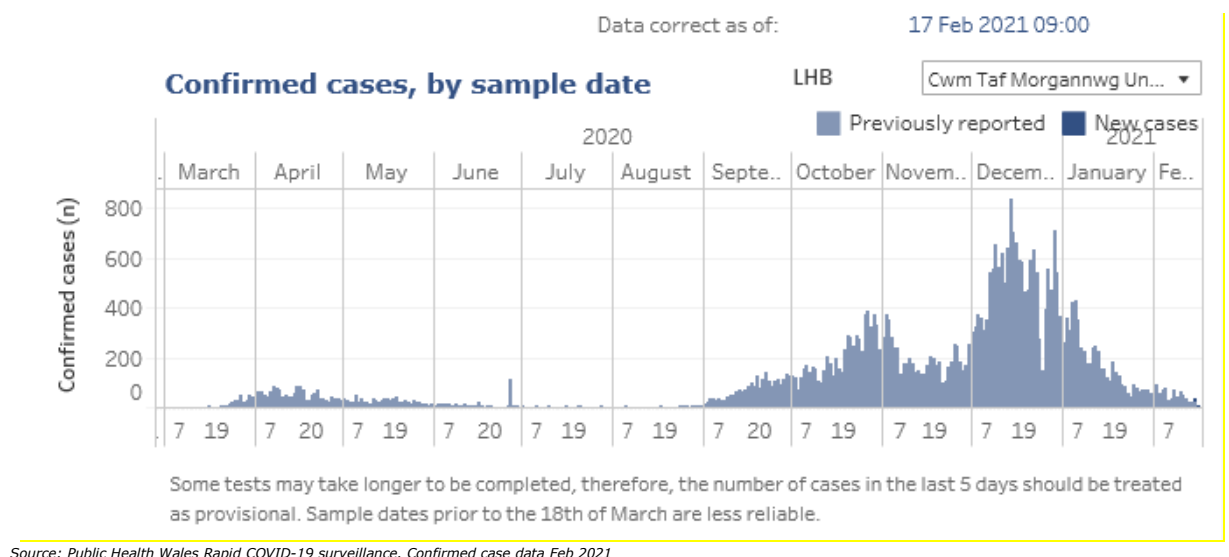


Figure 1: Community and hospital acquired infections for the period March 2020 to January 2021

Data sourced from the CTM information team shows community and hospital acquired infections for the period March 2020 to January 2021. The highest number of admissions in the peaks over this period have been infections acquired in the community, with hospital acquired infections (HAI) following, with rising levels of community acquired infections (CAI) in the peaks from September 2020.

Infections acquired post hospital discharge were followed by a lower level of indeterminate<sup>i</sup> and probable<sup>ii</sup> hospital acquired infections (PHAI) in the first peak. Post discharge, indeterminate and PHAIs closely mirrored each other in the peaks from September and were slightly higher.

Trends in number of Covid-19 admissions by infection category in CTM hospitals

Produced by CTM PHT using data provided by CTM performance

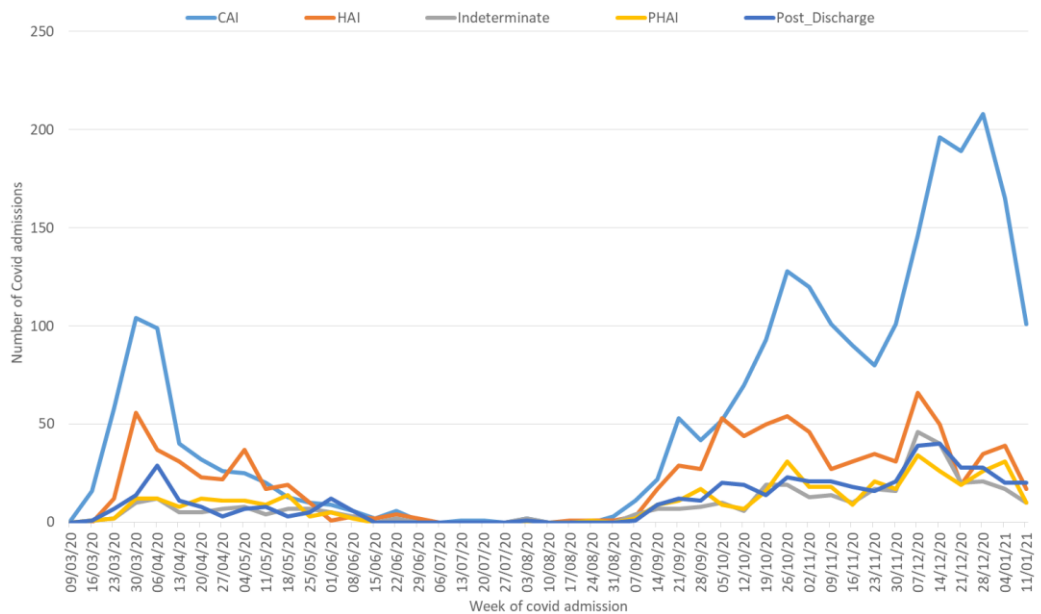
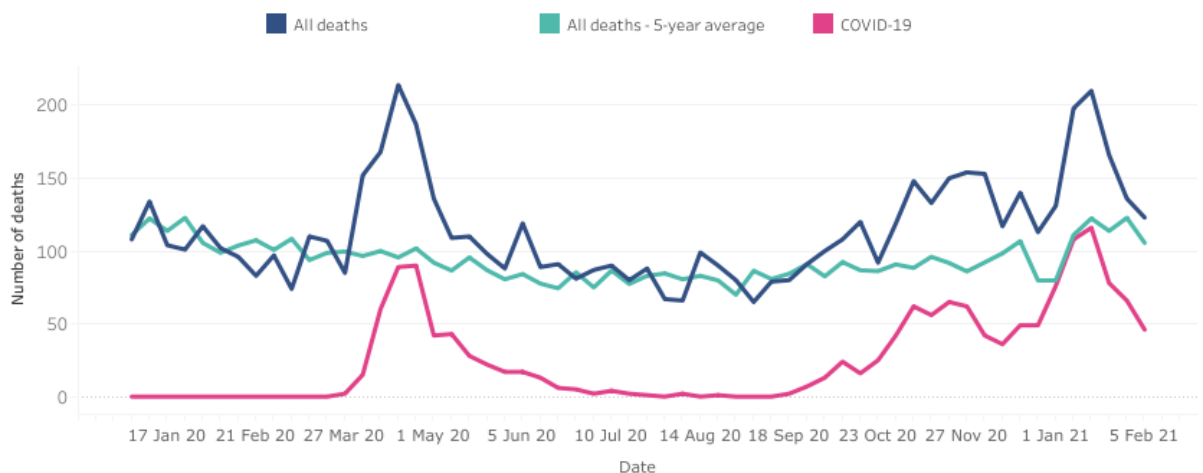


Figure 2: Trends in number of COVID-19 admissions by infection category in CTM hospitals.

A Public Health Wales report extract of COVID-19 deaths is displayed below, along with all deaths and the 5-year average of all deaths. COVID-19 mortality was at highest levels in May 2020 and then again in January/February 2021, with the total number of deaths at 1452 (5 February 2021). UK data and local data show fatality being higher among men, over 65s, certain at risk occupations, deprived communities and BAME groups. This may be related at least in part to underlying conditions, occupation exposure and inequalities.



Provisional figures to Week 5 2021 for Welsh residents have been produced using data provided by ONS to Public Health Wales. This analysis is based on date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. The analysis requires the joining of weekly and daily data using NHS numbers. Figures may differ slightly between those published by ONS due to the use of different extracts of the data at different time periods. Data is therefore subject to change as more information is received. Death registrations are impacted by bank holidays so trends seen in these weeks should be interpreted with caution. COVID-19 was identified using ICD-10 codes U07.1 and U07.2. COVID-19 (any mention) refers to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as underlying cause or not. For Week 53 2020 the five-year average for week 52 of 2015-19 is used.

Figure 3: COVID-19 deaths, all deaths and the 5-year average of all deaths

## **2.2 Current Position (as at 25 February 2021).**

### **2.2.1 Incidence and Positivity rates**

As reported to the Regional Incident Management Team meeting on 18th February 2021, the latest epidemiological report from Public Health Wales (PHW) noted that for both 7 day incidence rates per 100,000 and positivity rates, there had been a 'flattening out' of cases rather than a continual decrease for all three local authority areas.

All three areas are currently below the Wales average for both incidence and positivity rates. However, despite the stabilising in incidence and positivity, CTM remains at present above the threshold for action and the rate of reduction appears to be plateauing.

In terms of the latest age group data, Bridgend is showing highest rates of community cases amongst 40-49 year olds, and is continuing to see inpatients from predominately older categories. The majority of community acquired infections in Merthyr Tydfil is spread within the 20-60 year old category, with inpatients predominantly within the 40-49 category.

As with Merthyr, Rhondda Cynon Taf's community cases are highest in the 20-60 year old category, with inpatients spread across all age ranges. Age profiles are reflective of the working age population.

### **2.2.2 COVID-19 Variants of Concern**

Of concern at present are a number of COVID-19 variants. A variant of SARS-CoV-2 with a pattern of mutations and deletions, currently designated a Variant of Concern (VOC) 202012/01, was identified in Kent in October 2020 through sequencing of COVID positive samples. One deletion (69/70), in the spike protein-coding region, also causes a failure of one PCR testing target in particular assays. Termed "S gene target failure" or SGTF, this correlates well with the variant, as confirmed by genome sequencing, so is used as a proxy to estimate the proportion of cases that are VOC 202012/01, compared to Wuhan type virus.

The risk assessment for this (and any) variant involves consideration of transmissibility, severity, immunity, vaccine efficacy and potential for zoonotic reservoirs. There is strong evidence of increased transmissibility; analysis of contact tracing data showed that variant cases also had a 50% higher secondary attack rate (15% vs 10% in non-variant). Regarding immunity, reinfections were not found to be more frequent in VOC1 cases; VOC1 is not strongly associated with antigenic escape<sup>iii</sup> from naturally acquired immunity, nor with significant antigenic escape from vaccine-acquired immunity, however, virological investigations continue<sup>iv</sup>.

Whilst analysis is continuing, it is likely that infection with VOC B.1.1.7 is associated with an increased risk of hospitalisation and death compared to infection with non-VOC viruses. It should, however, be noted that the absolute risk of death per infection remains low, although increasing with baseline risk<sup>v</sup>.

As of 26<sup>th</sup> December 2020, 49 genomically confirmed VOC cases had been identified in Wales. Of these initial cases, 17 (35%) were identified in Bridgend, without clear epidemiologic links outside of Wales.

The overall numbers of SGTF cases, and percentage that are SGTF, has increased over time. As of 19<sup>th</sup> February 2021, 2631 cases of VOC 202012/01 were confirmed throughout Wales. A reduction in the absolute number of SGTF cases occurred following the national lockdown on 20<sup>th</sup> December, however, the proportion of all cases that are SGTF continues to increase, such that, as of late-December 2020, VOC1 was the dominant strain of COVID19 circulating within Wales and the rest of the UK as shown in Figures 4 and 5.

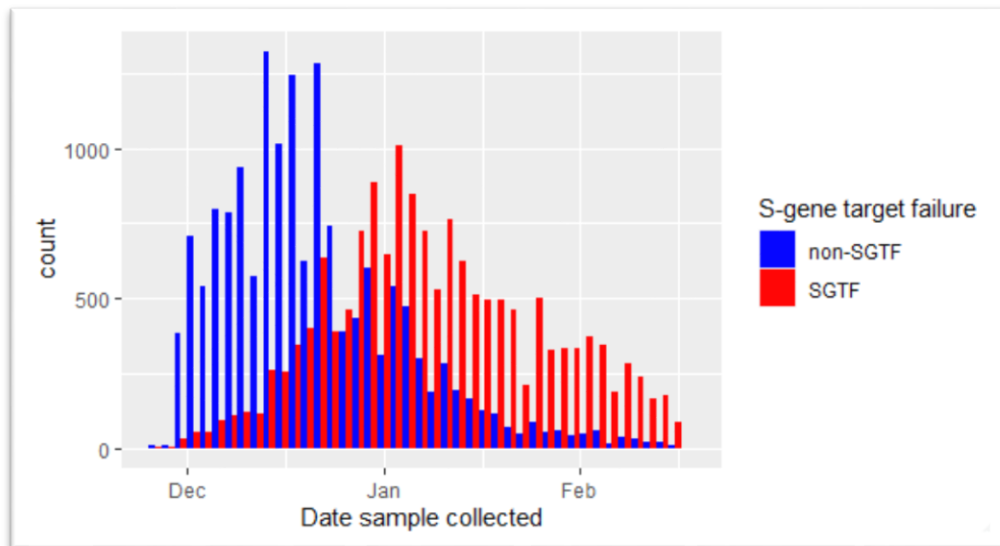


Figure 4: Case numbers of SGTF (proxy for VOC202012/01) and non SGTF

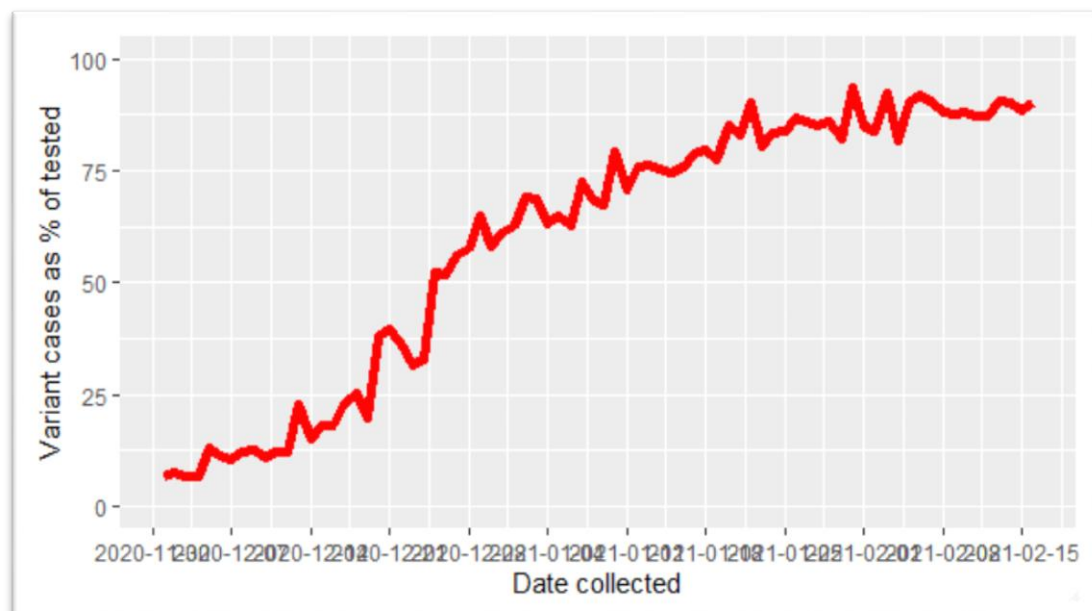


Figure 5: Proportion of cases that are VOC 202012/01 – all Wales

Not all laboratories are equipped to detect SGTF; for this reason, a proportion of all samples in Wales are sent to labs where the proxy S gene target failure tests can be utilised. All samples that meet sequencing criteria are sent for whole genome sequencing.

Just under 20% of CTM samples are subject to the SGTF test, (Fig.3) and of these, 86% have the SGTF proxy used for VOC 202012/01 (Fig. 4).

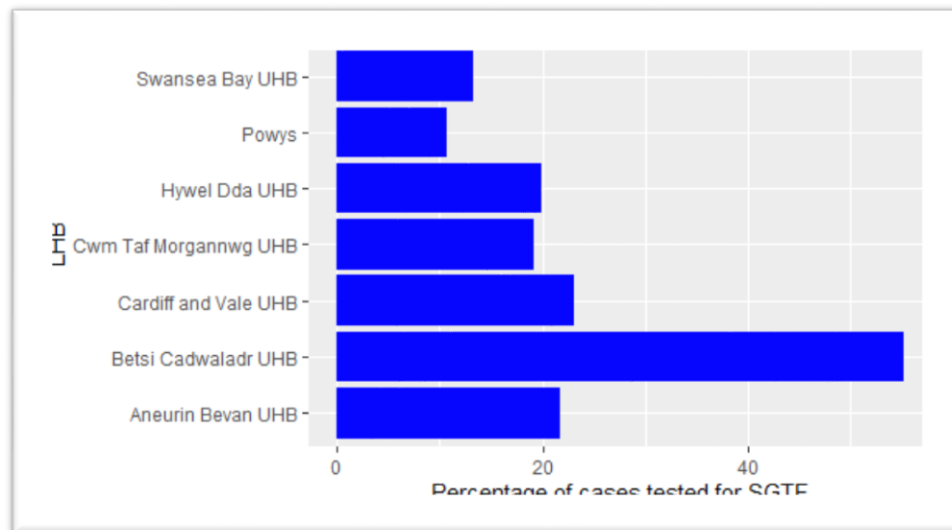


Figure 6: Proportion of samples tested for SGTF



Figure 7: Proportion of samples tested for SGTF that have the SGTF

The COVID-19 virus continues to mutate and as at 19 February 2021:

- VOC2 – South African Variant - there are 18 confirmed cases in Wales. None are resident within the CTM region. There is some evidence that this has capacity to evade vaccine immunity conferred by certain vaccines.
- Brazil- 2 variants: VUI202101/01 (Brazil) and VOC202101/02 (Japan ex Brazil); there are no confirmed cases in Wales.
- Nigeria variant of interest: VUI2021-02/03 - there are 2 cases in Wales. None are resident within the CTM region.



- E484K mutations – there has been a single confirmed VOC with an E484 mutation in the CTM region. Although there were a cluster of other positive cases associated with this confirmed case, no others were found to have the same mutations.

### 2.2.3 Overall Assessment at Present

At this point, the overall assessment of where we are with COVID-19 in Cwm Taf Morgannwg remains classified from a TTP and IMT perspective as an 'amber' risk rating, with the prevention and response plan written in this context. We remain cautious as a team at present, as the rate of decline in both incidence and positivity appears to be slowing down across our communities, and indeed flattening in some places.

Intelligence gathered from the COVID-19 surveillance indicators, some of which can be seen above, has identified that the most deprived, built up areas within CTM currently have the lowest numbers of people presenting for testing, and low case numbers. However positivity rates within this category are much higher and this remains concerning. In addition, the uptake of testing remains low and we are currently utilising about a third to half of our testing capacity.

As a consequence of the COVID-19 variants of concern referenced above, as well as the changing risks with regards transmissibility and increased risk of morbidity and mortality, there remains the need to maintain monitoring and be agile and flexible, in order to respond to emerging threats.

Similarly, whilst the positive progress in the number of vaccinations being carried out is recognised, we are also concerned about some of the conclusions in the Public Health Wales analysis of inequalities and vaccination, particularly relating to ethnicity and deprivation.

This analysis is beneficial in informing our future targeted messaging and forms part of our current community testing targeted work. The situation remains under close monitoring and review via our TTP and IMT systems, with all these important factors informing our future CTM TTP response, as we move together as partners into 2021/2022.

### 2.3 Potential Scenarios in 2021/2022

Given the current position described above and also the delicate position we are in across the country given the current restrictions, but also positive progress on the vaccination programme, there are a number of potential scenarios that we need to be cognisant of and to plan for, as we move into 2021/2022.

Welsh Government modelling shows Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS\_0221) as follows:



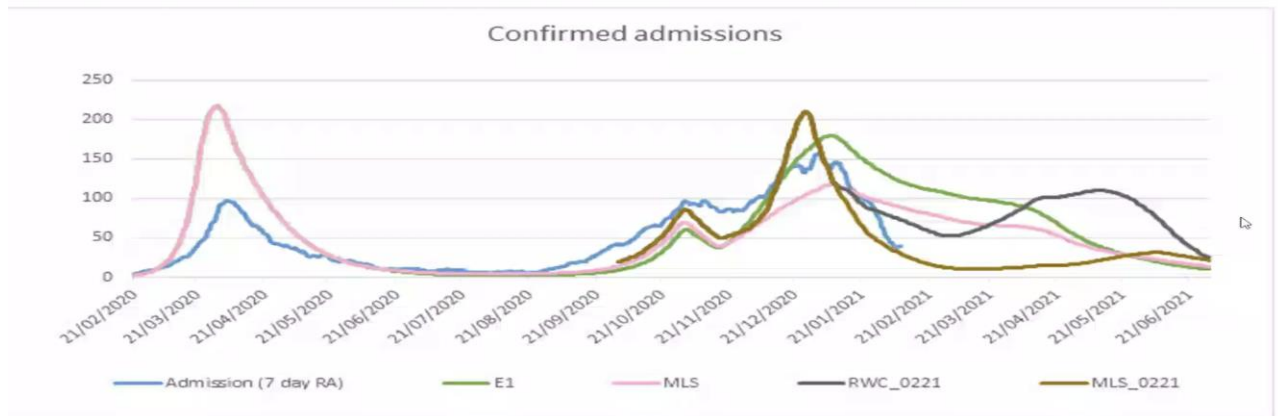


Figure 8: Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS\_0221).

In the RWC, it is assumed that the current tier 4 restrictions would be in place until 31 March 2021, followed by tier 3 until 30 June 2021 and schools fully opening post-March.

Other assumptions include the Kent variant of concern adding 0.6 to the effective R number, with vaccine efficacy estimated at 60%, uptake of 2<sup>nd</sup> dose vaccinations at 100% and poor compliance by society adding a further 0.1 to R.

The MLS is based on tier 4 extension until 31 March, staying in tier 3 until 30 June 2021, schools fully open post March, Kent VOC adding 0.6 to original R, vaccine efficacy at 70%, uptake of 2<sup>nd</sup> dose vaccinations at 100% and good compliance by society.

In CTM, consideration was given to local infection, vaccination rates, demographics (higher population density) and the model developed to fit observed growth rates. Sensitivity analysis was applied to a range of factors including efficacy, uptake, reproduction rate (R) of the cocktail of variants and vaccine roll out volumes (deterministic SEIR model).

Erring on the side of caution and based on the assumption that <16s will not be vaccinated but they transmit at 100% to others and 2% cases are admitted, the predictions could be as scenarios illustrated in Figures 9-12 i.e. scenarios A-D.

## Scenario A

1 February to 1 March tier 3 restrictions and from 1 March with tier 2 restrictions until 1 June, with exponential growth of 8.5% when lockdown ends, with no tier restrictions imposed and exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.

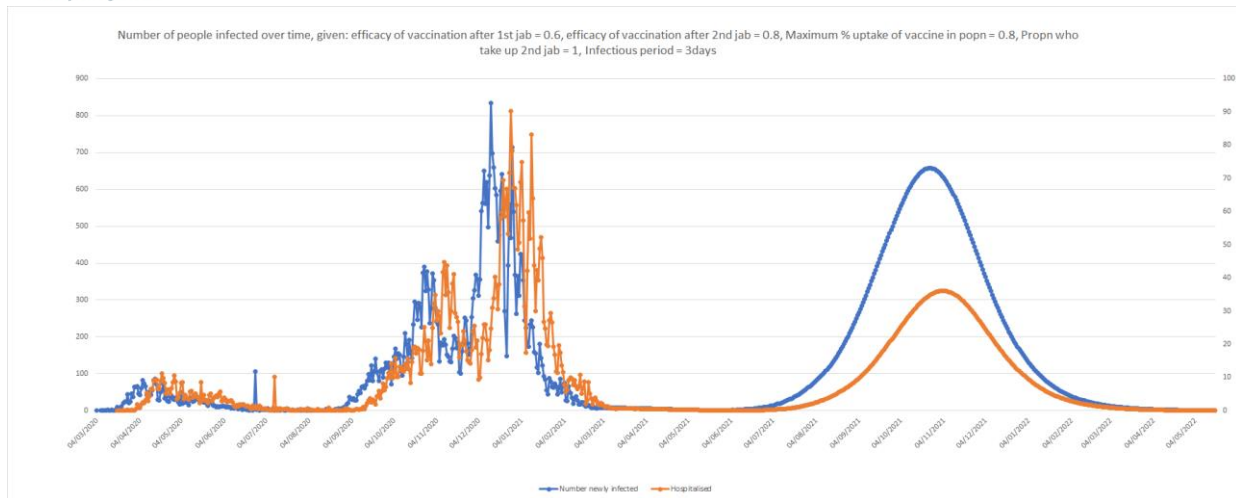


Figure 9: Scenario A

### Scenario B

1 February to 1 March tier 4 restrictions and from 1 March with tier 3 restrictions, with exponential growth of 8.5% until 1 June, when lockdown ends with no tier restrictions imposed. Exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.

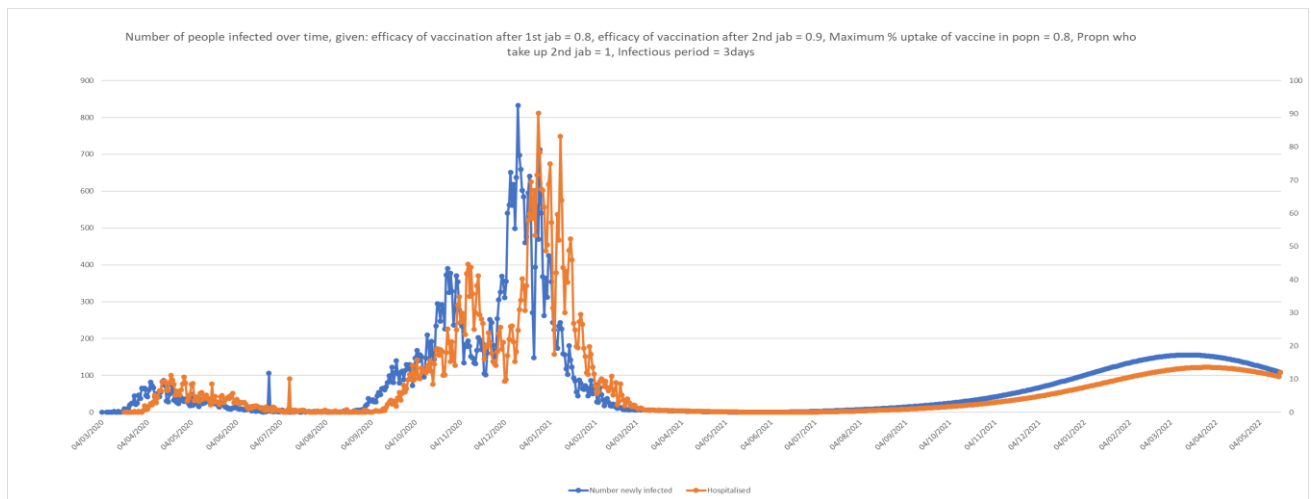


Figure 10: Scenario B

### Scenario C

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

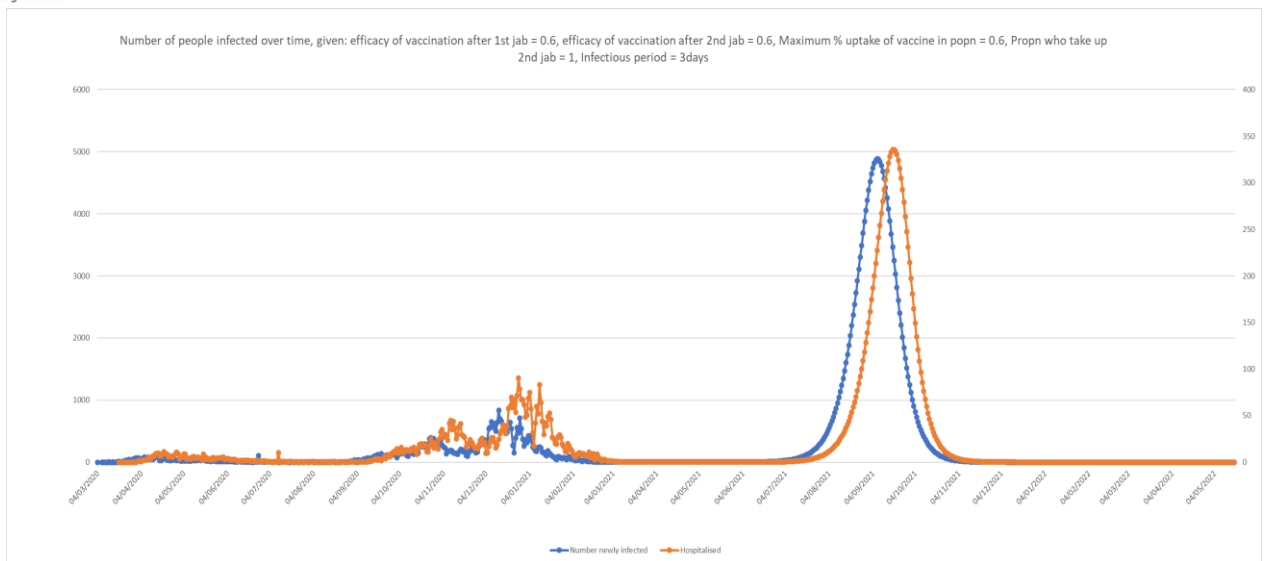


Figure 11: Scenario C

## Scenario D

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8.7% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

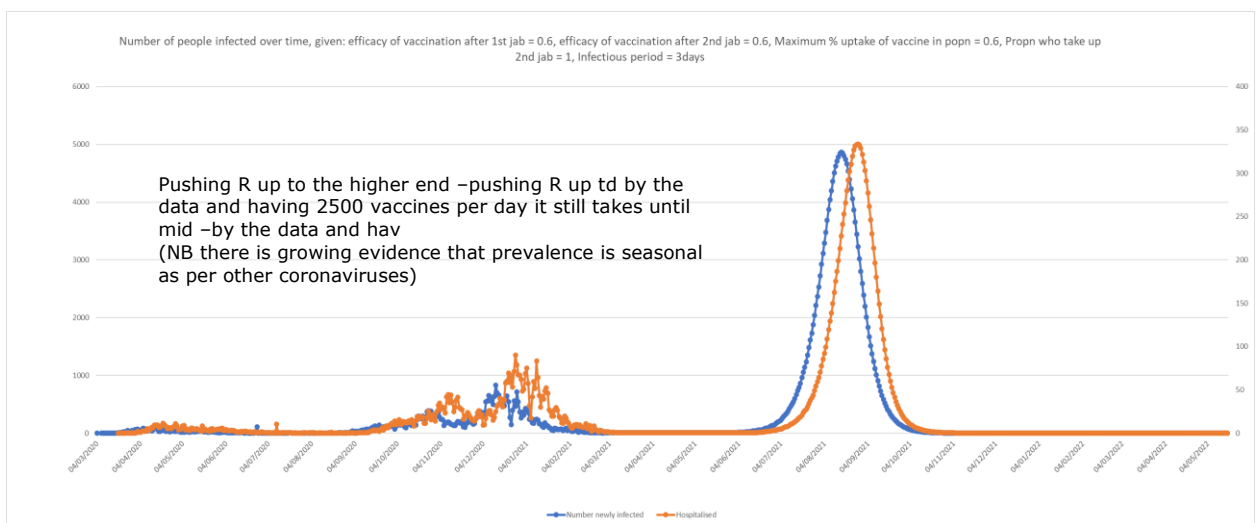


Figure 12: Scenario D

In considering the scenarios above, the following have been taken into account as planning assumptions:

- Considering the information presented, it is anticipated that there should be some certainty in levels of incidence up until July 2021.
- After this period the number of variables described means that this becomes much less certain at this stage.
- As there is some certainty until July 2021 about COVID-19 incidence projections, we should plan on the basis of delivering the current level of TTP service at least up until this point, with a review point likely at this stage in June.

- We should also maintain 'surge' plans just in case these may be needed.
- Where there is capacity 'headroom' in the TTP service, we should look to focusing on more proactive and preventive COVID-19 measures such as for example:
  - Contact tracing - WG request to embed enhanced backward contact tracing.
  - Testing - support to community LFD testing and other areas of testing developing.

The following plan has therefore been based on the context and scenarios above but it must be recognised that this remains an ever-changing and fast moving situation, so the plan will remain under close review by the RSOG and may well need to adapt to circumstances we find ourselves in, that are difficult to predict at present.

However on a more positive note, there is a focus on recovery this year built into the plan from a TTP perspective, recognising the positive progress that has been made on the vaccination plan and the latest evidence, albeit it early days, on vaccine efficacy.

The TTP recovery work is presented as an enabling piece of work which will underpin the programme, as we move from a health pandemic to an endemic situation.

TTP recovery work will be undertaken in close association with existing partnerships such as the Public Services Board and Regional Partnership Board who will be key in leading and supporting the broader and longer term recovery with our communities.

### **3.0 STRATEGIC AIM**

In light of the context set out above, and following discussion at the Regional Strategic Overview Group, the updated strategic aim for the CTM COVID-19 Test-Trace-Protect programme in 2021/2022 is as follows:

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

### **4.0 OBJECTIVES**

Our overarching programme objectives have also been updated in the light of our learning and the current epidemiological position, and are as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.

4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.
6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## 5.0 OVERSIGHT ARRANGEMENTS

The strength of the TTP programme in Wales is its focus on regional and local leadership delivered through robust partnership arrangements. This plan, and the operational plans that sit beneath it, will be endorsed by the Leaders/Chair and Chief Executives of the Local Authority and Health Board organisations in the region.

It is essential that all organisations are clear on the implications and actions required to prevent the spread of COVID-19. In the unfortunate event that we need to implement additional measures that affect our communities, either preventative or in mitigation, it will be essential that there is strong community leadership at a local level in the decision making process.

The Local Authorities have a critical role in implementing and enforcing any decisions to introduce enhanced COVID-19 measures or local lockdown arrangements should they be required. These decisions must be based on the best available surveillance and intelligence provided by the Health Board and Public Health Wales and made available to the respective Local Authorities on a regular and timely basis.

The Health Board and each Local Authority will have their own governance arrangements set out in their constitutions, schemes of delegation and functional responsibilities. These set out how and by whom decisions are made for the services they provide.

For example, within Local Authorities, key strategic decisions such as the temporary closure of public services in an emergency or the imposition of local restrictions would be made by the Leader and their Cabinet, if urgent by way of an Executive Decision. Other specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 are delegated to officers to use in accordance with each Council's corporate enforcement policies.

If there is evidence to suggest that such enhanced measures are required for the protection of public health the relevant Local Authority will be made aware as early as possible to ensure that any necessary decisions are properly considered and made in accordance with the Council's governance arrangements so that the necessary measures can be appropriately and quickly introduced.

The CTM TTP programme oversight arrangements are captured in a document approved by the Programme's Regional Strategic Oversight Group on 9 June 2020 and subsequently updated to account for any changes since. The latest approved version can be found at **Appendix 2**.

Details are contained within this document on the relationship between the TTP programme, the South Wales Local Resilience Forum and its Strategic Co-Ordinating Group (when established), Regional Incident Management Team (when established), and partnerships such as the Regional Service Board and two Public Service Boards.

In essence, the TTP programme reports into the Chief Executives of the Health Board and three Local Authorities, who meet on a regular basis, together with the Health Board Chair and Local Authority Leaders and comprises of:

- **Regional Strategic Oversight Group** – chaired by Professor Kelechi Nnoaham, Director of Public Health and Senior Responsible Officer for the programme.
- **Regional Tactical Group** – chaired by Angela Jones, Deputy Director of Public Health, with four sub-groups:
  - Enclosed residential settings.
  - NHS healthcare settings.
  - Educational settings.
  - Prisons.
- **Four Work Streams:**
  - Sampling and Testing.
  - Contact Tracing
  - Protect: Recovery and Resilience.
  - COVID-19 Vaccination.
- **Three underpinning areas of work:**
  - Surveillance.
  - Communication and Behavioural Intelligence.
  - Recovery.



This plan consists of oversight of the four work streams, supported by three underpinning areas of work, and their respective work programmes. It acts as a vehicle to bring work together and allow for oversight of actions, in order to monitor progress, actively review and set new direction as required. Further detail on each work stream and underpinning area of work can be found in sections 10-11 below.

## 6.0 PREVENTION

### 6.1 Our Population

The resident population of Merthyr Tydfil, Rhondda Cynon Taf (RCT) and Bridgend is estimated to be 448,639 (Stats Wales 2020). The population aged over 65 years make up 20% of the Cwm Taf Morgannwg population and are projected to have the largest increase by 2036.

Both life expectancy at birth and healthy life expectancy are lower in Cwm Taf Morgannwg compared to other Health Board regions and lag behind the Wales average in men and women. More specifically, life expectancy at birth in men ranges from 77.2 years in Merthyr Tydfil to 77.9 years in Bridgend, and in women from 80.6 years in Merthyr Tydfil to 81.2 years in Bridgend.

The degree of inequalities in health in Cwm Taf Morgannwg is indicated by the fact that based on data from 2015-2017, a girl born in Bridgend can expect to live 61.3 years in good health, but would live only 56.5 years in good health if she was born in Merthyr Tydfil – a nearly 5-year gap.

Cwm Taf Morgannwg is also likely to see a rise in the number of people living with a range of chronic conditions such as diabetes, heart and respiratory disease as well as cancer and dementia. In addition, over 40% of people aged 75 and over in Merthyr Tydfil and RCT live alone. The combination of multiple morbidity with long term conditions and growing social isolation has an impact on the need people have for health and social care.

The major health and wellbeing challenges which the health and care system are working in partnership with communities to tackle therefore include:

- Frailty – and associated challenges presented by population ageing.
- Obesity/overweight – nearly 2/3 of adults in Cwm Taf Morgannwg being overweight or obese.
- Inequalities in health outcomes – as set out above in stark variations between populations in health life expectancy and life expectancy at birth, partly driven by relatively higher prevalence in Cwm Taf Morgannwg of socioeconomic deprivation and lifestyle choices that impact health adversely, such as smoking, poor diets, low physical activity and alcohol misuse.
- Loss of wellbeing (mental health).

The importance of continued efforts across our community and public services partnerships to address these challenges through prevention has been emphasised more recently by the evidence of how, both in isolation and combination, they determine vulnerability to and drive adverse outcomes in COVID-19.

## 6.2 Prevention of COVID-19

From the outset, the need to engage locally and provide information to promote primary prevention measures for COVID-19 has been an objective of the CTM TTP Programme. Messages to workplaces, other settings, key workers and the general public have been coordinated through the risk communication and community engagement work stream.

A key goal of this work is to ensure that proper engagement with our communities is undertaken, to ensure we understand their perception of COVID-19 risk and the nature, determinants and distribution of knowledge, attitudes and practices related to the disease in those communities. This is fundamental to our approach to prevention and has meant that we have brought together key communications personnel from Local Authorities, the Third Sector and the Health Board and sought to use all appropriate media to engage and communicate effectively.

Support for hospital, residential and nursing care homes within the CTM area is critical to both prevention of COVID-19 transmission and mitigation of impact should a case arise. Incident management at these and other settings is undertaken through the CTM Regional Incident Management Team (RIMT) and its local Incident Management Teams/Outbreak Control Teams, established under The Communicable Disease Outbreak Plan for Wales, July 2020.

The Regional Response Team Environmental Health Officers (EHOs), supported by the National Health Protection Team, are key to ensuring that guidance issued by Public Health Wales and Welsh Government, particularly in relation to testing of staff, patients and residents, plus the adoption of best practice for infection prevention and control.

The capacity of EHOs to undertake visits to care home for example has been a real limitation and we have had some challenges in being able to recruit into these posts, as well as into areas such as community infection, prevention and control, health care epidemiologists and surveillance expertise. We plan to continue in seeking and training this capacity as far as we can, working in partnership with other agencies such as Public Health Wales, Professional Bodies and the Welsh Government.

We have also been working with key settings – such as large employers or high risk occupational areas to provide advice and assistance on ensuring primary prevention measures are promoted. This includes supporting the current opportunity for large employers of greater than 50 staff to use and manage LFD tests for their workforce.

The risk profiling undertaken nationally last year by the Military Liaison Intelligence Group identified that some of Wales's largest sites for manufacturers are based in our region.

Working with the National Health Protection Cell, a risk assessment tool has been devised to assist Local Authorities in the area to identify key employers and make contact to assess potential risks associated with the work environment or workforce characteristics. This is attached at **Appendix 3**. Using local expertise, Welsh Government guidance and Healthy Working Wales materials, medium and large business based locally are supported in providing a safe place to work.



Welsh Government developed messaging based on behavioural insights aimed at young people. This was adapted for university students, in particular those attending the University of South Wales, which has its prime campus located in the region. This is vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.

The region has developed a Protect work stream and action plan, building on the successful work undertaken by the Local Authorities and Third Sector to support individuals who are shielding or otherwise more vulnerable to COVID-19 to self-isolate and stay at home when required. This support is essential to prevent infection amongst those most at risk and further details are provided in the work stream section below.

## **7.0 MITIGATION AND CONTROL**

We have a number of large higher education establishments in CTM – in particular at Merthyr College, Bridgend College and Coleg y Cymoedd in RCT. Building on our prevention approach above, we work closely with higher education establishments, in collaboration with colleagues in other regions, ensuring that each institution is 'COVID-19 secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the relevant Health Protection Regulations.

The Keep Wales Safe COVID-19 Guidance for higher education sets out different levels of operations we would suggest institutions adapt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented. This requires a particular approach that supports landlords of houses in multiple occupation in the private sector in the Treforest Ward, where large concentrations of students live during term time.

Schools, childcare hubs and early years settings are supported to ensure they have access to specialist advice and guidance that is communicated to Head Teachers and Setting Managers consistently to enable them to adopt appropriate, risk-assessed COVID-19 management plans and to identify and escalate any issues at the earliest opportunity in accordance with the Public Health Wales Guidance on clusters and outbreaks in Educational Settings. A regional educational settings group that meets weekly provides a focus for this activity.

Through the TTP programme's Risk Communication and Community Engagement work stream, a survey was carried last year examining some of the issues around engagement and has been useful in informing key messages locally on how best to reach target groups.

Much work has been undertaken through Local Authorities and Third Sector partners to provide support to those that may experience hardship through compliance with control measures, there has also been a focus on those that have been 'shielding'. All these measures not only look to minimise the risk to the health and wellbeing of individuals but also help to create a supportive environment that encourages compliance and which we will continue to build on.



Each Local Authority has established effective partnership arrangements to collaborate and coordinate activity with the Third Sector and other public sector partners to protect our most vulnerable residents, utilising community networks and assets to deliver practical support to those most in need often delivered with the assistance of a committed group of community volunteers.

An incremental approach to support and encouragement is taken. It is Local Authority staff that take the lead role in supporting individuals, businesses and other settings to comply with relevant requirements to minimise the risk of COVID-19 transmission. This has enabled a proactive approach to advice, support and guidance to be adopted for each business sector as it has re-opened to ensure positive steps to minimise transmission are in place and maintained. Particular sectors that have received targeted, proactive support to date includes the hospitality sector, hair and beauty and fitness centres.

This approach has achieved high levels of compliance to date, although each Local Authority partner is equipped to use available enforcement tools under a range of legislation to secure compliance where appropriate. Where there is need to consider more targeted enforcement, arrangements exist for specialist Environmental Health and Public Protection Officers to be available for deployment within each Local Authority area. During 2020, a Joint Enforcement Team (JET) was also established with each LA and South Wales Police.

Ultimately the application for a Part 2A Order under the Public Health (Control of Disease) Act 1984 and subordinate legislation may be made by the relevant Local Authority to ensure that appropriate actions are carried out to mitigate risk. In the context of each Local Authority's Corporate Enforcement Policy, this established and tested process provides judicial oversight in a context where persuasion and other means have not been effective at securing key control measures.

## **8.0 ESCALATION ARRANGEMENTS**

### **8.1 Strategic Response**

The surveillance work stream within the CTM TTP Programme has developed a suite of indicators drawing on local national and UK data to inform action within the region and provide oversight. These indicators not only focus on the wider community and enclosed settings, but also the health care environment, thus providing the ability to have early warning of increased or changing health service demands.

Further surveillance tools have also been developed to ensure early identification of increases in baseline incidence of infection across small geographical areas of CTM – 'Built Up Areas' and Lower Layer Super Output Areas (LSOAs). This ensures an early detection system is in place that enables the Region to identify and deploy actions that will mitigate and aim to reduce transmission rates. An illustration of some of the current measures are set out at **Appendix 4**.

Within the context of a robust All Wales surveillance and communication framework, this work enables threats to be identified quickly and relevant conversations initiated within the appropriate layers of our partnerships to agree, endorse or communicate appropriate responsive interventions.

The diagram below illustrates how surveillance or other intelligence triggers can escalate a response within relevant parts of all organisations concerned.

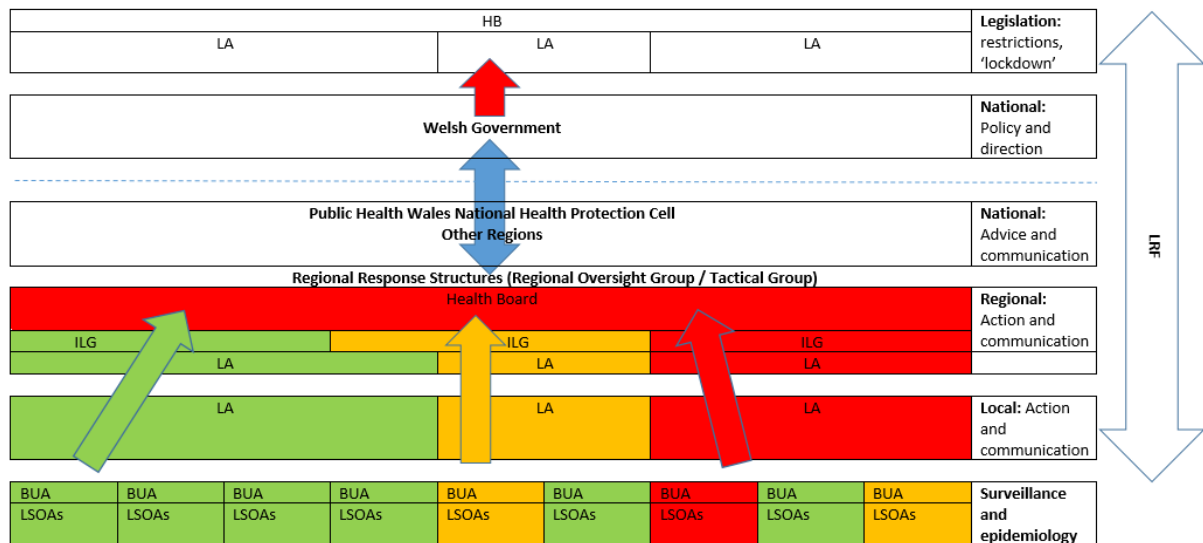


Figure 14: Surveillance triggers and escalation

Where the need is isolated, this approach ensures the whole region has a shared understanding, whilst at the same time, not initiating control measures until necessary. This provides a measured approach that can react promptly and adapt as the need arises. It also ensures that all those within a given locality can be easily identified and information disseminated.

As with surveillance activity, the CTM TTP Programme ensures that internal mechanisms are effective and fit for purpose. We are however reliant on an all Wales framework to ensure that threats and emerging intelligence from outside the region is shared promptly.

Clear escalation processes from the work stream leads and/or Regional Tactical Group, to the Regional Strategic Oversight Group meeting, gives an opportunity for resource issues to be appropriately considered. If required, this can then be raised immediately at the weekly joint Health Board and Local Authorities Leaders/Chair and Chief Executives briefing.

Collaboration is key and this is facilitated locally by a joined up approach throughout the TTP Programme. Senior representatives from key organisations lead on work streams within the programme. This includes the Protect work stream which is led by the Chair of the Regional Partnership Board. This ensures that the Board is included in key discussions and is able to influence and maximise the impact and support available.

Regional Partners have plans in place to ensure appropriate collective decision making where additional local actions or restrictions need to be deployed, and operational plans are in place to facilitate the delivery of these measures across partners and a wide range of settings and activities.

The South Wales Local Resilience Forum (SWLRF) is kept informed of the local situation through the Regional Strategic Oversight Group (RSOG), via the two Chairs linking up with each other where necessary and the Director of Public Health and RSOG Senior Planner being members of the SWLRF Strategic Co-ordinating Group.

## 8.2 Tactical Response

Clear escalation processes are described within the CTM TTP Programme, with routes available dependant on the topic or source of the information. This includes queries and identification of potential clusters and settings of interest through contact tracing and epidemiological investigations.

- The standard escalation process is for the Contact Tracer or Advisor to discuss with their Professional Lead within the local tier in the first instance.
- If this raises questions that cannot be answered here, or issues that require further investigation the matter is escalated to the regional tier for the consideration of either specialist EHOs or the Public Health Team (although arrangements are currently changing with regards to the latter).
- If specialist health protection advice is required, the matter is escalated to the National Health Protection Cell for advice and guidance.

This process is described in Standard Operating Procedures held at the regional level by the Local Authorities and Public Health Team for their respective areas of work. The figure below outlines the pathways employed:

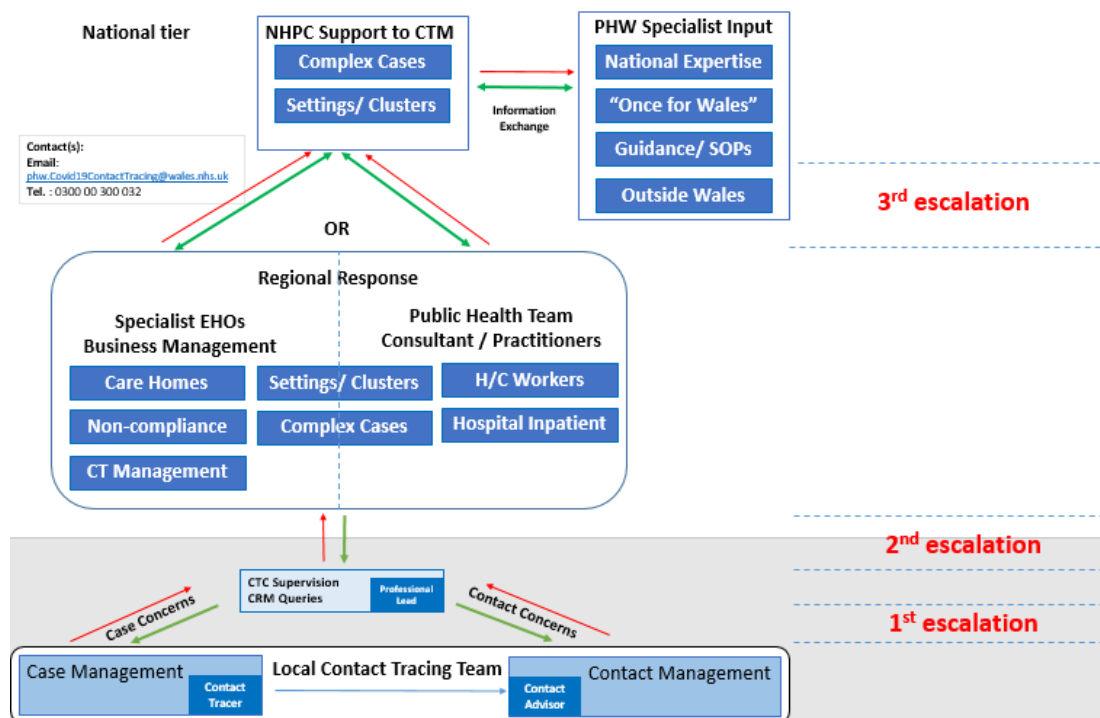


Figure 13: Escalation Pathways.

## **9.0 MANAGEMENT OF CLUSTERS, INCIDENTS AND OUTBREAKS**

The principles and structures laid out in The Communicable Disease Outbreak Plan for Wales set the framework for action and control within the CTM area. As part of our sustainable approach, we have implemented arrangements to manage issues in settings that previous experience tells us will be affected when incidence unfortunately increases, as we have seen over recent months.

A Regional Cluster Oversight Group was established in September 2020 for oversight of all clusters identified across CTM, including private businesses and public sector settings, with membership from the three Local Authority Environmental Health Officers, Regional TTP, National Health Protection Cell for CTM and the Local Public Health Team.

Four sub-groups of the Regional Tactical Group have been established to manage clusters or incidents in those settings, thus providing a coordinate and efficient approach to management. Each sub-group takes responsibility for incidents within their remit and coordinates action, and shares learning and experience across the board. Reporting and escalation processes remain in place. The Regional Cluster Oversight Group also reports into the Regional Incident Management Team. The sub-groups are as follows:

### **9.1 Enclosed residential settings**

Building on work already pioneered by Local Authorities within the CTM area and CTM UHB, enclosed settings are supported by a collaboration between Local Authorities (in particular adult and children social care departments), the Health Board and the National Health Protection Cell.

It is fully recognised that the challenges faced by this sector are numerous, not only the need to prevent disease transmission within the home, but also operating in a difficult environment where key staff may be required to isolate for extended periods and where new admissions and resident movement may be restricted. This is why a truly collaborative and locally joined up approach is needed between all the key agencies and teams.

### **9.2 NHS Healthcare settings**

NHS Healthcare settings are managed through established mechanisms involving Health Board management – a designated Infection Control Doctor and Infection, Prevention and Control Team.

Where there are issues to consider outside the healthcare environment, in the wider community or enclosed settings, then action can be co-ordinated through the Regional Tactical Group where this satisfies all requirements. However, invoking the provisions of The Communicable Disease Outbreak Plan directly must always be considered in such circumstances. Currently there is an Outbreak Control Team to manage outbreaks of healthcare acquired infections across CTM hospitals.

### 9.3 Educational settings

Preschools, schools and further/higher education establishments need an especially swift response due to the scale and risk of spread. Response needs to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances. Public Health Wales guidance on the identification and management of clusters in education settings guides action by this group.

In the event of outbreaks (as defined in The Communicable Disease Outbreak Plan for Wales), or increased rates of transmission, institutions will work with local partners, specifically the Regional Response Team to work to ensure that the national testing programme is able to effectively respond. This includes identifying measures to isolate people with positive results and minimising the spread of the disease, developing specific messaging for parent/students and staff.

### 9.4 Prisons

A prison Outbreak Control Team has been established to manage the outbreaks in Parc Prison and Youth Offending Institute. This reports into the Cluster Oversight Group and into IMT as well as to a national Prison OCT in Wales.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

## 10.0 WORK STREAMS

The four work streams, leads and objectives for 2021/2022 are as follows:

### 10.1 STRATEGIC AIM 1 – SAMPLING AND TESTING

**Lead: Elaine Tanner, UHB.**

Testing and Sampling is a critical component of the CTM TTP programmes ability to ensure a rapid response which is accessible to the local population, and takes into consideration the unique characteristics of the communities across CTM UHB.

The CTM TTP approach builds on the Welsh Government Testing Strategy. The CTM strategy sets out the methods for local sampling and testing. The latest strategy can be found at **Appendix 6** and is reviewed each time Welsh Government refresh the national testing guidance and strategy.

As well as ensuring access across our communities, the aim of the CTM sampling and testing work stream is to provide targeted data for accurate surveillance to take place.



This covers a broad spectrum of work from booking tests for different cohorts, sampling, conveying to the laboratory and ensuring results are available within an appropriate time frame.

The following sets out the work stream's objectives for 2021/2022:

Objectives		Milestones	Measures
1	Launch of refreshed CTM Testing Strategy.	Each quarter.	Strategy kept under review.
2	<u>Test to diagnose</u> (hospital testing).	Each quarter check that clinical pathways are updated where necessary to reflect testing requirements.	An update on hospital based testing – settings, frequency, pre-admission and pre-discharge and laboratory capacity and demand
3	Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.	Consistent capacity and access for those who are symptomatic.	Quarterly check on demand and capacity (more frequently if weekly checks highlight and issue).  Ensure MTUs are mobilised appropriately based on surveillance data and PHW advice.  Monitor uptake of testing on a weekly basis.  Performance measures in place around booking line for CTU bookings.
4	<u>Test to safeguard</u> (high-risk settings- hospitals/care homes etc.).	Wider roll-out of asymptomatic testing to targeted populations (care home staff, supported living staff, domiciliary care workers, care home visitors) in line with WG strategy.	Monthly updates on testing activity across all sectors.
5	<u>Test to find</u> (Community/ Outbreak/Cluster Testing).	Mobilise COVID-19 antigen testing in response to any local incidents as required and case finding around variants of concern.  Provide support for community LFD testing as required.	Operational plan with performance measures around each mobilisation in relation to an outbreak/cluster or variant of concern.  Support and contribute to performance measures as requested by lead organisation.

6	Respond to local testing requirements in CTM for arriving travellers to the UK (if any) as system develops.	All returning travellers are tested once contact is made.	Report back to contact tracing the outcome of delivering tests to returning travellers.
7	Provide serology tests for CTM staff/key workers/residents as directed.	Agreed proportion of all cohorts identified, are offered serology tests (NB currently on pause).	Weekly reporting of uptake and results.
8	<u>Test to Maintain</u> Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Support is made available as is reasonable and when requested.	(Ad hoc) monitoring of support when required. Member of testing team to attend Educational settings meeting.
9	<u>Test to Enable</u> Promoting social and economic wellbeing.	Supporting the relaxation of lockdown to enable economic and social wellbeing by making available and implementing/supporting appropriate testing.	Monitoring COVID-19 positivity post vaccination and lockdown via all the mechanisms outlined above.
10	Work with the TTP communications team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population.	Proactive communications around testing and availability across CTM to be in place	Monitor uptake of testing following any targeted communications activity.
11	Agree a work stream plan based on the outcome of the above.	Work stream plan in place and communicated across TTP.	Strategic plan in place Operational plans to support each element of testing in place and reviewed quarterly.

In order to ensure effective individual and mass sampling and testing, responsive to the circumstances of our region, testing has to be easily accessible to all citizens and results available within 24 hours wherever possible. This will support contact tracing and support the overall aim of protecting individuals and communities across CTM. We continue to monitor performance regularly as a TTP programme and where necessary undertake improvement work with the support of the Delivery Unit.

Where the testing team has to mobilise antigen testing in response to a local incident within the region, the flow chart below outlines the process to be followed. The setting can be anywhere a school, care home or factory and each incident will need clear communication and discussion with colleagues across the IMT to ensure the team is able to progress testing through to results and tracing as smoothly as possible.



## Incident COVID-19 Testing Process



Figure 15: COVID-19 incident testing process.

## 10.2 STRATEGIC AIM 2 – CONTACT TRACING AND CASE MANAGEMENT

**Lead: Louise Davies, RCT CBC.**

The purpose of contact tracing and case management is to interrupt chains of transmission in the community by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them and then requiring, and supporting those close contacts to self-isolate so that they are less likely to transmit it to others.

The aim of this work stream is to establish an effective contact tracing and case management system, consisting of a regional response team and a regional contact tracing service in Cwm Taf Morgannwg to prevent the spread of COVID-19 infection. This contributes towards reducing the reproduction number (R – the average number of secondary cases per infectious case).

The regional response team use information from surveillance to identify geographical hotspots or clusters of high transmission rates requiring enhanced infection control. The local contact tracing teams deliver contact tracing intervention and public health advice to cases and contacts in the area.

The objectives of the work stream are as follows:

	Objectives	Milestones	Measures
1.	Continue to run an effective contact tracing and case management system in Cwm Taf Morgannwg.	Effective workforce plan in place with capacity required	% Performance in tracing cases (24/48 hour)

			% Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
2.	Provide a backward contact tracing where required and resources allow.	Effective workforce plan in place with capacity required	% of eligible cases that are subject to BCT % of new cases that were not previously identified as contacts
3.	Respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention.	Effective workforce plan in place with capacity required Flexible resource within Regional Response Team, supported by LA Public Protection Teams to ensure effective management. Facility to designate Professional Leads to support cluster or outbreak management.	% Performance in tracing cases (24/48 hour) % Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
4.	Respond to local contact tracing requirements in CTM for arriving travellers to the UK.	Protocols in place to manage returning travellers in conjunction with National Traveller Team	Policy requirements delivered as required.
5.	Respond to local contact tracing requirements for variants of concern where required.	Adoption of National Framework for management of VAMC. Operational Procedure identified to mobilise local response as required for any relevant case.	National framework requirements implemented.
6	Develop a sustainable workforce plan for the contact tracing service at both regional and local teams in the context of the whole TTP requirement.	Effective workforce plan in place with capacity required	Sustainable workforce delivered to ensure service demand is met.
7.	Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Protocols in place to manage results from workforce or community testing models.	Support to educational provided as required.

8.	Agree a work stream plan based on the outcome of the above.	Completion of the required Work stream Plan	Work stream plan available, implemented and progress reviewed.
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### 10.3 STRATEGIC AIM 3 – PROTECT: RECOVERY AND RESILIENCE

#### Lead: Rachel Rowlands, RPB Chair and CEO Age Connect Morgannwg.

The 'protect' element of the programme is a vital contributor to supporting people in our communities who are shielding and/or who need to socially isolate as part of a COVID-19 response and to ensure support is provided openly and equitably across CTM.

This work links closely with the work of the national work stream, our Regional Partnership Board and two Public Services Boards and is led by the Chair of the RPB, who is also the Chief Executive of Age Connect Morgannwg.

In 2021/2022, the Protect work stream will merge with the community engagement element of the previous Risk Communication and Community Engagement work stream, which ran in 2020/2021 as both work streams worked closely together last year on a number of common deliverables.

The PSB has a clear role in and is motivated to lead on developing a strategic Recovery Plan for the region. This will include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Population Needs Assessment and the RPB's Wellbeing Assessment. It is vital, therefore, that TTP contributes to this recovery plan using the data and behavioural insights gathered throughout the programme period.

Understanding how health inequalities have impacted our communities is crucial to the PSB being able to develop a response. The RPB plans to work closely with the PSB to ensure its delivery plans are aligned with the Recovery Plan.

Throughout 2021 the work of this work stream will be supported by the PSB team and aligned with their plans for statutory assessment as we move towards recovery and potential closure of the TTP programme.

The objectives for the work stream in 2021/2022 are as follows:

	Objectives	Milestones	Measures
1.	Confirm scope and deliverables of newly merged work stream.	Agreement of 2021/2022 Plan in March 2021.	Agreed scope with RSOG.
2	Maintain overview of PROTECT activities and providers across CTM ensuring models of support are appropriate and well received by individuals and local communities, helping to reduce	Update report fortnightly as part of RSOG.	Overview of support available to match estimated need across CTM.  Models of support are appropriate and well

	the incidence of COVID-19 in CTM.		received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.
3	Contribute to achieving high levels of public awareness of protect and self-isolation support across CTM.	Ongoing, with fortnightly review at PTG meetings.	Public awareness of protect support is good across CTM.
4.	Continue to share good practice including what might usefully be further developed or learnt from across the region.	Ongoing, with fortnightly review at PTG meetings and at national Protect Task Group.	Examples available via notes of meetings and lessons learnt log.
5.	Ensure due consideration of any additional requirements such as 'hard to reach' and/or more vulnerable people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	Ongoing, with discussion at PTG and WG meetings as appropriate.	Number of 'hard to reach' and/or people receiving additional consideration and support matches estimated need across CTM.  Access to services reported to be good by individuals and local communities.
6.	Strengthening established links with PSBs and RPB on their 'resetting' plans and maintain links with communication teams.	Ongoing, with updates and discussion on TTP and recovery at respective PSB/RPB meetings.	Clear links established and confirmed via PSBs, RPB and RSOG.
7.	Ensure a whole system approach to community support to increase resilience.	Regular meetings of local COVID-19 steering groups, linked to PTG.	Established communication channels between community groups and work of the RPB and PTG to inform future planning and delivery of support.  Regular updates provided to strategic boards on any identified gaps in support.  Record of actions taken to address gaps in local support.
8.	Support the ongoing development of volunteers and volunteering	Ongoing dependant on need.	Pool of volunteers created across agencies

	opportunities to support community resilience.	Linked to work of RPB and volunteer response.	that can be mobilised to support local need.  Training opportunities and programmes developed to support volunteers.
9.	Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Ongoing – national meetings fortnightly.	Protect Chair a member of the national Protect work stream to ensure links made. Examples of good practice brought into the work programme and shared with others if examples exist within CTM.
10.	Agree a work stream plan based on the outcome of the above.	April/May 2021	Refreshed work stream plan, linked in with RPB and PSBs, agreed by RSOG.

## 10.6 STRATEGIC AIM 4 – COVID-19 VACCINATION

**Lead: Claire Beynon, Public Health, UHB.**

The aim of this work stream is to support the delivery an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM. This commenced in December 2020 and continues into 2021, led by the UHB.

The objectives for the work stream are as follows:

	Objectives	Milestones	Measures
1.	Implement the COVID-19 Vaccination Plan across CTM.	Planning phase complete.  Implementation underway.  All 3 LA areas have vaccination centres.	Planning completed  Implementation- 130,000+ vaccinations delivered  Delivery is accessible and has been delivered in both primary care and there are vaccination centres in each of the three LA areas
2	Ensure a blended delivery approach with flu vaccination programme		Uptake of Influenza vaccinations in this year was equivalent

			to other years, and COVID-19 vaccination uptake is currently higher than influenza uptake in groups that have been offered the vaccine.
3	Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	Planning based around venues and infrastructure, workforce and training, vaccine delivery and the patient journey.	The programme has been adequately resourced to meet the needs of the programme. This includes recruiting workforce, training, PPE and storage etc. The vaccine supply is determined by the WG and delivery of vaccine is matching current supply very closely. Each week the Strategic Board considers supply and demand issues and this is reported via the weekly COVID dashboard.
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups.	The vaccination target for mid-February was met early.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. all adults offered vaccine by 31 July 2021.	The programme is on track to deliver against the targets outlined.
6.	Work with the surveillance and communications team on agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Informatics team are being fully engaged from planning through to delivery	Data report agreed by Strategic Board and different levels of data are going to all relevant groups.

7.	Work with communications team to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Communications plan prepared as part of the planning process, this is being implemented.	Communications manager for the COVID-19 vaccination programme appointed and is active.
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## 11.0 ENABLERS

There are three key pieces of fundamental enabling work which sit as part of the TTP programme in 2021/2022 and support the work of the RSOG, RTG and four work streams, namely surveillance, communications and recovery.

### 11.1 Surveillance

A critical part of any Test-Trace-Protect programme is the need for early recognition of a resurgence of infection in the community. This requires sensitive early warning systems provided by good epidemiological surveillance.

As part of the CTM TTP programme, surveillance sits at the heart and provides not only intelligence to help set the over-arching context and plans for the programme, but also to inform individual partners to support their elements of COVID-19 planning, to inform local stakeholders and communities and to also inform the work of the respective local TTP work streams. This work is led by a Consultant in Public Health.

The aim of the surveillance enabling function is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the COVID-19 activity in CTM. Objectives for 2021/2022 are:

- To estimate the burden of disease more accurately.
- To provide key indicators to inform action and measure the effectiveness of public health interventions including:
  - Monitor intensity and severity of COVID-19 spread in CTM, including COVID-19 variants of concern and mortality rates.
  - Monitor behaviour of COVID-19 in at-risk groups in CTM (including residents of long term care facilities; patients in acute and community hospitals and other people in our communities at risk of developing severe disease).
  - Monitor immunity to COVID-19 in CTM.
  - Detect outbreaks in CTM hospitals and long term care facilities.
  - Detect clusters, incidents and outbreaks in workplaces and social settings.
  - Carry out COVID-19 transmission route surveillance.
  - Inform and support decision making in other parts of the TTP programme e.g. siting of testing MTUs and communications to specific groups.



- To monitor the impact of lifting social restrictions.
- To work with other partners to understand the impact of health inequalities in our communities during the pandemic.

In terms of deliverables, these include:

- Daily surveillance updates on agreed indicators, including identification of rising community infection or emerging clusters for action.
- Regular surveillance reporting to inform Regional Strategic Oversight Group, Regional Tactical Group, Health Board Gold Command arrangements when standing and other partners.
- Horizon scanning products for new potential sources of data, intelligence, methods or agreed national measures for surveillance.

As a programme, the CTM TTP has documented its use of surveillance data and is constantly mapping and linking with data provided at national, regional and local levels. **Appendix 5** highlights the latest CTM COVID-19 regional surveillance indicators and schedule. The schedule sets out the indicators, frequency, source and exception rules.

Exception rules combine data-driven approaches with local intelligence gathered from partners, taking account of the local context and specific circumstances of cases. Information from contact tracing is triangulated with other sources such as laboratory data for effective early detection.

The surveillance data is reviewed in our Regional Tactical Group and Regional Oversight Group, and is also reviewed weekly by the Regional Incident Management team and the Health Board, the latter as part of its current Gold Command emergency planning arrangements when standing.

The surveillance data also links closely with the Health Board's operating plans which has an agreed set of indicator thresholds, intended to enable the organisation with its partners, to know when to re-establish its emergency response. These include:

- Daily monitoring of positive COVID-19 cases – to pick up potential community clusters.
- Hospital admissions due to COVID-19 – enables underlying understanding of changes in the R(t) rate in the community.
- Hospital acquired infections.
- Positive cases in care homes.
- COVID-19 positive deaths.
- New staff absence rate citing COVID-19 or COVID-19-type symptoms.
- COVID-19 vaccination uptake surveillance.

These indicators are monitored and reported on across the partnership, including informing the situational reporting into our South Wales Local Resilience Forum, to ensure full visibility and that they are enacted upon when required. Links are also made with the





work streams performance reporting on areas such as testing (PCR and LFD) and contact tracing performance for example.

The TTP process is aimed at preventing ongoing transmission and so identifies those already exposed to a confirmed case during the period they will have been infectious. From this point, those contacts are then asked to isolate to minimise any risk of them infecting others should they develop the illness or be infected and asymptomatic.

As part of this, a likely source of the case's infection may become evident – such as being previously identified as a contact of another case, or being linked to a setting where there is an ongoing incident. Where a probable source cannot be identified, a process of backward contact tracing is initiated to ascertain whether an exposure to infection can be identified as outlined in the process diagram below.

This information is discussed with the Welsh Government Intelligence Cell and at the Regional Tactical Group. This process can only be sustained when numbers are small and when we are still trying to eradicate infection sources.

At a time where there is sustained community transmission the efficacy of backward contact tracing to eradicate infection sources is significantly reduced so it is anticipated that other control and surveillance measures would then replace it.

As already highlighted, in addition to the 'harder' data above, 'softer' intelligence is also used by the programme in order to inform plans and actions going forward. This is explored further in the next section below.

## **11.2 Communication and Behavioural Intelligence**

As part of the CTM TTP programme, there is a need for ongoing clear and effective communication which is coordinated between all work streams, sectors and with national activity. Communication and behavioural insight expertise is provided to the work streams, Regional Tactical Group, Incident Management, and Regional Strategic Oversight Group of the CTM TTP programme.

The scale of the COVID-19 pandemic experience to date means we have been in a unique position where all statutory, community and voluntary organisations on a national and local basis have been focussed on the same agenda. This has enabled collaborative communication and engagement approaches to be developed in response to the challenges experienced.

Continued partner collaboration, and co-ordination of this function across the region will ensure consistency in messaging, avoidance of duplication of effort, and efficient use of available resource.

The success of our Prevention and Response Plan is dependent on continued public understanding, acceptance, and uptake of the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes), engagement with TTP, as well as uptake of COVID vaccination. Combined with this is the need for appropriate provision, promotion, and uptake of support within our communities to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19.

Within such, and in line with The King's Fund Recovery Report, communities are considered as geographical communities (this could take the form of whole villages, or an individual street), communities of interest (people linked by a shared interest or work), communities of identity (those who share a shared culture or experience), and communities of circumstance (people knitted together by a shared experience).

Our aim is to provide our key audiences with clear messages and practical information which will encourage and enable them to follow guidance related to reducing the spread of COVID-19, to include participation in testing, contact tracing and vaccination programmes.

Working closely with, and in support of TTP work streams, Regional Partnership Board and Public Service Boards to build on established collaborations with statutory organisations, local community networks and the third sector, this robust approach to communications should help reassure the public, encourage and empower citizens and build engagement with partners.

The multi-agency approach and membership provides alignment of national and regional communications, avoiding unnecessary overlap and the Protect work stream facilitates timely, accurate and consistent communications, which are responsive and tailored to local need.

There are six key audiences our communications and behavioural intelligence work is aimed at:

- General population.
- High risk and vulnerable groups.
- Educational settings.
- Enclosed settings (e.g. care homes, prisons)
- Work places (e.g. businesses).
- Partners, staff and stakeholders (including Local Authority and NHS).

Underpinning our behavioural intelligence work is a locally-endorsed framework that takes forward a collaborative, behavioural science informed approach to COVID-19 related communication and engagement within the CTM UHB area. This framework includes a description of our identified audiences, communities and settings, and sets out steps to maximise contributions from different organisations and work streams. Our behavioural intelligence work has not only formed part of our risk communication to date, but can also be used to underpin our approach as we move through to recovery.

We utilise a variety of ways to gain intelligence, including the following:

- Public Health Wales surveys, including the weekly ACTS survey
- Targeted digital behaviour change campaigns and insight (Lynn PR)
- COM-B toolkit – To accompany the framework, a toolkit was developed to provide an evidence-based approach (COM-B) to gaining intelligence in relation to engagement and COVID-19 behavioural change. To date, this tool has been used

in the context of local incident and outbreak management, as well as with defined populations and community groups to gather intelligence

- Community surveys – Community surveys have been used as a mechanism to gather public perceptions in relation to TTP, and there are plans for future surveys, developed around the COM-B model to identify facilitators and barriers to engagement in testing, the vaccination programme, and continued engagement with preventative behaviours as we move into the recovery phase.

The following sets out our communication objectives for 2021/2022:

- Ensure a priority focus on communicating and re-enforcing messaging on what our communities need to do, by promoting clear messaging on primary control measures and current national guidance.
- Provide up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM.
- Encourage and empower communities/audiences by using a behavioural insights approach, and information provided by public perceptions COVID-19 survey work to ensure:
  - CTM residents and staff understand and engage with TTP, including the contact tracing process;
  - CTM residents understand COVID-19 risks within their locality, especially when cluster/hotspot is identified;
  - Public are aware of, and practising primary control measures and self-isolation.
- Build engagement with partners to underpin collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating information.
- Reassure the public by helping people feel confident in the recovery approach.

If we are successful in our approach, this should result in:

- Vulnerable/hard-to-reach groups in CTM are identified; communication with groups is tailored to meet needs.
- Target audiences e.g. employers, community groups are identified and communication tailored to maximise engagement.
- Results of COVID-19 surveys are shared and key messages communicated to work streams in a timely manner.
- The subject and mode of communication is adapted in response to survey findings.
- Communication is accessible to the public in electronic and easy read format; in both the English and Welsh language and other languages as appropriate.

### **11.3 Recovery**

As the vaccination programme is rolled out across the UK and whilst lockdowns continue across the devolved nations, there is increasing discussion on what recovery will look like over the coming months if we are to move from a COVID-19 health pandemic to an endemic situation.

The CTM Public Service Boards (PSBs) have a clear role in, and are motivated to lead on developing a strategic Recovery Plan for the region. This will likely include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Wellbeing Assessment and the Regional Partnership Board's Population Needs Assessment.

It is vital, therefore, that the CTM TTP programme contributes to this recovery plan, using both new and existing data and behavioural insights gathered throughout the programme period. Understanding how health inequalities have impacted our communities is crucial to the PSBs being able to develop a response. The RPB plans to work closely with the PSBs to ensure its delivery plans are aligned with the Recovery Plan.

In order to help inform this work, the TTP is establishing a small task and finish group to bring together an underpinning intelligence piece of work to help inform work on a medium term recovery strategy.

It is proposed that this work will include:

1. Community Survey – building on what survey work has already been undertaken as well as commissioning some new work in a recovery context.
2. Providing epidemiological context, analysis and modelling of data to:
  - (a) Advance understanding of the CTM COVID-19 experience and potential future scenarios.
  - (b) Elucidate the relative importance of factors predisposing to adverse COVID-19 outcomes.
3. COVID-19 morbidity and mortality analysis in CTM.
4. Lessons learned to date from the CTM Test Trace Protect programme.

The useful concept paper from the Kings Fund report: COVID-19 recovery and resilience: what can health and care learn from other disasters? (2021) will also inform this work, as well as intelligence and learning from elsewhere. The report sets out four priority areas to help frame the debate, namely:

1. Putting mental health and wellbeing at the forefront of recovery efforts – including assessing need and leadership at every level.
2. Ensuring communities are not left behind.
3. Making collaboration work.
4. Prioritising workforce wellbeing.

This work will be kept under close review and will inform the recovery work for the TTP programme and plan as we move into 2021/2022.

## **12.0 QUALITY AND SAFETY**

As the oversight arrangement which operates as a partnership between member agencies and reiterates the sovereignty of individual agencies, the quality and safety of respective services rests with the statutory organisations.

However the programme retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

The programme, through its various mechanisms, monitors performance and effectiveness in areas such as testing and contact tracing services, and alerts organisations to any particular areas of concern. The programme also expects to be informed by partner organisations of any relevant issues affecting programme delivery.

### 13.0 WORKFORCE AND FINANCE

This plan is underpinned with a workforce and finance plan, which last year was submitted to Welsh Government on 16th June 2020 and a revised version for the Health Board elements approved at the Health Board meeting on 29 June 2020.

The workforce and financial implications of the programme are constantly under review across the partnership and from a finance perspective, are currently estimated at approximately £10.8m for 2021/2022 with further detail available in **Appendix 7**.

As the plan for 2021/2022 continues to be developed implemented, it is necessary to ensure all costs associated with the approach are captured and quantified. To support this work, a programme workforce and finance task and finish group continues to meet as required, with its role agreed as follows:



### 14.0 ACTION PLAN

**Appendix 8** contains the latest action plan for 2021/2022 which primarily focuses on the first quarter's actions i.e. from April to June 2021.

As has been referenced above in the surveillance section, the reason for focussing on this period is due to the current context and potential different scenarios we could be facing as described in section 2 above that we need to be cognisant of and to plan for, as we move into 2021/2022.



The action plan will be dynamic and continuously subject to review and update, as the situation develops on the maintenance and enhancement of the Test, Trace and Protect Programme in Cwm Taf Morgannwg.

## **15.0 ISSUES**

Issues are fed into the Regional Strategic Overview Group or Regional Tactical Group depending on the nature and as required.

## **16.0 RISK REGISTER**

A Risk Register operates at the programme level, with risk ownership clearly identified and co-ordination undertaken by the Programme Manager in liaison with the work stream leads in particular. Any strategic risks of high importance are reviewed weekly by the Regional Strategic Oversight Group.

## **17.0 LESSONS LEARNT LOG**

As part of our local arrangements for undertaking review and learning, so as to inform our local structures and capture learning to assist in the development of practice, a lessons learnt log has been developed and is held at regional level by the Programme Manager. This is informed by feedback from across the national, regional and local planning and delivery responses.

All staff and partners are encouraged to participate in sharing lessons on a live basis and fed back into the programme, so we are learning from experience and also practice elsewhere.

## **18.0 SITUATION REPORTING**

Each work stream, the Regional Strategic Tactical Group and Regional Strategic Oversight Group are responsible for providing exception reports on progress and risks etc. to the overall programme and to respective organisations as requested, including partner Local Authorities and Health Board.

## **19.0 IMPLEMENTATION, REVIEW AND LEARNING**

There will continue to be regular review of this plan via the Regional Strategic Oversight Group. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional and national issues and requirements.

Any significant changes will be signed off by the Regional Strategic Oversight Group, with sight of the plan as required, also by individual partners such as the Health Board and Local Authorities.

Implementation of the plan and progress against action plans and objectives will be undertaken fortnightly during the Regional Strategic Oversight Group meetings.

Learning from the management of incidents and outbreaks will be fed into the Regional Strategic Oversight Group via the Regional Incident Management Team or Outbreak Control Team chair usually using a formal debrief process.

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- <sup>i</sup> An indeterminate case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 3-7 days (inclusive) at the time of first positive specimen.
- <sup>ii</sup> A probable case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 8-14 days (inclusive) at the time of first positive specimen.
- <sup>iii</sup> Antigenic escape occurs when the immune system is unable to respond to an infectious agent
- <sup>iv</sup> PHE (2021) *Investigation of SARS-CoV-2 variants of concern in England*. [LINK](#)
- <sup>v</sup> Scientific Group for Emergencies (2021): NERVTAG: Update note on B.1.1.7 severity - 11 February 2021 [LINK](#)

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## CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

### ACTION PLAN – DELIVERED ACTIONS IN 2020/2021

The following sets out a summary of those main actions delivered by the Test Trace Protect programme in 2020/2021. It is taken from the action plan that has been maintained throughout the duration of the programme to date and relates to those actions that are colour coded in green once they are confirmed by the work stream lead as having been delivered. It is not intended to be a fully comprehensive list but gives the reader a flavour of some of the key work delivered.

Summary of Completed Actions 2020/2021	
<b>1. Planning and Programme Management</b>	
Established CTM Regional Programme arrangement including Oversight Group, Tactical Group and Work Streams	Complete
Agreed Oversight Arrangements document, including membership and terms of reference of the above.	Complete: Approved at RSOG on 9/6/20; updated for more recent changes and last approved at RSOG on 27/10/20.
Agreed and maintained CTM TTP Strategic Plan 2020/2021	Complete: Submitted to PHW in August 2020
Agreed work stream plans	Complete
Developed a programme workforce plan	Complete – and remains under development as required.
Develop a programme finance plan	Complete – and remains under development as required.
Set up risk register	Complete – and remains active as part of the programme.
Set up lessons learnt log	Complete – and remains active as part of the programme.
End Stage 1 Assessment Report and look forward to Stage 2	Complete: End Stage 1 Assessment report and forward look to Stage 2 report signed off at RSOG on 10 November 2020.
Stage 2 plan drafted and signed off by RSOG	Complete: Stage 2 plan signed off at RSOG on 19/1/21
Good practice CTM TTP case studies sent to Welsh Government for Audit Wales purpose following request.	Complete: Submitted on 19/1/21
<b>2. Surveillance</b>	
Prepare Regional Surveillance Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements of the Response Plan.	Complete: Plan approved by RSOG on 16/6/20

### Summary of Completed Actions 2020/2021

Identify and put in place necessary resource to implement a regional surveillance system	Complete
Agree local key identifiers to be monitored and thresholds at which action should be considered and undertaken	Complete: Specifications of indicators agreed by RSOG 07/07/20
Agree initial data sources for key identifiers and establish processes by which these will feed into the surveillance system	Complete
Establish an interim solution for surveillance should the national case management system not be available	Complete: 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20
Input into national key indicators for surveillance to maximise local usefulness	Complete with ongoing dialogue as developments progress.
Gain access to national case management system and ensure timely access to data for regional surveillance systems	Complete: Gained access to CRM system and dashboards 03/08/20; training held with surveillance team to extract data from CRM system and fully understand the structure and limitations
Ensure the national case management system in development meets regional surveillance needs	Complete: Significant improvement developments over last year
Ensure all data protection regulations are met	Complete: Data is held in accordance with data protection regulations, including with additional password protection of disclosive data on shared drives.
Establish process by which surveillance data will inform the activity of other work streams: contact tracing; testing; and community engagement and risk communication	Complete: Surveillance data shared widely as required including with TTP work streams; UHB Gold command arrangements and Primary care Clusters.
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region	Complete and continues to develop as required.
Establish a process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate	Complete and continues to develop as required.
Carry out International traveller's pilot to learn lessons and implement recommendations.	Complete – reported into RSOG in January 2021.
Following a pre-Christmas increase in schools incidence, carry out a deep dive review of cases to learn lessons and implement recommendations	Complete – reported into RSOG in January 2021.



### Summary of Completed Actions 2020/2021

Engage and share emerging new evidence to inform surveillance and action with other organisations	Complete and ongoing as required.
<b>3. Testing and Sampling</b>	
Update the CTM Testing Strategy	Complete: Updated Testing Strategy endorsed at UHB Executive Resetting the Agenda Group on 4/6/20 and subsequently submitted to RSOG 23/6/20 for approval. Plan approved.
Establish a small management group to oversee the operational delivery.	Complete.
Implement plan for additional self-administered lanes to be added to Kier Hardie and Bridgend testing sites and for these to be operational	Completed at the time.
Abercynon site to be handed over to Deloittes	Complete: Site now run by Deloittes.
Mobile Testing Units (x3)	Complete: Units in place to be deployed to areas of concern and increased Covid-19.
Local Testing sites – managed via DHSC	Completed at the time: 3 Local testing sites across CTM; Merthyr Leisure centre car park; Bridgend indoor bowls car park; Treforest University campus
Community testing courier service	Complete: Transportation was original agreed and delivered by the Military, now superseded by our contract with shared services.
Undertake antibody testing in defined groups	Completed at the time: including random testing of nearly 5,000 Teachers between 15/06/20- 04/08/20; testing of CTM UHB staff; due to increased need for antigen testing in the community this is now on hold
Undertake testing in Care Homes	Complete and ongoing according to requirements
Develop plans with ILGs to provide pre-admission tests for elective surgery patients	Complete and ongoing according to requirements
Develop plans for mobilising Mobile Units to manage incidents in settings or localised areas of high incidence.	Complete and ongoing according to requirements
Improve testing turn-around-times	Complete: improvement work carried out in association with DU, with performance kept under regular review.

### Summary of Completed Actions 2020/2021

Recruit the testing workforce (antigen and antibody) into fixed term posts, as agreed in staffing model plans.	Complete: UHB agreement via DoPH 5/11 to extend contracts where necessary until Nov 2021.
Secure premises for testing workforce (antigen and antibody)	Complete: Refurbished space in Block C of Ysbyty Seren, Bridgend.
Ensure all stakeholders are kept informed of changes and developments	Complete and ongoing
Work with the other members of the RCCE work stream to ensure ongoing communication with the public to proactively encourage testing	Complete and ongoing
To deliver and evaluate a whole area testing pilot using Lateral Flow testing – in the areas of Merthyr Tydfil County Borough and Lower Cynon	Complete: pilot ended December, evaluation carried out in January 2021.
To support the Lateral Flow Device testing pilot for NHS frontline staff across CTM UHB as part of Wales wide pilot	Complete and ongoing
<b>4. Contact Tracing</b>	
Prepare Regional Contact Tracing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.	Complete: Plan approved by RSOG on 16/6/20
Establish a small management group to oversee the operational delivery.	Complete.
Identify and mitigate risks to delivery of the contact tracing and case management approach.	Complete: process set up, risk review ongoing.
Establish regional response team in operation seven days a week between 8am and 8pm each day	Complete
Put in place telephony and ICT requirements to support diffuse workforce arrangements in contact tracing teams.	Complete
Train all staff in the contact tracing teams to undertake their roles.	Complete
Establish contact tracing teams in operation seven days a week between 8am and 8pm each day 6 teams initially in phase 1	Completed by 18/5/20
Pilot to run from 18/5/20 to 31/5/20	Complete



### Summary of Completed Actions 2020/2021

Evaluate pilot	Complete: Report received at RSOG on 2/6/20
Regularly review workforce requirements and operational arrangements in light of experience and demand: Working hours/staff rotas Staff requirements.	Complete: In response to demand and in light of experience, working hours amended as required.
Establish a performance reporting dashboard for contact tracing at regional level.	Complete: Management data now available and being reported to RSOG from 4 <sup>th</sup> August 2020.
Develop a workforce plan for the recruitment of staff in contact tracing and regional teams to support return of redeployed staff to substantive roles.	Complete: Workforce task and finish group established and work force plan developed, remaining under review as required.
Establish an interim (up until 8/6/20) case management system	Complete: Used Powys system
Move over to the national case management system from 8/6/20	Complete: Commenced from w/c 10/06/20.
Support Pilots of serial testing using LFD in secondary schools and designated employers e.g. South Wales Police and TATA Steel	Complete: Pilots supported.
Pilot tracing of overseas travellers as a proactive intervention by contact tracing (all travellers subject to quarantine) and reactive follow up in response to variants or countries of concern	Complete
<b>5. Risk Communication and Engagement</b>	
Prepare RCCE Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.	Complete: Plan approved by RSOG on 16/6/20
Establish a small management group to oversee the operational delivery.	Complete: Multiagency group in place (3 LA's, UHB and LPHT).
Identify and mitigate risks to delivery of the RCCE approach.	Complete: Risk and Issues log developed and is a regular RCCE meeting agenda item
The initial focus of the programme will be the May 31st launch date for the Contract Tracing Programme in association with Public health Wales and Welsh Government.	Complete.
Establishing public perceptions from national surveys	Complete: June 2020



### Summary of Completed Actions 2020/2021

Launch local survey focussing on how our communities access information and individual's thoughts on taking part in the Contact tracing programme	Complete: CTM Community Smart Survey launched on 21/05 and ran until 31/05. Summary of findings, full report and exec summary shared with RSOG on 9/6/20.
Staff and public communication on contact tracing service and TTP	Complete: Content approved RSOG 23/6/20.
Confirm process to ensure that each of the work stream planning groups have a nominated person(s) to link with a named member of the RCCE working group for two way feedback and timely updates which can then be shared with all representatives in the group.	Complete: Each WS has Communication as a meeting agenda item; nominated RCCE member attached to each WS and Tactical Group.
Confirm sign off process for both planned, proactive and any reactive communications to minimise delays	Complete: Agreed process for proactive and reactive communication and engagement activity
Clarify process for ongoing communication with staff both those potentially deployed into the contact tracing/testing programmes and the wider workforce in terms of expectations/practical issues associated with engaging with programmes themselves.	Complete: Generation of Communications by members of RCCE or by Testing/ CT / Surveillance work streams supported by RCCE members. Dissemination to staff occur via respective organisations' channels which would include staff intranet or via HR as appropriate.
Social distancing importance for key workers in the workplace to be re-enforced (following RSOG discussion on local PH survey and agreement for further action	Complete: Escalated need to observe SD and hand Hygiene in the workplace to CTMUHB Exec Directors (Corporate Services and HR); Raised w/c 8 <sup>th</sup> June with TTP CEO & Leaders Forum for action across all four organisations; Reinforced at every opportunity including communications to public, staff and employers.
Develop communication engagement framework based on application of behavioural science to survey findings and local intelligence (use as basis for business case if additional funding required)	Complete: Approved by RSOG July 2020.
Link with PHW National support to CTM, RSTG and IMT on engagement with migrant communities	Complete: Communication materials developed & lessons learned collated for use in future incidents; planning tool developed which could be used to assist with community engagement in future incidents
Develop support for workplace settings to encourage staff engagement with TTP	Complete: Included in engagement framework
Align RCCE community engagement work with TTP "Protect", CTM RPB Transformation Programme, Social Prescribing, Resetting CTM etc.	Complete: Close working between work streams established to maximise opportunities for community engagement



### Summary of Completed Actions 2020/2021

Seek views on Engagement Planning Tool to accompany Engagement Framework and trial	Complete: Discussed at RCCE 3/8/20 and subsequently approved.
Continue to use behavioural insight science approach in TTP response across CTM	Complete as an approach and process ongoing.
Collate and review social media analytics for CTM	Complete and ongoing.
Produce stakeholder Newsletter to coincide with updated response plan	Complete: Adapted newsletter shared with Primary Care Clusters
Utilise soft intelligence gathered from surveillance, community intelligence to inform approach	Complete and ongoing
Survey of business community to identify information and support needs	Complete: Survey developed and distributed via LAs to businesses across CTM; discussed at RCCE 26/10/20 and RSOG 27/10/20.
Due to recent drop in testing volumes (January 2021), further promotion of testing amongst key workers	Complete: support from UHB Comms team and SW LRF SCG media cell.
<b>6. Protect</b>	
Confirm scope of work stream, building on what already exists across CTM	Complete: Scope for the work stream was agreed at RSOG on 30/6/20
Confirm baseline of PROTECT activities and providers across CTM	Complete: Briefing paper presented to RSOG 15/9/20
Establish what, if anything, might usefully be developed or learnt from across the region.	Complete and ongoing.
Ensure due consideration of any additional requirements such as 'hard to reach' people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	Complete and ongoing
Agree a work stream plan based on the outcome of the above.	Complete: Work presented to RSOG on 8/9/20 for agreement.
Ensure clear links established with RPB & their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.	Complete: Resetting plans to form part of community impact assessment detail.
Develop Community Impact Assessment to inform strategic partnerships work plans and priorities	Complete: Community Impact assessment being undertaken; findings presented to RSOG in September 2020.





### Summary of Completed Actions 2020/2021

Ensure a whole system approach to community support to increase resilience	Complete and ongoing: Social value forum established and meeting regularly; Communication and engagement plan (Linked to Healthier Wales) approved and implemented; communication channels established between community groups and work of the RPB to inform future planning and delivery of support; regular updates provided to strategic boards on any identified gaps in support and record of actions taken to address gaps in local support.
Support the ongoing development of volunteers and volunteering opportunities to support community resilience	Complete and ongoing: Task and Finish group established across RCT. Discussion and planning ongoing with Bridgend and Merthyr Tydfil to take forward.
Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Complete: Protect Chair sits on national group and regular communication and updates provided.
<b>7. COVID-19 Vaccination</b>	
Agree COVID-19 vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from testing arrangements.	Complete: Delivered on 12 <sup>th</sup> August 2020; lessons learnt report complete.
Ensure a blended delivery approach with flu vaccination programme.	Complete: Built in as a key principle to the strategic plan
Development and sign-off of COVID-19 Vaccination Plan	Complete: Signed off by the UHB.
Vaccination letters sent to residents across CTM (January 2021)	Complete <ul style="list-style-type: none"> <li>Vaccination letters to Residents across CTM</li> </ul>
Submission of a 5 week operational vaccination plan to Welsh Government (12/1/21).	Complete.





## Cwm Taf Morgannwg Region

### COVID-19 - Test, Trace, Protect Programme

#### Oversight Arrangements

**16<sup>th</sup> March 2021 – Final Approved**

***Original arrangements approved at Regional Strategic Oversight (RSOG) meeting on 9/6/20. Updated since for subsequent changes, including two new work streams (4/8/20 RSOG approved), updated membership lists (13/10/20 RSOG approved). Last version approved on 27/10/20 included reflection of the current Regional Incident Management Team; updated list of deputies and changes in meeting frequency.***

***This updated version was presented to RSOG on 16<sup>th</sup> March 2021 for approval and reflects the new CTM TTP Plan for 2021/2022, which includes an updated strategic aim and objectives; reduction in the number of work streams and three enablers. Version approved.***



## CWM TAF MORGANNWG REGION

### DELIVERING A STRATEGIC, TACTICAL AND OPERATIONAL RESPONSE TO THE COVID-19 TEST, TRACE AND PROTECT PROGRAMME

#### OVERSIGHT ARRANGEMENTS

##### 1. Purpose

This oversight arrangement provides a partnership framework for delivering a strategic, tactical and operational response to the COVID-19 Test, Trace and Protect programme. It also allows processes to be established that facilitate the flow of information, and ensures that decisions are communicated effectively and documented as part of an audit trail.

The updated strategic aim for the COVID-19 Test, Trace and protect programme in 2021/2022 is to:

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

The overarching objectives have also been updated as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.
4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.



6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## 2. Oversight Arrangement

Delivering the CTM COVID-19 Test, Trace and Protect programme is a partnership arrangement, between Local Authorities, the Health Board, Public Health Wales and Welsh Government, together with the support of other partners including the Third Sector, NWISS and most importantly our local communities.

It is essential that everyone involved in the programme understands what they are required to do, how they are required to do it and by when. This is particularly important where a multi-agency response such as this is required. We need leads to be able to make and/or communicate decisions effectively.

This oversight arrangement should be clearly articulated to all those involved in the programme. Any changes should be discussed before they are undertaken and then documented. The oversight arrangement should be appropriate to the needs of the programme and sufficiently resilient for its purpose.



- **Regional Strategic Oversight Group** – provides overall **strategic** leadership of the programme on behalf and reporting in to partner organisations. It is responsible for setting the overarching strategy that all other plans must take account of.
- **Regional Tactical Group** - co-ordinates the **tactical**, individual strategies developed by the work streams, to ensure that they reflect and contribute to the programme's overarching strategy. Operationally and occupationally competent in all relevant disciplines. Importantly, a key role also within this group is responsibility for operating as a **Regional Response Team** in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings.
- **Work streams** – are responsible **operationally** for individually agreed strategies and ensuring that tactical plans are developed and implemented to support the programme. Operationally and occupationally competent in all relevant disciplines.
- **Enabling functions** – these underpin the work of the programme and **enable** and support the work streams as required.

The oversight arrangement is role and professional discipline rather than organisational/grade specific. Individuals of a senior grade to those nominated to undertake one of these three roles should not automatically assume superiority solely on the basis of organisation or grade responsibility. However, they are accountable for any information or advice given to group or work stream leads.

The oversight arrangements should offer flexibility. It is important to ensure that these arrangements are subject to regular review throughout the programme. They should be flexible enough to adapt to changes in the nature of the work without jeopardising clear lines of communication or accountability and ensure that those performing the required roles are sufficiently trained, supported and competent.

### **Regional Oversight (Strategic) lead and Group Chair– Director of Public Health – Professor Kelechi Nnoaham (Vice Chair - Paul Mee, Group Director, Community and Children's Services)**

The Regional Oversight (Strategic) lead and Group Chair will assume and retain overall strategic leadership for the programme. They will also be the nominated Senior Responsible Officer for the programme. They have overall responsibility for the strategy and any tactical parameters that the tactical or operational leads should follow. This lead role however should not make tactical decisions. They are responsible for ensuring that any tactics deployed are proportionate to the risks identified, meet the objectives of the strategy and are legally compliant.

The Group reports into the Chief Executives of the Local Authorities and Health Board, who meet regularly, with the attendance of the Group Chair and Deputy Chair.



For respective functions, the group, work streams and enabling functions also report via their leads into their respective executive functions within their own statutory bodies of the Local Authorities and Health Board. For example, the Health Board leads on testing and vaccination, and therefore remains responsible for the delivery of this function. Similarly, the Local Authorities remain responsible for delivering the contact tracing and enforcement services within their own local areas, the latter linked in with South Wales Police via Joint Enforcement Teams.

### **Regional Tactical lead and Group Chair – Deputy Director of Public Health – Angela Jones (or Vice Chair - Jennifer Evans, Principal Health Promotion Specialist)**

The Regional Tactical lead and Group Chair coordinates the overall tactical response in compliance with the strategy. The lead will liaise with the work stream leads and ensure/support the work stream leads in understanding the strategic intentions, the key points of the wider tactical plan and tactical objectives that relate specifically to their area of responsibility. A key role also within this group is responsibility for operating as a Regional Response Team in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings

### **Work Stream Leads (or nominated deputies)**

The work stream leads are responsible for a group of resources and carrying out functional or geographical responsibilities related to the tactical plan. The number of work stream leads and their roles/specialisms will be determined by the scale and nature of the programme.

Work stream functions will be created and disbanded throughout the period of the programme as required and will be allocated based on geographic and/or functional considerations. Work stream members must have a clear understanding of the tactical plan, i.e., what they are required to deliver, in what timescale and with what resources.

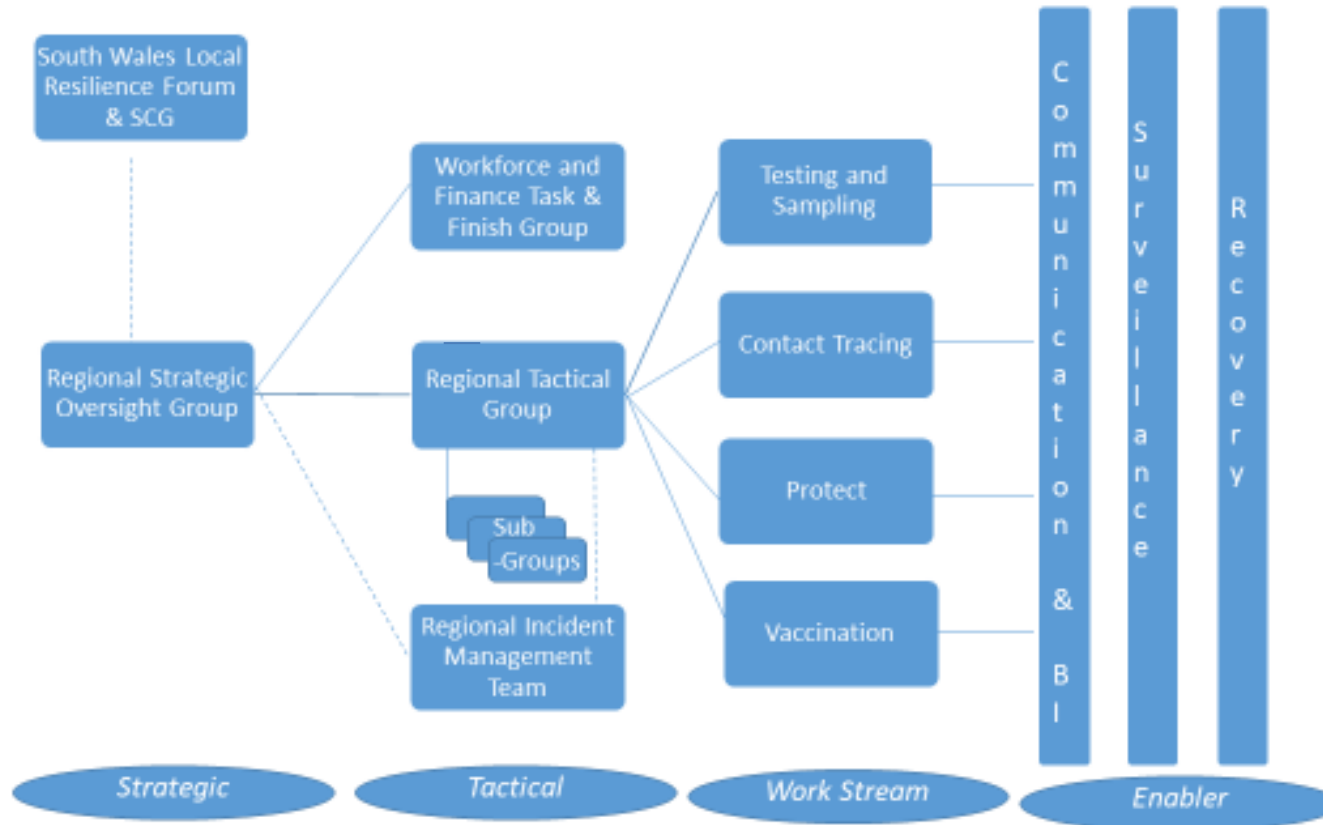
### **Enabling Functions – Leads (or nominated deputies)**

The enabling functions are responsible for specific areas of work that underpin to programme and support the work streams as required. The number of enablers and their roles/specialisms will be determined by the scale and nature of the programme.



Enabling functions will be created and disbanded throughout the period of the programme as required and will be allocated based on functional considerations. Enabling function members must have a clear understanding of both the strategic and tactical plan, i.e., what they are required to deliver, in what timescale and with what resources.

The diagram below sets out a schematic for how the above groups operate and relate:





## Regional Strategic Oversight Group - Membership, Roles and Responsibilities

(Appendix 1 sets out the terms of reference for the group).

<b>Role</b>	<b>Nominated Deputy</b>
Director of Public Health & Senior Responsible Officer for the programme: Chair – Kelechi Nnoaham	Paul Mee - Group Director of Community and Children's Services, RCT CBC
Group Director of Community and Children's Services, RCT LA- Paul Mee	Louise Davies, Director for Public Protection Services & Contact Tracing work stream lead
Bridgend CBC Director/Senior Manager - David Holland/Kelly Watson	Christina Hill, Operational Manager Commercial Services (on maternity leave until early 2021) Jane Peatey covering.
Merthyr Tydfil CBC Director/Senior Manager - Alyn Owen Deputy Chief Executive	Susan Gow - Environmental Health Manager
RCT CBC Director for Public Protection Services & Contact Tracing work stream lead	Rhian Hope, Health Protection and Licensing Manager
CTM UHB IP&C Team representative Infection Control Doctor – Rupali Rajpurohit	Lead IP&C Nurse – Bethan Cradle
Surveillance work stream lead – Consultant in Public Health – Rutuja Kulkarni-Johnston	Ciaran Slyne, Senior Analyst
Testing work stream lead – Elaine Tanner	Ceri Willson
Communications / community engagement work stream lead – Sara Thomas, Consultant in Public Health	Julia Sumner, Communications Team
Public Health Wales Health Protection Team Consultant in Communicable Disease Control / Consultant in Health Protection (open invite) – Heather Lewis	Phillip Daniels, Consultant, Public Health Wales.
Chair of CTM TTP Regional Tactical Group – Angela Jones, Deputy Director of Public Health	Jennifer Evans, Principal Health Promotion Specialist
Protect work stream lead – Rachel Rowlands, Chair of RPB and CEO Age Connect Morgannwg	Sarah Mills, Regional Partnership Board Programme Manager
Mass vaccination work stream – Claire Beynon, Consultant in Public Health	Jane Williams, Senior Nurse and Vaccination and Immunisation lead.
Senior Planner – Ruth Treharne	Kirstie King, Programme Manager
Programme Manager – Kirstie King	Senior Planner – Ruth Treharne



## Regional Tactical Group - Membership, Roles and Responsibilities

(Appendix 2 sets out the terms of reference for the group).

Role	Nominated Deputy
Deputy Director of Public Health and Chair – Angela Jones	Jennifer Evans, Principal Health Promotion Specialist
Bridgend CBC representative for contact tracing / cluster management* - Operational Manager Commercial Services Christina Hill (on maternity leave until early 2021 Jane Peatey covering).	Angela Clack, Lead Officer Infectious Disease Kate Mackie, Acting Team Manager
Merthyr Tydfil CBC representative for contact tracing / cluster management - Sian Rapson	Susan Gow
RCT CBC representative for contact tracing / cluster management – Rhian Hope, Head of Public Protection,	Sian Bolton, Regional Team Leader
CTM UHB Continuing Care Team representative – Sian Lewis	Victoria Edwards
CTM UHB IP&C Team representative Bethan Cradle	Sarah Morgan
Surveillance work stream representative - Rutuja Kulkarni-Johnston	Ciaran Slyne, Senior Analyst
Testing work stream representative–Elaine Tanner	Ceri Willson
Communications / community engagement work stream representative – Julia Sumner, Communications Team	Natasha Weeks, Communications Team
Healthcare Epidemiologist - Amy Plimmer	Senior IPC Nurse
Public Health Wales Health Protection Team representative (open invite) Phillip Daniels, Consultant, Public Health Wales	Heather Lewis, Consultant in Health Protection James Hughes, Health Protection Nurse
Programme Manager – Kirstie King	Ruth Treharne, Senior Planner

## Work Streams

There are four work streams as follows, with each has its own group membership and work programme:

- Testing and sampling work stream led by Elaine Tanner
- Contact Tracing work stream led by Louise Davies





- Protect work stream led by Rachel Rowlands
- Mass vaccination work stream led by Claire Beynon

### Enablers

There are three enabling functions as follows:

- Surveillance led by Rutuja Kulkarni-Johnston.
- Communication and Behavioural Intelligence led by Sara Thomas.
- Recovery – with an Intelligence Task and Finish Group currently set-up, chaired by Kelechi Nnoaham.

### 3. Communicable Disease Outbreak Plan for Wales; Outbreak Management in Hospital Settings; Wales Framework for Managing Major Infectious Disease Emergencies and Wales Resilience Emergency Civil Contingency structures

The Communicable Disease Outbreak Plan for Wales, July 2020 should be used as the template for managing all communicable disease outbreaks with public health implications across Wales and sets out the following arrangements:

*The Outbreak Control Team (OCT) is a collaborative arrangement between organisations operating to the rules of engagement set out in this [Communicable Disease Outbreak Plan for Wales ] plan. This plan does not confer on any organisation any additional accountability for the oversight of the actions of other organisations and does not affect any pre-existing oversight arrangements. Each organisation is accountable for their own response and actions and should have their own governance arrangements in place to ensure this.*

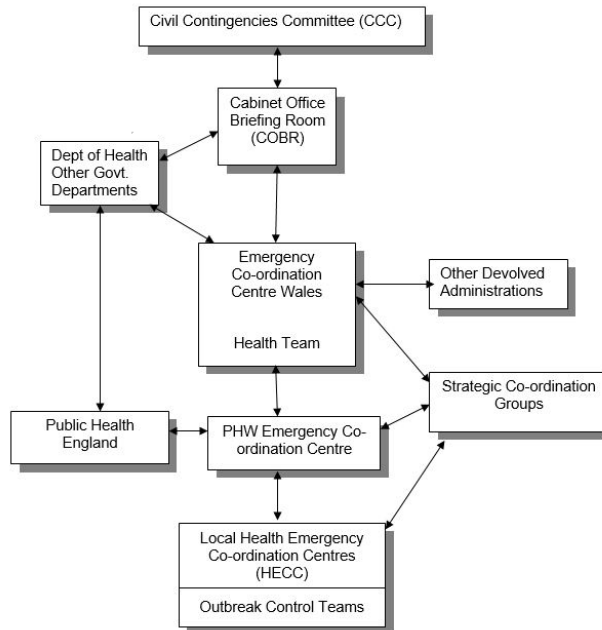
*For outbreaks occurring in hospitals, a separate plan for "Outbreak Management in Hospital Settings" should be followed. However, if a hospital outbreak has any potentially serious public health implications outside the hospital setting, then the Communicable Disease Outbreak Plan for Wales takes precedence in control of the outbreak.*

*Where there is a cross border outbreak affecting people living in one or more of the other UK countries or cases are part of an international outbreak, the participating Outbreak Control Team's arrangements may differ. For example, if the response is led by a Team from another country, it may be chaired by a representative of an agency outside Wales, but the principles of this plan should still apply and the Welsh response should be guided by the requirement to protect the public's health.*



There will be rare occasions where an outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked. Part 7 of this plan outlines in detail the assessment process with the relevant Local Resilience Forum, the activation of a Strategic Co-ordinating Group if required and the co-ordination and communication with Welsh Government in these circumstances.

If the Wales Framework for Managing Major Infectious Disease Emergencies is activated, the diagram below outlines the co-ordination arrangements and where Outbreak Control Teams (and thus the arrangements in the Communicable Disease Outbreak Plan for Wales) sit. In exceptional circumstances there are also specific UK arrangements for bioterrorism or other particular infectious disease threats which take precedence over these plans.





*In terms of the links between the arrangements above and the CTM TTP, the latter would need to operate in support as far as possible, particularly with the Outbreak Control Team (OCT) and Local Resilience Forum Strategic Co-ordinating Group (SCG). Whilst there would be no direct accountability arrangements, as the OCTs and SCG are also partnership arrangements, it is recognised that are likely to be some significant overlaps in membership which should assist with closer working together.*

#### **4. Other Partners (including the Regional Partnership Board and Public Services Boards)**

Links are made with other partners, on a two way basis, as appropriate and depending on requirements. For example, the Regional Partnership Board (RPB) is connected through the Chair of the Partnership who also leads on the Protect work stream for CTM. The two Public Service Boards (PSBs) are connected into the programme via some cross membership including the Chair and Vice-Chair of the RSOG and the lead for the Protect work stream.

Other organisations may also have their own emergency planning arrangements in place such as the Local Health Board(s) and Local Authorities, which the CTM TTP programme links across to as necessary and vice versa, where required.

#### **5. Meeting Frequency**

- Regional Strategic Oversight Group: Meetings are held fortnightly on a Tuesday with frequency increasing or decreasing as required.
- Regional Tactical Group: Meetings are held weekly.
- Work Streams and enabling functions: as required and varies by individual group.

#### **6. Work Programme**

Each group or work stream holds its own inter-linked work programme. These remain continuously under review by the relevant groups and link into the over-arching programme action plan.

#### **7. Governance Arrangements**

As a consequence of the outbreak of COVID-19, this regional oversight arrangement has collectively been tasked by Chief Executives, with centrally co-ordinating the CTM Test, Trace and Protect programme that affects all of the participating agencies. It is noted that the arrangement is not a legal entity and neither are its operating structures (including the



Regional Tactical Group and Working Groups). The oversight arrangement operates as a partnership between membership agencies and reiterates the sovereignty of individual agencies.

The programme's role as a coordinating function does not have the collective authority to issue executive orders to member agencies and cannot assume any liabilities in relation to its coordinating activities and/or any decisions which are taken jointly for example in terms of quality, information or financial governance). However it retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

## **8. Issues Log and Risk Register**

Issues are fed into RSOG or RTG depending on the nature and as required. Risk management also operates at each level with risks fed into RSOG or RTG depending on the nature. This work also informs the situation reporting on TTPs for the South Wales Resilience Forum SCG as required.

## **9. Lessons Learnt Log**

A lessons learnt log has been developed and held at strategic oversight level by the Programme Manager. This is informed by feedback from across the programme. All staff and partners will be encouraged to participate in sharing lessons on a live basis and fed back into the programme so we are learning from experience and also practice elsewhere.

## **10. Communications**

Good communications are vital and work across the various levels of the programme, including a dedicated enabling function on this with its own work programme.

## **11. Review**

This document will be kept under regular review with any significant changes signed off at the Regional Strategic Oversight Group.

## CTM COVID-19 Regional Strategic Oversight Group

### Background

The Welsh Government's strategy "Test, Trace, Protect" (May 2020) lays down the principles for leading Wales out of the COVID-19 pandemic. It sets out a framework for the effective control of coronavirus transmission before, during and after the relaxation of lockdown restrictions.

Public Health Wales' Public Health Protection Response Plan provides greater detail as to what measures need to be implemented. Included within this plan is the concept of 'Regional Response Teams' for each Health Board footprint and led by the local Director of Public Health. This arrangement is responsible for the contact tracing and cluster management activities, but also must have a remit for other themes as the Health Board is responsible for the health of their local population and the local authorities are the relevant health protection authorities under public health legislation.

Within the CTM area this response is led by the CTM COVID-19 Strategic Oversight Group, with activity directed by a Tactical Group..

### Strategic Aim of the CTM Response

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

### Objectives of the Strategic Oversight Group

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.
4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.

6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## Remit

The CTM COVID-19 Strategic Oversight Group shall lead on all activity within the CTM area relating to the control of COVID-19. This activity shall include contact tracing, testing, protect and vaccination, supported by enablers focused on communication on COVID-19 matters surveillance and recovery planning..

## Membership

All members shall identify an appropriate deputy that can attend in their absence.

**Chair:** Director of Public Health, CTM UHB and Programme Senior Responsible Officer

**Vice Chair:** Group Director of Community and Children's Services, RCT CBC

Bridgend CBC Director / Senior Manager

Merthyr Tydfil CBC Director / Senior Manager

RCT CBC Director / Senior Manager

CTM UHB IP&C Team representative (Infection Control Doctor or Lead IP&C Nurse)

Testing and Sampling work stream lead

Contact tracing work stream lead

Protect work stream lead

Vaccination work stream lead

Surveillance enabling function lead

Communications / community engagement enabling function lead

Public Health Wales Health Protection Team Consultant in Communicable Disease Control /

Consultant in Health Protection (open invite)

Chair of CTM COVID-19 Regional Tactical Group

Senior Planner

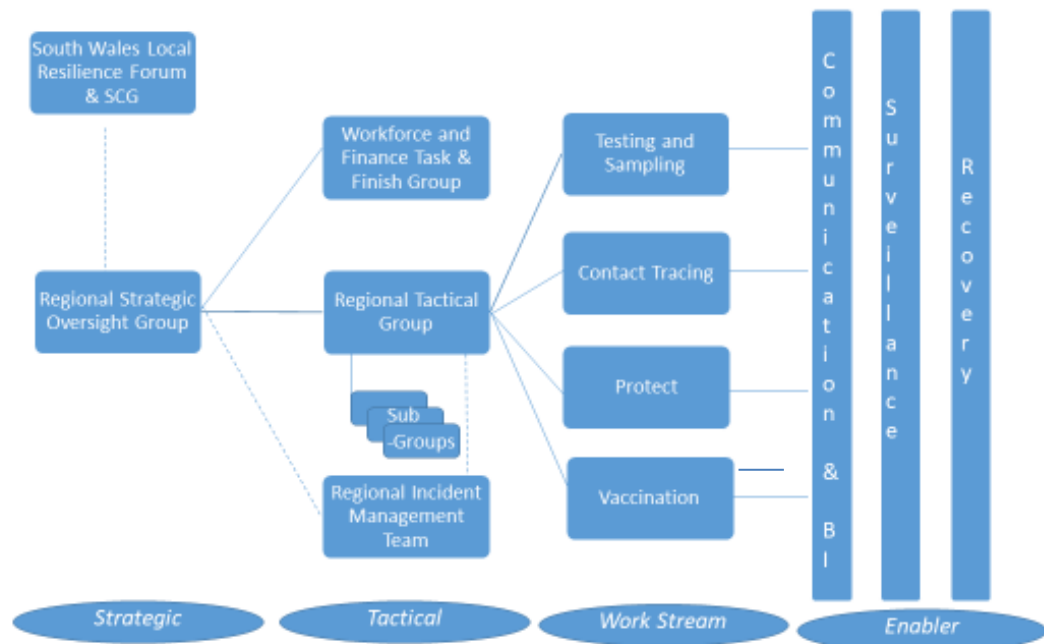
Programme Manager

## Meetings

Meetings shall be held fortnightly – Tuesday. During the meetings representatives shall report briefly on the following topics:

- Surveillance report on cluster identification, transmission rates, key information required to monitor the performance of activity.
- Clusters within specific settings that have a direct impact on the wider community or other settings.
- Testing capacity, performance and arrangements available to those within CTM and issues to be escalated.
- Contact tracing in each local authority area, clusters identified and issues to be escalated.
- Protect arrangements in each Local Authority area and issues to be escalated.
- Vaccination arrangements in each Local Authority area and any relevant issues to be escalated.
- Communication and community engagement.
- Recovery planning as it relates to the TTP and in support of others such as the Public Service Boards for example.

## Governance Structure





## CTM COVID-19 Tactical Group

### Background

The Welsh Government's strategy "Test, Trace, Protect" (May 2020) lays down the principles for leading Wales out of the COVID-19 pandemic. It sets out a framework for the effective control of coronavirus transmission before, during and after the relaxation of lockdown restrictions.

Public Health Wales' Public Health Protection Response Plan provides greater detail as to what measures need to be implemented. Included within this plan is the concept of 'Regional Response Teams' for each Health Board footprint and led by the local Director of Public Health. This arrangement is responsible for the contact tracing and cluster management activities, but also must have a remit for other themes as the Health Board is responsible for the health of their local population and the local authorities are the relevant health protection authorities under public health legislation.

Within the CTM area this response is led by the CTM COVID-19 Strategic Oversight Group (chaired by the Director of Public Health).

### Strategic Aims of the CTM Response

1. To PREVENT deaths from COVID-19
2. To PROTECT the health of the people in our community

### Objectives of the Tactical Group

13. Protect the health of the population by directing activity to manage the transmission of COVID-19. Target effort towards reducing incidence of the disease month on month.
14. Identify COVID-19 cases by the collective efforts of communication and engagement; surveillance; contact tracing and testing.
15. Support the effective use of testing capacity to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons.
16. Support local teams to provide advice to cases and contacts on self-isolation to minimise transmission.
17. Direct efforts for the effective control of clusters in: Healthcare settings; other enclosed settings; the wider community.
18. Enable the contribution to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.

### Remit

The CTM COVID-19 Tactical Group shall direct activity within the CTM area relating to the control of COVID-19. This activity shall include contact tracing, testing and communication on COVID-19 matters and be led by surveillance, other intelligence and guidance available to the Group. However this Group shall not deal with operational and managerial matters



relating to the provision of resources – this shall be a matter for the Strategic Oversight Group, work streams and partner organisations.

## Membership

All members shall identify an appropriate deputy that can attend in their absence.

**Chair:** Deputy Director of Public Health, CTM PHT  
Bridgend CBC representative for contact tracing / cluster management\*  
Merthyr Tydfil CBC representative for contact tracing / cluster management\*  
RCT CBC representative for contact tracing / cluster management\*  
CTM UHB Continuing Care Team representative  
CTM UHB IP&C Team representative  
Surveillance work stream representative  
Testing work stream representative  
Communications / community engagement work stream representative  
Healthcare Epidemiologist  
Public Health Wales Health Protection Team representative (open invite)  
Programme Manager

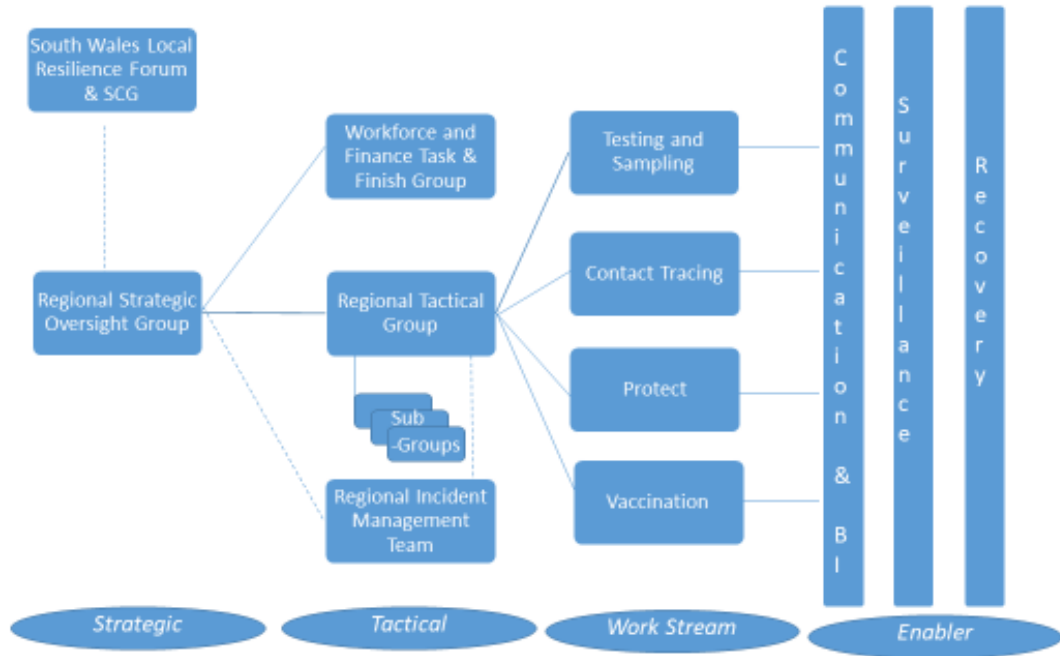
\*Collectively they shall report on contact tracing and cluster management issues within their area.

## Meetings

Meetings shall be held weekly – Monday. During the meetings representatives shall report briefly on the following topics:

- Contact tracing in each local authority area, clusters identified and issues to be escalated
- Testing capacity and arrangements available to those within CTM and issues to be escalated
- Surveillance report on cluster identification, transmission rates key information required to direct action
- Communication messages and activity
- Clusters within specific settings that have a direct impact on the wider community or other settings

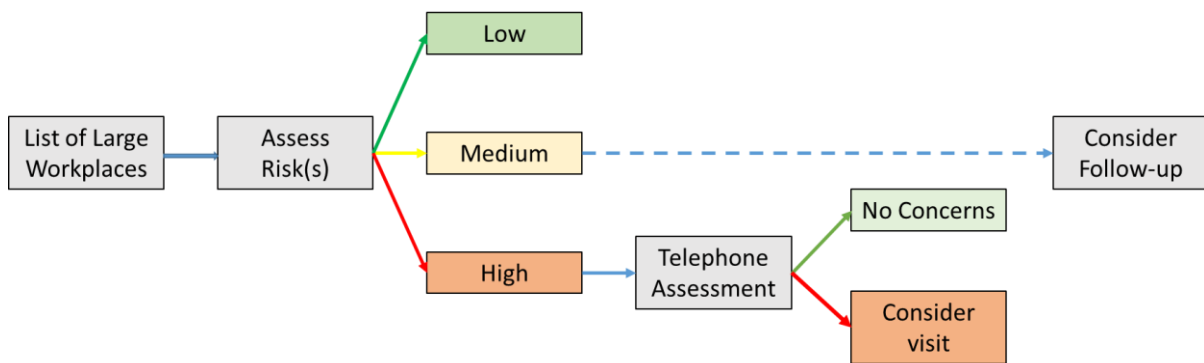
## Governance Structure



# Risk assessment process for large commercial premises (Covid 19)

## Background:

There is a risk of clusters of Covid 19 developing at large workplaces, due of the nature of work undertaken and difficulties in maintaining social distancing. Proactive assessment should be made of the risks posed by individual settings and contact made with those considered high risk, to support the implementation of control/ mitigation measures.



## Steps:

1: Develop / compile list of workplaces using available databases and soft intelligence.

2: Initial risk assessment, categorising settings as high, medium and low risk

Risk factors may include:

- Meat processing and packing plants.
- Large workforce - 250 plus
- In absence of workforce size, throughput can be used as a proxy.
- Staff who are likely to share HMOs and or/ transport
- Wet, cold, poorly ventilated enclosed working environment.
- Low/ no natural light.
- Production lines where it would be hard to socially distance.
- Previous history regarding regulation/ compliance

Meat processing plants will have FSA staff on-site and can provide intelligence, for EHO action

3: Call settings, prioritised by risk, to talk through risks / mitigation

Guidance for reopening Manufacturing premises can be accessed via Health Working Wales: [LINK](#)

Food Innovation Wales have produced a risk assessment for workplaces (May be applied to non-food premises): [LINK](#)

4: Following telephone assessment, consider visits to settings deemed at high risk

# Considerations for Local Enhanced Covid19 Measures

In May 2020, The Welsh Government published its approach to moving out of the current COVID-19 lockdown, “***Unlocking our society and economy: continuing the conversation***”. This outlines a “traffic light” approach to easing restrictions in a number of key domains (see **Annex 1**). This document explicitly references that, where local increases in incidence cannot be controlled through ‘Test Trace and Protect’, it may be necessary to re-impose measures. Progression from lockdown, through red and amber to green may not proceed at the same rate for all areas and it may be necessary to reverse course in some areas should conditions worsen.

**Figure 1** outlines a phased approach to identifying and responding to local increases in incidence. The objectives and actions at each phase build stepwise towards implementation of local lockdown.

Where deemed necessary to (re)introduce locally enhanced measures, consideration should be informed by available evidence, to limit ongoing transmission whilst minimising the impact on the local population and economy.

Where local “hotspots” are identified/suspected, it will be necessary to increase testing and surveillance to generate evidence of increased incidence.

## **Consider:**

- Enhanced/ proactive testing, particularly of large workplaces and other enclosed settings.
- Enhanced surveillance to identify “hotspots” and areas of concern
- Drawing on surge capacity to bolster local ‘Test, Trace and Protect’ provision

Phase	Stable	Re-emergence	Community
Objective	<ul style="list-style-type: none"> <li>Minimise spread of infection</li> <li><b>Plan</b> to ensure readiness to respond to re-</li> </ul>	<ul style="list-style-type: none"> <li>Intervene early to prevent further spread of infection</li> <li><b>Prepare</b> response for community outbreaks</li> </ul>	<ul style="list-style-type: none"> <li><b>Act</b> to contain community outbreak</li> </ul>
Response	<ul style="list-style-type: none"> <li>Surveillance</li> <li>Communications</li> <li>Management of clusters/outbreaks in discreet settings</li> <li>Define thresholds for Re-emergence and Community Outbreak</li> <li><b>Plan</b> to ensure readiness to response to Re-emergence and Community Outbreak</li> </ul>	<p>As Plan plus</p> <ul style="list-style-type: none"> <li>Intensive surveillance</li> <li>Enhanced communications to warn public of heightened risk and encourage greater social distancing</li> <li>Liaise with WG and consider terms of potential 'local lockdown' – the measures to be used and their geographical extent – and <b>prepare</b> to implement</li> </ul>	<p>As Prepare plus</p> <ul style="list-style-type: none"> <li>Confirm terms and <b>implement</b> 'local lockdown'</li> </ul>
Indicators	(1) Daily COVID-19 test positivity rates, (2) Weekly total of new cases, and (3) 7-day rolling cumulative positive cases		
Triggers			
Threshold	<p>All indicators within 3 standard deviations of baseline (15<sup>th</sup> June 2020)</p> <ul style="list-style-type: none"> <li>Overall HB; and</li> <li><b>All</b> local authority areas; and</li> <li><b>All</b> built up areas</li> </ul>	<p>All Indicators &gt;3 standard deviations above baseline</p> <ul style="list-style-type: none"> <li><b>One or more</b> local authority areas; or</li> <li><b>One or more</b> built up areas</li> </ul>	<p>All Indicators &gt;5 standard deviations above baseline</p> <ul style="list-style-type: none"> <li>Overall HB; or</li> <li><b>One or more</b> built up areas</li> </ul>
Other situational awareness	<p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Higher case rate or increase in case rate cannot be explained by higher rates of testing - i.e. positivity rate is not artificially low compared to previous periods or other areas.</li> <li>Higher case rate or increase in case rate cannot be explained by cases related to one or more outbreaks in discreet settings that could be managed through a response targeted at these settings</li> </ul>		

**Figure 1: Phased Approach for (re)escalation for locally enhanced measures**

NB: Baseline= Rate as of 15<sup>th</sup> of June 2020

## **Enforcement of enhanced measures**

Where possible, measures should be enforced by communities and individuals themselves. Where necessary, measures may be enforced through a combination of statutory powers drafted by the Government and existing local enforcement powers, which can be triggered to protect the public. The Government powers will reverse some easements, which have already happened, and defer others which were due to take place.

Specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 or the Part 2A Order under the Public Health (Control of Disease) Act 1984 are delegated to authorised officers to use in accordance with the Council's corporate enforcement policies. More strategic decisions concerning for example the closure of public services or imposition of local restrictions will need to be made by the Leader of each Council with their Cabinet. If the decision is urgent, each Council will have arrangements to make an urgent decision for example by way of an Executive Decision.

### **Consider:**

- Arrangements and responsibilities for declaring and enforcing enhanced measures, including relevant authorities (Las, LRF, etc.) and expertise.
- Developing clear, targeted, public engagement to develop public understanding and support for enhanced measures.
- Working with national (UK/ WALES) government to develop/ adopt tailored legal powers.
- Publishing details of relevant legal powers on website(s) (Local Authority, Public Health Wales, Health Board(s)).
- Proactive enforcement of social distancing in public areas (police/ community wardens/ Social distancing "champions") and workplaces (EHOs).
- Establishing/ publicising contact routes for reporting non compliance

### **Communication**

In the event of localised increases in rates of COVID-19 infection, the public and relevant stakeholders should be kept informed, to increase awareness of risks, ensure local support and reduce potential of onward transmission.

### **Consider**

- Provision of public information on
  - Geographical scale of the affected area, based on enhanced surveillance
  - likely length of time for enhanced restrictions (subject to review based on local incidence)
  - Nature of local restrictions, including closure of businesses/ facilities
  - Sources of information/ support

- Provision of information in a range of media (social media platforms, press releases, posters, mail shots etc,)
- Provision of information in a range of community languages, as appropriate (including British Sign Language)
- “Segmentation”/ tailoring messages for specific groups (using behavioural science informed approaches), with appropriate “routes in”/ two way communication.
- Reinforcement of key messages related to:
  - Signs and symptoms
  - Access to testing
  - Hand hygiene- with enhanced public provision of hand hygiene stations, etc.
  - Social distancing

### Travel

It may be necessary to restrict travel in order to reduce likelihood of transmission.

#### Consider:

- Recommending travel within, into and outside of the affected area, ONLY if such travel is essential, e.g.:
  - work (if you cannot work from home),
  - to obtain essential food or medical supplies, or
  - to take exercise (restricted to once a day, in the local area, observing social distancing).

### Schools/ Colleges/ universities

Schools in Wales began phased opening on 29 June. Depending on the time of year, it may be necessary to close/ restrict opening of schools, colleges and universities.

#### Consider:

- Schools remaining open for children of key workers and vulnerable children
- Closing of schools to all other pupils, as per prior to lifting of restrictions
- Schools remaining closed until a given date (e.g. following school holidays)
- Supporting provision of enhanced teaching (web based, workbooks, etc), to enable learning from home.
- Working with universities and to ensure infection prevention and control in shared housing.
- Encouraging online/ staggered tutorials and lectures

### Businesses/ shops

Reopening of non-essential shops/ businesses in Wales has proceeded in a phased manner. In the event of increased local transmission, this may need review at the local level.

#### Consider:

- Restricting the (re)opening of non-essential businesses. This would include:
  - Pubs/ Restaurants/ social clubs

- Hairdressers;
- leisure facilities/ gyms;
- cinemas;
- museums / galleries;
- theme parks/ arcades;
- Financial support for businesses required to close (will require national agreements)

### Community facilities

Access to / use of community facilities may need to be limited

Consider:

- closure of community facilities:
  - libraries;
  - places of worship;
  - community centres;
  - playgrounds;

### Extended Households/ Support Bubbles

Two households have been able to join together in one "bubble" household in Wales from July 6<sup>th</sup>, to meet in each other's houses or outside, while observing social distancing.

**Consider:**

- Limiting the formation of support bubbles, to reduce risk of transmission

### Individuals who are shielding

The Chief Medical Officer for Wales has advised that shielding should continue until the 16 August 2020. A letter has been sent to everyone in Wales who is shielding to tell them this and what to do next.

Individuals who are shielding can now form an **extended household with another household**. However, physical distancing within an extended household should continue where possible.

Those who are shielding can continue to leave home to exercise or meet outside with people from another household. They should strictly follow physical distancing (2 metres or 3 steps away from another person) and you should practice good hygiene using a hand sanitiser and avoiding touching things touched by others.

**Consider:**

*Pre 16<sup>th</sup> August 2020:*

- Advise against forming an extended household
- Advise against non-essential trips out of the house.

*Post 16<sup>th</sup> August 2020 (in addition to above):*



- Local extension of shielding provision (including letters to enable exclusion from work)
- Explore provision of food/ medicine delivery

Support for vulnerable People

Consider:

- Providing a contact email/ telephone number for individuals requiring support/ information
- Local arrangements for support with food/ medicine delivery

## Appendix 1: Restriction Domains ([LINK](#))

<b>Education and Care for Children (Includes HE and FE)</b>	
<b>LOCKDOWN</b>	Closed except to key workers and vulnerable children. Outreach services in place.
<b>RED</b>	No change, but able to manage increase in demand from children already eligible to attend schools and childcare.
<b>AMBER</b>	Priority groups of pupils to return to school in a phased approach.
<b>GREEN</b>	All children and students able to access education. All children able to access childcare.

<b>Seeing family and friends</b>	
<b>LOCKDOWN</b>	Stay at home and contact only within households (limited exceptions).
<b>RED</b>	Seeing one person from outside your household to provide or receive care or support whilst maintaining appropriate social distancing.
<b>AMBER</b>	Taking exercise with one other person or small group whilst maintaining appropriate social distancing.
<b>GREEN</b>	Meeting one other person or small group to socialise whilst maintaining appropriate social distancing.

<b>Getting around</b>	
<b>LOCKDOWN</b>	Leave the house for essential travel only.
<b>RED</b>	Local travel, including for click-and-collect retail. Promote active travel and adapt public transport for physical distancing.
<b>AMBER</b>	Allow outdoor leisure and recreation. Travel for leisure, access non-essential retail and services, and more people travelling to work.
<b>GREEN</b>	Unrestricted travel subject to ongoing precautions.

<b>Exercise, playing sport and games</b>	
<b>LOCKDOWN</b>	Exercise once a day outside of house on own or with household.
<b>RED</b>	Exercise more than once a day and incidental activity locally. Outdoor sports courts to open. Elite athletes resume some activity.
<b>AMBER</b>	Team and individual sports, non-contact sport and games in small groups indoors and outdoors. Some outdoor events with limited capacity and events behind closed doors for broadcast.
<b>GREEN</b>	All sports, leisure and cultural activities open, with physical distancing. All events resume with limited capacity.

Practicing faith	
<b>LOCKDOWN</b>	Closure of places of worship, with exceptions for funerals and cremations.
<b>RED</b>	Opening of places of worship for private prayer under physical distancing.
<b>AMBER</b>	Limit services and size of congregations linked to ability to ensure physical distancing.
<b>GREEN</b>	All places open with full range of services, alongside physical distancing.

Relaxing and special occasions	
<b>LOCKDOWN</b>	Stay at home and only leave the house for essential purposes.
<b>RED</b>	Some opening of outdoor cultural and other sites. Relaxation and leisure outdoors where local.
<b>AMBER</b>	More cultural and leisure sites to reopen (e.g. museums and galleries). Weddings and other events with limited capacity and physical distancing.
<b>GREEN</b>	All special occasions and cultural and leisure activities permitted with precautions in place.

Working or running a business	
<b>LOCKDOWN</b>	Work from home if possible. List of businesses required to close. 2m requirement in workplaces where not possible to work from home.
<b>RED</b>	More outdoor work and click-and-collect retail. Businesses not required to close (e.g. construction) reopening under safe working practices.
<b>AMBER</b>	Non-essential retail to reopen with physical distancing. Trial some personal services under appointment (e.g. hairdressers). Accommodation businesses open without shared facilities.
<b>GREEN</b>	Restaurants, pubs and customer contact industries under physical distancing. All businesses and workplaces open under new protocols.

Going shopping	
<b>LOCKDOWN</b>	Essential retail only face-to-face.
<b>RED</b>	<b>Include click-and-collect for non-essential retail.</b> Begin making adaptations to public realm (e.g. town centres).
<b>AMBER</b>	Can access most non-essential retail where adaptations are possible to maintain physical distancing. Town centres and high streets adapted to facilitate shopping and accessing services under physical distancing.
<b>GREEN</b>	Able to access all retail and leisure facilities whilst taking reasonable precautions.

<b>Going shopping</b>	
<b>LOCKDOWN</b>	Access to emergency or essential services only.
<b>RED</b>	Increase the availability of public services gradually (e.g. waste and recycling, libraries). Increase scope of essential health and Social Care services
<b>AMBER</b>	Continue to increase the availability of public services. Increase access to non-essential health and care services (e.g. elective surgery, dentistry).
<b>GREEN</b>	Access to all normal public, health and social care services under physical distancing where possible or precautions in other settings.

# Weekly summary of Covid-19 surveillance indicators for CTM UHB, compiled by CTM PHT on 22/02/2021 (1200hrs)

No.	Indicators	This week (ending 20/02/2021)	Last week (ending 13/02/2021)	Summary/interpretation	Notes
<b>Objective 1: Monitor intensity and severity of COVID-19 spread in CTM</b>					
1a	Number of weekly cases for CTM and LA residents	*Decrease	Decrease	237 cases this week (52.8 cases per 100,000), from last week 301. Rates by LA. BD – 42.8, MT – 66.3, RCT – 55.5	Number of new weekly first positive cases. *MT rate increased from 56.4 last week
1b	Positivity rate for CTM and LA	*Decrease	Decrease	Positivity rates above 5.9% in CTM – highest in MT – 6.2%	Using PHW data. *MT increased
1c	Number of COVID-related ICU admissions in CTM hospitals	Decrease	Decrease	6 pts in ICU this week	This admission may not be for COVID-related symptoms. Admission may be a continuation of previously reported patient admission
1d	Number of weekly deaths Covid-19 by location (ONS) for LA and CTM residents	Decrease	Decrease	34 Covid-related deaths in latest week (50 last week)	Two week delay, any mention on the death certificate, date of occurrence
1e	Weekly excess deaths (Covid mentioned, Covid not mentioned) for CTM residents	Increase	Decrease	Weekly deaths above 5-year average, 17 excess deaths (46 Covid), 13 excess deaths last week	Two week delay, any mention on the death certificate, LA not available, date of registration
1f	Deaths in CTM hospitals (provider population)	Decrease	Decrease	12**	COVID may not be the primary cause of death **Delays in data – could be higher (DOD 15/02/21-21/02/21 inc..)
1g	Number of positive cases by LSOA/postcode	Same	Decrease	1 LSOAs with more than 10 cases in last 7 days (1 last week)	Number of cases by LSOA/postcode to identify potential clusters
<b>Objective 2: Monitor behaviour of COVID-19 in at-risk group</b>					
2a	Number of cases in key workers by group and non-key workers, CTM and LA residents	Increase	Decrease	NHS 1, Care workers 21 Police 2, Education 5 ( 11 Care workers last week)	First positive cases by key worker group e.g. NHS, care home, police, other. Using LIMS and CRM.
2b	Number tested in care homes with a positive result, CTM and LA residents	Decrease	Decrease	8 cases this week (23 last week)	Number of first positive cases
2c	Rate of weekly cases per 100,000 by deprivation fifth, in CTM residents	High	High	Rates in most deprived quintile 3.4 times higher than the least deprived quintile	Rates by Welsh Index of Multiple Deprivation Quintile based on two weeks of data
2d	Age-specific rates per 100,000 in CTM	High	High	Highest rates in those aged 40-49 Highest positivity in those aged < 20	Based on two weeks of data
2e	Number of weekly contacts identified	Decrease	Increase	1,107 eligible contacts (91% followed up)	Data taken from CRM dashboard
<b>Objective 3: Monitor immunity to COVID-19 in CTM</b>					
3a	Proportion with antibodies by key worker group	N/A	N/A	NHS: 12.8%, Teachers: 5.1%	
<b>Objective 4: Detect outbreaks in hospitals and LTCFs</b>					
4a	Number tested in care homes with a positive result, by specific care home	Decrease	Same	1 care homes with more than one case (including staff)	
4b	Number of prison staff and prisoners with a positive result	Same	Increase	5 Staff, 1 Prisoner (Last week 5 prisoners and 1 staff)	HM Parc Prison, Bridgend. Provided by PHW. Based on date first notified by prison or TTP.
4c	Number of hospital infections by infection category by hospital (CAI, indeterminate, HAI)	Decrease	Decrease	44 admissions – HCAI 7, Probable HCAI 3, Indeterminate 0, CAI 17.	Totals may include cases where it was not possible to calculate status. This is often due to the fact that these patients are not admitted to hospital and as such normally fall into the CAI
<b>Objective 6: To deliver an end-to-end pathway for the delivery of a Covid-19 Mass Vaccination Programme within CTM</b>					
6a	Total number of vaccines received from the WG to the CTMUHB vaccination programme	N/A	N/A	138,613 doses received	Using vaccinations data provided by CTM information team
6b	Total number of vaccines delivered by the CTMUHB vaccination programme	N/A	N/A	123,677 doses given	Using vaccinations data provided by CTM information team
6c	Total number of vaccines delivered in the last week (Mon-Sun)	Decrease	Decrease	16,227 doses this week, 18,486 doses given last week	Using vaccinations data provided by CTM information team

Key:

No additional attention needed	Some attention advised	Escalation and attention required
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Note: Colour coding is based on the number of events and change over time, and specifically whether additional attention from RSOG is needed



# Covid-19 Testing Strategy

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**Distributed to:** CTM UHB TTP Regional Strategic Oversight Group

**Date:**

**Version: V6**

**Review History:** The Testing strategy has been updated at regular intervals since March 2020 and last approved in June. This is a review following Welsh Government Guidance

Draft Number & version		Author/ Editor	Date
1	1.0	Alice Purchades	May 2020
2	2.0	Alice Purchades/Joanne Williams	June 2020
3	3.0	Alice Purchades/Elaine Tanner	September 2020
1	4.0	Elaine Tanner	October 2020
2	5.0	Elaine Tanner	December 2020
	6.0	Elaine Tanner	January 2021

## **Executive summary**

COVID-19 antigen and antibody testing has been undertaken in health care settings and across communities within the Cwm Taf Morgannwg University Health Board (CTM UHB) footprint since March 2020.

The recent refresh of the Welsh Government testing strategy (January 2021) has re focused priorities and also outlined the availability, and use, of new technologies around testing in an ever changing and dynamic field of preventing transmission, support and care for those with Covid-19.

Testing on its own does not remove or reduce the extent to which the virus is circulating in our communities. Everyone, irrespective of whether they have had a test recently, must maintain social distancing where possible, practise good hand hygiene and follow the guidelines on the wearing of face coverings in order to keep us all safe.

Testing does have a key role in reducing the harms associated with Covid-19 and since the last strategy was published, new testing technologies have demonstrated it is possible to test at far greater scale, frequency and speed than ever before.

As we begin 2021 our approach in CTM UHB will continue to evolve to meet the challenges we face. Testing will continue to play an important role alongside the vaccine in supporting us to save lives and livelihoods during 2021 and in the longer term.

The priority for testing as set by Welsh Government (WG) will be mirrored across CTM:



Our testing strategy aims to minimise or alleviate these harms wherever possible. In addition to using testing to diagnose and identify Covid-19 to help with treatment and to support contact tracing, thereby reducing the spread of the disease, we are realising the potential offered by new testing technologies to adopt approaches to testing that enable individuals to continue to receive in person education, to work to maintain key services when the prevalence of the virus is high, and also support the safe return to normal society and economic activity.

The WG have refreshed the existing testing key priorities:

1. To support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care.
2. To protect our NHS and social care services and individuals who are our most vulnerable.
3. To target outbreaks and enhance community surveillance in order to prevent the spread of the disease amongst the population.

4. Supporting the education system and the health and well-being of our children and young people and to enable them to realise their potential.
5. Identifying contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and to maintain key services.
6. To promote economic, social, cultural and environmental wellbeing and recovery.

Put another way, our strategy is to:

1. Test to diagnose
2. Test to safeguard
3. Test to find
4. Test to maintain
5. Test to enable

Multiple requests are received for weekly asymptomatic testing across whole teams/workforce both internally to the NHS and social care and external organisations. This new strategy helps us move some way to being able to support those requests in new and innovative ways.



## 1.0 Background

Our understanding of COVID-19 is improving all the time helping us know how to interpret results and determine when testing can be of most benefit.

- The median incubation period is 5.1 days, and more than 97% of individuals who develop infection will do so by 14 days after exposure.
- Individuals are maximally infectious around the time of symptom onset. They are deemed infectious for 2 days prior to symptom onset and for 10 days after symptom onset, although infectivity declines significantly after 5 days. This gives us our self isolation period advice of 10 days from onset of symptoms
- The spectrum of symptoms is wide; a proportion of people will have severe infection, particularly the elderly or those with underlying conditions, up to 40% of people may have a mild symptoms or even be completely asymptomatic.
- During the course of a typical illness the amount of virus in upper respiratory tract increases and is maximal around the time of symptom onset, correlating with maximum infectivity. After this point viral protein (RNA) declines. Viral RNA may remain detectable for a prolonged period of weeks or months after recovery, although this does not represent live infectious virus. This is why we advise people not to be re tested – unless symptomatic – for 90 days following a +ve test.

Our understanding of the dynamics of infection, alongside the characteristics and performance of the various tests available to us, informs decisions on how best to use the different tests and the testing protocols that should be adopted.

The major elements for evaluation of test accuracy are diagnostic sensitivity and specificity, which determine the likelihood of false positive or false negative results:

- The likelihood of false positive results is primarily determined by the specificity of the test.
- The likelihood of false negative results is determined by the sensitivity of the test and the prevalence of COVID-19 in the test population.

## 2.0 Current types of COVID-19 test

There are two main types of test for COVID-19: antigen tests and antibody tests. Up until 1<sup>ST</sup> June 2020 in the UK, the only type of testing that was available at a large scale for COVID-19 was PCR antigen testing for active infection using an oropharyngeal or nasopharyngeal swab, we now have new and emerging tests available.

Since 1<sup>st</sup> June 2020, COVID-19 antibody testing for a possible immune response to a historic COVID-19 infection using a blood sample has also been made available to specific groups; in CTM UHB we are moving to re-introduce antibody tests to run alongside the vaccination programme.

This testing strategy has been split into two sections which cover antigen and antibody COVID-19 testing.

### **3.0. Antigen testing**

#### **3.1 Case definition for testing**

The case definition for testing for COVID-19 in for the general population in CTM is aligned with the Public Health England (PHE) COVID-19 case definition for COVID testing.

- Fever of >37.8
- And/or a new continuous cough
- And/or a loss of, or change in, normal sense of taste or smell (anosmia)
- Non-specific symptoms include shortness of breath, fatigue, loss of appetite, myalgia (muscle aches and pains), sore throat, headache, nasal congestion, diarrhoea, nausea and vomiting.

#### **3.2 Types of antigen testing**

##### Viral RNA

- RT-PCR tests are and will remain the mainstay of our testing capability. These are laboratory tests that can be performed on a range of ‘platforms’ which vary by volume and speed. Our aim remains that these tests should take 24 hours from sample taken to result delivered. RT-PCR tests are highly accurate with a diagnostic sensitivity of around 90% and a diagnostic Specificity of 99.96%. They can detect the presence of the virus long after someone has recovered from the disease and are no longer infectious.
- LAMP (loop-mediated isothermal amplification)
- DNA Nudge

##### Viral antigens

- Lateral Flow Tests (LFT) are non-lab based tests that provide results in 15-30 minutes. There are a number of different devices and some include equipment for reading the results. In Wales at present we are using Lumira DX which has a diagnostic sensitivity of 73.3% and a diagnostic specificity of 99.6% and Innova which has a diagnostic sensitivity of between 40% and 70% (depending on how the test is administered) and a diagnostic specificity of 99.94%.

In CTM, residents can access PCR antigen testing through multiple routes:

- Oropharyngeal swabs organised by CTM Health Board and taken in:
  - Hospitals for inpatients.

- Key/essential workers including household members can access testing through Community Testing Units in Kier Hardie Health Park (KHHP), Royal Glamorgan Hospital (RGH) and Bridgend Field Hospital – Ysbyty Seren.
- Care homes for care home residents, also staff who are unable to use the Department for Health and Social Care (DHSC) portal.
- Private residence/home tests are supported by the testing team for people who are unable to travel.
- WAST reserve Mobile Testing Units if deployed in CTM.
- CTM UHB Testing team supported mobile testing.

These swabs are currently processed in PHW operated laboratories in the University Hospital of Wales (UHW), Lab 2 IP5 at Newport and the Royal Glamorgan Hospital (RGH).

- Oropharyngeal and nasal swabs that are taken in:
  - The DHSC/Serco managed Abercynon Regional Testing Centre.
  - Delivered to care home staff through the WG care home portal
  - Delivered to people's homes using the Amazon courier service.
  - Taken at a Mobile Testing Unit (MTU) managed by DHSC/Serco and set up in response to a situation that requires additional community COVID-19 testing.
  - Delivered in any of the Local testing sites managed by DHSC/Mitie

These swabs are processed by Lighthouse laboratories.

Lateral Flow Devices – results within 15 – 30 minutes.

Lumira DX – a point of care test with results in approximately 15 minutes.

To date the agreed Potential use is :

- Symptomatic individuals
  - Emergency Departments to allow patient streaming.
    - Positive streamed to Red
    - Negative streamed to Amber awaiting confirmatory RT-PCR
  - Primary Care
    - Support streaming into secondary care

In CTM UHB this is being used in Emergency Departments, following a clear protocol and only requested by a senior clinical decision maker; currently a PCR is taken at the same time. The plan is to roll this out into Primary Care in the future.

Innova Lateral Flow Devices offer a turn- around time for results in approximately 30 minutes and will be utilised going forward as a way of supporting our communities, inviting asymptomatic individuals to be tested to support isolation of those asymptomatic +ve individuals and enable quarantine of contacts to prevent onward transmission. This device was used at part of the Merthyr and Lower Cynon whole area testing approach (see appendix xx – evaluation document/summary).

Lateral flow devices are also being used to support a number of testing programmes:-

- twice weekly asymptomatic testing of patient facing healthcare staff.
- testing visitors to care homes and as part the support offered to schools and higher education
- other workforces include South Wales Police
  - In all of the above programmes if anyone has positive result they are required to self-isolate and book a confirmatory PCR

This mixed model of testing will continue, with tests delivered through various routes to enable CTM to maximise the number of tests it can deliver and ensuring appropriate testing for different individuals and cohorts.

Private PCR antigen testing is also available in the UK, for example workplaces offering their own additional COVID-19 testing or private companies offering paid tests for people who need a negative test result before travelling abroad. These types of additional private antigen testing are not part of the current CTM TTP programme and are outside the scope of the CTM COVID-19 testing strategy.

The University of South Wales (USW) has developed an innovative loop-mediated isothermal amplification (LAMP) test which tests for active infection using a nasal swab. This test has recently been validated, and is now available for use in CTM. The LAMP test has the potential to be used both within a laboratory and as a bespoke point of care testing device. CTM UHB are working with USW to explore the possibilities for use of the LAMP test going forward and it will form part of the CTM response and capacity for testing.

#### Priorities

Priority		Focus	Welsh Government guidance	CTM action and Mode of testing	Lab
Harm from Covid-19 itself	Test to Diagnose	Supporting NHS Clinical care	Testing patients on admission and then every 5 days and on symptoms (unless +ve) Testing within 3 days of a planned admission	PCR  Lumira DX - admissions to ED and Primary care PCR	Acute site
Harm from overwhelming NHS and Social Care system	Test to safeguard	Protecting our most vulnerable	Regular asymptomatic testing : NHS staff	Rolling out LFD X 2 weekly Asymptomatic PCR	PHW
			Care Home staff	Weekly asymptomatic PCR	LHL



			Supported Living staff	Symptomatic or as part of outbreak management - PCR	PHW
			Special School staff	Symptomatic or as part of outbreak - management – PCR unless part of any schools initiative	PHW
			Domiciliary Staff	Symptomatic or outbreak management	PHW
			Staff working in other residential and care settings	Symptomatic or outbreak management	PHW
			Prisoners	testing of new prisoners transferred to Parc Prison	PHW
			Care home residents	Fortnightly PCR	PHW
			Visitors and visiting professionals	All visitors managed by care HCP may be part of NHS twice weekly LFD testing	LFD and confirmatory PCR
Harm from reduction in non covid-19 activity	Test to find	Targeting outbreaks, returning travellers with potential variants of concern and enhancing community surveillance	To identify and isolate cases <u>Symptomatic</u>	Keyworkers via CTU – PCR	PHW
				General public:	
				Drive Through: Regional Testing sites	LHL
			Walk through: Local Testing sites	LHL	
			Mobile testing Units – flexibility to support communities	LHL	
			Home testing	LHL	
			<u>Asymptomatic</u>	Locally led based on surveillance focussing on areas of need – outbreaks/incidents	PHW
				Variants of concern – Return travellers from South Africa & Brazil and others as needed – currently day 2 and 8	PHW
			Asymptomatic community testing	Local community focussed testing based on surveillance. CTM TTP will	PHW/LHL



			Short term WG initiative to run over 4 weeks in March	identify 1 local community in each LA LFD with confirmatory PCR	
	Test to Maintain	Supporting Education	Following WG guidance around testing in schools and Higher education	Currently LFD testing with confirmatory PCR (led by LA)	PHW
		Identifying contacts of positive cases to maintain key services	With WG support explore regular testing in workplaces to find cases and support surveillance Supporting contact tracing	Several pilots underway LFD and PCR For example: South Wales Police Certain Rail companies (led and supported by WG)	PHW/LHL
Harm from wider societal actions/lockdown	Test to enable	Promoting social economic and cultural wellbeing	In progress; testing to sit alongside vaccination to provide additional safeguards	Monitoring covid-19 positivity post vaccination in NHS staff	Any NHS staff symptomatic post vaccine – PCR PHW
Antibody testing		WG considering how to use studies to understand efficacy of the vaccine		Current plans on hold however have been developed in readiness for any future roll out	

### Testing Capacity

#### Overall PCR testing capacity if all sites (CTM UHB and DHSC sites) and MTUs are fully booked across CTM UHB = 3,037 per day\*

(Based on 10 minute appointments in the CTUs plus allowing for no reduction in DHSC allocation)

The staffing for CTUs is managed flexibly and the team support MTU deployment, incident/outbreak testing, asymptomatic staff testing, assisted care home testing and those pre-operative/pre procedure/transplant patients who have no transport and require a home test delivered. In order to support additional testing requirements, the CTUs often run effectively at 1 or 2 lanes; however remain flexible to ensure capacity can be increased to 3 lanes.

Venue	Current per day	Current per week	Increase to 3 lanes/day	Increase to 3 lanes /week
RGH	10 min – 39 5 min - 78	10 min – 273 5 min - 546	N/A 1 lane	N/A 1 lane



KHHP	10 min – 39 5 min - 78	10 min – 273 5 min - 546	10 min – 117 5 min - 234	10 min – 819 5 min - 1638
Bridgend	10 min – 39 5 min - 78	10 min – 273 5 min - 546	10 min – 117 5 min - 234	10 min – 819 5 min - 1638
Community outreach covering care homes and those with no transport	Variable up to 20 each day for no transport. Up to 6 care homes per day.	Variable up to 100 each week for no transport. Up to 21 care homes each week.		

Total 3 lanes in Bridgend and Merthyr and 1 lane in RGH

10 min appointments = 1911 per week 5 min appointments = 3822 per week

Regional Testing site - managed by Serco book on line or via 119

- Abercynon 8 lanes up to 1000 per day

Local Testing sites - in situ for 3 to 6 months: all walk through and pre booked via the DHSC portal and managed by Mitie

- Bridgend indoor bowls car park capacity 336/day
- Merthyr Leisure centre car park capacity 144/day
- Treforest university campus capacity unknown (\*based on 144/day)
- The Royal Mint car park in Llantrisant capacity unknown (\*based on 144/day)
- Aberdare College Car park - capacity unknown (\*based on 144/day)

Mobile Testing units – drive through (shortly will be able to deploy indoors) all booked via the DHSC portal or 119

X 3 Mobile Units - the average capacity per unit is 336/day giving an overall daily capacity of 1,008

## Results

Results of COVID-19 testing are delivered in different ways depending on the location of the testing.

- Hospital inpatients will have their results delivered by their clinicians.
- Anyone who is tested in a CTM UHB testing centre (this includes symptomatic individuals as well as asymptomatic healthcare workers tested as part of any random testing programme and pre-operative patients), are currently informed of their results via an automatic text message system. Those who cannot receive an automatic test message are phoned by staff from the local booking and results team.
- Anyone who receives a test using the Amazon couriered home delivery test kits, or attends the Abercynon Regional Testing Centre, a Mobile Testing Unit or Local testing site receives their results via an automatic text message system generated by the DHSC system.
- Care Home residents have their results delivered to the staff at the Care Home by phone by staff from the CTM UHB Testing booking team.



- Care Home staff who have their test taken through the online care home staff portal have their result emailed to the care home where they work; those supported by CTM UHB receive a text.
- Prisoners have results delivered by prison healthcare staff.
- Anyone participating the lateral flow device testing will have their result in 30 minutes and a confirmatory PCR delivered as outlined above

### Turn around Times for Tests

Prompt turn-around times from booking a test to receiving an accurate test result are essential for managing COVID-19, and allowing individuals and organisations to make the correct decisions to limit the spread of COVID-19. The Welsh Government Testing strategy states that it will *“work with partners to ensure that we achieve rapid turnaround times within 24 hours from test to processing.”*

PHW laboratories have a target of a 24 hour turn-around time for COVID-19 antigen testing; at times of increased pressure this may become longer. PHW lab leads and CTM UHB staff work closely to ensure improvements are made and reviewed to ensure turnaround times remain consistent.

Tests delivered to care homes for testing of care home residents are also advised to expect a 48 – 72 hour based on timing between the delivery of tests to the home and their collection, which is between 24-48 hours to allow for the swabbing of all patients. These results should be available within 48 hours of the test being collected from the Care Home.

Tests that are delivered using home test kits, the DHSC managed Abercynon Regional Test Centre, Mobile testing units, local testing sites and via the UK care home testing portal for care home staff, are sent to Lighthouse Laboratories for processing. These tests are outside the control of CTM UHB and PHW, therefore so are the turn-around times for tests delivered via these route, however they also have a target of a 24 hour turnaround.

Testing in all other groups will be decided on a case-by-case basis, depending on the situation and any potential mismatch in testing capacity and demand. When designing and implementing further local COVID-19 testing policies for additional groups across CTM TTP the following issues need to be taken into consideration:

- The current demand for COVID-19 testing across CTM UHB
- The most recent predictions for future demand for COVID-19 testing across CTM UHB
- The current sampling and analysing capacity for COVID-19 tests across CTM UHB
- The most recent predictions for future sampling and analysing capacity for COVID-19 tests across CTM UHB

Turnaround times are constantly reviewed; a process map from the time of taking a test through the laboratory process and to the results being given to an individual is being mapped to see where improvements can be made.



## **Antibody testing**

Natural antibodies are produced by the body in response to any infection and are usually found in the blood 2 weeks after infection. Antibody levels usually drop following recovery and in time may not be detected by a test.

Vaccine induced antibodies are produced post vaccination and also take time to develop; at this moment in time we do not know whether these antibodies to Covid-19 produced following vaccination will decline or whether individuals can still transmit the virus post vaccination.

On 1<sup>st</sup> June 2020, pre vaccine availability, serology testing was made available to NHS staff and those working in education to measure the seroprevalence of Covid-19 antibodies in these cohorts.

As we move into a new phase of Covid-19 management consideration needs to be given to the role of serology to help us to understand the efficacy and longevity in relation to immunity post vaccine, for individuals and across the population.

### Types of antibody testing

Previous Antibody testing across CTM UHB was via phlebotomy taking a sample of blood; point of care testing, which uses a small blood sample taken by finger prick, is also being developed and validated however is not yet widely used for antibody testing across CTM UHB

Private antibody testing is also available in the UK. Private antibody testing is not part of the CTM UHB testing strategy.

Planning has begun to recommence serology in CTM UHB however discussions are also happening at Wales wide level, therefore we need to wait to ensure we are in line with WG, scientific and Public Health guidance; therefore we pause our planning for now.

## **Risks and Risk management**

There are a range of factors which have the potential to limit the plans to implement the testing strategy and the ongoing COVID-19 testing in CTM.

### 1) Staff

Staff will be needed to carry out a range of roles within the ongoing testing response in CTM UHB.

The issues around staffing levels were outlined in the initial testing strategy. Some of these issues remain such as staffing levels being affected by staff who are required to self-isolate due to either themselves or a close contact becoming unwell. Another factor impacting staffing is the loss of staff to the vaccination programme – this is an ongoing concern; also staff on short term contracts will, and are, moving to substantive posts across the Health board leaving us in a constant phase of recruitment.

Current funding has enabled recruitment to posts on a fixed term contract basis, until the end of November 2021.

It is anticipated that Covid-19 testing will be ongoing and a requirement, in some form or other, for at least the next 6-12 months. It is crucial to identify a sustainable staffing resources for this period and therefore a review of staffing requirements will be carried out on a quarterly basis.

## Summary Analysis of TTP costs - 2021/22

	Regional response team	Contact tracing
CTM	672,181	945,504
PHW	-	-
Local Authority	58,322	5,201,418
Community Testing Proposal (April 2021)	355,638	
<b>Overall total</b>	<b>1,086,141</b>	<b>6,146,922</b>

Antigen sampling(outside hospitals), including booking and results	Antigen testing	Antibody sampling(including booking & results)	Antibody testing	Lab Testing
2,497,334	-	290,228	-	802,259
-	-	-	-	-
-	-	-	-	-
<b>2,497,334</b>	<b>-</b>	<b>290,228</b>	<b>-</b>	<b>802,259</b>

Total

**5,207,505**

-

**5,259,740**

**355,638**

**10,822,883**



## APPENDIX 8

### CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

#### ACTION PLAN

#### QUARTER 1 - 2021/2022

This plan is dynamic and continuously subject to review as the situation develops on the maintenance and enhancement of the Test, Trace and Protect Programme in Cwm Taf Morgannwg. The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government sets out three key elements:

- Preventing the spread of disease through contact tracing and case management.
- Sampling and testing different people in Wales.
- Population surveillance.

This strategic plan identifies the key actions required by partners across the Cwm Taf Morgannwg region to operationalise these elements.

To note in terms of this plan:

- Completed actions will remain in the plan for reference.
- Any actions that remain open at the close of the programme will need to be transferred into business as usual of the respective organisation(s).
- Progress in delivering the plan will be reviewed at RSOG meetings.

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
<b>OVERARCHING PROGRAMME PLANNING AND MANAGEMENT</b>						
Review CTM Regional Programme arrangement including Oversight Group, Tactical Group, Enablers and Work Streams as part of setting the 2021/2022 plan.	√					Signed off by the end of March 2021 by RSOG.
Ensure CTM TTP Oversight Arrangements are kept up to date as required with any fundamental revisions agreed by RSOG.	√					Latest revised version to be signed off by RSOG by the end of March 2021.
Agree and maintain CTM TTP Strategic Plan 2021/2022.	√					Regular review, quarterly as a minimum.
Maintain risk register	√		√	√		Ongoing, regular review at fortnightly RSOG
Issues identified to RSOG	√	√	√	√		
Maintain lessons learnt log	√		√	√		Ongoing with report produced at the end of the programme, date yet to be confirmed.
<b>WORK STREAM NO. 1 – SAMPLING AND TESTING</b>						
Update the CTM Testing Strategy as required and to ensure alignment with WG Testing Strategy.			√			Strategy and plan kept under regular review and updated as required in line with national and local policies.
Maintain and develop the testing work plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to ensure appropriate capacity for predicted demand.			√			
Test to diagnose (hospital testing).			√			Each quarter check that

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
						clinical pathways are updated where necessary to reflect testing requirements.
Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.			√			Testing turnaround times good at present, but kept under regular review by work stream and RSOG (fortnightly). Also discussed weekly with DU.
<u>Test to safeguard</u> (high-risk settings-hospitals/care homes etc.).			√			Wider roll-out of asymptomatic testing to targeted populations (care home staff, supported living staff, domiciliary care workers, care home visitors) in line with WG strategy.
			√			Support, as is reasonable if requested by Local Authority colleagues, Bi- weekly asymptomatic LFD testing for care home staff.
			√			Continue to roll out asymptomatic LFD testing to NHS staff
<u>Test to find</u> (Community/ Outbreak/Cluster Testing).			√			Mobilise COVID-19 antigen testing in response to any local incidents or outbreaks as required and case finding around variants of concern.
			TFG			Operational plan in place to deliver Surge testing around Mass Testing for Variants of Concern
			√			Deliver community LFD testing proposal throughout March -



Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
						possibly rolling into April 2021, subject to review. Carry out evaluation in April 2021 and aim to complete in May/June 2021.
Respond to local testing requirements in CTM for arriving travellers to the UK (if any) as system develops.			√			All returning travellers are tested once contact is established aiming to PCR test on day 2 and 8 of arrival back in the UK. Report back to contact tracing the outcome of delivering tests to returning travellers.
Provide serology tests for CTM staff/key workers/residents as directed.			√			Agreed proportion of all cohorts identified, are offered serology tests (NB currently on pause).
<u>Test to Maintain</u> - Support educational colleagues as required with asymptomatic testing in education/childcare settings.			√			Support is made available as is reasonable and when requested.
<u>Test to Enable</u> Promoting social and economic wellbeing.			√			Supporting the relaxation of lockdown to enable economic and social wellbeing by making available and implementing/supporting appropriate testing.
Recruit the testing workforce (antigen and antibody) as agreed in workforce plan.			√			Ongoing as required.
Ensure all stakeholders are kept informed of changes and developments.			√			Ongoing as required.
Need to consolidate uptake, positivity, surveillance, interpretation, enforcement for all the LFD testing that is ongoing and likely to			Task & Finish Group			Task and Finish group established under chair of DDoPH to ensure consolidation of approach,

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
expand as society and larger venues reopen. Currently schools, workplaces >50, community testing pilots, health care, care home visitors, police pilot etc.						support and appropriate surveillance.
Work with the TTP communications team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population.			√			Proactive communications campaign underway around testing and availability across CTM, to continue into quarter 1 as required.
<b>WORK STREAM NO. 2 – CONTACT TRACING AND CASE MANAGEMENT</b>						
Continue to run an effective contact tracing and case management system in Cwm Taf Morgannwg.			√			Effective workforce plan in place with capacity required (April onwards)
Provide a backward contact tracing where required and resources allow.			√			BCT pilot completed (March) and BCT embedded into system as required (March onwards).
Respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention.			√			Ongoing action. Effective workforce plan in place with capacity required. Flexible resource within Regional Response Team, supported by LA Public Protection Teams to ensure effective management. Facility to designate Professional Leads to support cluster or outbreak management.
Respond to local contact tracing requirements in CTM for arriving travellers to the UK.			√			Protocols in place to manage returning travellers in conjunction with International Traveller Team

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Respond to local contact tracing requirements for variants of concern where required.			√			Adoption of National Framework for management of VAMC (March 2021 onwards). Operational Procedure identified to mobilise local response as required for any relevant case (March onwards).
Support educational colleagues as required with asymptomatic testing in education/childcare settings.			√			Protocols in place to manage results from workforce or community testing models (dates linked with re-opening dates for schools/year groups across CTM).
Agree a work stream plan based on the outcome of the above.	√		√			Plan kept under regular review and updated as required in line with national and local policies.
Identify and mitigate risks to delivery of the contact tracing and case management approach.			√			Risk reported through to RSOG (fortnightly)
Maintain and develop as required a performance reporting dashboard for contact tracing at regional level.			√			Performance reported to RSOG (fortnightly) and discussed with DU (weekly).
<b>WORK STREAM NO. 3 – PROTECT: RECOVERY AND RESILIENCE</b>						
Confirm scope and deliverables of newly merged work stream.	√		√			Agreement of 2021/2022 Plan in March 2021.
Maintain overview of PROTECT activities and providers across CTM ensuring models of support are appropriate and well received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.	√		√			Update report fortnightly as part of RSOG.

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Contribute to achieving high levels of public awareness of protect and self-isolation support across CTM.			√			Ongoing, with fortnightly review at PTG meetings.
Continue to share good practice including what might usefully be further developed or learnt from across the region.			√			Ongoing, with fortnightly review at PTG meetings and at national Protect Task Group.
Ensure due consideration of any additional requirements such as 'hard to reach' and/or more vulnerable people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.			√			Ongoing, with discussion at PTG and WG meetings as appropriate.
Strengthening established links with PSBs and RPB on their 'resetting' plans and maintain links with communication teams.			√			Ongoing, with updates and discussion on TTP and recovery at respective PSB/RPB meetings.
Ensure a whole system approach to community support to increase resilience.			√			Regular meetings of local COVID-19 steering groups, linked to PTG.
Support the ongoing development of volunteers and volunteering opportunities to support community resilience.			√			Ongoing dependant on need.  Linked to work of RPB and volunteer response.
Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere			√			Ongoing -national meetings fortnightly.
Agree a work stream plan based on the outcome of the above.			√			April/May 2021
<b>STRATEGIC AIM NO. 4 – COVID-19 VACCINATION TO DELIVER AN END-TO-END PATHWAY FOR THE DELIVERY OF A COVID-19 VACCINATION PROGRAMME WITHIN CTM.</b>						
Implement the COVID-19 Vaccination Plan across CTM.			√			Planning phase complete Implementation underway All 3 LA areas have a vaccination centre

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Ensure a blended delivery approach with flu vaccination programme			√			
Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.			√			Planning was based around venues and infrastructure, workforce and training, vaccine delivery and the patient journey.
Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups			√			The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. group 1-4 offered vaccine by mid Feb.
Building on the above, provide vaccinations to remaining groups across CTM as required.			√			The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. all adults offered vaccine by 31 July 2021.
Work with the surveillance and communications team on agreed metrics and reporting, including vaccine uptake & links with disease surveillance.			√			Informatics team have been fully engaged from planning through to delivery
Work with communications team to deliver an underpinning communication and engagement plan for staff and residents of CTM.			√			Communications plan prepared as part of the planning process, this is being implemented.
<b>ENABLER NO. 1 – SURVEILLANCE</b>						
<b>THE AIM OF THIS WORK STREAM IS TO UTILISE HEALTH SURVEILLANCE FROM THE COMMUNITY TO PREVENT INFECTION AND TRACK THE VIRUS.</b>						

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Maintain and develop a surveillance work plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements of the Response Plan.				✓		Ongoing, regular review at fortnightly RSOG
Maintain local key identifiers to be monitored and thresholds at which action should be considered and undertaken						Surveillance reports provided regularly to RSOG (fortnightly) and IMT (weekly).
Ensure necessary resource to implement a regional surveillance system				✓		Complete recruitment of new analyst – April 2021.
BAME outreach workers recruitment				✓		Complete in partnership with CVCs by April 2021.
To work with other partners to understand the impact of health inequalities in our communities during the pandemic.				✓ & PHW		Current analysis of COVID-19 morbidity and mortality analysis in CTM under way, in liaison with Public Health Wales due for report by April 2021.
Link to other regional surveillance systems across Wales to share learning and best practice.				✓		Ongoing activities.
Agree any new data sources for new identifiers and establish processes by which these will feed into the surveillance system.				✓		
Input into national key indicators for surveillance to maximise local usefulness.				✓		
Maintain access to national case management system and ensure timely access to data for regional surveillance systems.				✓		

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Ensure the national case management system in development meets regional surveillance needs.				✓		
Ensure all data protection regulations are met.				✓		
Maintain processes by which surveillance data will inform the activity of other work streams.				✓		
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region.				✓		
Maintain and develop the process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate.				✓		
Engage and share emerging new evidence to inform surveillance and action with other organisations				✓		
<b>ENABLER NO 2 – COMMUNICATIONS AND BEHAVIOURAL INTELLIGENCE</b>						
Community surveys – Community surveys have been used as a mechanism to gather public perceptions in relation to TTP, and there are plans for future surveys, developed around the COM-B model to identify facilitators and barriers to engagement in testing, the vaccination programme, and continued engagement with preventative behaviours as we move into the recovery phase.				✓		Next Community Survey to inform recovery planning to be undertaken and reported on within quarter 1.
Continued use of the COM-B toolkit (developed to provide an evidence-based approach to gaining intelligence in relation to engagement				✓		Tool to be used in the context of local incident and outbreak management, as well as with defined populations and

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
and COVID-19 behavioural change) where required.						community groups to gather intelligence as required.
Ensure a continued priority focus on communicating and re-enforcing messaging on what our communities need to do, by promoting clear messaging on primary control measures and current national guidance.				✓		Ongoing activities.
Continued implementation of the locally endorsed framework that takes forward a collaborative, behavioural science informed approach to COVID-19 related communication and engagement within the CTM UHB area.				✓		
Provide up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM.				✓		
Build engagement with partners to underpin collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating information.				✓		
<b>ENABLER NO 3 – MOVING TO RECOVERY</b>						
Establishment of a small task and finish group, to bring together an underpinning intelligence piece of work to help inform work on a medium term recovery strategy in liaison with PSBs and RPB.				✓		Group to be established in early March and report to RSOG, PSBs and RPB early in Quarter 1.



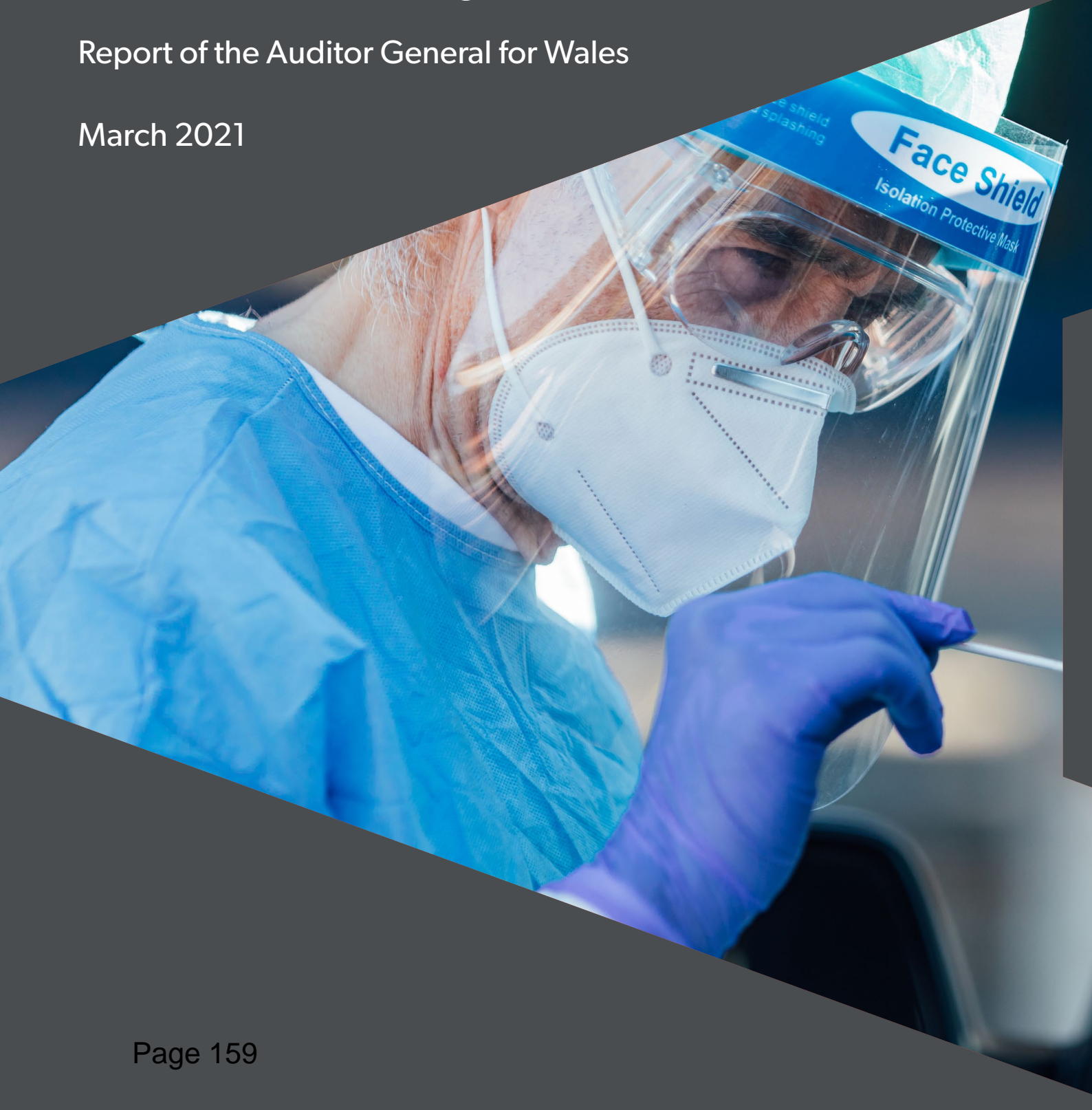


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# Test, Trace, Protect in Wales: An Overview of Progress to Date

Report of the Auditor General for Wales

March 2021



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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# Summary report

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## Introduction

- 1 Test, Trace, Protect (TTP) is a crucial part of the Welsh Government's approach to limiting the spread of COVID-19 and reducing the need for restrictions on people's lives. The TTP programme was developed rapidly from scratch through the partnership arrangements put in place when the pandemic first hit in March 2020 and forms part of the wider response to the virus, set out in the Welsh Government's **Coronavirus Control Plan for Wales**.
- 2 The Welsh Government's **Test, Trace, Protect** strategy sets out the key elements of the programme which comprise:
  - identifying and testing people who may have COVID-19;
  - tracing people who have been in close contact with someone who has tested positive for COVID-19; and
  - providing advice and guidance to protect the public and supporting people to self-isolate where necessary.
- 3 **Exhibit 1** provides further information on how TTP works in Wales.

## Exhibit 1 – how TTP works in Wales

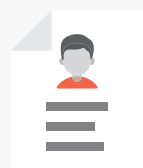
### The Welsh Government sets the priorities and provides funding and oversight of TTP with advice from Public Health Wales NHS Trust (PHW)

#### Test



- Health boards and local authorities work with partners to provide testing facilities where swabs are taken and then sent for analysis.
- Welsh NHS (PHW) labs analyse some of the tests. Some are analysed by private labs known collectively as the UK Lighthouse Labs. The Lighthouse Labs are managed by a partnership led by the UK Government<sup>1</sup>.

#### Trace



- Where relevant<sup>2</sup>, the details of people who tested positive for COVID-19 are sent to local contact tracing teams in the area where they live. Teams are coordinated regionally by health boards and local authorities.
- Contact tracing teams speak to people who tested positive to identify anyone they may have infected.
- Contact tracing teams try to reach anyone who came into contact with the person who tested positive. They advise people who have symptoms to get tested and self-isolate. They send regular text messages to contacts without symptoms to see if they have developed symptoms.

#### Protect



- Contact tracing teams ask people whether they need help to self-isolate and pass their details onto local authority teams.
- Local authority teams and the third sector support people who need help to self-isolate.

Source: Audit Wales

- 1 The partnership includes Medicines Discovery Catapult (a UK Government funded organisation), the UK Biocentre, the University of Glasgow, the University of Cambridge, and private companies: AstraZeneca, GSK, and PerkinElmer.
- 2 There are people whose details do not go to contact tracing teams, for instance people in care homes, prisons, or hospitals.

## About this report

- 4 This report sets out the main findings from the Auditor General's review of how public services are responding to the challenges of delivering TTP services in Wales. It is a high-level overview of what has been, and continues to be, a rapidly evolving programme. The evidence base for our commentary comes from document reviews, interviews with staff in health boards, local authorities, NHS Wales Informatics Service (NWIS), Public Health Wales (PHW) and the Welsh Government between September and December 2020, and analysis of key metrics that show how well the TTP programme has been performing. As well as commenting on the delivery of TTP up to and including December 2020, the report sets out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

## Key messages

- 5 The TTP programme has seen different parts of the Welsh public and third sector work together well, in strong and effective partnerships, to rapidly build a programme of activities that is making an important contribution to the management of COVID-19 in Wales.
- 6 The configuration of the TTP system in Wales has a number of strengths, blending national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 7 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these areas has proved challenging in the face of increasing demand.
- 8 TTP is a crucial part of the Welsh Government's approach but has not been the only way it is trying to prevent the virus spreading. Despite increased testing and tracing activity, the virus has continued to spread. In Wales, as in other parts of the UK and internationally, testing and tracing has needed to be supplemented with increasingly stringent local and national lockdown restrictions in an attempt to reduce transmission rates.



- 9 Lockdowns have only provided temporary solutions to controlling transmission and regardless of progress with vaccines, the TTP programme will remain a key tool in Wales's battle with the virus for some time to come.
- 10 Testing volumes increased significantly in response to increasing incidence of COVID-19, and results have generally been turned around quickly. The tracing workforce has expanded rapidly. But when demand has risen across regions at the same time, there has been insufficient contact tracing capacity to meet the increased demand.
- 11 Most importantly of all, the public has a huge role to stop the virus spreading by following guidance and self-isolating when necessary. There is now good information to show the breadth and range of services and support adopted across Wales during the pandemic. But it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate. This will become increasingly important as 'lockdown fatigue' sets in with its associated challenges for emotional, physical and economic well-being.
- 12 These key messages are explored further in the following sections.



Wales has developed a Test, Trace, Protect service largely from scratch and at unprecedented scale and pace.

It has been particularly encouraging to see how well public sector partners have worked together at a national, regional, and local level to combine specialist expertise with local knowledge, and an ability to rapidly learn and adjust the programme as we've gone through the pandemic. It's important that the positive learning is captured and applied more widely.

There have been times when the Test, Trace, Protect service has been stretched to the limit, but it has responded well to these challenges. The programme needs to continue to evolve, alongside the rollout of vaccines, to ensure it remains focused on reaching positive cases and their contacts, and supporting people to self-isolate to keep the virus in check. ”



**Adrian Crompton**

Auditor General for  
Wales



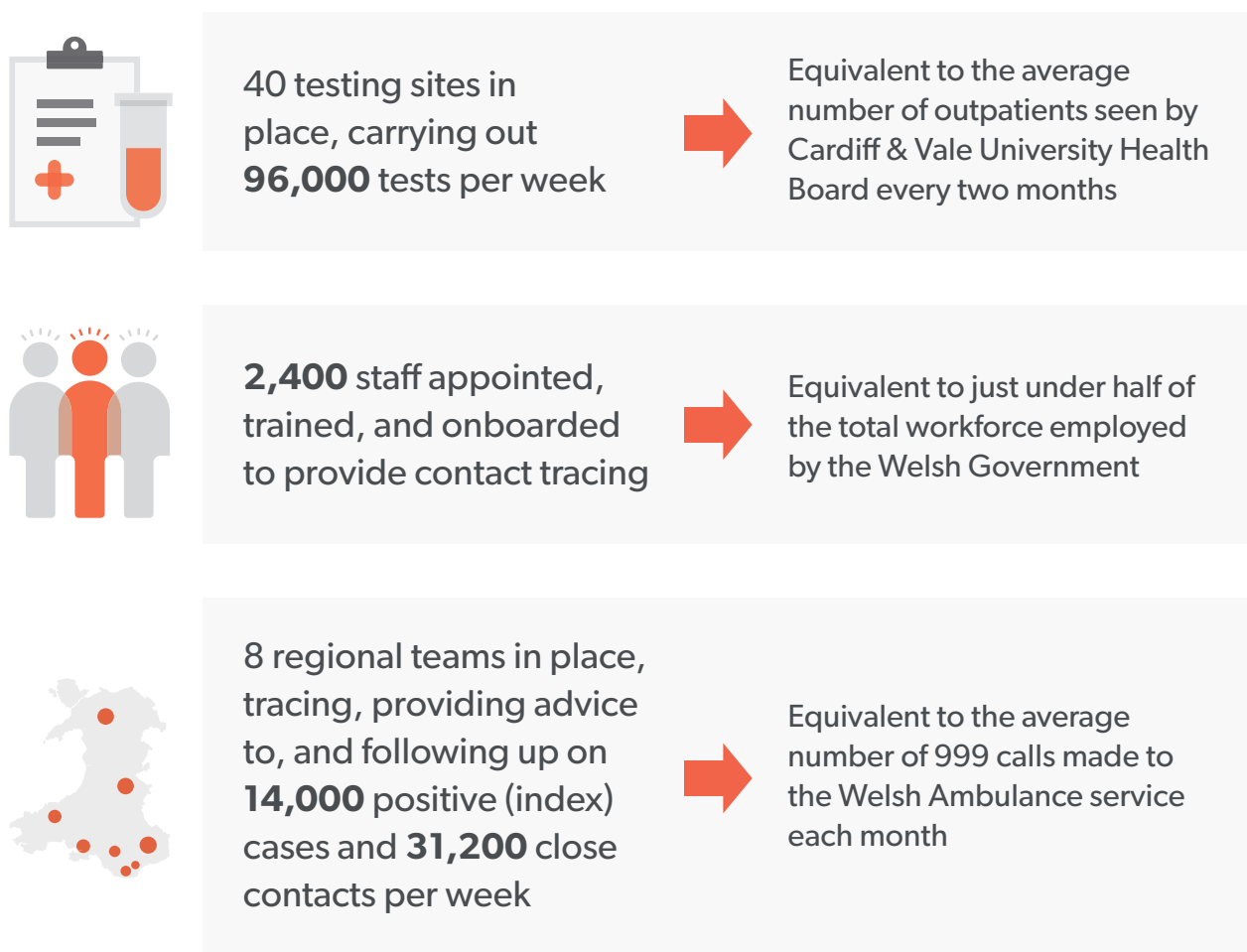
# Main findings



## How well are various agencies working together to deliver TTP in Wales?

- 1.1 The various organisations involved in delivering TTP in Wales have worked incredibly hard, in strong and effective partnerships, at a rapid pace and together have established a range of activities that have been making important contributions to the management of COVID-19 in Wales.
- 1.2 The scale of the challenge has been significant. With the exception of localised arrangements that have been previously enacted to respond to public health outbreaks, TTP arrangements were non-existent prior to the pandemic. The following exhibit provides an indication of the scale of the TTP programme during the second peak in COVID-19 cases.

### Exhibit 2 – comparison of TTP activity at the week ending 2 January



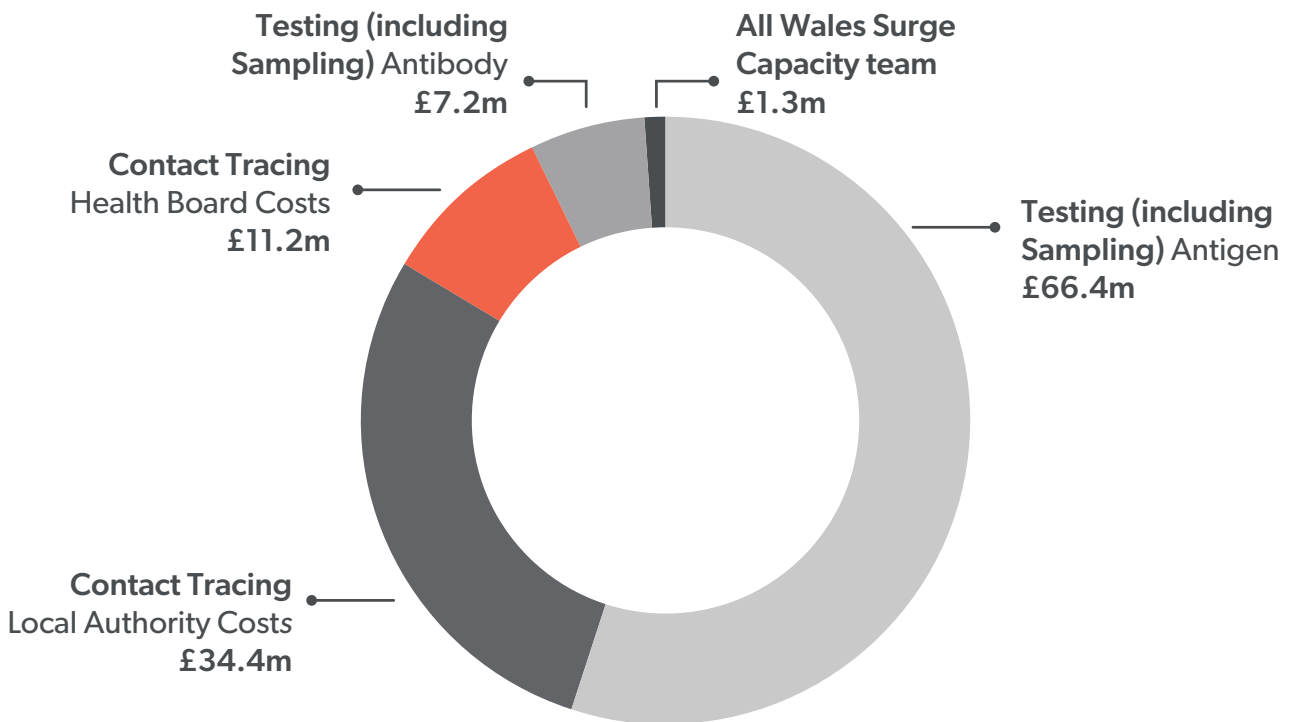
Source: Welsh Government and Public Health Wales

- 1.3 Whilst roles and responsibilities within the system were not fully understood by all in the early stages of the pandemic, they became clearer as the programme evolved and responded to the challenges of incidents, outbreaks, and rising transmission rates.
- 1.4 The configuration of the TTP system in Wales has a number of strengths, blending national oversight from Welsh Government, with the technical expertise and experience that sits within PHW, health boards, local authorities, third sector and NWIS. Crucially, the TTP model in Wales has given PHW, health boards and local authorities' ownership of the process, and the ability to use local intelligence and knowledge to shape responses to the pandemic.
- 1.5 The programme has demonstrated that it can adapt and evolve quickly, learning lessons from the management of early outbreaks and trying to effectively marry Wales specific and UK-wide arrangements. However, this has, and continues to be, a challenge and officials we spoke to described it as trying to 'design, build and fly an aircraft all at the same time'. The new variants of the virus also present a significant challenge and are increasing the pressure on the TTP programme to remain agile.
- 1.6 The fact that Wales has not had sole control over all the elements of the TTP programme has caused some operational challenges in respect of access to tests. Wales relies heavily on the UK Lighthouse Laboratories (Lighthouse Labs) and in September, the UK Government unilaterally announced that it was capping daily testing capacity in Lighthouse Labs in response to high demand for tests. Whilst the UK Government quickly released more tests for Wales, the episode highlighted some of the challenges associated with the hybrid testing system. This issue is explored further in **paragraph 1.21**.

## How much is TTP costing?

1.7 The Welsh Government element of the TTP programme is expected to cost over £120 million during 2020-21, of which almost three-quarters is on testing (**Exhibit 3**). The actual costs to the taxpayer are considerably higher because Wales does not pay directly for its share of testing sites or laboratory facilities which are commissioned by the UK government (**see section on testing**). Health boards, local authorities, PHW and the Welsh Government have also redeployed staff to deliver TTP which is not included in the all-Wales spending figures. The exact expenditure relating to the ‘protect’ element of the programme is also not included as associated costs are part of wider service provision costs for local authority and third sector organisations.

**Exhibit 3 – all-Wales TTP expenditure for 2020-21 (£ million) based on actual expenditure to month 10 and forecast to year end. This chart does not include all TTP expenditure**



Source: TTP Monthly monitoring returns<sup>1</sup> – based on ‘Month 10’ submission

<sup>1</sup> Health boards and trusts submit the monitoring returns to Welsh Government for review.

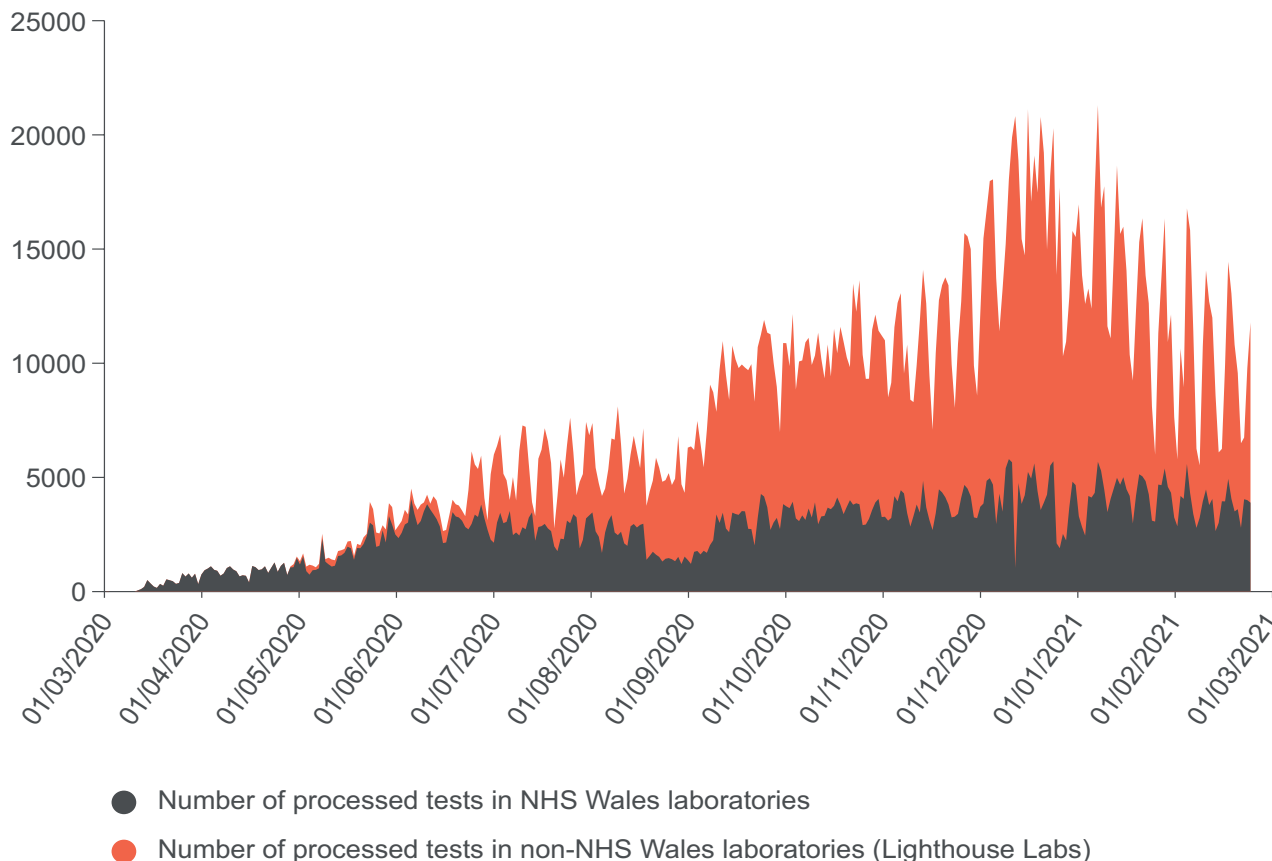
## How well is testing for COVID-19 working in Wales?

- 1.8 At the start of the pandemic, the level of available lab capacity across Wales was below that required to meet expected demand from its TTP programme. The UK-wide network of Lighthouse Labs has provided significant additional capacity since May which the Welsh public sector would not have been able to secure on its own. Plans to further increase Welsh public sector provided lab capacity were announced in August supported by additional Welsh Government funding of £32 million.
- 1.9 When compared to other countries, the UK and Wales has had some of the highest population testing rates in the world<sup>2</sup>. The extra investment helped to support an additional 6 'hot labs' to enable rapid test analysis, and to support 24-hour provision of Welsh NHS laboratories. This required the recruitment of additional laboratory staff.
- 1.10 Significant sampling capacity has also been put in place since May. This continues to expand, including local testing sites and mobile testing units which can be moved to areas of need. A number of sampling facilities are run by private contractors as part of the UK testing programme. But health boards, and the Welsh Ambulance Services NHS Trust have increasingly been providing additional sampling capacity.
- 1.11 The pathway for sampling and analysis of tests has varied depending on who is having the test and includes a level of complexity (**Appendix 1**). The Lighthouse Labs provide basic positive or negative results but have been able to respond to high demand and analyse large volumes. Welsh NHS laboratories provide tests which provide greater detailed analysis, but they have been unable to respond to high demand. These arrangements have and will continue to change when new swabbing and lab services are introduced, and new tests are developed and introduced.
- 1.12 **Exhibit 4** shows a significant growth in the level of testing done between mid-March and February 2021. It also shows that a significant proportion of the demand for tests across Wales has been met by the Lighthouse Labs.

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2 At the time of our fieldwork we looked at the top 30 countries with the most cases. Since the start of the pandemic, the UK had the second highest rate and Wales had the sixth highest rate of testing (antigen and antibody).

**Exhibit 4 – total processed tests for Welsh residents split by NHS Wales and Lighthouse Labs provision up to 25 February 2021**



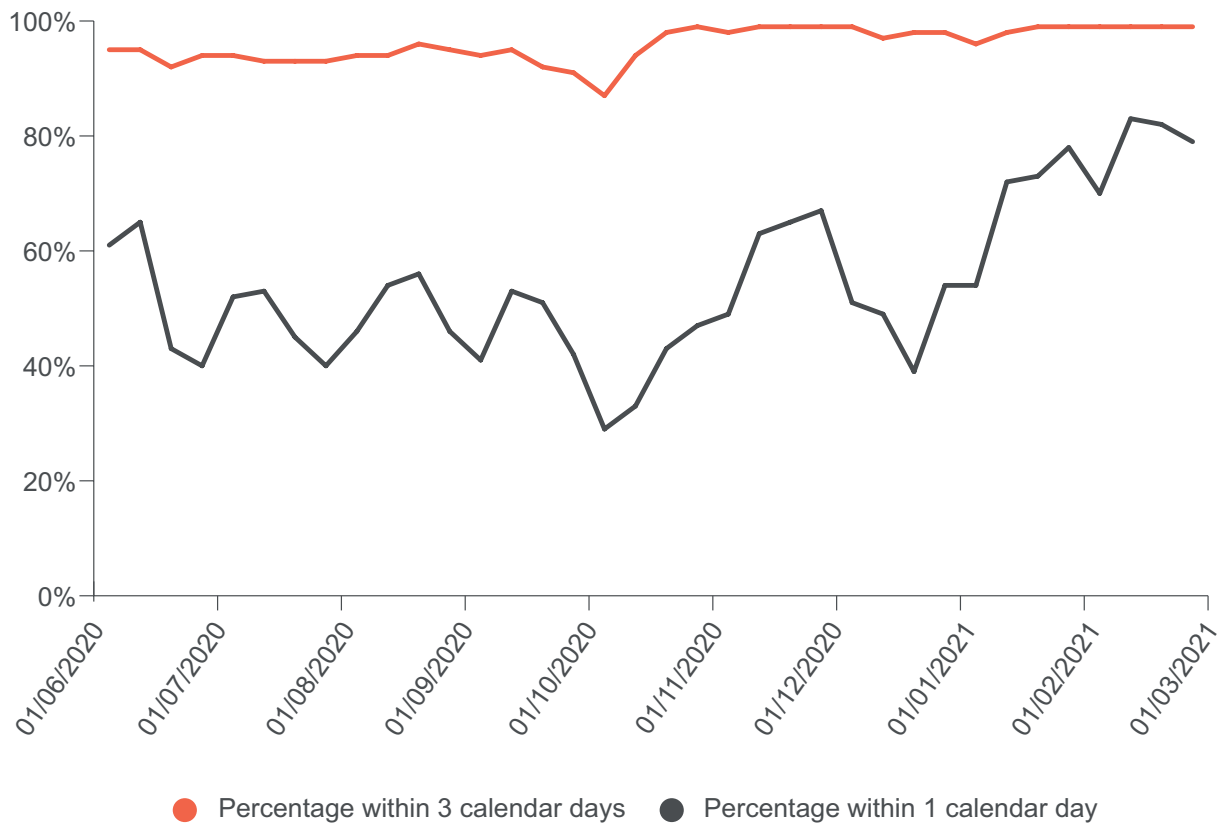
Source: Public Health Wales

1.13 Timeliness is crucial to containing the spread of the virus. A quick turnaround for a positive test result allows contact tracing teams to reach that person’s contacts sooner and tell them to self-isolate to prevent further spread. A quick turn-around on a negative result also reduces the impact on individuals and on the wider economy, for example, by allowing them to return to work.

1.14 **Exhibit 4** indicates that by late September, laboratories were processing over 10,000 tests a day for Welsh residents. At that time, there were increasing rates of COVID-19 across a number of county areas, significant increases in demand for tests as a result of schools reopening, and the onset of seasonal illnesses with similar symptoms. The effect of the above factors contributed to a reduction in the proportion of tests that were turned around within the ‘gold’ standard of one calendar day, although turnaround within three calendar days has largely been maintained. The additional testing capacity across Wales has helped improve the performance over recent months (**Exhibit 5**).



**Exhibit 5 – percentage of tests reported within one calendar day and within three calendar days (both Welsh and Lighthouse Labs) up to 1 March 2021**



Source: Public Health Wales

1.15 The time between people giving a sample and the results being reported by the lab (turnaround times), however, has varied quite significantly depending on the location of the test and where it has been analysed. We found that:

- Welsh NHS lab turnaround times for hospital tests, and more latterly community and mass tests<sup>3</sup>, have generally performed well with over 80% of hospital tests, and over 70% of community tests turned around within one calendar day.
- Welsh NHS lab turnaround times for asymptomatic key workers (including care home staff) and care home residents within one calendar day has been as low as 25%. But more recently increased to around 50%, although it is important to note that the expected turnaround times for this cohort is three calendar days. Although performance dipped during the September period, almost all results have been turned around with three calendar days.

3 This includes regional drive-through, mobile, and local walk-in test centres supported by Welsh NHS labs, as well as community testing sites for outpatients and symptomatic key workers.

- Lighthouse Lab turnaround times for community testing<sup>4</sup> performed well until September. But then timeliness sharply declined when demand increased (as set out in **paragraph 1.14**), with an average of just 30% of tests turned around within one calendar day at the end of October. Performance has since improved and was running at 98%.
  - Lighthouse Lab turnaround times for tests kits, either via the organisation portal for care homes, or for home-testing, within one calendar day has been low at around 30% and has been consistently since August albeit a slight improvement for portal tests during November. Note that the expected turnaround time for this cohort is also three calendar days. Although performance was around 50% during the summer period, almost all results are now being turned around within three calendar days.
- 1.16 When considering the points above, it is worth recognising the logistical challenges associated with transporting swabs from some geographically isolated sampling locations to labs in Wales and in England can contribute to longer turnaround times. The timeliness of home test kits is also reliant on swabs being posted back to the labs in a timely manner. The volume of testing in the UK and in Wales is also high in comparison with other countries with similar case numbers. However, these challenges need to be overcome as success of the TTP programme is critically dependent on timeliness of test results. As a result, a Lighthouse Lab was opened in Newport in October, and a consolidation centre opened in Cardiff in January to enable faster transportation.
- 1.17 The frequency of in-hospital testing has improved since the start of the pandemic but needs to be strengthened further. Hospital outbreaks of COVID-19 have clearly been a risk which could have been reduced through effective testing regimes, both before and on admission, as well as more frequent testing during a patient's hospital stay.

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<sup>4</sup> This includes regional drive-through, mobile, and local walk-in test centres supported by Lighthouse Labs

- 1.18 PHW figures show that compared to the first wave of the pandemic, hospitals have been testing proportionately more patients on admission<sup>5</sup>, increasing from 24% in the first wave to 54% in October, but there remains considerable room for improvement. Data on the [PHW website](#) provides further detail and indicates that levels of testing has varied significantly across Wales, with Hywel Dda University Health Board testing approximately 24% of patients in October compared to 64% in Betsi Cadwaladr University Health Board. Variation between health boards narrowed during November, with all health boards more recently testing between 50-60% of all admissions, with the exception of Cardiff and Vale which has been at a lower rate of around 40%. Once tested on admission however there has been no regular testing during a patient's hospital stay unless patients have developed symptoms. This has been with the exception of patients discharged to care homes, which has required patients to have had two negative test results before being discharged.
- 1.19 The levels of risk have varied in different areas of Wales because of different prevalence of disease in the communities, However, it has been clear that once an in-hospital outbreak occurs, spread of COVID-19 as a result of hospital transmission has placed a significant burden on hospital capacity and resulted in very poor outcomes for patients.
- 1.20 The number of people who have got COVID-19 in hospital has been relatively low across Wales (approximately 8% of all cases during the week commencing 8 February) but there had been an increasing number of outbreaks over recent months. It is important that testing regimes within hospital settings are designed to meet this challenge and reduce the risk of hospital acquired coronavirus infections.

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5 PHW figures exclude confirmed positive cases and elective patients who are tested prior to admission.

## What factors are affecting testing?

- 1.21 The Lighthouse Lab arrangements have created some challenges for Wales given that the UK Government make the decisions about the use of lab capacity. Up until October, regions in Wales were not sighted on the Lighthouse Lab capacity available to them in their retrospective areas. During that time, increased demand in other parts of the UK as well as decisions made by the UK Government impacted on the availability of testing across Wales. This included:
- the decision to cap the number of tests available during September to manage demand through the Lighthouse Labs, resulted in reduced slots available and underuse of test centres which meant not everyone who needed a test could get one.
  - the decision by the Lighthouse Labs to hold back on analysing swabs from the regular programme of asymptomatic care home testing which resulted in those swabs no longer being valid for analysis.
  - the setting up of the UK Government's portal for booking tests which directed residents to the geographically nearest testing site with available capacity. This resulted in English residents travelling into Wales for tests, sometimes into areas that were in local lockdown, reducing the number of tests available for Welsh residents. It also resulted in Welsh residents being offered tests in other parts of the UK.
- 1.22 All regions now have access to the Lighthouse Lab capacity available to them on a daily basis, and for the week ahead to enable capacity to be deployed to the right areas. Mileage restrictions have also now been placed on tests booked through the UK Government portal to minimise the flow across countries, as well as the flagging-up of local restrictions to stop travel into lockdown areas. Where there have been community outbreaks, regions have also been able to take some control of the booking arrangements to ring-fence privately run sampling capacity to local communities where appropriate, although this has been reliant on health board's having alternative booking systems in place.
- 1.23 Current service performance management data focuses on the time from which a sample is taken to the time when the result is reported. Information on the testing capacity is also available, as is the extent that the capacity has been utilised. This operational information is useful to manage what are a complex set of services that are provided by distributed test site and lab units. However, there has been no information on the number of people that try to get a test but are unable to get one. This, if available, would give a picture on unmet demand.

- 1.24 Similarly, no information is reported on the time taken from when people identify the symptoms to the time when they have a test. This would be important to establish delays in accessing tests, particularly at times of high demand, as well as understanding population behaviours and potentially 'soft' barriers that are delaying people going for tests. This could include for example a person showing a symptom of the disease but not going for a test until their symptoms exacerbate. This information is captured as part of the contact tracing process but has not been reported.
- 1.25 Since the early part of December the Welsh Government, with the regional partners, have been utilising rapid testing. This includes the Lateral Flow Device, which gives results within 30-40 minutes. This was used in the recent pilot in Merthyr Tydfil and Lower Cynon, to understand the rate of infection. Rapid testing is now providing some significant benefits, for example, testing care home visitors, emergency department patients and key workers to enable rapid decisions and action to be taken. It is also providing benefits by reducing the elapsed time for contacts to be traced and told to isolate, as the rapid results enable the positive cases to inform their contacts immediately.
- 1.26 However, the rapid tests have come with some challenges, as they are not as accurate as the swab tests analysed through the labs. Until recently, people who returned a positive lateral flow test were advised to have an additional swab test to confirm the positive result and for their details to then be added to the contact tracing system. This had the potential to create additional demand on the testing system when applied to asymptomatic populations. The level of 'false positives' to date, however, has been very low and the decision has since been taken to directly record the rapid test result on the contact tracing system to enable tracing. There remains a risk, however, that some people who have the virus get a 'false negative' result and inadvertently infect more people. It should be noted that the risk of 'false negative' results also applies to lab-based tests as well as rapid lateral flow tests.

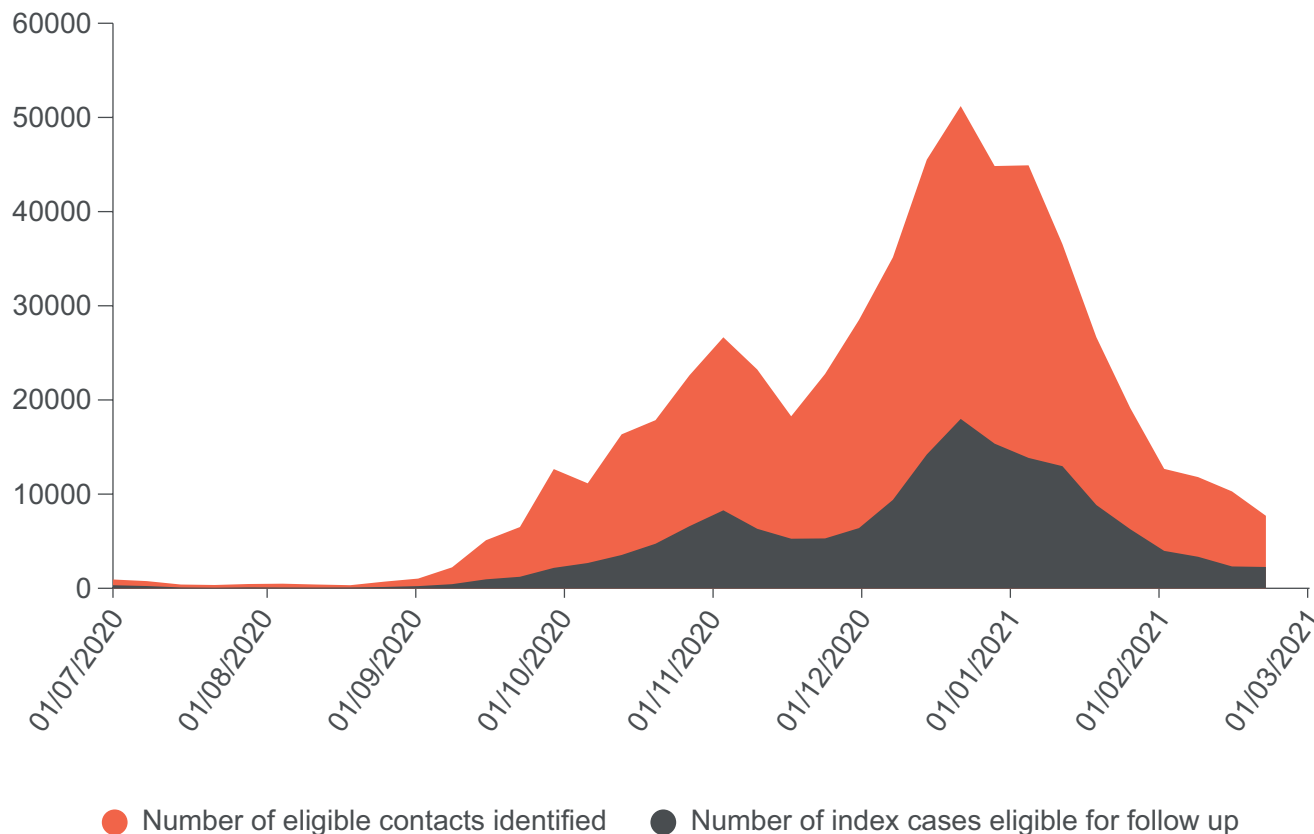
## How good is contact tracing?

- 1.27 It is internationally recognised that contact tracing is a well-established mechanism to control the spread of infectious disease. It involves contacting and providing advice to people who have tested positive, finding out who their close contacts have been, and reaching those close contacts to advise them on what they need to do. Contact tracers try to build trust to find out who people have been in contact with, especially where they may be reluctant to admit they have broken the rules. Tracers also play a key role in advising people of the importance of self-isolating, and to flag up with wider public and third sector services where additional support may be needed.
- 1.28 While some small-scale public health control and outbreak tracing arrangements were in place prior to the pandemic, the pace at which new tracing services have been introduced, as well as the scale of them, has been significant. This has included:
- development of all-Wales processes, guidance and scripts;
  - the procurement, development and rollout of an IT system within a six-week period; and
  - the local recruitment and training of a workforce which, by December 2020, was 2,400 strong.
- 1.29 The scale of these contact tracing arrangements has never been seen in Wales before. This was enabled by strong and effective partnership working within and across local authorities and health board regions.
- 1.30 Irrespective of the scale of the tracing service introduced, the challenge presented by the pandemic has been immense. Contact tracing services in Wales have generally performed well but the timeliness of tracing activity has seen some deterioration at periods of high demand, when services have needed to respond to increasing infection rates during the autumn and winter. **Exhibit 6** shows the significant weekly growth in the numbers of eligible<sup>6</sup> cases and their contacts that need to be traced by the service.

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6 An eligible index (positive) case is one that requires contact. There may be instances where the case is not eligible, for example they are an inpatient in a hospital (and therefore all contacts are known and informed through internal processes), or it may be a repeat or duplicated test.

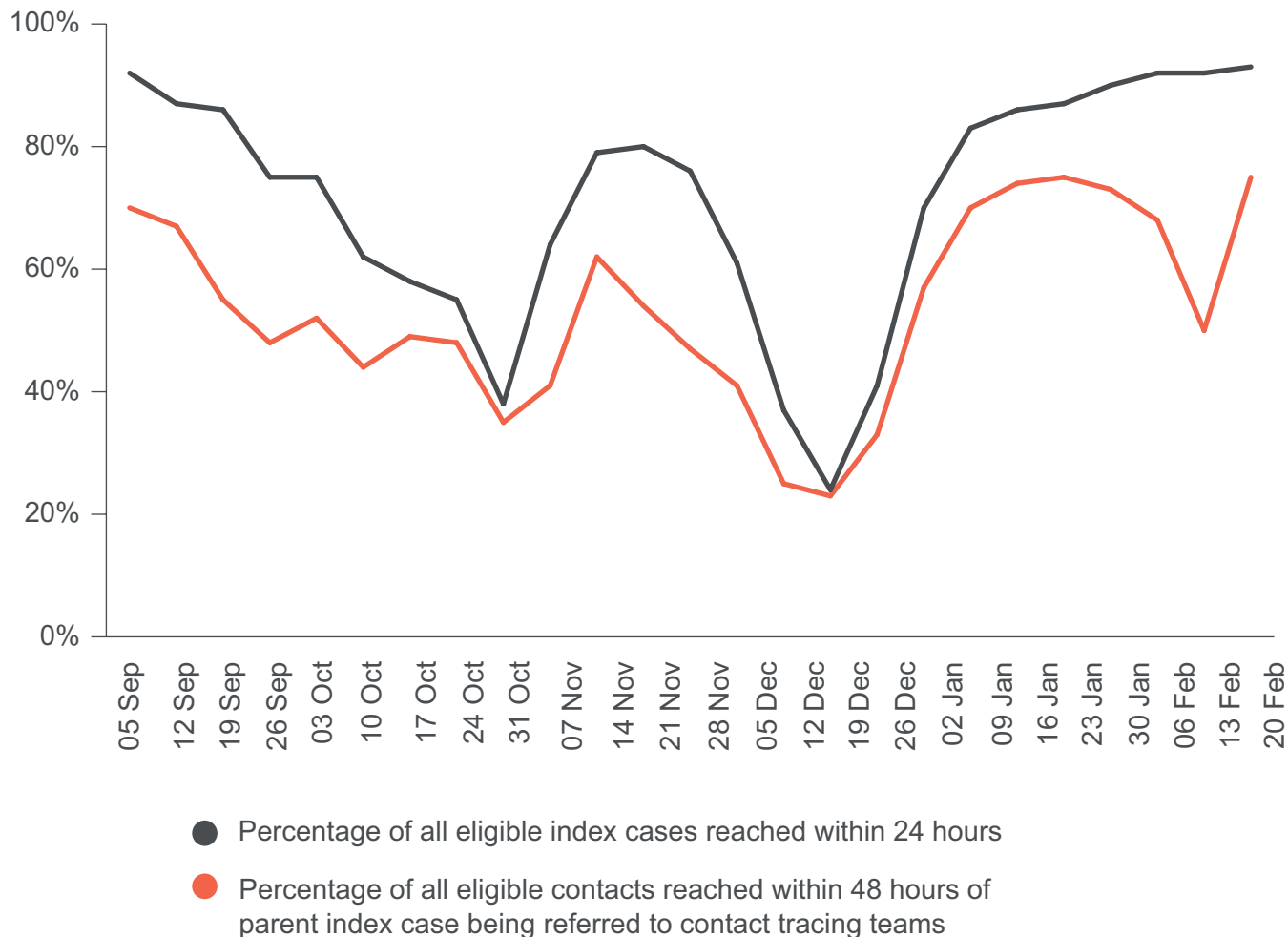
**Exhibit 6 – all-Wales number of eligible cases needing to be contacted up to 21 February 2021**



Source: Welsh Government

1.31 At the beginning of September tracing teams were reaching most positive ‘index’ cases in 24 hours. The time taken to reach index cases is measured from when their details are uploaded into the digital tracing system to the time tracers successfully make contact. For close contacts, the clock starts both when a close contact is identified by a positive case, and also from the point when the related index case was referred onto the contact tracing system. The clock stops when successful contact has been made. Whilst index cases know they have tested positive and should self-isolate, their close contacts may have the virus and be unaware of it. Therefore, the longer it takes to reach contacts, the more likely they are to unwittingly spread the virus. **Exhibit 7** shows how the timeliness of tracing activity can deteriorate when demand on contact tracing teams increases. At 19 December, 24% of all eligible index cases were reached within 24 hours, compared with 93% at 20 February. Also, at 19 December, only 23% of all eligible contact cases were reached within 48 hours of the index case being reported to the tracing teams, compared with 75% at 20 February.

**Exhibit 7 – all-Wales timeliness of contact tracing (within 24 and 48 hours) up to 21 February 2021**



Source: Welsh Government

1.32 Even though the TTP system has been contacting a high proportion of both positive index cases and their close contacts, a small proportion of people have not been reached at all. This has been for a number of reasons which includes incorrect contact details or a reluctance of contacts to respond to the call. At 20 February, 625 index cases (0.4%) and 21,482 close contacts (5%) had not been reached at all. It is important to note that only people going through the TTP system will have been traced, Members of the public who have reported symptoms through other means, such as the **ZOE symptom app** or tested positive by undertaking a private test will not have been traced.



## What factors are affecting contact tracing?

- 1.33 The capacity within tracing teams has been a key determinant of their ability to reach positive cases and their close contacts. At the start of the TTP programme in June, the Welsh Government made £45 million available for health boards and local authorities to set up contact tracing teams across Wales. Plans were developed to manage peaks and troughs in demand for contact tracing with a flexible workforce that included staff redeployed from other services which had closed down because of the pandemic.
- 1.34 Over the summer, some staff returned to their main job when services started operating again, and health boards and local authorities started recruiting new staff to boost their tracing capacity. In November, the Welsh Government provided an additional £15.7 million to nearly double the tracing workforce in Wales from 1,800 to 3,100. By December 2020, there were 2,400 people<sup>7</sup> working in tracing teams.
- 1.35 Recruiting new staff, including bilingual staff, into local tracing teams at the same time as redeployed staff were returning to their normal job resulted in a greater degree of churn than expected for some teams and created some gaps in tracing skills and experience. New staff can take longer to process tracing cases. We are also aware that introducing new staff in some regions created problems such as data entry errors by inexperienced staff. There was also a heavy reliance on the existing expertise of public health protection and environmental health specialists who needed to deal with the more complex outbreaks, alongside their wider work supporting the application of social distancing measures in various settings.
- 1.36 Effective training has therefore been an important part of the work to build the capacity of contact tracing teams. In the Cardiff and Vale region there has been a dedicated tracing trainer whilst in other regions training has been provided by an existing member of the contact tracing team alongside their existing tracing duties.
- 1.37 It is important to note that whilst training of new contact tracing staff is clearly important, each local and regional team will have been working within an operating framework that was developed by PHW, who also wrote the 'scripts' for contact tracing teams.

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<sup>7</sup> Full time equivalents.

- 1.38 A positive feature of the way contact tracing has operated in Wales is the concept of 'mutual aid' where caseload work has been shared between regions if one region has been experiencing particular pressures due to rapid rises in positive cases. This mutual aid played a part in the management of the early outbreak in Anglesey and more latterly when case numbers rose sharply in the Cwm Taf Morgannwg area. The Welsh Government has also set up a new all-Wales 'surge' team which, along with mutual aid arrangements, has been used to manage peaks and troughs in demand for tracing activity. It is also been conducting an efficiency review of tracing across Wales to ensure best performance.
- 1.39 Within each region there has also been a central contact tracing team which includes specialist staff drawn from NHS and local authority partners to help deal with the more complex issues such as contact tracing within care homes and hospital settings. More detailed contact tracing to understand the exact source of the transmission has also taken place as capacity has allowed. This has required the reshaping of the work of public protection, the wider cohort of environmental health officers and local authority health and safety teams to work with businesses and communities found to be at the source of the outbreak, and apply enforcement notices where relevant.
- 1.40 The tracing workforce in Wales has increased rapidly, but during December, tracing teams struggled to meet demand from the surge in infection rates. To meet the demand, some teams temporarily prioritised cases to be traced and asked people who had tested positive to speak to close contacts themselves.
- 1.41 Since 9 June, all tracing teams have used the same digital Customer Relationship Management (CRM) information system. NWIS procured the CRM system and negotiated a software licensing contract where the number of users could be scaled up or down, which helped to control costs. The CRM system links to the Welsh laboratory information system and updates every 30 minutes with new positive cases. The system allocates positive cases to the tracing team where they live. Tracing teams then record information about positive cases and their contacts in the CRM system. Information can be extracted from the CRM system to gauge how well contact tracing is performing and to understand the spread of the virus.

- 1.42 Contact tracing teams have encountered some practical challenges since the launch of the CRM system. For example, one region reported that system functionality resulted in 'shadow lists' on the system where some positive cases were recorded but were not visible in the tracing queue. These types of issues are, however, quickly resolved. Concerns, however, have remained with the unreliability of the telephony system, which supports calls from the CRM system. This is resulting in contact tracers, for example, not being able to make calls when they need to because of connectivity issues.
- 1.43 Some tracing teams have also reported that the batch processing of lab results and the subsequent upload of positive cases onto the CRM created a peak of cases to follow up. Whilst this was to be expected, the uploads particularly at the end of the day made it difficult for tracing teams to meet timeliness targets, as many cases would not have been followed up until the next working day.
- 1.44 The quality of the information coming from the system has depended on the accuracy of information entered by contact tracing teams. It has also relied on having skilled data analysts to extract the information and use it in meaningful ways, but at the time of our review some regions lacked data analyst capacity.
- 1.45 There have been other practical challenges that contact tracing teams have encountered as the pandemic has progressed. There have been outbreaks in commercial work settings where many employees did not speak English. There have also been incidences of contact details being incorrectly recorded either deliberately or because the systems for recording information were rudimentary (ie handwritten details with associated problems with legibility).
- 1.46 All of these challenges have been worked through with lessons learnt and shared as part of the ongoing evolution of the TTP programme. These challenges have also been worked through quickly, reflecting the ability of the service to respond to issues and where relevant make changes to working processes or policies, at pace.

## What is being done to support people who need to self-isolate?

- 1.47 Despite the positive recent news about vaccine development and roll out, Wales still finds itself in a position where cases of COVID-19 are circulating widely. It is therefore absolutely vital for people to self-isolate if they have tested positive for the virus, or if they are a contact of somebody who has tested positive.
- 1.48 However, for many people self-isolation has brought numerous practical, financial and well-being challenges. The 'protect' element of TTP has been about providing the necessary support and information to those who need to self-isolate.
- 1.49 Whilst the initial Prevention and Response Plans<sup>8</sup> at a regional level lacked detail on what would be done to support people to self-isolate, our work has found that numerous initiatives have been in place to provide such support. Typically, these have been collaborative initiatives at a regional and local level involving public sector bodies and various agencies from the voluntary sector, often supported by community volunteers. These services have looked to provide practical help such as food shopping, medicines collection and wider support for those at risk of loneliness and social isolation. Work has also been undertaken to provide support to specific population groups such as university students and tourists travelling into Wales during periods when lockdown restrictions are lifted so they are aware of local measures that are in place and where to go to for support.
- 1.50 In response to the financial challenge associated with self-isolation, from 1 November, people on low incomes in Wales have been able to apply for a £500 payment if they have tested positive for COVID-19 or told to self-isolate. A similar scheme has been available to social care workers as a top-up payment to their statutory sick pay. Self-isolation payments have recently been extended to some parents and carers on low incomes who have had to look after children who are self-isolating. Local authorities received just under 20,000 applications between November and January 2021 with around 50% of those eligible for payment. The scheme was being reviewed at the end of January, but there was clear recognition that there remained a need to financially support those in most financial need to allow them to comply with self-isolation requirements.

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8 The Welsh Government required health boards, local authorities, and their partners to submit the plans setting out how they would limit the spread of the virus in their region.

- 1.51 The peaks in community virus transmission which have followed periods of lockdown raise questions about the extent to which the public have been willing to observe the necessary social distancing. PHW's weekly '**How are we doing in Wales**' provides a good summary of how people in the community are feeling, their opinion on policy, and the extent they understand and follow COVID-19 guidance and legislation. This survey showed compliance with the Welsh Government's restrictions was falling amongst respondents. It is not clear to what extent a failure to comply with self-isolation requirements associated with contact tracing has contributed to rises in community transmission. So far, limited information exists to understand the scale of any non-compliance with self-isolation requirements or indeed the reasons for it. PHW has been conducting two pieces of research to understand whether people are self-isolating after being contacted by tracers.
- 1.52 Clearer information on the level of need for 'protect' services and how well existing services have been meeting that need, would help with the identification and targeting of resources at both a regional and national level. Nevertheless, there is now good information on the range of support services that have been introduced across Wales, often through partnership working. On 16 December, Welsh Government published a review of the **support arrangements for non-shielding vulnerable groups**. As well as identifying support activity, the report also identified lessons learnt, including early engagement with local authorities on shielding guidance, mental health support, more support for digital inclusion, and the long-term benefits of maintaining the momentum that has built up around volunteering. Welsh Government is undertaking an additional survey of local authority protect teams and has established a 'Protect Leads' group. These are focused on understanding the nature of protect requests arising, improving the range of support provided and sharing practice and learning.
- 1.53 As the TTP programme developed in response to the pandemic, national oversight arrangements have tended to focus much more strongly on the testing and tracing components of the programme. There has been less national oversight of what is needed by way of support for people to self-isolate and an absence of information to know whether those services are effectively influencing public behaviour.

- 1.54 Self-isolation for people who test positive, and their close contacts, will continue to be a key part of the approach to keeping the spread of the virus in check whilst vaccination programmes are rolled out during 2021. Ensuring that the 'protect' element of TTP gets the focus it needs will therefore be crucial if the programme is going to eventually help us get on top of the virus.
- 1.55 There is good practice to build upon and adopt more widely, such as the self-isolation helpline that was launched in the Cwm Taf Morgannwg region in November 2020. The helpline is a partnership venture between the Health Board, local authorities in the area, PHW, the Regional Partnership Board and the voluntary sector. It provides help and advice for people who are asked to self-isolate and was set up following analysis of intelligence from the regional TTP programme that showed there was considerable confusion about self-isolation and what support was available, leading to non-compliance with measures to control the spread of COVID-19.
- 1.56 Mae gweithgareddau pwysig eraill ar y gweill megis y gwaith y mae Llywodraeth Cymru yn ei wneud gyda Chymdeithas Llywodraeth Leol Cymru (CLILC) i ddatblygu fframwaith monitro sy'n cynnal trosolwg fwy eglur ar anghenion cymorth pobl y mae gofyn iddynt hunanynysu. Mae swyddogion Llywodraeth Cymru hefyd wedi bod yn gweithio gyda Gwasanaeth Gwybodeg GIG Cymru i wella'r wybodaeth a gofnodir yn y system Rheoli Cysylltiadau Cwsmeriaid am bobl y mae angen cymorth arnynt i hunanynysu.



## Looking ahead: key challenges and opportunities

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## Having better information to improve efficiency and evaluate the impact of TTP

- 2.1 The performance in one part of the TTP system will determine how effective other parts of the system are. For instance, quick turnaround times for testing are necessary for contact tracing to be effective. Similarly, the ability of contact tracing teams to reach the right people quickly will help identify those who need to self-isolate before they spread the virus further. While there is information about how well different parts of the TTP programme have been working, there has been no performance information that looks at the whole programme, from the moment someone requests a test to the point their contacts are traced, to demonstrate how quickly it is identifying and isolating infected people. Such information could be a powerful tool to help know what is needed to enhance the efficiency and effectiveness of the overall programme.

## Ensuring testing activities are fit for purpose and meet increasing demand

- 2.2 Notwithstanding some of the challenges set out earlier in the report, testing and tracing arrangements have responded reasonably well to the challenges posed by the virus. However, testing and tracing capacity will need to continue to respond to demand in 2021. Tests need to be easy to access and results must be returned quickly to help control the spread of the virus. There is also a considerable risk that if people think it is hard to get a test, or fast results, they may not bother to get tested.
- 2.3 As highlighted in **paragraph 1.25**, at the time of our review, the Welsh Government had started using new testing technologies such as lateral flow devices and the Lumira DX test. The tests provide quick results and can support large scale testing of asymptomatic populations or screening for health and social care staff. As the demand for these rapid tests increase across both the public and private sectors, the Welsh Government will need to think clearly about which sectors have priority as part of the roll-out, taking into account the known limitations with the accuracy of these tests,



- 2.4 Testing arrangements within hospital settings is also an area that needs some consideration. Although testing in hospitals has improved since the first peak, hospital patients typically only get tested at the point of admission unless they develop symptoms. To minimise the spread of the virus from patients who may have tested negative at the point of admission but then go on to develop symptoms, there are opportunities to expand the frequency of testing within hospitals as well as ensuring that infection control regimes are as effective as they can be.

## Creating a skilled, resilient workforce to deliver TTP

- 2.5 As with other parts of the public sector, many staff involved in overseeing and delivering TTP have been under considerable pressure for several months. We heard that many staff have been working long hours with limited opportunities to take leave. Organisations have put some measures in place to ensure resilience including recruiting or redeploying additional staff, reallocating work, and putting weekend rotas in place. But there is still considerable pressure on many staff, including those in leadership and specialist roles. Public bodies are also managing competing demands on their workforce associated with the wider impact of the pandemic, the COVID-19 vaccination programme, and the ongoing consequences of Brexit<sup>9</sup>. Irrespective of how quickly the general public can be vaccinated against COVID-19 it is a reasonable assumption that TTP services will be needed at least until the middle of this year and most probably longer. Many new staff have only been recruited until 31 March to align with the current funding availability. It is important that a commitment to fund services into 2021-22 is made as soon as possible to enable staff to be retained and the workforce to remain stable.
- 2.6 Some staff, including officials leading TTP, have been redeployed and adapted quickly and successfully to new roles outside their previous area of expertise. There may be opportunities to move more staff from other areas to support TTP. There are a number of difficult to recruit to roles and specialists in PHW and some regional teams are looking at how they can increase colleagues' skills to deliver non-specialist work. There are opportunities to look more broadly at which tasks can only be done by public health protection and environmental health specialists, and which can be done by other officials. There could also be opportunities to reduce specialist attendance at meetings by providing guidance outside meetings or identifying areas where non-specialist support is 'good enough'.

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<sup>9</sup> **Our letter on preparations for the end of Brexit** describes some of the workforce pressures associated with Brexit.

## Influencing the public to follow public health protection guidance and requirements

- 2.7 It is crucial that people who test positive or are told to self-isolate by TTP services follow the rules to avoid infecting anyone else. We found local, regional, and national examples of approaches to influence public behaviour. But without information on whether people are self-isolating it has been difficult to judge the success of this aspect of TTP. Even if effective, TTP is only part of the response to limiting the spread of COVID-19. Since April, the Office for National Statistics has worked with partners to test and survey a sample<sup>10</sup> of people living in the UK to understand more about COVID-19. In October, **the survey** showed that only 34% of people who tested positive for COVID-19 reported any symptoms. These results would suggest that a significant number of people with the virus would not go through TTP at all. It is therefore essential that the population understand and comply with wider measures to prevent infection.
- 2.8 Many of the professionals we spoke to told us influencing public behaviour has been a huge challenge, particularly as the public grow weary of the pandemic and restrictions on their everyday lives. We also heard that the public have been confused by changing rules, especially when the rules differ across the UK nations. Local intelligence shows that people who do not follow the rules fall into various age groups and are from various backgrounds, in different parts of Wales. Health boards, local authorities, PHW and the Welsh Government have been trying to influence public behaviour in various ways, but getting people to do the right thing remains a considerable challenge. There is a further risk that once people receive their vaccination against COVID-19, they will think there is less need to comply with social distancing and other measures to control the spread of the virus.

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<sup>10</sup> From October the sample was 150,000 people.

## Applying the learning from the TTP programme to other programmes and future ways of working

- 2.9 Although COVID-19 has presented unprecedented challenges, the pandemic has also provoked significant positivity in the way in which public and third sector organisations have responded. These are evident throughout the TTP programme.
- 2.10 The scale and challenge of the pandemic has brought organisations together with a common goal of limiting the spread of the virus and protecting the population of Wales. True partnership has been displayed with organisations sharing skills and resources to put teams in place to deliver the TTP agenda, and staff redeployed across a whole spectrum of activities regardless of the organisation in which they may normally work. The concept of mutual aid between different organisations and across different parts of Wales has provided much needed support to parts of the system that may be under increased pressure and sharing the load across Wales as a whole, regardless of organisational and geographical boundaries.
- 2.11 Processes have been put in place in a matter of days, which in normal times, would have taken months or years. New roles have also been created, with new staff recruited, onboarded, and trained within weeks. A single once-for-Wales IT solution was procured, developed, and implemented within six weeks, enabling organisations to connect to each other and provide a single source of information. It is worth contrasting this with what has typically happened in the past with IT solutions taking years to develop and then implement, with public sector bodies frequently using different versions of the system which struggle to connect to each other.
- 2.12 The TTP programme has clearly demonstrated that the public service has the ability to work well across organisational and professional boundaries, and to work at pace to get things done. As the attention moves on to different responses to the pandemic, such as the current vaccination rollout programme, and then ultimately, the recovery and resetting of services once the significant peaks in the pandemic start to reside, it is important that the positive learning from the TTP programme is captured and used to shape the way that public sector organisations work together and tackle challenges in the future.



# Appendices

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- 1 Sampling and testing analysis pathway for Wales (as at December 2020)

# 1 Sampling and testing analysis pathway for Wales (as at December 2020)

Who can have the test?	Where are the samples taken?	Where are the samples analysed?	
		Lighthouse Labs	Welsh NHS labs
Symptomatic residents in the community	Regional drive-through testing unit	Most samples	Some samples
Symptomatic residents in hotspot or outbreak areas (including care homes)	Mobile testing unit	Most samples	Some samples
Symptomatic residents in the community	Local walk-in unit	Most samples	Some samples
Symptomatic residents in the community	Home testing kits	All samples	
Symptomatic care home residents and staff	Care home test from the UK government portal	All samples	
Asymptomatic care home staff tested on a weekly basis	Satellite units	Most samples	Some samples
Hospital inpatients	Hospitals		All samples
Hospital outpatients	Community testing unit		All samples
Key workers <sup>11</sup>	Community testing unit		All samples

11 A list of key workers are set out at [gov.wales/coronavirus-critical-key-workers-test-eligibility](https://gov.wales/coronavirus-critical-key-workers-test-eligibility). Some key workers may access the testing pathway by presenting as a symptomatic resident in the community.



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## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO COUNCIL

23 JUNE 2021

#### REPORT OF THE INTERIM CHIEF OFFICER – FINANCE, PERFORMANCE AND CHANGE

##### REVENUE BUDGET OUTTURN 2020-21

#### 1. Purpose of report

- 1.1 The purpose of this report is to provide Council with an update on the Council's revenue financial performance for the year ended 31st March 2021.

#### 2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-
1. **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions of all people in the county borough.
  2. **Helping people and communities to be more healthy and resilient** – taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
  3. **Smarter use of resources** – ensuring that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.
- 2.2 The allocation of budget determines the extent to which the Council's well-being objectives can be delivered.
- #### 3. Background
- 3.1 On 26th February 2020, Council approved a net revenue budget of £286.885 million for 2020-21. As part of the Performance Management Framework, budget projections are reviewed regularly and reported to Cabinet on a quarterly basis. The delivery of agreed budget reductions is also kept under review and reported to Cabinet as part of this process.

## **4. Current situation/proposal**

### **4.1 Summary financial position at 31st March 2021**

- 4.1.1 The 2020-21 financial year has been a unique and complex year in managing the financial position of the Council primarily as a result of the Covid-19 pandemic. Significant changes have occurred throughout the year as circumstances altered and services were supported in different ways to deliver outcomes in the best way possible.

A Covid-19 Hardship fund was set up at an early stage by the Welsh Government to the tune of £188.5 million which the Council was able to draw on for financial support. The process for drawing down the money was by the submission of complex claims, covering a wide range of costs and loss of income without knowing with any certainty whether those claims would be successful.

As a consequence, it would not have been prudent to expect all the claims to be successful, but as the year progressed the Council was extremely successful at securing support for many of the additional costs incurred along with loss of income claims.

Some of the results of this success have materialised in the last quarter of the financial year giving the Council a more favourable end of year position than anticipated. Our claims against the WG Hardship fund totalled £21.5 million of which only £882,000 were disallowed.

Additional to the assistance and support from the WG Hardship fund were specific grants received to help cushion the effects of COVID on the delivery of services. These included ICT for digitally excluded learners, concessionary fare reimbursement and local authority cyber security along with specific support for schools in for school counselling services, face masks and support for additional cleaning costs.

Furthermore, significant grants were received in the last quarter of the financial year (£3.5 million directorate and council wide grants and £5.4 million for schools) resulting in a change in the financial position between quarter 3 and quarter 4. These will be spent in accordance with the conditions applied to the grants and will be closely monitored to ensure their effective use.

The other significant change between quarter 3 and quarter 4 is the £1.261 million contribution from WG in February 2021 in recognition of the reduced council tax collection rates experienced by Councils in 2020-21 as a consequence of the Covid-19 pandemic.

Given the changes that have occurred which have resulted in a better financial position at the end of 2020-21, the Council is able to apply some of this funding to investments to help accelerate the recovery of the County Borough from COVID and to support its residents. The key areas of investment are outlined below, and more detail is provided in Appendix 1.



<b>Category</b>	<b>Description</b>
Wellbeing	Social Services & Well-being schemes for adult, children, young people and leisure services
	Initiatives to support the well-being of staff
	Investment in Social Care Premises
	Accessibility works – Leisure and Cultural Services
People & Jobs	Secondment scheme for Social Workers
	Apprentice and Graduate Schemes
Environment	Decarbonisation Strategy
	Highway Revenue Maintenance Schemes
Local Economy & Tourism	Active Travel Strategy
	Grants to support local businesses with improvements
	Wider regeneration investment
	Covid recovery/Brexit
Transformation	Digital Transformation Programme
	Replacement CCTV System
Future capital schemes	Feasibility is underway on a number of capital schemes. This allocation will support the delivery of new capital projects
Revenue Maintenance	Deliver projects delayed by the Covid-19 pandemic and meet projected maintenance pressures.

A report will be taken to Cabinet and Council on 22nd and 23rd June, respectively, to seek approval for a range of schemes to be funded from this year's under spend.

4.1.2 The Council's net revenue budget and final outturn for 2020-21 is shown in Table 1 below.

**Table 1- Comparison of budget against actual outturn at 31st March 2021**

Directorate/Budget Area	Original Budget 2020-21 £'000	Current Budget 2020-21 £'000	Final Outturn Q4 2020-21 £'000	Final Over / (Under) Spend 2020-21 £'000	Projected Over / (Under) Spend Qtr 3 2020-21 £'000
<b>Directorate</b>					
Education and Family Support	120,931	123,512	122,094	(1,418)	1,327
Social Services and Wellbeing	70,894	73,263	72,289	(974)	812
Communities	27,790	28,493	26,502	(1,991)	(752)
Chief Executive's	18,228	18,774	17,678	(1,096)	(200)
<b>Total Directorate Budgets</b>	<b>237,843</b>	<b>244,042</b>	<b>238,563</b>	<b>(5,479)</b>	<b>1,187</b>
<b>Council Wide Budgets</b>					
Capital Financing	7,329	7,329	6,632	(697)	(200)
Levies	7,459	7,460	7,472	12	12
Apprenticeship Levy	650	650	654	4	5
Council Tax Reduction Scheme	15,254	15,254	14,974	(280)	0
Insurance Premiums	1,438	1,438	124	(1,314)	(62)
Repairs & Maintenance	870	615	131	(484)	0
Pension Related Costs	430	430	430	0	5
Other Council Wide Budgets	15,612	9,167	200	(8,967)	(6,937)
<b>Total Council Wide Budgets</b>	<b>49,042</b>	<b>42,343</b>	<b>30,617</b>	<b>(11,726)</b>	<b>(7,177)</b>
<b>Accrued Council Tax Income</b>			<b>(1,702)</b>	<b>(1,702)</b>	<b>0</b>
<b>Appropriation to Earmarked Reserves</b>	<b>0</b>	<b>500</b>	<b>18,975</b>	<b>18,475</b>	<b>5,299</b>
<b>Transfer to Council Fund</b>			<b>432</b>	<b>432</b>	
<b>Total</b>	<b>286,885</b>	<b>286,885</b>	<b>286,885</b>	<b>0</b>	<b>(691)</b>

4.1.3 The overall outturn at 31st March 2021 is a net under spend of £432,000 which has been transferred to the Council Fund, bringing the total Fund balance to £9.771 million in line with Principle 9 of the Medium Term Financial Strategy (MTFS). Total Directorate budgets provided a net under spend of £5.479 million, and Council Wide budgets a net under spend of £11.726 million. As a result of effective financial management across the Council through the pandemic along with ensuring that eligible monies have been claimed from the WG Hardship and Loss of Income funds, the Council is in a position to utilise the related monies for 2020-21 to fund a range of initiatives to enable the Council to mitigate current and future risks and expenditure commitments to meet specific costs (see paragraph 4.1.1 and Appendix 1). The net position also takes into account a net under spend of £1.702 million on council tax income during the financial year (see paragraph 4.1.7 for detail).

4.1.4 Table 1 highlights the changes referred to above of £6.6 million since quarter 3 on total Directorate Budgets, and a change of £4.549 million on total Council Wide budgets. Table 2 below highlights the main reasons for the change and additional funding received by the Council since quarter 3 that support the changed outturn position. A combination of the uncertainty over available funding, along with the length of time and coverage of the support that has been made available by Welsh Government throughout 2020-21, has meant that the budgetary position has been prudently reported and only upon successful payment of claims from the WG Hardship and Loss of Income fund has been brought into the financial position. Since quarter 3, the authority has successfully claimed £2.144 million of Hardship funding along with £1.066 million to support loss of income experienced by the authority as a result of the Covid-19 pandemic.

**Table 2 – Movements since quarter 3 2020-21**

Directorate/ Budget Area	Rebates from Regional Service/ Reduction in Insurance Liability £'000	WG Hardship Claims £'000	WG Loss of income claims £'000	Reallocation of existing Grants £'000	Additional Grants £'000	TOTAL £'000
Education and Family Support	0	1,109	0	454	585	2,148
Social Services and Wellbeing	250	450	72	839	0	1,611
Communities	0	132	412	0	483	1,027
Chief Executive's	0	453	582	0	0	1,035
<b>Total Directorate Budgets</b>	<b>250</b>	<b>2,144</b>	<b>1,066</b>	<b>1,293</b>	<b>1,068</b>	<b>5,821</b>
<b>Council Wide Budgets</b>	<b>1,237</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,393</b>	<b>3,630</b>
<b>Council Tax</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,261</b>	<b>1,261</b>

4.1.5 The outturn position has also been impacted by unexpected grant funding and maximisation of grant funding streams since quarter 3 in Directorate budgets of over £2.361 million and £2.393 million in Council Wide Budgets - £4.754 million in total. It is important to note that the Authority would not have been aware of these funding streams when setting and approving its 2020-21 budget and the majority of the additional grants are one-off as a result of the Covid-19 pandemic.

4.1.6 Further detail is provided on the movements since quarter 3 at individual directorate level and on Council wide budgets in section 4.3.

- 4.1.7 The net position also takes into account the net under spend on council tax income of £1.702 million during the financial year. The end of year position on council tax comprises £441,000 of additional council tax income along with a contribution from the WG Hardship Fund of £1.261 million in February 2021 in recognition of the reduced collection rates experienced by Councils in 2020-21 as a consequence of the Covid-19 pandemic.
- 4.1.8 The under spend on the Council budget significantly masks the underlying budget pressures in some service budgets which were reported during the year and still persist. The main financial pressures are in the service areas of Home to School Transport and Adult Social Care. These two alone have an underlying pressure of £1.864 million. It should be noted that these budget areas can be volatile and small changes in demand can result in relatively high costs being incurred.
- 4.1.9 In addition, given the potential for significant funding being required to meet pay and price costs in 2021-22, along with any ongoing budget pressures arising as a result of the Covid-19 pandemic, uncertainties around the end of the Brexit transition period and inflationary levels for 2021-22 any uncommitted funding in 2020-21 will be required to meet these pressures in the new financial year. There are also potential pressures on council tax collection and an increase in eligibility for council tax support through the Council Tax Reduction Scheme (see paragraph 4.3.5). Therefore any uncommitted funding from other council wide budgets will be carried forward to meet those pressures in the new financial year.
- 4.1.10 There have been no budget virements since the quarter 3 forecast was reported to Cabinet in January 2021. However, as part of the closing of accounts process, there have been a number of technical adjustments in respect of outstanding pay and price inflation and allocations of corporately held funding for feasibility work and revenue minor works in line with spend.
- 4.1.11 The net budget for the financial year was set assuming full implementation of the current year budget reduction requirements across the Council's budget, which amount to £2.413 million. Where proposals to meet this requirement have been delayed or are not achievable directorates have been tasked with identifying alternative proposals to meet their requirements such as vacancy management, or bringing forward alternative budget reduction proposals. These are set out in paragraph 4.2.4.

## **Covid-19**

4.1.12 During 2020-21 the Covid-19 pandemic has had an inevitable impact on the Council's financial position in a number of ways:

Additional cost pressures	Some have been one-off and some recurrent. The majority of one-off cost pressures in 2020-21 have been funded by the WG Hardship Fund, e.g. PPE, social care voids etc with a 50% contribution towards additional ICT costs to support homeworking.
Lost income	Again, some have been one-off losses, and others could be permanent recurrent losses. Claims were submitted to WG covering loss of income in 2020-21 with main areas of support being car parking, school meals and a contribution to the Council's leisure service provider.
MTFS savings not met	Impact on deliverability of MTFS savings which may not be achieved (e.g. staffing restructures, remodelling of services, income generation) or which may be achieved fortuitously due to circumstances, but will require decisions going forward on whether or not to proceed or revisit. WG provided support for Local Authorities to mitigate this impact in 2020-21 – the contribution for Bridgend was £1.121m.
Unanticipated savings	For areas where service provision has reduced or stopped and subsequent savings have been made e.g. home to school transport, premises and fuel.
Council tax	WG provided £1.261 million in funding towards the impact on council tax collection and £325,469 towards the Council Tax Reduction Scheme (CTRS) in 2020-21 particularly due to the delay in starting recovery and an increase in council tax benefits.

4.1.13 As reported to Cabinet on 30th June 2020, a Covid Earmarked Reserve of £3 million was created at the end of 2019-20. Also on 30th June Cabinet agreed a proposed approach to respond to the Covid-19 pandemic to allow the Council to re-start, recover and renew its service provision. A Recovery Panel to help shape, inform and advise Cabinet on the Council's recovery planning was also established in 2020-21.

4.1.14 Cabinet and Corporate Management Board (CCMB) agreed to establish a Covid-19 Recovery Fund for 2020-21 on a 'one off' basis to provide funding for conscious and proactive decisions aimed at boosting recovery that were unlikely to be paid for by WG, with £500,000 being utilised from the 2020-21 Public Realm fund and a further £500,000 being ring-fenced from the Covid Earmarked Reserve to create a fund of £1 million. The recovery fund was utilised in 2020-21 to support the free car parking offer for town centres, a phased rental income increase for BCBC owned premises and Covid-19 awareness training for Town Centre businesses. The balance of £619,000 on the Covid-19 Recovery Fund

will be carried into 2021-22 with further proposals to boost recovery considered by CCMB.

### **Cost of the Council's response to the Covid-19 pandemic**

4.1.15 In response to the pandemic, the Council, alongside other organisations, has provided direct support to its community / residents in a number of ways. Welsh Government provided specific eligibility criteria for each of its funding streams, and all directorates were made aware of them, and captured costs accordingly. Covid-19 costs which were not reimbursed by WG have been funded from the normal service budgets. WG Hardship Expenditure claims submitted to WG in 2020-21, and the outcome of these claims are shown in Table 3.

**Table 3 – Covid-19 expenditure claims 2020-2021**

Specific Hardship Fund	2019-20	2020-21			Movement since Qtr 3 – paid claims
	Claimed and Paid	Claimed	Paid	Disallowed	
	£'000	£'000	£'000	£'000	£'000
General	263	1,979	1,345	633	568
Homelessness	0	2,082	2,082	0	517
Free School Meals	0	2,832	2,720	112	1,676
Schools (including HUB costs)	0	2,433	2,418	15	1,473
Adult Social Services	9	5,694	5,675	18	2,737
Self Isolation Payments (SIP)/ Statutory Sick Pay Enhancements (SSP)	0	501	501	0	501
<b>Total</b>	<b>271</b>	<b>15,520</b>	<b>14,742</b>	<b>778</b>	<b>7,472</b>

4.1.16 The majority of the disallowed expenditure (£476,000) related to ICT costs incurred by the Council primarily to establish home working arrangements. The WG hardship panel agreed that these costs may be additional and not within the Council's financial plans, however they also felt that having such assets in place provides longer term benefits to local authorities. A contribution of 50% was therefore agreed with the majority of the balance being funded from the annual corporate capital budget. The majority of the £112,000 disallowed expenditure under the Free School Meals category relates to the delivery costs of the food parcels which took the cost of the provision over the funding threshold set by Welsh Government.

4.1.17 The overall increase in claims paid since quarter 3 of £7.472 million does not all relate to reimbursement of expenditure incurred by the local authority, and therefore does not fully match the figures in Table 2. For example claims from schools will impact directly on the schools balances position (see section 4.3.1), and adult social services mostly represents claims made by independent and third sector providers to meet the additional costs of providing care and support for voids. In addition, unanticipated costs would also have been incurred and reimbursed in the final quarter of 2020-21, for example to cover the ongoing lock down of schools after Christmas.

4.1.18 The Council has also submitted claims for loss of income to Welsh Government in 2020-21 totalling £5.679 million as shown in Table 4. £2.016 million of the claims were paid in quarter 4.

**Table 4 – Covid-19 loss of income claims 2020-21**

Directorate	Claims 2020-21	Paid	Disallowed	Main areas funded
	£'000	£'000	£'000	
Education and Family Support	1,493	1,493	0	£1.445m - School meal income, £45k - Child and Adolescent Mental Health Services (CAMHS)
Schools	635	635	0	£239k - school meal income, £395k - loss of income from hire of school premises
Social Services & Wellbeing	1,429	1,429	0	£1.175m - contribution to Council's leisure service provider, £130k - Residential and non-residential client contribution income, £124k - dual use sites where facilities are managed for community use outside of school hours
Communities	1,476	1,371	104	£521k - Car Park Income, £264k - rental income from properties due to 3 month rent holiday, £81k – reduced occupancy of properties, £173k – civil enforcement income, £156k Green/Bulky/Trade waste income, £107k -Pitch and Pavilion hire, £65k - Fleet Services, £27k - Bus station
Chief Executives	646	646	0	£107k – legal, democratic and regulatory services, £136k - registration fees, £98k housing, £299K finance (includes £284k court income)
<b>Total</b>	<b>5,679</b>	<b>5,574</b>	<b>104</b>	

4.1.19 Of the £5.679 million claimed, only £104,000 was disallowed. This related to loss of rental income from properties in quarter 2 due to the continuing rental holiday agreed in quarter 1. WG disallowed this claim on the basis that this was a local authority and not a national decision. This was subsequently agreed by Cabinet to be funded from the Covid-19 Recovery Fund. (See paragraph 4.1.14).

**Ongoing impact of Covid-19 pandemic in 2021-22**

4.1.20 Going forward, the Welsh Government has allocated £206.6m in its budget to the Hardship Fund to support local government for the first six months of 2021-22. No commitment for support from WG beyond this period has been given at present.

4.1.21 A reduced collection rate for council tax and additional calls on the CTRS are both likely in 2021-22 reflecting the current economic circumstances surrounding the Covid-19 pandemic and the higher number of citizens facing economic hardship.

4.1.22 The Authority will continue to claim from the Hardship fund against the eligible criteria and directorates will continue to capture costs incurred as a result of the ongoing impact of the Covid-19 pandemic. Any Covid-19 costs which are not

identified and claimed will need to be funded from the normal service budgets or established earmarked reserves. Updates will continue to be provided to Cabinet through the quarterly revenue budget monitoring reports throughout 2021-22.

## 4.2 Monitoring of Budget Reduction Proposals

### Prior Year Budget Reductions

4.2.1 As outlined in previous monitoring reports during the year there were still £2.501 million of outstanding prior year budget reduction proposals that had not been met in full. Directors have been working to realise these savings during the 2020-21 financial year. A summary of the latest position is attached as Appendix 2 with a summary per directorate provided in Table 5. Of the £2.501 million of prior year budget proposals outstanding, £1.792 million has been realised, leaving a balance of £709,000.

**Table 5 – Outstanding Prior Year Budget Reductions**

	<b>Total Budget Reductions Required</b>	<b>Total Budget Reductions Achieved</b>	<b>Shortfall</b>
<b>DIRECTORATE /BUDGET REDUCTION AREA</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Education and Family Support	269	0	269
Social Services and Wellbeing	452	452	0
Communities	1,750	1,310	440
Chief Executive's	30	30	0
<b>TOTAL</b>	<b>2,501</b>	<b>1,792</b>	<b>709</b>

4.2.2 Proposals still not achieved include:

- Learner Transport Policy and Transport Route efficiencies (£194,000) and Review of Special Schools Home to School Transport (£75,000). As reported to Cabinet on 21st July 2020 the shortfall has been funded from the Council's contingency budget in 2020-21. A Budget Pressure was approved by Council as part of the MTFS 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review of Home to School Transport is undertaken.
- Permitting Scheme for Road Works (£100,000). The Streetworks review is reaching completion and will then be submitted to Welsh Government for final consideration.
- Reductions to the budget for the MREC (£1.3 million). As reported to Cabinet on 21st July 2020 the shortfall has been funded from the Council's contingency budget in 2020-21. A recurrent Budget Pressure of £300,000 was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021.

All outstanding proposals will continue to be monitored during 2021-22.



4.2.3 As outlined in the MTFs reports to Cabinet and Council, MTFs Principle 7 states that “Savings proposals are fully developed and include realistic delivery timescales prior to inclusion in the annual budget. An MTFs Budget Reduction Contingency Reserve will be maintained to mitigate against unforeseen delays”. An MTFs Budget Reduction Contingency reserve was established in 2016-17. This reserve has been used to meet specific budget reduction proposals in previous years on a one-off basis pending alternative measures. It has not been used in 2020-21 to mitigate on-going shortfalls as WG provided a Hardship Grant of £1.121 million to address the Covid impact on plans for service savings and changes when budgets for 2020-21 were originally set.

### **Budget Reductions 2020-21**

4.2.4 The budget approved for 2020-21 included budget reduction proposals totalling £2.413 million, which is broken down in Appendix 3 and summarised in Table 6 below. The end of year position is a shortfall on the savings target of £342,000, or 14.2% of the overall reduction target. This figure is an improvement of £148,000 on the shortfall reported at quarter 3.

**Table 6 – Monitoring of Budget Reductions 2020-21**

	<b>Total Budget Reductions Required</b>	<b>Total Budget Reductions Achieved</b>	<b>Shortfall</b>
<b>DIRECTORATE /BUDGET REDUCTION AREA</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Education and Family Support	239	164	75
Schools	0	0	0
Social Services and Wellbeing	820	635	185
Communities	646	564	82
Chief Executive's	508	508	0
Council Wide Budgets	200	200	0
<b>TOTAL</b>	<b>2,413</b>	<b>2,071</b>	<b>342</b>

4.2.4 The most significant budget reduction proposals not achieved in full, and the action required to achieve them in 2021-22 are outlined in Table 7 below. In the 2021-22 financial year these proposals must be realised or must be met through alternative budget reduction proposals in order to deliver a balanced budget position.

**Table 7 – Outstanding Budget Reductions 2020-21**

<b>MTFS Ref</b>	<b>Budget Reduction Proposal</b>	<b>Shortfall £'000</b>	<b>Mitigating Action 2021-22</b>
EFS 1	Phased Implementation of Learner Transport Policy	75	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken
SSW20	Further savings from leisure centres and swimming pools	70	Close monitoring of the Leisure Services budgets will be required in 2021-22 to determine the potential for the Covid-19 pandemic to continue to impact on income levels achieved. Under spends will be held across service areas to mitigate any shortfalls in the short term.
SSW27	Increase income generation from mobile response and telecare charging	75	Service area will continue to identify efficiencies to meet the shortfall in 2021-22.

### 4.3 Commentary on the Financial Position at 31st March 2021

A summary of the financial position for each main service area is attached as Appendix 4 to this report and comments on the most significant variances are provided below.

#### 4.3.1 Education and Family Support Directorate

The net budget for the Directorate for 2020-21 was £123.512 million and the actual outturn was £122.094 million, following draw down of £475,000 from earmarked reserves resulting in an under spend of £1.418 million. The outturn has improved since the projected over spend at quarter 3 of £1.327 million due primarily to:-

- Successful WG Hardship Fund claims - (FSM - £1.109 million)
- New grant funding - £481,102
- Top-ups to established grant funding streams - £104,074
- Reallocation of existing grants – £454,066

The most significant variances were:

<b>EDUCATION &amp; FAMILY SUPPORT DIRECTORATE</b>	<b>Net Budget</b>	<b>Actual Outturn</b>	<b>Actual Variance Over/(under) budget</b>	<b>% Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	
Inclusion	1,949	2,338	389	20.0%
Pre School Provision	999	796	(203)	-20.3%
Youth Service	465	260	(205)	-44.1%
Emotional Health & Behaviour	2,281	2,111	(170)	-7.5%
Educational Psychology Service	374	297	(77)	-20.6%
Adult Learning	158	-16	(174)	-110.1%
Home to School Transport	5,856	6,021	165	2.8%
Pupil Support	253	180	(73)	-28.9%
Catering Services	1,033	854	(179)	-17.3%
Integrated Working	1,478	1,288	(190)	-12.9%
Youth Offending Service	346	274	(72)	-20.8%
Health & Safety	388	293	(95)	-24.5%

#### Schools' Delegated Budgets

Total funding allocated to schools in 2020-21 was £107.322 million (including post-16 funding).

The schools' delegated budget is reported as balanced in any one year as any under or over spend is automatically carried forward, in line with legislation, into the new financial year before being considered by the Corporate Director - Education and Family Support in line with the 'Guidance and Procedures on Managing Surplus School Balances', as set out in the Financial Scheme for Schools.

The year-end position for 2020-21 was:-

- Net overall school balances totalled £108,000 at the start of the financial year. During 2020-21 school balances increased by £8.382 million to £8.490 million at the end of the financial year, representing 7.9% of the total funding allocated in 2020-21
- Out of a total of 59 schools, there are 4 primary schools with deficit budgets and 46 schools (35 primary, 9 secondary, 2 special) with balances in excess of the statutory limits (£50,000 primary, £100,000 secondary and special schools) in line with the School Funding (Wales) Regulations 2010. These balances will be analysed in line with the agreed 'Guidance and Procedures on Managing Surplus School Balances'.
- A summary of the position for each sector and overall is provided below:-

	<b>Balance brought forward</b>	<b>Funding allocated in 2020-21</b>	<b>Total Funding available</b>	<b>Actual Spend</b>	<b>Balance at year end</b>
	£'000	£'000	£'000	£'000	£'000
Primary	(543)	49,445	48,902	44,352	4,550
Secondary	92	47,981	48,073	45,095	2,978
Special	559	9,896	10,455	9,493	962
<b>Total</b>	<b>108</b>	<b>107,322</b>	<b>107,430</b>	<b>98,940</b>	<b>8,490</b>

It must be noted that there has been a significant improvement from the projected deficit position for schools of £82,945 at quarter 3. The main reason for this is additional schools revenue funding announced late in 2020-21 through the following grants:-

<b><u>Name of grant</u></b>	<b><u>Additional Value</u></b> <b><u>£'000</u></b>
Accelerated Learning Programme – recruit and deploy additional capacity to support learners in addressing their needs following the initial Covid-19 crisis and period of school closure and further support for learners in exam years	924
Recruit, Recover, Raise Standards – to further support learning recovery and progression in schools	1,390
School Revenue Maintenance Grant - purpose of this funding is to cover school revenue maintenance costs	2,151
WLGA grant – help ensure mitigations are in place to ensure the school learning environment remains as Covid-safe as possible	246
Transition support for learners in Year 11, and Learners in Years 12 and 13 studying AS /A2 level qualifications who are transitioning to the next steps in their educational journey	290
Allocation of funding to schools from the Central South Consortium (CSC) for claims paid in quarter 4 - e.g cluster funding and professional learning	416
<b>Total</b>	<b>5,417</b>

The year-end balances have also improved due to the following:-

<b><u>Other Movements</u></b>	<b><u>£'000</u></b>
Additional funding distributed to schools to cover costs of increased numbers of free school meals during 2020-21	228
Successful claims from Covid Loss of Income Fund since Qtr 3 (Table 4)	337
Successful claims from the Covid Hardship Expenditure Fund since Qtr 3 - staff costs (£487K), non-staffing costs (£232K) to ensure social distancing and support learning, and ICT costs (£256K) (Table 3)	975
<b>Total</b>	<b>1,540</b>

In March 2021 Welsh Government advised the Corporate Director of Education and Family Support that many schools were predicting an increase in school reserves at the end of 2020-21 as many of the resources and activities schools had planned into their budgets in 2020-21 had changed, or been put on hold. It is understood that many of these activities will need to be progressed or even increased in the year ahead and the Corporate Director of Education and Family Support will be working closely with the schools to manage their surplus balances in accordance with the 'Guidance and Procedures on Managing Surplus School Balances'.

### **Central Education and Family Support budgets**

#### Inclusion

- The over spend of £389,000 is mainly due to the fact that there are currently only 14 out-of-county placements at Heronsbridge School and Ysgol Bryn Castell compared with 20 in the Summer Term 2020, impacting on the level of income received. It should be noted that some places can result in income in excess of £100,000. The position has improved from the £593,000 over spend projected at quarter 3 due to receipt of additional ALN Covid Grant of £379,612 and ALN Grant of £51,226. Without these, the underlying pressure on the Recoupment budget would have been £819,838. A Budget Pressure of £500,000 was approved by Council as part of the MTFs to address the underlying recoupment income shortfall therefore the budget will require close monitoring in 2021-22.

#### Pre-school provision

- The under spend of £203,000 relates primarily to reduced costs during the period when non-LA nurseries were closed during the first Covid-19 lockdown period in 2020-21. The position has improved since the £103,000 under spend projected at quarter 3 primarily due to additional Early Childhood Education and Care grant income - £40,321, and reduced staffing costs due to a secondment of a member of staff to WG - £25,615. It is anticipated that the budget will be fully allocated in 2021-22.

### Youth Service

- The under spend of £205,000 relates primarily to maximisation of Families First grant funding - £231,138 and is therefore not a recurring under spend for 2021-22.

### Emotional Health & Behaviour

- The under spend of £170,000 is primarily due to staff vacancy management (£92,000) and maximisation of grant funding - PDG £112,623, and ALN Covid £36,581. The position also improved from the projected £28,000 under spend at quarter 3 due to successful claims of £53,380 from the WG Hardship fund. The service area are looking to recruit and fill the vacancies in 2021-22 therefore this saving will not be recurring in 2021-22.

### Educational Psychology Service

- The under spend of £77,000 is primarily due to maximisation of Flying Start grant funding - £110,305 and is therefore not a recurring under spend for 2021-22.

### Adult Learning

- The £174,000 under spend against Adult Learning is primarily due to staff vacancies within the service (£121,000). The position has improved from the projected under spend at quarter 3 of £78,000 due to ongoing restrictions increasing the staff vacancy savings along with additional grant funding received – Adult Community Learning Grant (£35,598) and Legacy Funding (£16,321). Recruitment exercises are planned for 2021-22 in order to fill vacant posts, therefore the saving will not recur in 2021-22.

### Home to School Transport (HTST)

- There is an over spend on Home to School Transport of £165,000 in 2020-21. The position has improved since the projected over spend of £548,000 at quarter 3. A further saving of £78,000 was achieved due to paying 75% of the contract value for school and other contracted local passenger services in order for them to remain viable as school closures continued in the final quarter of 2020-21. This was in addition to the £337,000 reported as being saved in the first quarter of 2020-21. £100,000 was also successfully claimed from the WG Hardship Fund to support costs of delivery of FSMs. In addition, as college learners continued to be taught remotely for the final quarter, the HTST budget saw a further reduction in costs of £234,000.
- In September 2015, Cabinet agreed changes to the local authority's Home to School/College Transport Policy in order to meet MTFs savings identified from 2016-17 to 2019-20. The policy change was implemented in September 2016 and Cabinet resolved to protect the entitlement of all pupils currently benefitting from home to school transport at the former distances until they moved schools or moved from one phase of education to another. Furthermore protection was provided for siblings of children already in receipt at the former distances, where they too would benefit from free transport at the same distance. Parents who were aggrieved that their child was at detriment in comparison with their peers challenged the safety of walked routes to schools. Therefore, the local authority agreed in August 2017 to progress the formal assessments of walking routes to schools. It was then proposed to seek the views of the public on a number of policy proposals, not least the implementation of available walked route assessments. In July 2019, Cabinet agreed to undertake a full 12-week public consultation on a new set of proposals that would provide sufficient savings to support the MTFs.

- On 15 September 2020 Cabinet were updated on the outcomes of the consultation exercise and resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022-23 at the earliest.
- In the meantime there are ongoing historic pressures associated with budget reductions that have not been supported by a policy change of £269,000 and an in year MTFs savings target of £75,000 which remains undeliverable. For 2020-21 the overall shortfall of £344,000 on the HTST savings was funded from the Council's contingency budget.
- In addition, there is a significant additional costs associated with the provision of some specialist transport, for example, for looked-after children. The individual needs of these children, particularly those who are placed out-of-county, means that dedicated school transport is increasingly costly as options for their transport are limited.
- By combining the £415,000 in-year saving from paying 75% of the contract value, the one-off £234,000 saving on home to college transport, the £344,000 funding from the Council's contingency budget, with the final over spend of £165,000, the underlying budget pressure on the HTST budget amounts to £1.158 million. An MTFs Budget pressure of £1.210 million was approved by Council in February 2021 to support the increased costs of HTST and the increased provision of taxis and minibuses for those pupils with additional learning needs. This is a one-off pressure for 2021-22 while a review of HTST is undertaken.

#### Pupil Support

- The under spend of £73,000 is primarily due to staff vacancy management due to a delay in the implementation of a restructure. The restructure has now been undertaken hence the saving will not be recurring in 2021-22.

#### Catering Services

- The under spend of £179,000 in Catering Services has primarily arisen as a result of a £123,000 under spend on the Free Breakfast Club core budget due directly to Covid-19 restrictions and school lockdowns limiting the ability to provide the service at full capacity in 2020-21.
- The position has improved from the projected over spend of £777,000 at quarter 3 primarily due to successful WG Hardship Fund claims of £956,000. As noted in Table 3, whilst the authority received an additional £1.676 million from the WG Hardship Fund claims since quarter 3, the movement since quarter 3 has not improved to this level as additional FSM costs were incurred over and above that anticipated at quarter 3 due to continued lockdown of schools after Christmas.
- WG have confirmed that funding is available in the WG Hardship Fund to cover free school meal provision within school holidays up to Easter 2022.
- Close monitoring of the Catering Services budget will be required in 2021-22 to assess whether there is a continuing impact that the pandemic on the take up of school meals - a reduction was seen upon the return to school in September 2020.

#### Integrated Working and Family Support

- The £190,000 under spend within the Integrated Working and Family Support service is primarily due to maximisation of grant funding and is therefore not a recurring under spend for 2021-22.

#### Youth Offending Service

- The under spend of £72,000 within the Youth Offending Service is primarily due to staff vacancies experienced within the service. A planned re-structure this calendar year will result in the full budget being committed moving forward, therefore this saving will not be recurring in 2021-22.

#### Corporate Health & Safety

- The £95,000 under spend within the Corporate Health and Safety Unit is due to staff vacancy management. The vacant posts are expected to be filled in 2021-22 therefore this saving will not be recurring in 2021-22.

### 4.3.2 Social Services and Wellbeing Directorate

The net budget for the Directorate for 2020-21 was £73.263 million and the actual outturn was £72.289 million following draw down of £95,000 from earmarked reserves, resulting in an under spend of £974,000. The outturn has improved since the projected over spend at quarter 3 of £812,000 due primarily to:-

- Reallocation of existing grants - £839,000
- Additional contributions from Cwm Taf Morgannwg UHB towards placements - £38,000
- Successful WG Covid Loss of income claims - £72,000
- Successful WG Hardship claims - £450,000
- Rebate from the Regional Adoption Service - £249,000
- Reduced placement costs - £158,000

The most significant variances are:

<b>SOCIAL SERVICES AND WELLBEING DIRECTORATE</b>	<b>Net Budget</b>	<b>Actual Outturn</b>	<b>Actual Variance Over/(under) budget</b>	<b>% Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	
Adult Social Care	48,838	48,190	(648)	-1.3%
Prevention and Wellbeing	5,200	5,038	(162)	-3.1%
Childrens Social Care	19,225	19,061	(164)	-0.9%

#### Adult Social Care

There is a net under spend of £648,000 on the Adult Social Care budget. The most significant variances contributing to this under spend were:-

- Older People Residential Care – the over spend of £458,000 is due to increased placement costs and a reduction in personal contributions. The position has improved by £412,000 since quarter 3 primarily due to successful Covid Hardship claims of £301,000, and Winter Pressure income of £140,000.
- Care at Home for Older People - this includes domiciliary care services, local authority homecare services and the provision of direct payments. The under spend of £1.021 million is a combination of an over spend on the Direct Payments budget (£204,000) due to an increase in the number of cases, offset by an under



spend on the homecare budget primarily due to staffing vacancies and delays in implementing a restructure due to Covid-19. The restructure is progressing in 2021-22. The position improved since quarter 3 due to additional ICF funding of £53,000, COVID Hardship claims of £40,000, Winter Pressure funding of £119,000, Supporting People grant of £12,000, reduced placement costs of £121,000 and an overall reduction in staffing costs of £106,000.

- Assessment and Care Management – there is an under spend of £188,000 due to a challenging recruitment environment and maximisation of grant income to offset staffing costs. The position improved from quarter 3 due to additional ICF funding of £32,000, Winter Pressures funding of £156,000 and successful WG Hardship claims of £9,000.
- Physical Disability/Sensory Impairment – there is a net over spend of £68,000 within this service area. There is an under spend on the Residential Care budget due to reduction in placements (£122,000) and on Assessment & Care Management due to staff vacancy management (£114,000). Care at Home has over spent mainly due to an increase in demand in both Direct Payments (£33,000) and on equipment and adaptations (£222,000), despite ICF funding of £50,000 being secured in the final quarter of 2020-21. Covid-19 led to a marked and measurable increase in demand on the equipment and adaptations budget with more service users receiving care at home rather than in a hospital setting, individuals requiring support after having contracted Covid-19 and people expressing the wish to be more independent to reduce the number of carers visiting to minimise risking infection.
- Adult Learning Disabilities – there is an over spend of £65,000 which is mainly due to increased external homecare costs due to a high cost transition placement from Children’s Social Care. Maximisation of the Supporting People grant in quarter 4 offset this over spend by £17,000.
- Mental Health – there is an over spend of £34,000 which is mainly due to increased homecare costs due to additional placements relating to independent domiciliary care and high cost supported living placements. The position improved by £293,000 from quarter 3 due to additional grant funding of £109,000 (Supporting people - £42,000 and Winter Pressure - £67,000), along with additional contributions from Health (£38,000) with the balance from staff vacancy management.
- Management and Central Services – there is an under spend of £139,000 primarily due to staff vacancy management and under spends on training costs. This position improved from quarter 3 due to receipt of an additional DOLS grant - £45,000.

### Prevention and Wellbeing

- The Council received WG funding of £1.175 million in 2020-21 to compensate for the loss of income to contribute to the net loss of running the leisure services due to Covid-19. Since 3rd May 2021, there has been a phased reopening for leisure centres and swimming pools across the authority. The financial impact of this will have to be closely monitored in the first quarter of 2021-22.

- There is an under spend of £162,000 in 2020-21 which has improved by £101,000 since quarter 3. This is primarily due to £72,000 being successfully claimed from the Covid loss of income fund since quarter 3 for dual use sites where facilities are managed for community use outside of school hours along with £43,000 from various grants (Discovery Days £21,000, Young Carers ID £12,000 and Big Lottery £10,000).

### Childrens Social Care

There is a net under spend of £164,000 on Children's Social Care. The most significant variances contributing to this under spend were:-

- An over spend on the Care Experienced Children budget of £363,000. There is an under spend of £373,000 on the Out of County budget largely due to high cost packages of care ending or more cost effective alternatives being found. This was offset by an over spend of £525,000 on Independent fostering due to a combination of an increase in demand and complexity of cases. Average Care Experienced Children numbers were 376 in 2018-19, 384 in 2019-20 and 393 in 2020-21. A key piece of Bridgend's Care Experienced Children's strategy action plan is to increase the revocation of care orders for children placed with relatives/ friends or parents, increase the number of care order discharges, and increase the use of alternative orders such as Special Guardianship Orders. The service will continue with the initiatives and actions incorporated in the Care Experienced Children expectation plan in order to reduce the number of children placed in line with BCBC's corporate strategy during 2021-22. Successful claims of £100,000 from the WG Covid-19 Hardship fund have been made since quarter 3 along with additional Supporting People Grant of £62,000.
- Family Support Services – an over spend of £80,000 primarily due to Direct Payments. Whilst there were 114 Direct Payment clients at the end of both 2019-20 and 2020-21 the over spend is primarily because of increased costs due to complexity of cases.
- Other Child & Family Support Services – there is an under spend of £236,000 which is primarily due to a refund received in quarter 4 of £249,000 from the Regional Adoption service due to their overall budget being under spent and the number of children from Bridgend continuing to be proportionately lower than the previous years.
- Commissioning and Social Work – there is an under spend of £377,000 mainly due to staffing vacancies due to a challenging recruitment environment and maximisation of grant income to offset staffing costs. The Directorate is actively recruiting to vacancies, however challenges still remain, therefore an element of the under spend may continue short-term into 2021-22.
- An overall Budget Pressure of £479,000 was approved by Council as part of the MTFs to mitigate the increase in number of families accessing Direct Payments along with the complexity of cases across all areas, including Children's Services.

### 4.3.3 Communities Directorate

The net budget for the Directorate for 2020-21 was £28.493 million and the actual outturn was £26.502 million following draw down of £2.057 million from earmarked reserves, resulting in an under spend of £1.991 million. The outturn has improved since the projected under spend at quarter 3 of £752,000 due primarily to:-

- Successful WG Covid Loss of income claims - £412,000
- Successful WG Hardship claims - £132,000
- Additional WG - Local Government Roads Maintenance Revenue Grant in quarter 4 of £483K

The main variances are:

<b>COMMUNITIES DIRECTORATE</b>	<b>Net Budget</b>	<b>Actual Outturn</b>	<b>Actual Variance Over/(under) budget</b>	<b>% Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	
Highways Maintenance	2,802	2,448	(354)	-12.6%
Highways Services (DSO)	2,786	2,542	(244)	-8.8%
Street Lighting	1,691	1,458	(233)	-13.8%
Fleet Services	14	252	238	1700.0%
Traffic & Transport	722	459	(263)	-36.4%
Engineering	84	-53	(137)	-163.1%
Bereavement Services	43	-111	(154)	-358.1%
Grounds Maintenance	1,683	1,266	(417)	-24.8%
Public Realm	2,000	1,759	(241)	-12.1%

#### Highways Maintenance

- The under spend in Highways Maintenance of £354,000 is primarily due to an additional Local Government Roads Maintenance Revenue Grant of £483,000 received from WG in quarter 4. An earmarked reserve has been created (see Appendix 1) to enable Highways Maintenance projects to be delivered in 2021-22.

#### Highways Services (DSO)

- The under spend of £244,000 within the Highways Services (DSO) is primarily due to members of staff working on, and hence charging their time to, the ongoing SALIX capital scheme to enable the replacement of street lighting with new energy efficient LED units. This is not a recurring saving as it is limited to the timeframe of the capital programme.

#### Street Lighting

- The LED replacement programme has generated an under spend on energy consumption of £233,000 in 2020-21. £48,000 of this is a one-off under spend due to the financial profiling of the annual loan repayments. £75,000 will be utilised towards the 2021-22 MTFS Budget Reduction Proposal – COM8 – ‘Reduction to energy budget for Street Lighting’.

### Fleet Services

- There is a £238,000 over spend on Fleet services. Whilst the service underwent a review in 2019-20 which resulted in an increase to charge out rates to recover fixed costs, the pandemic impacted on productivity rates, primarily due to social distancing requirements in the workplace. Whilst the outturn for Fleet Services includes £65,000 claimed for Fleet Services from the WG Loss of Income fund due to loss of external income, internal re-charges impacted by Covid were not eligible to be claimed from the WG Hardship fund. Reduced spend will have been incurred on Hire and Servicing budgets across the service departments and included in the year end positions for service areas.

### Traffic and Transport

- There is an under spend of £263,000 within Traffic and Transport Services. Parking Services is showing an under spend of £155,000. This is primarily due to better than forecast levels of income received in some car parks. This additional income is contributing to running parking services and pressures within the overall transport budget, e.g. Fleet services, shop mobility, and School Crossing Patrols.
- In addition, a successful claim was made in quarter 3 to the Covid Hardship fund of £24,332 for additional costs incurred for maintaining social distancing at Bridgend Bus Station.

### Engineering Services

- The under spend of £137,000 within Engineering Services is primarily due to an increase in the level of fee earning jobs (balance of EU/non EU funded projects) and the differing chargeable rates allowed.

### Bereavement Services

- The under spend of £154,000 within bereavement services is primarily due to an increase in income compared with both historic income levels and budgeted income levels. 2020-21 saw an increase in burials of 34%, largely driven by the pandemic. It is anticipated that income levels will return to normal levels in 2021-22.

### Grounds Maintenance

- The under spend of £417,000 on the grounds maintenance budget is primarily due to a reduction in the use of seasonal staff due directly to Covid-19 along with a corresponding lower re-charge on non-staffing budgets – e.g hire of vehicles, equipment and machinery.

### Public Realm Infrastructure

- Council approved a £2 million public realm budget as part of the MTFS in February 2020. CCMB agreed to use £500,000 of this in 2020-21 towards the Covid-19 Recovery Fund, leaving a balance of £1.5 million for public realm works. CCMB approved a list of schemes to be funded from this budget in 2020-21, with the majority of schemes being completed. A small number of schemes were impacted by the pandemic, either through an unanticipated delay to the commencement date or having to go to out to re-tender. These projects have been re-profiled to be completed in 2021-22.

#### 4.3.4 Chief Executive's

The net budget for the Directorate for 2020-21 was £18.774 million and the actual outturn was £17.678 million following draw down of £950,000 from earmarked reserves, resulting in an under spend of £1.096 million. The projected under spend at quarter 3 was an under spend of £200,000, however as indicated in Table 2 the Directorate has been successful in claiming £582,000 from the WG Covid loss of income claim and £453,000 from the WG Hardship Fund since quarter 3, improving the year end position by £1.035 million.

The most significant variances are:

CHIEF EXECUTIVE'S	Net Budget	Actual Outturn	Actual Variance Over/(under) budget	% Variance
	£'000	£'000	£'000	
Housing & Homelessness	1,162	990	(172)	-14.8%
Finance	3,700	3,181	(519)	-14.0%
HR and Organisational Development	1,836	1,588	(248)	-13.5%
ICT	3,472	3,778	306	8.8%
Legal, Democratic & Regulatory	4,929	4,705	(224)	-4.5%
Customer Services & Engagement	1,625	1,457	(168)	-10.3%

##### Housing & Homelessness

- The under spend of £172,000 is primarily due to staffing vacancies in respect of the core funded housing team. The service are actively recruiting to fill the vacant posts therefore this saving will not be recurring in 2021-22.
- Successful claims to the WG Hardship fund of £2.082 million significantly supported these services throughout 2020-21. Budget growth of £2.192 million was approved by Council as part of the MTFs Budget setting process in February 2021 to continue the commitment to focus support for homeless individuals providing them with accommodation.

##### Finance

- The improvement from the quarter 3 projected year-end position of an under spend of £89,000 is due to a contribution from WG in March 2021 of £363,000 towards loss of court cost and debt recovery income in quarter 4. £240,000 of the under spend mainly relates to staffing vacancies across the service. Part of this under spend will be utilised towards the MTFs staffing budget saving proposal for finance of £65,000 in 2021-22 with other vacancies being populated further to the Finance restructure being implemented in 2021-22.
- In addition to the under spend on staffing, there was a rebate of £86,167 from the Regional Internal Audit Service (RIAS) in respect of a reduced number of audit days received in the 2020-21 financial year as a result of staff vacancies within the service. The proposed restructure is almost ready for consultation with Trade Unions and staff, so it is anticipated that this saving will not be recurring in 2021-22.

### HR and Organisational Development

- The under spend of £248,000 mainly relates to staffing vacancies (£166,000) across the service. Part of this under spend will be utilised towards the MTFs staffing budget saving proposal for HR of £24,000 in 2021-22. HR are either actively recruiting to fill, or have already filled, the remaining vacancies therefore the remaining under spend will not be recurring in 2021-22. In addition, whilst Council approved a £200,000 Council Wide Apprenticeship Programme budget pressure for 2020-21 as part of the MTFs in February 2020, the pandemic impacted on the ability to appoint to the apprenticeship posts resulting in a £133,000 under spend. All apprenticeship posts are anticipated to be filled shortly.

### ICT

- There is a net over spend of £306,000 across ICT budgets. Due to reduced printing activity ICT have been unable to cover the fixed costs of printers and photocopiers through the recharge to service departments, resulting in an over spend of £144,000 against the ICT print budget. Consequently, reduced spend will have been incurred on printing budgets across the service departments and included in the year end positions for service areas.
- In addition to the shortfall in the print budget, additional costs of £30,000 were incurred on postage budgets and £86,000 on software budgets, both of which are as a consequence of providing support for staff working from home during the pandemic (net of WG Hardship claim contributions).
- A budget pressure of £418,000 was approved by Council in February 2021 to mitigate further increased costs in relation to ICT Digital Strategy Licences, in particular migration to Cloud based delivery model to support faster and more secure ICT services.

### Legal, Democratic & Regulatory

- The under spend of £224,000 has mainly arisen from staffing vacancies in legal, Member Services and procurement. These departments are looking to recruit and fill these vacancies in 2021-22 therefore this saving will not be recurring in 2021-22.
- The position has improved from the projected under spend of £93,000 at quarter 3 due to successful Covid-19 loss of income claims of £73,000 and a rebate of £72,000 relating to Shared Regulatory Services as anticipated service level delivery was impacted by the pandemic resulting in an under spend. This arose due to a refund of charges relating to the previous years which remained unspent.

### Customer Services & Engagement

- The under spend of £168,000 mainly relates to staffing vacancies. Various recruitment activities were actioned throughout 2020-21 in order to fill vacant posts but appointments were delayed due to the impact of Covid-19. Recruitment is planned to continue in 2021-22 therefore this saving will not be recurring in 2021-22.

#### 4.3.5 Council Wide budgets

This section includes budgets, provisions and services which are Council wide, and not managed by an individual directorate. The budget for 2020-21 was £42.343 million and the actual outturn was £30.617 million, resulting in an under spend of £11.726 million. As explained in detail earlier in the report, the outturn has changed since the projected under spend at quarter 3 of £7.177 million due primarily to:-

- WG Hardship Grant of £1.121 million to address the Covid impact on plans for service savings and changes when budgets for 2020-21 were originally set
- WG Hardship Grant of £1.121 million to support costs in modern ways of working and digital transformation
- WG Hardship Grant of £151,178 in quarter 4 towards council tax support under the Council Tax Reduction Scheme
- A £1.252 million improvement on Insurance Premium costs

The most significant variances were:

<b>COUNCIL WIDE BUDGETS</b>	<b>Net Budget</b>	<b>Actual Outturn</b>	<b>Actual Variance Over/(under) budget</b>	<b>% Variance</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	
Capital Financing	7,329	6,632	(697)	-9.5%
Council Tax Reduction Scheme	15,254	14,975	(279)	-1.8%
Insurance Premiums	1,438	124	(1,314)	-91.4%
Repairs and Maintenance	615	131	(484)	-78.7%
Other Council Wide Budgets	9,167	200	(8,967)	-97.8%

##### Capital Financing

- The under spend of £697,000 arose on interest paid/received due to a combination of lower borrowing than anticipated as capital schemes have delayed and the Council uses its own internal resources to finance schemes, and additional interest from current investments.

##### Council Tax Reduction Scheme

- There is an under spend of £279,000 on the Council Tax Reduction Scheme. This is a demand led budget and take-up is difficult to predict. Support of £325,469 from WG was provided in 2020-21 towards the increased demand due to the impact of Covid-19 on personal financial circumstances. It is likely that there will be an additional call on the council tax reduction scheme in view of the inevitable economic impact of the pandemic as we see the impact of the cessation of the furlough scheme/newly unemployed and a likely increase in the number of benefits claimants.

##### Insurance Premiums

- There is an under spend of £1.314 million on the insurance premium budget. This primarily relates to a £1.039 million reduction in the overall fund liability following successful claims repudiated and settled at a lower amount or claims won. In addition, as part of the Maesteg School Partnership PFI, the annual Insurance Review has resulted in a one-off exceptional saving of £198,000 which has been refunded to the Council. The outturn for 2020-21 is considered to be a one-off under spend, however there is a £75,000 reduction to the Insurance budget in 2021-22 as part of the MTFs

approved by Council in February 2021. The budget will continue to be reviewed going forward to determine if there are any further permanent budget reduction opportunities.

#### Repairs and Maintenance

- There is an under spend of £484,000 is as a result of slippage on some minor works schemes and feasibility studies, which will now be completed in 2021-22. An earmarked reserve has been established to meet these costs.

#### Other Council Wide Budgets

- Other Council Wide budgets includes funding for pay, price and pension increases along with funding to deal with unexpected costs unforeseen when the budget was set. There is a net under spend of £8.967 million on other council wide budgets. The main areas contributing to this under spend are:-
  - When the MTFS was approved in February 2020, the pay increases for NJC employees and teachers had not been finalised, but a claim for NJC staff had been submitted for an increase of 10%. Provision was made in the budget based on previous years' increases with an element of contingency built in. The agreed NJC pay award was 2.75%. Even a variance of 1% on the pay settlement for NJC staff alone can result in a swing of required funding of over £1 million per annum.
  - Inflation rates have fluctuated since the budget was set (CPI was 1.7% in February 2020 reducing to a low of 0.3% by November 2020). The majority of the budget estimated for price inflation is retained centrally within Council wide budgets and allocated to directorates/schools as further information is known about specific contractual price increases e.g. for energy. Therefore, a significant part of the projected under spend (£1.5 million) relates to the movement on inflation rates since budget setting, and the reduced requirement to allocate budget to service areas in-year.
  - Welsh Government advised local authorities during quarter 3 of additional grant funding being made available during 2020-21 to contribute towards the increased cost of teachers' pay increases which were originally funded in full through the MTFS (£291,980). WG also provided additional funding during quarter 4 of £1.121 million to address the Covid impact on plans for service savings and changes when budgets for 2020-21 were originally set and £1.121 million to support costs in modern ways of working and digital transformation. Given the late notification of this additional funding, earmarked reserves have been established to meet one-off pressures that have been identified for the 2021-22 financial year along with an earmarked reserve to support the corporate and digital transformation programme.



#### 4.4 Review of Earmarked Reserves

4.4.1 The Council is required to maintain adequate financial reserves to meet the needs of the organisation. The MTFs includes the Council's Reserves and Balances Protocol which sets out how the Council will determine and review the level of its Council Fund balance and earmarked reserves. During 2020-21 Directorates drew down funding from specific earmarked reserves and these were reported to Cabinet through the quarterly monitoring reports. The final draw down from reserves was £4.104 million and is summarised in Table 8 below. A more detailed review of draw-down of reserves is outlined in Appendix 5.

**Table 8 – Draw Down from Earmarked Reserves during 2020-21**

	<b>Draw down from Earmarked Reserves 2020-21</b> <b>£'000</b>
<b>Education &amp; Family Support</b>	475
<b>Social Services &amp; Wellbeing</b>	95
<b>Communities</b>	2,057
<b>Chief Executives</b>	950
<b>Corporate/Equalisation</b>	527
<b>Total</b>	<b>4,104</b>

4.4.2 The year end review also examined:-

- commitments against existing reserves and whether these were still valid;
- earmarked reserve requests from Directorates as a result of emerging issues and;
- emerging risks for the Council as a whole.

Table 9 below details the creation of new earmarked reserves, increases to existing earmarked reserves and amounts that have been unwound from reserves. The net additions to reserves for the whole of 2020-21 is £32 million which includes the £8.382 million increase to School Balances set out in paragraph 4.3.1, along with £8.7 million to fund new capital projects. The final column shows that there have been net additions of £25.632 million in the last quarter of the financial year. Appendix 1 outlines the main additions in the final quarter.

**Table 9 – Net appropriation to/from Earmarked Reserves 2020-21**

	Unwound 2020-21	New/ Additions to Reserves 2020-21	Total	Increase/ (Decrease) Qtr 4 Only
	£'000	£'000	£'000	£'000
<b>Corporate Reserves:-</b>				
Capital Programme Reserve	0	8,530	8,530	5,880
Digital Transformation, ICT & Finance Systems	0	675	675	674
Asset Management Reserve	-90	295	205	245
Building Maintenance Reserve	0	820	820	320
Central feasibility	0	224	224	224
Property Disposal Strategy	0	0	0	0
Capital Asset Management Fund	0	173	173	173
Major Claims Reserve	0	500	500	0
Change Management Fund	0	0	0	0
<b>Total Corporate Reserves</b>	<b>-90</b>	<b>11,217</b>	<b>11,127</b>	<b>7,516</b>
<b>Directorate Reserves:-</b>				
Directorate Issues	-462	6,069	5,607	4,403
City Deal Financing Reserve	0	2,899	2,899	1,899
<b>Total Directorate Reserves</b>	<b>-462</b>	<b>8,968</b>	<b>8,506</b>	<b>6,301</b>
<b>Equalisation &amp; Grant Reserves:-</b>				
ED&FSS Grants	0	1,272	1,272	1,272
Civil Parking Enforcement	0	17	17	17
LDP	0	20	20	20
Building Control	0	3	3	3
Communities Grants	-14	753	739	753
SRF	0	169	169	169
Chief Execs Grant		680	680	680
SSWB Grants	0	519	519	519
<b>Total Equalisation &amp; Grant Reserves</b>	<b>-14</b>	<b>3,433</b>	<b>3,419</b>	<b>3,433</b>
<b>School Balances</b>	<b>0</b>	<b>8,382</b>	<b>8,382</b>	<b>8,382</b>
<b>TOTAL RESERVES</b>	<b>-566</b>	<b>32,000</b>	<b>31,434</b>	<b>25,632</b>

4.4.3 A full breakdown of the total movement on earmarked reserves at 31st March 2021 is provided in Appendix 5. Table 10 below summarises the final position on all useable reserves for the year.

**Table 10 – Summary of Movement on Earmarked Reserves 2020-21**

Opening Balance 01-Apr-20 £'000	Reserve	Movement at Quarter 4		Closing Balance 31-Mar-21 £'000
		Additions/ Reclassification £'000	Drawdown £'000	
9,340	<b>Council Fund Balance</b>	432	0	9,772
43,488	Corporate Reserves	11,217	-2,085	52,620
7,930	Directorate Reserves	8,968	-1,475	15,423
3,696	Equalisation & Grant Reserves	3,433	-1,110	6,019
108	School Balances	8,382	0	8,490
<b>55,222</b>	<b>Total Earmarked Reserve</b>	<b>32,000</b>	<b>-4,670</b>	<b>82,552</b>
<b>64,562</b>	<b>Total Useable Reserves</b>	<b>32,432</b>	<b>-4,670</b>	<b>92,324</b>

4.4.4 In terms of financial reserves, the Council Fund balance represents 3.41% of the net revenue budget for 2020-21, or 5.27% of the net revenue budget, excluding schools. This aligns with MTFS Principle 9 which states that:-

*The Council Fund balance should be set at a prudent but not excessive level. This will normally be maintained at a level of 5% of the Council's net budget, excluding schools.*

## 5. Effect upon policy framework & procedure rules

5.1 As required by section 3 (budgetary control) of the Financial Procedure Rules; Chief Officers in consultation with the appropriate Cabinet Member are expected to manage their services within the approved cash limited budget and to provide the Chief Finance Officer with such information as is required to facilitate and monitor budgetary control.

## 6. Equalities Impact Assessment

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

## 7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. As the report is for information it is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

## **8. Financial implications**

8.1 These are reflected in the body of the report.

## **9. Recommendation**

9.1 Council is requested to:

- note the revenue outturn position for 2020-21

**Gill Lewis**

**Interim Chief Officer – Finance, Performance and Change**

**June 2021**

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Bridgend  
CF31 4AP

**Background documents:** Individual Directorate Monitoring Reports  
MTFS Report to Council – 24 February 2021

Category	Description	Budget		Period Covered
		Revenue £000	Capital £000	
<b>Wellbeing</b>	Coordinate, develop and oversee implementation of service development priorities in adult, children and young people's and leisure services	210		2021-22 to 2022-23
	Initiatives to support Well-being of staff	115		2021-22
	Accessibility Works - Leisure and Cultural Services		150	2021-22 to 2022-23
	Children's Residential Accommodation Hub		350	2021-22
	Redecoration and upgrade works in social care premises	250		2021-22 to 2022-23
<b>People &amp; Jobs</b>	Social Work - 3 year secondment scheme for trainee social workers	360		2021-22 to 2023-24
	Apprentice and Graduate Scheme	330		2021-22 to 2023-24
<b>Environment</b>	Implementing Bridgend 2030 Decarbonisation Strategy	220		2021-22 to 2022-23
	Highways Revenue Maintenance Schemes	483		2021-22
<b>Local Economy &amp; Tourism</b>	Targeted transport initiatives - Active Travel Strategy, Charging Infrastructure, Feasibility on Transport Interchanges, WG 20MPH Speed limit	520		2021-22
	Development of Cosy Corner, Porthcawl		500	2021-22 to 2022-23
	Commercial Property Enhancement Fund		150	2021-22
	Wider regeneration investment		2,300	2021-22 to 2023-24
	COVID-19 Recovery Fund	500		2021-22
	Contribution to Brexit Reserve	800		2021-22 to 2022-23
<b>Transformation</b>	Corporate and Digital Transformation Programme	800		2021-22 to 2022-23
	ICT Equipment for School Kitchens		40	2021-22
	Depot rationalisation		300	2021-22
	Replacement CCTV System		595	2021-22
<b>Capital Projects</b>	Feasibility is underway on a number of capital schemes. These will be brought back to Cabinet and Council at a future date once the full scheme costs are known with more certainty. As the potential to generate capital receipts from the sale of assets diminishes, this has become an important source of funding for the capital programme and enables major capital schemes to progress without the need for borrowing which would put additional pressure on the revenue budget.		6,500	
<b>Revenue Maintenance Projects</b>	To enable Minor Works schemes and Feasibility Schemes delayed due to COVID-19 to be completed in future years along with a £500,000 allocation to be utilised against projected maintenance pressures.	1,045		2021-22
	<b>TOTAL</b>	<b>5,633</b>	<b>10,885</b>	

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## PRIOR YEAR BUDGET REDUCTIONS CARRIED FORWARD INTO 2020-21

Ref.	Budget Reduction Proposal		Original Reduction and RAG £000	Revised RAG £000	Total amount of saving achieved in 2020-21 £000	Reason why not achieved	Proposed Action in 2021-22 to achieve
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## RAG STATUS KEY

RED	Not likely to be achieved at all in this financial year or less than 25%.
AMBER	Reduction not likely to be achieved in full in financial year but greater than 25%
GREEN	Reduction likely to be achieved in full

## EDUCATION &amp; FAMILY SUPPORT

EFS1 (2017-18)	Phased implementation of Learner Transport Policy regarding statutory distances for free travel.		20		0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
EFS2 (2017-18)	School transport route efficiencies.		40		0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
EFS1 (2018-19)	Phased implementation of Learner Transport Policy regarding statutory distances for free travel.		67		0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
EFS27 (2018-19)	Review arrangements for Special Schools Home to School Transport with a view to achieving efficiency savings		75		0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
EFS 1 (2019-20)	Phased implementation of Learner Transport Policy regarding statutory distances for free travel.		67		0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
<b>Total Education &amp; Family Support Directorate</b>			<b>269</b>		<b>0</b>		

## SOCIAL SERVICES &amp; WELLBEING

SSW010 (2018-19)	Increase in-house fostering provision		392		392	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
SSW22 (2019-20)	Identify further savings from library and cultural facilities and related services including reviewing the numbers of facilities (libraries, community centres) and also reductions in services or opening hours.		60		60	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
<b>Total Social Services &amp; Wellbeing Directorate</b>			<b>452</b>		<b>452</b>		

Ref.	Budget Reduction Proposal		Original Reduction and RAG £000	Revised RAG £000	Total amount of saving achieved in 2020-21 £000	Reason why not achieved	Proposed Action in 2021-22 to achieve
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## COMMUNITIES

COM19 (2017-18)	Permitting Scheme road works net of existing income of £95,000		100		0	Timeline not in the direct control of BCBC officers as the business case is going through multiple steps in an approval process with WG. However ultimately a positive response is expected, and this is being lead by the Group Manager to ensure it is followed through.	The Streetworks review is reaching completion and will be submitted to WG for consideration. The responsible highways network budget area is committed to stay within budget irrespective of the delivery of the scheme.
COM 4 (2019-20)	Review of School Crossing Patrol service in line with GB standards		10		0	The level of service need is currently in excess of the available budget, hence saving is not likely to be fully achieved in 2020-21.	The provision of the service and the MTFS is predicated on sites meeting certain guidance. Assessment of sites continue to be reviewed in line with the Council protocol and if sites do not meet the criteria they could be considered for dis-establishment.
COM 20 (2019-20)	Highways Dept Management Structural Savings Target		100		100	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
COM 26 (2019-20)	Investigate the introduction of charging to users of the Shopmobility facility in Bridgend Town Centre to reduce/remove the current level of subsidy		5		0	Cabinet considered a report in January 2020 and approved the introduction of new hire fees and alteration to opening times to enable this saving to be achieved. However, whilst the new charges have been implemented in 2020-21, COVID-19 has impacted on the ability to fully achieve the savings proposal.	No further action required as shortfall is COVID-19 related. Full saving should be achieved in 2021-22.
COM 44 (2019-20)	Bridgend Bus Station - alternative measures to explore full cost recovery and external support will be pursued but, failing this, the likely required step to deliver this saving is closure.		45		45	Budget re-alignment from Public Realm budget actioned in 2020-21.	None required - saving made in full in 2020-21
COM 46 (2019-20)	Removal of budget for Subsidised Bus Routes		148		148	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
COM 52 (2019-20)	Reductions to the budget for the Materials Recovery and Energy Centre (MREC) to be achieved through the current procurement being undertaken with Neath Port Talbot CBC for the provision of new operator arrangements for the MREC facility at Crumlyn Burrows		1,300		1,000	Shortfall in savings identified of £300,000 - funded from corporate contingency in 2020-21.	A Budget Pressure of £300,000 was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021.
COM 55 (2019-20)	Increase charge for Green Waste Service from £28.30 per household to £38.30		25		0	Whilst the new charges have been implemented, closure of the green waste processing facility and hence cessation of the green waste service for the first part of 2020-21 due to COVID-19 has impacted on the ability to fully achieve the savings proposal	No further action required as shortfall is COVID-19 related. Full saving should be achieved in 2021-22.
COM 59 (2019-20)	Reduction to the opening hours of the Community Recycling Centres by 1 hour, per day.		17		17	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
<b>Total Communities Directorate</b>			<b>1,750</b>		<b>1,310</b>		

## CHIEF EXECUTIVE'S

CEX10 (2019-20)	Review CCTV function with aim to create efficiencies		30		30	Saving achieved in full in 2020-21.	None required - saving made in full in 2020-21
<b>Total Chief Executive's Directorate</b>			<b>30</b>		<b>30</b>		

<b>GRAND TOTAL OUTSTANDING REDUCTIONS</b>			<b>2,501</b>		<b>1,792</b>		
<b>REDUCTIONS SHORTFALL</b>					<b>709</b>		



**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
<p><b>EDUCATION &amp; FAMILY SUPPORT</b>  <b>CENTRAL EDUCATION &amp; FAMILY SUPPORT</b></p>						
EFS1	Phased implementation of Learner Transport Policy regarding statutory distances for free travel	<ul style="list-style-type: none"> <li>• Savings should occur naturally as a result of the policy application year on year, however dispersed learners and contractual pressure from operators as routes become more untenable may mean it becomes increasingly difficult to find the identified savings.</li> <li>• Risk of price increases from Contractors.</li> </ul>	75	0	On 15 September 2020 Cabinet resolved to defer the decision to amend the Local Authority's Learner Travel Policy until after the review of the current statutory distances by Welsh Government in March 2021. Whilst we await the outcome of the review it is unlikely that any change to the statutory distances by Welsh Government will follow until 2022 at the earliest and therefore even if the statutory distances reduce as a result of this review, the RSG would unlikely reflect this until 2022/23 at the earliest. The shortfall in savings identified were funded from corporate contingency in 2020-21.	A Budget Pressure was approved by Council as part of the Medium Term Financial Strategy 2021-22 to 2024-25 in February 2021. This is a one-off pressure whilst a review is undertaken.
EFS44	Review of Childcare Team	Review existing staffing structure within the Childcare Team with a view to moving core funded staff to grant, where this option is eligible under grant conditions. In addition a review of the service demand placed on the Development Officers in supporting the private nursery settings throughout the county borough, ensuring a streamlined service that meets minimum statutory requirements. There are however, significant risks in making further reductions in this budget line (RSG) given Welsh Government's policy linked with both the national statutory Childcare Offer and Child Sufficiency requirements. In addition, this budget line has been reduced in previous years and existing demand (to fund placements) is exceeding budget.	10	10	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
EFS48	Efficiency saving targeting supplies and services budgets across the Education and Family Support Directorate	Limited impact as review has identified small historic underspends against this budget category.	87	87	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
EFS54	Further reduction to contribution to the Central South Consortium (CSC)	This would need to be agreed with other partners within the Consortium.	17	17	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
EFS57	Further review of staffing structures across the Education and Family Support Directorate	Potential delays in service delivery.	50	50	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
<b>Total Education and Family Support</b>			<b>239</b>	<b>164</b>		

**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
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**SOCIAL SERVICES & WELLBEING**

SSW19	Further review of HALO partnership contract, including the Council taking over the management and payment of utility bills currently incurred by HALO. This will result in VAT efficiencies for HALO and contribute towards the reduction in the management fee	Previous negotiations have proved successful. No adverse impact identified.	40	0	Detailed discussions and advice received from VAT consultants resulted in this budget reduction proposal not being able to be progressed. Underspends were held across the service area in 2020-21 to mitigate the shortfall in the short term.	Alternative savings proposal are being developed and will be reported as part of the Budget Monitoring 2021-22 Quarter 1 Revenue Forecast report to Cabinet.
SSW20	Identify further savings from leisure centres and swimming pools including reviewing the number of facilities and also reductions in services or opening hours.	Reduced availability of services and accessibility to the public. Negative impact on healthier wales wellbeing goals.	70	0	COVID-19 has impacted on the delivery of this saving in 2020-21. Underspends were held across the service area to mitigate the shortfall in the short term.	Close monitoring of the Leisure Services budgets will be required in 2021-22 to determine the potential for the COVID-19 pandemic to continue to impact on income levels achieved. Underspends will be held across the service area to mitigate any shortfalls in the short term.
SSW22	Identify further savings from library and cultural facilities and related services including reviewing the numbers of facilities (libraries, community centres) and also reductions in services or opening hours.	Reduced availability of services and accessibility to the public. Negative impact on healthier wales wellbeing goals.	20	20	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
SSW26	Remodelling day service provision for older people and learning disability services	Full review of services which could mean alternative methods of service delivery	90	90	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
SSW27	Increase income generation from mobile response and telecare charging	Limited impact on current services but would require commercial expertise to assist with the proposal	75	0	Income levels in 2020-21 did not increase to meet the required budget pressure proposal.	Service area will continue to identify efficiencies to meet the shortfall in 2021-22.
SSW28	Increase non-residential charging limits from £90 to £100 per week. This is totally reliant on Welsh Government changing the limits within their non-residential charging policy in 2020/21	Limited impact on services	200	200	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21

**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
Page 231 SSW29	Further review of staffing structures across Adults and Children Services including:- • The management structures in the direct provider services as well as reviewing the demands on the service and the direct care hours needed to meet those demands. • The overall management structure across Adults, Children and Wellbeing services • The service will be reviewing its overall professional staff to ensure the levels of the staff meet current demands whilst being aware that the service need to ensure that the caseloads of qualified staff are in line with acceptable standard because if they are not it would impact on practice and performance and increase risk in the service as well as impacting on recruitment and retention and the Authority's ability to attract suitably experienced and qualified staff .	This will mean reducing staff numbers, which will incur redundancy costs. There will also be reduced capacity within teams across the directorate	175	175	£77k achieved in staff savings in 2020-21. Additional savings of £98k achieved from care package review savings over and above the required £150k SSW30 budget reduction proposal which have been utilised to offset the shortfall in the staffing budget reduction proposal on a permanent basis.	None required - saving made in full in 2020-21
SSW30	Further review of care packages linked to the assessment framework to include consideration of transport	It is envisaged that the number of care hours will reduce for service users across the directorate	150	150	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
<b>Total Social Services &amp; Wellbeing Directorate</b>			<b>820</b>	<b>635</b>		

**COMMUNITIES**

COM26	Investigate the introduction of charging to users of the Shopmobility facility in Bridgend Town Centre to reduce/remove the current level of subsidy otherwise closure of the facility will be necessary	The popularity of the service is generally declining with a significantly reduced number of users. Changes in technology have meant that lightweight, affordable scooters have now greatly increased in private ownership, compared to when the facility was introduced. The provision is non statutory and not one provided in other town centres in the County Borough or in many town centres of neighbouring authorities. On this basis in order to make the service viable it is proposed to introduce charging but if this does not present a realistic option to make the full required saving closure of the facility would be necessary. There is a risk that some members of the community with mobility issues may struggle to pay the necessary charges and therefore maybe unable to gain access to the town centre. It is proposed to engage with users of the facility to inform the way forward.	18	0	Cabinet considered a report in January 2020 and approved the introduction of new hire fees and alteration to opening times to enable this saving to be achieved. However, whilst the new charges have been implemented in 2020-21, the lockdown of the town centre early in 2020-21 due to COVID-19 has impacted on the ability to fully achieve the savings proposal.	No further action required as shortfall is COVID-19 related. Full saving should be achieved in 2021-22.
COM42	Review of parks and playing fields service split over two financial years - 19/20 and 20/21:- 15% reduction to seasonal operatives budget (£75K). Corresponding reduction to large and small plant (£29k). Removal of bowls club grant (£34K).	The cut identified for both 2019-20 and 2020-21 will mean that there are reduced levels of maintenance and slower reaction times which will mean a degradation over time which will result in higher future capital costs i.e. maintenance of remaining pavilions.	69	69	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21

**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
Page 232 COM43	End of management of Kenfig National Nature Reserve	The agreement between BCBC and Kenfig Corporation Trust (KCT) ends in December 2019. It is currently proposed that BCBC does not enter into any new agreement. KCT are underway with a process, supported by their agent HRT, to identify a new tenant. This process is being conducted in partnership with NRW. There is a risk that the level of management may be affected, however there is also the opportunity that the new tenant may be able to draw on resources that BCBC cannot.	35	35	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM51	Ongoing implementation of Corporate Landlord model	The savings will be delivered in a number of ways including operational efficiencies, streamlined business processes, IT investment, improved procurement and contract management, and some deletions of vacant posts.	350	325	Level of savings identified as at 31 March 2021.	Service area will continue to identify efficiencies to meet the shortfall in 2021-22.
COM55	Increase charge for Green Waste Service from £28.30 per household to £38.30	The new waste contract related items would require both Contract Variation negotiations with Kier to confirm the saving levels proposed and public consultation regarding the charge changes and reduced levels of service.	25	0	Whilst the new charges have been implemented, closure of the green waste processing facility and hence cessation of the green waste service for the first part of 2020-21 due to COVID-19 has impacted on the ability to fully achieve the savings proposal	No further action required as shortfall is COVID-19 related. Full saving should be achieved in 2021-22.
COM56	Increase charge for collection of 3 bulky waste items from £15.50 to £20.	The waste contract items would require both Contract Variation negotiations with Kier to confirm the saving levels proposed and public consultation regarding the charge changes and reduced levels of service.	10	10	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM59	Reduction to the opening hours of the Community Recycling Centres by 1 hour, per day.	The waste contract items would require both Contract Variation negotiations with Kier to confirm the saving levels proposed and public consultation regarding the charge changes and reduced levels of service.	17	17	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM73	BCBC to save the annual BID funding now BID no longer functions	No impact that is within the control of BCBC following a unsuccessful BID ballot.	15	15	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM76	Review of Porthcawl Marina with a view to it running on a full cost recovery basis. This will involve a review of the berth fees.	This would involve a review of the berth fees and other operational costs. Any approach to outsourcing management would likely require financial support and therefore negate any savings.	25	25	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM77	Direct Services Organisation (DSO) staffing restructure - the front line staffing for highways which deal with a range of highway issues such as Winter gritting, Traffic collisions clear up, Flooding, Gully maintenance, Maintenance of Traffic signs, streetlights and traffic signals. The team have a major role within the Borough in the maintenance and repair of the highway. Since the loss of work the team undertook on behalf of the South Wales Trunk Road Agency (SWTRA) there is the potential to make a saving in the DSO staffing structure.	This would be potentially focused at a managerial level with the implication on the ability to deal with service requests in regard of local construction projects. It would also increase the single point failure in regard of sickness absence for remaining members of team.	50	50	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21

**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
Page 233 COM79	Investigate reducing costs and increasing charging for running the Bridgend Business Forum for specific events to reduce/remove the current level of subsidy otherwise reduction in the service level will be necessary.	If reduced costs and increased charges are accepted impact should be minimal, there is a risk that the level of support / number of events may need to be reduced to support the saving.	18	18	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
COM96	WG National AHP Waste Programme - capital contribution from WG towards 7.5 tonne vehicle to collect AHP recycling	This would require Contract Variation negotiations with Kier to confirm the saving levels proposed based on a reduction in costs in relation to the current AHP vehicle that is leased	14	0	It took significantly longer than expected to work through the detail of the variation order required to action this saving, due to other pressing time demands, including dealing with the pandemic response. The variation order has now been completed and the saving will now be delivered in full in 2021-22.	Saving will be made in full in 2021-22.
<b>Total Communities Directorate</b>			<b>646</b>	<b>564</b>		

**CHIEF EXECUTIVES**

CEX1	Efficiencies from Shared Regulatory Service	May require restructuring within service and impact on response times, but will be managed across the 3 participating Councils and will aim to minimise impact.	37	37	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX11	The expansion of the shared internal audit service has created efficiencies resulting in reduced contribution for BCBC	No impact on service provision	40	40	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX12	Reduction of HR staffing budgets	Potential reduction of posts and redundancy costs	44	44	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX13	Reduction of Partnerships Services budgets - savings achieved through software rationalisation and removal of vacancies within the ICT service unit	Minimal service impact as savings a result of vacancies and efficiencies	200	200	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX15	Reduction of Legal fees budgets	Minimal impact	80	80	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX16	Reduce Members' training budget	Less training opportunities for elected members.	7	7	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CEX17	Reduction of Business Support staffing budgets	Potential reduction of posts and redundancy costs	100	100	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
<b>Total Chief Executive's Directorate</b>			<b>508</b>	<b>508</b>		

**MONITORING OF 2020-21 BUDGET REDUCTIONS**

Ref.	Budget Reduction Proposal	Impact, including on 5 Ways of Working as set out in the Wellbeing of Future Generations Act	Savings Target 2020-21 £'000	Value of Saving Achieved 2020-21 £'000	Reason why not achieved	Proposed action in 2021-22 to achieve
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**CORPORATE / COUNCIL WIDE**

CWD6	Reduction in funding required for Apprenticeship Levy	No impact as budget historically been higher than required.	50	50	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
CWD11	Reduction in the budget to cover the cost to the Council of the outstanding liability for Employers Liability, Public Liability and Property following favourable insurance contract renewals in previous years.	No impact as favourable insurance contract renewals have been achieved, however no mitigation available for potential increases to premiums in future years.	150	150	Saving achieved in full in 2020-21	None required - saving made in full in 2020-21
<b>Total Corporate / Council Wide</b>			<b>200</b>	<b>200</b>		

<b>GRAND TOTAL REDUCTIONS</b>	<b>2,413</b>	<b>2,071</b>		
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**TOTAL BUDGET REDUCTION REQUIREMENT (MOST LIKELY)**

2,413      2,413

<b>REDUCTION SHORTFALL</b>	<b>0</b>	<b>342</b>		
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1,023	1,746
996	350
394	317
2,413	2,413



BRIDGEND COUNTY BOROUGH COUNCIL	Budget 2020-21			Actual Outturn	Actual Variance Over/(under) budget	% Variance
	Expenditure Budget	Income Budget	Net Budget			
	£000	£000	£000			
<b>EDUCATION AND FAMILY SUPPORT</b>						
School Delegated Budgets	122,751	(21,302)	101,449	101,449	-	0.0%
Learning	9,899	(3,060)	6,839	6,382	(457)	-6.7%
Strategic Partnerships & Comm	25,298	(10,462)	14,836	13,970	(866)	-5.8%
Health and Safety	390	(2)	388	293	(95)	-24.4%
<b>TOTAL EDUCATION AND FAMILY SUPPORT</b>	<b>158,338</b>	<b>(34,826)</b>	<b>123,512</b>	<b>122,094</b>	<b>(1,418)</b>	<b>-1.1%</b>
<b>SOCIAL SERVICES AND WELLBEING</b>						
Adult Social Care	66,955	(18,117)	48,838	48,190	(648)	-1.3%
Prevention and Wellbeing	5,993	(793)	5,200	5,038	(162)	-3.1%
Childrens Social Care	20,111	(886)	19,225	19,061	(164)	-0.9%
<b>TOTAL SOCIAL SERVICES AND WELLBEING</b>	<b>93,059</b>	<b>(19,796)</b>	<b>73,263</b>	<b>72,289</b>	<b>(974)</b>	<b>-1.3%</b>
<b>COMMUNITIES DIRECTORATE</b>						
Planning & Development Services	1,809	(1,257)	552	399	(153)	-27.7%
Strategic Regeneration	1,911	(201)	1,710	1,624	(86)	-5.0%
Economy, Natural Resources and Sustainability	2,998	(1,892)	1,106	912	(194)	-17.5%
Cleaner Streets and Waste Management	12,502	(1,865)	10,637	10,745	108	1.0%
Highways and Green Spaces	22,146	(10,956)	11,190	9,538	(1,652)	-14.8%
Director and Head of Operations - Communities	268	-	268	268	-	0.0%
Corporate Landlord	13,613	(10,583)	3,030	3,016	(14)	-0.5%
<b>TOTAL COMMUNITIES</b>	<b>55,247</b>	<b>(26,754)</b>	<b>28,493</b>	<b>26,502</b>	<b>(1,991)</b>	<b>-7.0%</b>
<b>CHIEF EXECUTIVE'S</b>						
Chief Executive	514	-	514	518	4	0.8%
Finance	46,528	(42,828)	3,700	3,181	(519)	-14.0%
HR/OD	2,199	(363)	1,836	1,589	(247)	-13.5%
Partnerships	3,089	(1,037)	2,052	1,816	(236)	-11.5%
Legal, Democratic & Regulatory	5,917	(988)	4,929	4,705	(224)	-4.5%
Elections	164	(60)	104	102	(2)	-1.9%
ICT	4,802	(1,330)	3,472	3,778	306	8.8%
Housing & Homelessness	8,651	(7,489)	1,162	990	(172)	-14.8%
Business Support	1,116	(111)	1,005	999	(6)	-0.6%
<b>TOTAL CHIEF EXECUTIVE'S</b>	<b>72,980</b>	<b>(54,206)</b>	<b>18,774</b>	<b>17,678</b>	<b>(1,096)</b>	<b>-5.8%</b>
<b>TOTAL DIRECTORATE BUDGETS</b>						
	<b>379,624</b>	<b>(135,582)</b>	<b>244,042</b>	<b>238,563</b>	<b>(5,479)</b>	<b>-2.2%</b>
Council Wide Budgets	43,313	(970)	42,343	30,617	(11,726)	-27.7%
Accrued Council Tax Income				(1,702)	(1,702)	0.0%
Appropriations to Earmarked Reserves	500	-	500	18,975	18,475	0.0%
Transfer to Council Fund				432	432	0.0%
<b>NET BRIDGEND CBC</b>	<b>423,437</b>	<b>(136,552)</b>	<b>286,885</b>	<b>286,885</b>	<b>0</b>	<b>0.0%</b>

NB: Differences due to rounding of £000's

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**TOTAL MOVEMENT ON EARMARKED RESERVES AS AT 31<sup>ST</sup> MARCH 2021**

Opening Balance 01-Apr-20	Reserve	Movement as at Quarter 4		Closing Balance 31-Mar-21
		Net Additions /Reclassification	Draw-down	
£'000		£'000	£'000	£'000
	<b>Corporate Reserves:</b>			
1,344	Asset Management Plan	295	-350	1,289
2,023	Building Maintenance Reserve	820	-6	2,837
1,100	Capital Asset Management & Asbestos Fund	173	0	1,273
571	Capital Feasibility Fund	224	-128	667
21,078	Capital Programme Contribution	8,530	-688	28,920
1,565	Change Management	0	-140	1,425
1,320	Digital Transformation, ICT & Finance Systems	675	-369	1,626
800	Economic and Future Resilience Fund	0	0	800
2,161	Insurance Reserve	0	0	2,161
5,276	Major Claims Reserve	500	-381	5,395
906	MTFS Budget Contingency	0	0	906
52	Property Disposal Strategy	0	-17	35
4,992	Service Reconfiguration	0	0	4,992
300	Welfare Reform Bill	0	-6	294
<b>43,488</b>	<b>Total Corporate Reserves</b>	<b>11,217</b>	<b>-2,085</b>	<b>52,620</b>
	<b>Directorate Reserves:</b>			
2,489	City Deal Reserve	2,899	-188	5,200
2,421	Directorate Issues	5,807	-859	7,369
1,011	Highways Asset Management Reserve	0	-78	933
928	Looked After Children	0	-350	578
102	Porthcawl Regeneration	0	0	102
184	Property Reserve	12	0	196
11	Safe Routes to Schools	0	0	11
115	School Projects Reserve	250	0	365
669	Wellbeing Projects	0	0	669
<b>7,930</b>	<b>Total Directorate Reserves</b>	<b>8,968</b>	<b>-1,475</b>	<b>15,423</b>
	<b>Equalisation &amp; Grant Reserves:</b>			
43	Building Control Reserve	2	0	45
65	Civil Parking Enforcement	17	0	82
68	Election Costs	0	0	68
0	HWB Schools Infrastructure	404	0	404
2,398	IFRS Grants	2,821	-817	4,402
248	Legal Fees	0	-95	153
153	Local Development Plan	20	0	173
721	Special Regeneration Fund	169	-198	692
<b>3,696</b>	<b>Equalisation &amp; Grant Reserves:</b>	<b>3,433</b>	<b>-1,110</b>	<b>6,019</b>
108	School Balances	8,382	0	8,490
<b>55,222</b>	<b>TOTAL RESERVES</b>	<b>32,000</b>	<b>-4,670</b>	<b>82,552</b>



## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO COUNCIL

23 JUNE 2021

### REPORT OF THE INTERIM CHIEF OFFICER – FINANCE, PERFORMANCE AND CHANGE

#### CAPITAL PROGRAMME UPDATE

#### 1. Purpose of report

- 1.1 The purpose of this report is to seek approval from Council for a revised capital programme for 2020-21 to 2030-31 (**Appendix A**).

#### 2. Connection to corporate well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-

1. **Supporting a successful sustainable economy** – taking steps to make the county a good place to do business, for people to live, work, study and visit, and to ensure that our schools are focused on raising the skills, qualifications and ambitions of all people in the county.
2. **Helping people and communities to be more healthy and resilient** – taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
3. **Smarter use of resources** – ensuring that all its resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help deliver the Council's well-being objectives.

- 2.2 Capital investment in the Council's assets is a key factor in meeting the Council's well-being objectives as set out in the Council's Corporate Plan.

#### 3. Background

- 3.1 The Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 as amended, contain detailed provisions for the capital finance and accounting controls, including the rules on the use of capital receipts and what is to be treated as capital expenditure. They modify accounting practice in various ways to prevent adverse impacts on authorities' revenue resources.

- 3.2 As well as the legislation, the Council manages its Treasury Management and Capital activities in accordance with the following associated guidance:-

- CIPFA's Treasury Management in the Public Services: Code of Practice
- CIPFA's The Prudential Code for Capital Finance in Local Authorities
- Welsh Government (WG) revised Guidance on Local Authority Investments

3.3 The Prudential Code for Capital Finance in Local Authorities requires Local Authorities to have in place a Capital Strategy which demonstrates that the Authority takes capital expenditure and investment decisions in line with service objectives and properly takes account of stewardship, value for money, prudence, sustainability and affordability. To demonstrate that the Council has fulfilled these objectives, the Prudential Code sets out a number of Indicators that must be set and monitored each year. The Council's Capital Strategy, incorporating the Prudential Indicators for 2021-22, was approved by Council on 24 February 2021.

3.4 On 24 February 2021, Council also approved a capital programme covering the period 2020-21 to 2030-31 as part of the Medium Term Financial Strategy (MTFS). Since then a review has been undertaken of available capital resources, taking into consideration uncommitted funding in the capital programme, the anticipated year end revenue position for 2020-21, the position on earmarked reserves and revenue budgets available for 2021-22.

3.5 As a result, a number of new capital schemes have been proposed by Directorates, which have undergone rigorous review and challenge by members of Corporate Management Board and Cabinet, before being submitted for inclusion in the capital programme.

3.6 This report is only seeking approval for the inclusion of new schemes within the capital programme that was approved by Council in February 2021. In July 2021 a report will be presented to Cabinet and Council outlining the 2020-21 year end capital position, showing slippage between the 2020-21 and 2021-22 financial years, the updated capital programme for 2021-22 onwards and the outturn position on the Prudential and Other Indicators.

#### **4. Current situation/proposal**

4.1 The capital programme approved by Council in February 2021 for the period 2020-21 to 2030-31 totalled £205.732 million, of which £116.147 million is to be met from Bridgend County Borough Council (BCBC) resources, including capital receipts and revenue contributions from earmarked reserves, with the remaining £89.585 million coming from external resources, including General Capital Grant.

4.2 As mentioned above, a number of proposals for new capital schemes have been received, and these have been considered and prioritised by Cabinet and Corporate Management Board, in line with the Council's Capital Strategy. Funding for these schemes has been set aside through new earmarked reserves, established during the 2020-21 year end process, from unallocated general capital funding received through the 2021-22 Local Government Settlement and from public realm fund revenue funding for the 2021-22 financial year. In addition, there is one school scheme that also needs inclusion in the

capital programme which is part funded from school delegated budgets and partly via a Salix interest free loan, to be repaid by the school.

- 4.3 The total cost of the new schemes is £4,552,271 and this is broken down in Table 1, with Table 2 showing the breakdown of funding for the proposed schemes:

**Table 1: Proposed new capital schemes**

<b>Directorate</b>	<b>Description</b>	<b>£</b>
Education	ICT Equipment for school kitchens	40,000
Education	Litchard Primary School solar panels	42,656
Social Services	HALO and AWEN Accessibility Works	150,000
Communities	Pyle Community Recycling Centre (CRC)	200,000
Communities	Cosy Corner	1,884,615
Communities	Gully Sucking equipment	140,000
Communities	Traffic Signal Replacement	250,000
Communities	Playground Refurbishment	460,000
Communities	Footpaths Refurbishment	200,000
Communities	Bryncethin Depot	300,000
Communities	Commercial Property Enhancement Fund	150,000
Communities	Fire Suppression System Tondu Waste Depot	140,000
Chief Executive	Replacement CCTV System	595,000
<b>TOTAL</b>		<b>4,552,271</b>

**Table 2: Funding of new capital schemes**

<b>Funding Source</b>	<b>£</b>
Welsh European Funding Office (WEFO) Grant	1,000,000
Capital Earmarked Reserves	1,875,000
General Capital Funding	974,615
Public Realm Revenue Contribution	660,000
School Revenue Contributions	20,367
SALIX Interest Free Loan	22,289
<b>TOTAL</b>	<b>4,552,271</b>

- 4.4 More detail on each of these schemes is set out below.

**ICT Equipment for School Kitchens (£40,000)**

Funding of £40,000 is requested to provide the 61 kitchens in schools with a basic laptop to enable staff to have access to electronic systems which will ensure communication is efficient with other services e.g. HR, Finance, suppliers and the central Catering Services management team.

The laptops would enable cooks to send wage return information, meal numbers and food stock information directly to the catering office. This would provide administrative efficiencies as this information is currently all paper based and sent to the catering office via post. There are currently no electronic forms of communication in place in school kitchens.

### **Litchard Primary School Solar Panels (£42,656)**

Litchard Primary School has been working with the Council's Energy Manager and Corporate Landlord Section on a project to install solar panels on the roof of the school, in order to help to reduce the school energy bills and enable it to become more self-sufficient. Approval was sought via delegated power to incur the capital spend, which will be funded partly from the school's delegated budget and partly through an interest free Salix loan. Interest repayments will also be repaid from the school's delegated budget. The school is estimated to recoup the investment within four years.

### **HALO and AWEN Accessibility Works (£150,000)**

The Council continues to work in partnership with both Halo Leisure and Awen to enhance the accessibility of the venues that remain Council assets and, beyond maintenance requirements, to develop those assets to support larger numbers of people with a protected characteristic. The scope of these works includes improving the basic infrastructure so that more people with additional needs and access requirements can make use of the facilities and then also engage in a broader range of services and opportunities, through the creation of disability access ramps and disabled parking improvements in Awen venues, such as Bryngarw House and the Grand Pavilion, and improving accessibility to swimming pools at Pyle and Pencoed through improvements to changing spaces and pool access.

### **Pyle Community Recycling Centre (£200,000)**

The capital programme already includes a total budget of £1.594 million for the relocation of the community recycling centre from Tythegston to Pyle. An additional £200,000 of capital funding is required for the relocation and development of the Pyle CRC due to unforeseen costs on site, most notably finding contaminated ground at the Pyle site that had to be remediated to enable construction to proceed.

### **Cosy Corner (£1,884,615)**

A report was presented to Cabinet on 9 March 2021 outlining progress on securing funding to take forward a project on Cosy Corner, Porthcawl, as part of the Tourism Attractor Destination Programme. The report outlined that a proposal had been submitted to Visit Wales and WEFO based on a total project value of £1,538,461, comprising £1 million grant and a proposed match funding requirement of £538,461 from BCBC, of which £384,615 was direct match funding, and the balance land match funding. The capital programme scheme cost of £1,884,615 comprises the original proposed direct match funding of

£384,615 plus an additional £500,000 to ensure that a comprehensive scheme can be delivered to maximise the use of the site to attract footfall and contribute to the economic recovery, in addition to the proposed £1 million grant. The scheme will help to support the local economy, tourism offer and local community groups and residents. The scheme will aim to deliver the following:

- Improvements for use by community organisations, in particular the Sea Cadets.
- Improvements to the local economy and tourism offer, in particular small retail / start up spaces.
- Improvements for marina users, in particular storage and changing facilities.
- Improvements for use by the wider community, in particular a Changing Places facility, children's free play area, public seating, public realm/landscaping and an outdoor event space.

These options are based on information known at the current time and are therefore subject to change and final agreement by Visit Wales and WEFO. It is anticipated that a decision will be made by September 2021, following RIBA 3 submission and re-profile at the end of August 2021. The scheme will be unable to deliver the commitments above without the £1 million grant from WEFO.

The proposed match funding will aim to lever an external grant of £1 million towards an overall scheme value, including land value match, of £2,038,461. This additional funding will be delivered through the overall Porthcawl Resort Investment Focus Programme (PRIF).

#### **Gully Sucking Equipment (£140,000)**

Funding of £140,000 is requested for the purchase of equipment to assist with maintenance of highway gullies to improve the authority's response to climate change in dealing with blockages on highway drainage systems.

#### **Traffic Signal Replacement (£250,000)**

Maintaining traffic management controls and lights on key routes within the County Borough is critical to ensuring the efficient running of the highway network, especially during peak traffic flows. A capital budget of £250,000 is required to purchase and install new signal controllers and associated signal heads including pedestrian phases, and replacing aged expired equipment on two key sites in the County Borough.

#### **Playground Refurbishment (£460,000)**

The Council recognises that the pandemic has had a detrimental impact on the children and young people who live in the County Borough, through ongoing restrictions on play and activities. This proposed allocation of £460,000 is integral to the new Children's Play Strategy which is seeking to address this issue. It is to be used for the design, purchase and installation of children's play equipment at over 30 authority-run play areas across the County Borough. This

allocation will enable sites assessed as requiring partial or full upgrades in play equipment and surfacing to be significantly improved and provide safe opportunities for outdoor play.

### **Footpath Refurbishment (£200,000)**

A capital budget of £200,000 is required for refurbishment of the targeted and prioritised high usage footpaths that have been identified in the County Borough. These have been assessed as either Level 5 structurally impaired or Level 4 functionally impaired and need urgent attention to ensure they remain accessible and safe to use.

### **Bryncethin Depot (£300,000)**

Various works have been undertaken at Bryncethin Depot over recent years, as part of the overall depot rationalisation scheme, to enable the transfer of some of the parks operations and other services from Waterton Depot to this location, in order to reduce the footprint on Waterton Depot, as part of the Parc Afon Ewenni programme. A further £300,000 of capital funding is now required to continue with essential repairs and physical enhancement of the Depot in order to provide an expanded fit for purpose and low carbon facility. In addition to the existing Capital Minor Works budget commitment for 2021-22 for a significant roof replacement, additional works are required in respect of , groundworks, drainage repairs, yard resurfacing, exterior lighting, additional storage/workshop areas, plus key electrical infrastructure upgrading in order to facilitate low carbon technologies and electric vehicle charging infrastructure to be installed.

### **Commercial Property Enhancement Fund (£150,000)**

The Commercial Property Enhancement fund has concentrated on providing grants of up to £10,000 to support businesses in developing their premises and outdoor space to operate effectively in the current climate. It has been funded to date via a combination of grant funding – TRI Thematic Projects - and BCBC funding via the Economic Futures Fund. Under the existing scheme 62 properties have been supported (with a further 9 being assessed) with total grant support of £472,295. £130,000 of private sector funds have been levered into the scheme as it is a condition of the grant that applicants have to contribute a minimum of 20% per project. The grant is currently on hold with over 30 further applicants requesting to be considered if further funding becomes available. In the current climate this is an invaluable source of support to businesses and, in particular, the retail and hospitality sector who have been hit hard during the pandemic and continue to be regulated in terms of their permitted operations.

### **Fire Suppression System Tondu Waste Depot (£140,000)**

The Council-owned waste depot in Tondu, operated currently by Kier in providing the County Borough's waste collection service, requires a fire suppression system to be put in place as specified by the Council's insurers. The responsibility for the installation cost of this system contractually sits with the Council.



## **Replacement Closed Circuit Television (CCTV) System (£595,000)**

A report was presented to Cabinet in May 2021 outlining the proposal for a Smarter Borough based on the replacement of the existing CCTV estate. The recommendation to Cabinet was to recommend that Council includes a budget of £595,000 in the capital programme to enable installation of new Internet Protocol (IP) cameras, replacing the legacy equipment, to aid the day and night time economies. The advantages of upgrading to IP cameras were outlined in the report, including portability, future-proofing, ease of integration and resilience. The opportunity to leverage “Smart” technology through the CCTV infrastructure provides the Council with the possibility of maximising its investment and increasing the return on investment, and fits with the theme of a “Digital Place” within the Council’s Digital Strategy 2020-2024.

- 4.5 A revised Capital Programme, incorporating the schemes outlined above, is included as **Appendix A**.

### **5. Effect upon policy framework and procedure rules**

- 5.1 As required by Financial Procedure Rule 3.5.3 within the Council’s Constitution, “The Chief Finance Officer shall report quarterly to Cabinet an update on the Capital Strategy and the Prudential Indicators.”

### **6. Equality Act 2010 implications**

- 6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. Projects within the capital programme will be subject to the preparation of Equality Impact Assessments before proceeding. However, it is considered that there will be no significant or unacceptable equality impacts as a result of this report.

### **7. Well-being of Future Generations (Wales) Act 2015 implications**

- 7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of wellbeing goals/objectives as a result of this report. Specifically the development of a 10 year capital programme, which reflects the Council’s affordability in terms of capital receipts and borrowing, supports the principle of sustainability over the long term.

### **8. Financial implications**

- 8.1 The financial implications are outlined in the body of the report.

## 9. Recommendation

- 9.1 It is recommended that Council approves the revised Capital Programme for 2020-21 to 2030-31 (Appendix A).

Gill Lewis

**Interim Chief Officer – Finance, Performance and Change**

June 2021

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Interim Deputy Head of Finance

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CF31 4AP

**Background documents:** None









## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO COUNCIL

23 JUNE 2021

#### REPORT OF THE CHIEF OFFICER LEGAL, HR AND REGULATORY SERVICES

##### INFORMATION REPORT FOR NOTING

#### 1. Purpose of report

- 1.1 The purpose of this report is to inform Council of the Information Reports for noting which have been published since its last scheduled meeting.

#### 2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objective under the **Well-being of Future Generations (Wales) Act 2015**:-

- Smarter use of resources – ensuring that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

#### 3. Background

- 3.1 At a previous meeting of Council, it was resolved to approve a revised procedure for the presentation to Council of Information Reports for noting.

#### 4. Current situation/proposal

##### 4.1 Information Report

The following Information Report has been published since the last meeting of Council:-

<u>Title</u>	<u>Date Published</u>
Urgent Delegated Decisions	17 June 2021

##### 4.2 Availability of Documents

The document has been circulated to Elected Members electronically via Email and placed on the Bridgend County Borough Council website. It is available from the date of publication.

#### 5. Effect upon policy framework and procedure rules

- 5.1 This procedure has been adopted within the procedure rules of the Constitution.

#### 6. Equality Impact 2010 implications

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

## **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

## **8. Financial implications**

8.1 There are no financial implications regarding this report.

## **9. Recommendation**

9.1 That Council acknowledges the publication of the document listed in this report.

K Watson

**Chief Officer Legal, HR and Regulatory Services & Monitoring Officer**

June 2021

**Contact Officer: Mark Galvin**  
**Senior Democratic Services Officer - Committees**  
**Telephone: (01656) 643148**  
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**Background documents:** None.



# BRIDGEND COUNTY BOROUGH COUNCIL

## INFORMATION REPORT TO COUNCIL

23 JUNE 2021

### REPORT OF THE CHIEF OFFICER LEGAL, HR AND REGULATORY SERVICES

#### URGENT DELEGATED DECISIONS

##### 1. Purpose of report

- 1.1 To report to Council delegated decisions executed as a matter of urgency under Scheme A 1.1 of the Scheme of Delegation of Functions.

##### 2. Connection to corporate well-being objectives / other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-
1. **Supporting a successful sustainable economy** – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focussed on raising the skills, qualifications and ambitions for all people in the county borough.
  2. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
  3. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

##### 3. Background

- 3.1 Decisions taken as a matter of urgency must be reported to Council in accordance with Paragraph 18 of the Overview & Scrutiny Procedure Rules which are to be found at Part 4 of the Constitution.

##### 4. Current situation / proposal

- 4.1 The urgent decisions taken and therefore by-passing the call-in procedure (as set out in paragraph 19 of Part 4 Rules of Procedure within the Constitution), are summarised below:-

## **Scheme A 1.1**

**CE-CUS-21-063** - To approve the extension of the Inter-Authority Agreement between Bridgend County Borough Council (BCBC) and the Vale of Glamorgan Council (VOG) for the joint Closed Circuit Television System (CCTV) service.

**CE-LEG-21-053** - To authorise the suspension of the relevant parts of the Council's Contract Procedure Rules (CPRs) in respect of the existing home to school transport contracts and to enter into short term contracts with the existing providers up to July 2021 on the same terms as the existing contracts.

**CMM-PS-21-021 & CMM-PS-21-063** - To seek authorisation to enter into an Agreement in relation to the purchase of land at Brackla Industrial Estate for Council use.

### **5. Effect upon policy framework and procedure rules**

5.1 This report has no effect on the Council's Policy Framework and Procedure Rules.

### **6. Equality Act 2010 implications**

6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

### **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The well-being goals identified in the Act were considered in the preparation of this report. It is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

### **8. Financial implications**

8.1 There are no financial implications relating to the report.

### **9. Recommendation**

9.1 It is recommended that Council notes the report.

K Watson

**Chief Officer Legal, HR and Regulatory Services & Monitoring Officer**

June 2021

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**Background documents:** The Council's Scheme of Delegation (of Functions)

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