

MIDLOTHIAN 'CARE FOR PEOPLE' GROUP

REPORT ON THE RESPONSE TO LOCKDOWN

MARCH TO JULY 2020

Foreword

Looking back to early March, the national predictions about the likely scale and consequences of COVID-19 were indeed frightening. The move to lockdown across the country seemed to confirm that we were moving into uncharted waters. As chair of the Midlothian Care for People Group, I was in no doubt that we would have a significant role to play in helping to support residents of Midlothian through the worst of the crisis. However, it was a case of learning as quickly as we could who needed what kind of help and who would be able to provide this help. It was wonderful to see so many volunteers come forward through a desire to help their fellow citizens. Equally, it was a privilege to be part of such a committed joint effort, involving so many organisations working together with the common goal of supporting local people during this traumatic time, as best as we could.

I am sure that there are things we could have done better and we will look to learn from the experience. Nevertheless, on behalf of the many people across Midlothian, supported during lockdown, I would like to record our sincere gratitude to all those who played a part in the response. A very big **thank you** to

- the hundreds of Midlothian community resilience volunteers who came forward
- the many paid workers from statutory, voluntary and private sectors who so willingly changed their role in response to the crisis
- the countless contributions made by good neighbours and family carers
- the key role played by the Federation of Community Councils and local community resilience partnership groups
- local businesses who made donations and provided support

It was indeed *Kindness Midlothian* in action.

Alison White

Chair Midlothian Care for People Group

10th September 2020

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1. INTRODUCTION

This report provides a summary of the humanitarian response made by the Community Planning Partnership and its partners to the state of emergency imposed as a result of the UK moving to lockdown on 23rd March 2020. This response complemented the work undertaken by local Health Services in treating and testing people for COVID-19 alongside the delivery of a range of essential services by the Council such as social care, childcare and education, refuse collection and emergency housing repairs, as well as the continued support of vulnerable people by many voluntary organisations. The report considers the measures undertaken or coordinated through the 'Care for People' Group whilst recognising that the Council as a whole, along with its statutory and voluntary sector partners, sought, as far as possible, to provide essential services to the whole population and particularly to those most directly affected by the imposition of lockdown.

2. RESPONDING TO CIVIL EMERGENCIES

The Civil Contingencies Act 2004 seeks to minimise disruption in the event of an emergency and to ensure that the UK is prepared to deal with a range of emergencies. Scottish Government developed subsequent guidance, under the banner of *Preparing Scotland*. One of the supplementary guidance documents developed was specifically in relation to 'Caring for People affected by Emergencies', and was most recently updated in November 2017.

Local Authorities in particular, were advised on the need to draw on the resources and abilities of their communities to help prepare for, respond to and recover from emergencies as effectively as possible. This is known as 'community resilience' and can be defined as "*communities and individuals harnessing resources and expertise to help themselves prepare for, respond to and recover from emergencies, in a way that complements the work of the emergency responders*".

3. MIDLOTHIAN 'CARE FOR PEOPLE' GROUP

The Midlothian 'Care for People' Group was established in 2012. Its principal remit is to ensure that effective partnership arrangements exist in order to-

- Provide for the welfare and well-being of those affected by emergencies
- Reduce to a minimum, the harmful effects of an emergency on individuals and communities
- Contribute support for their recovery
- Respond at all times.

Until the COVID pandemic, local civil emergencies have tended to be relatively short-term, often weather-related, although the Midlothian 'Care for People' Group has taken a key role in relation to ongoing local issues including the resettlement of

Syrian refugees, and the ingress of carbon dioxide in some houses in Gorebridge. The projected timescales and the community-wide impact of the pandemic gave rise to new challenges on a much larger scale than previously experienced. The 'Care for People' Group has played a key role within a much wider collective response to these challenges. The Group amended its objectives in relation to COVID 19 adopting the action points recommended for all communities by the Centre for Welfare Reform. <https://www.centreforwelfarereform.org/>

- *Everyone knows how to stay safe and has what they need to be safe*
- *Every community has a network of communication, which connects every member of the community, so that people can get extra help when they need it*
- *Volunteers are safe and supported in their roles*
- *People and organisations must have security and the chance to contribute*
- *Central coordination must be clear and empowered to act*

4. ORGANISATIONAL RESPONSES TO THE PANDEMIC

National: In response to the nation-wide scale of the emergency, the UK and Scottish Governments enacted legislation and issued a raft of guidance including Scotland's Route Map through and out of the crisis. For example, Scottish Government directed health boards and local authorities to put in place stronger clinical governance systems in support of Care Homes. Funding, particularly for food, was allocated via Local Authorities with a suite of funding for the Third Sector being distributed by SCVO (Scottish Council for Voluntary Organisations) and national funders, assisted by the Midlothian Third Sector Interface (MTSI). The recruitment of volunteers was another aspect of the response to the emergency in which there has been a well-publicised national dimension.

Regional: The East of Scotland Regional Resilience Partnership Care for People Group had ceased to operate some time ago but in response to Covid-19 related issues, a Lothian and Borders Local Resilience Partnership Care for People Group was established. Alison White, Chair of the local 'Care for People Group', and Jane Young, Contingency Planning Officer, represented Midlothian. The local voluntary organisations were represented on this Group through EVOG (Edinburgh Voluntary Organisations Consortium) and the Lothian and Borders Voluntary Sector Group. The Regional Group has had a particular focus on accommodation and support for people declared homeless, tourists and others who had to self-isolate. The Group's primary role has been information sharing across organisations including with Scottish Government, as well as escalating any concerns.

The four Lothian Health and Social Care Partnerships worked together on a regional basis with NHS Lothian in ensuring a coordinated response to the health issues

arising as a result of the pandemic. The NHS Lothian Resilience Team worked in partnership with local HSCPs and Councils and maintained regular communication with the Midlothian Care for People Group.

Midlothian: The scale of the pandemic resulted in Midlothian Council and the Midlothian Community Planning Partnership devoting much of their time and collective resources to responding to the welfare needs of the population. Midlothian Health and Social Care Partnership (HSCP) established a dedicated COVID Team that reported daily to its Senior Management Team. This team kept staff within the HSCP informed of developments and sources of advice and assistance on such matters as personal protection equipment.

Midlothian Care for People Group: The group had to operate in this complex environment keeping abreast of new guidance and rapidly changing projections of need whilst also keeping in close touch with policies and activities at national, regional and council level. Alongside this, the widespread impact of the pandemic meant that many established local organisations were involved including Community Councils, Voluntary Organisations and Rosewell Resilience Group, alongside new groups specially formed to respond to local need, such as BERT in Bonnyrigg. The Midlothian Third Sector Interface and the Federation of Community Councils are standing members on the 'Care for People' Group. Additional members were co-opted to ensure a fully coordinated response to the crisis, including local Public Health staff and members of the Council's Communities and Lifelong Learning service.

5. RESOURCES DIRECTED TOWARDS CARE FOR PEOPLE

Community Councils: Fifteen of the sixteen Community Councils agreed to become involved in the response to the pandemic at different levels. They played a central role in the local resilience activities. For those Community Councils that had less capacity, alternative arrangements were made such as pairing with other local anchor organisations in Bonnyrigg, while Penicuik Community Council covered Howgate and another rural community council area received support from a neighbouring Community Council until it was able to become operational.

Third Sector and Social Enterprises: Midlothian Third Sector Interface, as a coordinating body for voluntary organisations, took a lead in the mobilisation of the sector albeit that some organisations, particularly Red Cross, have a long tradition and considerable experience in responding to emergencies. These community-wide responses complemented the action taken by individual voluntary organisations to support their existing service users, such as Grassy Riggs' support to older people; Bright Sparks' support to children and families; and Art in Mind's support of people with learning disabilities. Across Midlothian, Community Development Trusts were

active and creative in their responses to needs within their communities. They provided hot meals, grocery deliveries, clothing parcels, online social and creative activities, and helped to promote other local businesses. They drew in funding from the Scottish Government to undertake this work, and have been focal points for local, community-led resilience.

Local Hubs: Initially all sixteen Community Council areas were covered, supported by a link Communities and Lifelong Learning officer working together through the Midlothian Federation of Community Councils. These were then realigned with the four childcare/school hubs through the creation of locality email boxes and links to the school hubs. The smooth running of the local resilience groups was dependent upon the quick development of robust finance systems, volunteer registers, risk assessment processes and arrangements for the provision of personal protection equipment.

Council Staff: Many Council staff became involved and 'redeployed' in the measures being taken to support the people of Midlothian through the crisis. Indeed a number of staff volunteered to be trained as care workers. Examples of the roles played by Council staff include:

Communities and Lifelong Learning: CLL members of staff, with their background in enabling community resilience, were well placed to support local communities and volunteers, enabling them to provide assistance to people in need. They also provided a central email box logging requests for support and coordinated these requests to community resilience groups. As well as this supportive role, staff undertook very practical tasks including the delivery of shopping and medicines.

Leisure: Sport and Leisure staff were redeployed to undertake essential tasks such as delivering hot meals, shopping and prescriptions. During the summer, Sport and Leisure staff collaborated with third sector agencies to provide critical childcare and support to vulnerable families via four summer activity hubs.

Contact Centre Staff: The Contact Centre team has played a vital role in being the first point of contact for the public with support services.

Library Staff: Staff were involved in augmenting the Contact Centre, working on the *Kindness Midlothian* helpline and the *Fancy a Blether* befriending service.

Human Resources: A member of the HR Team took on the role of coordinating a befriending service to people isolated as a result of lockdown.

Volunteers: Many people volunteered to assist, both locally to support community resilience, and through the national recruitment campaign set up to encourage volunteering as a response to the national crisis. There were 515 local community

resilience volunteers and an additional 450 who came through the 'Ready Scotland' website but were not able to be utilised. These volunteers included some S5 and S6 pupils. Gorebridge had a particularly high record of volunteers offering their services.

A Working Group, involving representatives from Volunteer Midlothian, Communities and Life Long Learning Service, and Midlothian Health and Social Care Partnership, was established and it created a suite of guidance on volunteering for front-line community responders, and for distance volunteering (e.g. telephone befriending). This 'Scenario Planning' pack, created by the working group, has subsequently been used by Third Sector Interfaces across Scotland.

Shielding Team: A special team was established to provide support and services to people who were shielding (approximately 3,000) as a consequence of underlying health conditions. This support included referring 'shielders' to the hubs and community groups for support with shopping, food and prescriptions.

Food Depot: A food depot was established to maximise the provision of free food for food banks linking in to the Scottish Government food fund.

Education and Children's Services: A special COVID email address was set up to enable people to seek help and advice on child-care issues for key workers. Education, Children Services and Communities and Lifelong Learning staff established a gatekeeping group, working together to ensure there was support tailored to the most vulnerable families. Staff across the Council were central to the provision of critical childcare for key workers and vulnerable families. They worked in partnership with Sport and Leisure and the Third Sector to provide ongoing childcare and support over the summer period.

6. ARRANGEMENTS ELSEWHERE IN SCOTLAND

While organisational arrangements varied across Scotland, many areas established 'Humanitarian Assistance Centres' carrying out similar functions to the Midlothian Care for People Group, the Local Hubs and the Food Depot, including the provision of food and assistance with shopping and prescriptions.

7. REPORTING ARRANGEMENTS- DATA and ACTIVITIES

As has been the case in previous civil emergencies, effective and timeous information exchange has been vital. Participation by member(s) of the Group in the senior management teams in both the Council and NHS Lothian was critical to effective briefing. Weekly meetings of the Community Planning Partnership helped to ensure that wider stakeholders were kept informed and were able to highlight particular issues or concerns. In relation to 'Care for People' issues, representation on the Lothian and Borders Care for People Group ensured exchange of emerging issues and sharing of good practice. The provision of assistance with food and the

utilisation of resilience funding required weekly returns to the Council Chief Executive and Elected Members as well as regular returns to Scottish Government.

8. COMMUNITY RESILIENCE IN MIDLOTHIAN

- a. **Background in Midlothian:** At the point when lockdown was imposed, there was only one formal Community Resilience Group-in Rosewell-which had been fully established. Other communities were at various stages of the process and many quickly established local partnerships to take forward community resilience in response to COVID. Nevertheless, Midlothian communities have a history of pulling together in crisis situations such as in bad weather (e.g. during the *Beast from the East*).
- b. **Relevance to COVID Pandemic** There was a recognition very early on that the predicted lengthy period of a state of emergency and the forecast that many people would be affected, necessitated a strong response from local communities and volunteers. A number of “resilience groups” quickly became established in local communities by people keen to help those in need. They were not all affiliated to an established group such as a Community Council. That people wanted to step forward, and in such numbers, was humbling. Challenges associated with this spontaneous desire to help included:
 - i. There was potential for duplication of effort e.g. households receiving offers of help from various sources and conversely, some areas not being covered at all. Coordination was vital and this was enabled by Community Councils, Communities and Lifelong Learning (CLL) staff and the Care for People Group.
 - ii. Advice on safety issues was needed by volunteers and by those requesting help. Midlothian Third Sector Interface coordinated the preparation of a guidance pack with support from CLL, HSCP, Environmental Health, Police Scotland and Red Cross. The pack included advice on food hygiene, personal protection equipment and insurance cover.
- c. **Virtual Locality Support Hubs:** In order to be able to respond to any dramatic spikes and increases in requests as a result of shielding numbers in an area, virtual hubs were introduced to further support the community resilience groups. Two managers were allocated to support the community resilience work taking half of Midlothian each and to ensure a strategic perspective across Midlothian. The managers also linked with the school hubs to address any gaps. There was no prior blueprint for how best to organise support during a national lockdown and to some extent the local arrangements developed organically.

9. POPULATION NEEDS ASSESSMENT

The speed of the spread of the virus and the impact on people's health was very difficult to predict. However, there were a number of sources of information about who might be particularly vulnerable as a result of the move to Lockdown:

People shielding	Estimate 3,000-3,300
People over 65yrs	Estimate 17,000
People needing help with wheelie bins not known to Social Work	Estimate 3,200
Single person households	Estimate 12,500
Families in receipt of free school meals	Estimate 2,000
Family Carers	Estimate 8,000+
People with learning disabilities	Estimate 1,500
People with frailty	Estimate 8,500
People living in poverty	8,800 people in SMID 1
People self-isolating	Continually changing

Many of these people managed, through their own networks and supports, to cope without seeking formal assistance. There was also considerable overlap between these groups with many people falling into more than one category. However, these estimates gave an indication of the scale of support that may have been required.

Individuals varied greatly in their need of formal supports. An Integrated Impact Assessment was undertaken on behalf of the Care for People Group to assess the potential impact of actions taken on different population groups as they evolved and to identify potential mitigating actions to ensure equity. Challenges likely to affect some people more than others included the ability to access on-line resources and the ability to access information and support safely e.g. those experiencing domestic violence or at risk of harm. The Care for People Group developed actions to mitigate these adverse impacts.

In order to understand better the issues arising for people, six typical pen pictures are being developed with an analysis of the likely educational, economic, health and social impact of the pandemic. This approach is intended to help strengthen the service responses to people affected significantly by the consequences of the pandemic. Whilst the impact of the crisis inevitably varies from individual to individual, four key needs continue to guide the response of the support services, including the Care for People Group, these being **food, medicine, money and social isolation**.

In addition to these basic needs, survey feedback from the local *Ageing Well* Group provides some insight into how lockdown has affected the lives of older people in maintaining good physical and mental wellbeing:

- 65% of respondents said they are now doing less activity
- 42% felt they were socially isolated
- 55% highlighted the value of internet or telephone for social contact
- 25% felt there would have to be a vaccine to feel safe exercising in a group
- 84% said walking kept them active and 39% valued on line exercise videos

10. ACTIVITIES OVERSEEN BY ‘CARE FOR PEOPLE’ GROUP

10.1 Overview

By the end of June, arrangements overseen by the ‘Care for People’ Group had resulted in some 25,000 interventions being undertaken including shopping assistance and delivery of prescriptions, emergency food parcels and hot meals (these figures do not include the majority of the foodbank statistics). There were significant geographical variations in the provision of hot food, delivery of prescriptions by volunteers and the provision of food parcels.

At a national level, there was a particular focus on access to food. In Midlothian, sixteen groups made up of fourteen Community Councils and two community groups received funding from the Scottish Government Food Fund via Midlothian Council. £140,000 was allocated from Midlothian’s allocation of the Food Fund to these groups. In addition, the foodbanks received a separate allocation. The funds were made available to local authorities for structured responses working with resilience groups to support households who were experiencing barriers in accessing food.

10.2 Information dissemination –guidance; signposting

- i. Many organisations had a role in providing direct advice and information including the Council Contact Centre, Local Hubs and the Midlothian COVID Team. To enable a consistent up to date response to enquiries, an Emergency Guide was prepared and distributed widely to statutory and voluntary organisations and was subsequently adapted to be directly accessible by members of the public. Statutory bodies also continually updated information on their websites.
- ii. Midlothian Third Sector Interface (TSI) sent out daily COVID briefings to 560 people in the Third Sector, and other stakeholders with fifty-seven briefings to date. Midlothian TSI hosted ‘Coronavirus Connect’ online meetings for staff from a range of stakeholders.
- iii. The Council issued basic information early on in the crisis, by postcard. These were sent to single person households and people considered potentially vulnerable in view of their known need of help with their wheelie bins.

10.3 Central contact points: The Community Councils were supported by the CLL staff to act as a central point for receiving and dealing with requests including for hot meals, medicine collection and assistance with transport, as well as deploying and supporting volunteers. Between 24th March and 24th June, these contact points had received and dealt with 1186 referrals. In addition, members of resilience groups received many requests directly from the public.

10.4 Role in relation to people who were Shielding: People who were shielding faced particular challenges accessing food and other essentials. From the 3rd of April, shielded individuals in Midlothian began to receive food boxes via the national SMS service. Midlothian Council set-up a dedicated shielding support email address and routed shielding calls through the main council switchboard. Midlothian kept a master spreadsheet of the total number of shielded individuals. On the 16th April, there were 2010 people recorded as having received shielding letters in Midlothian and this figure was reported to have risen closer to 3300 at the height of the pandemic. On the 24th July there were 3073 recorded as shielded on the master spreadsheet. All but two of these people were contacted by phone or by a home visit.

People contacted 3071
People in receipt of food boxes 643
Requests for on line shopping 155

10.5 Medicines: Many local pharmacies have home delivery services. However, the move to lockdown placed significant additional pressure on their delivery services and these were augmented by Red Cross staff, redeployed Council staff and volunteers. This was a particular pressure point in Penicuik with a heavy reliance upon volunteers.

Prescriptions delivered through Care for People volunteers 899 (12 April-14 June)
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10.6 Shopping: The high numbers of older people over 70 years old and those having to shield put a particular strain on supermarket and shop delivery services. Volunteers provided an alternative source of shopping although supermarkets quickly increased their home delivery capacity.

Shopping Deliveries 727 (12 April-14 June)

10.7 Emergency Food Parcels and Free Food Boxes: Volunteers and Council staff delivered food parcels to people known to be in need and to those people shielding or self-isolating who were unable to arrange shopping. In addition, Scottish Government arranged delivery of free food boxes to people shielding through contracts with two food companies, *Brakes* and *Bidfood*.

Food parcels delivered 493
Food vouchers 107
(12 th April-14 th June)

10.8 Food vouchers: These were operated following Children's Services protocols.

10.9 Hot Meals: Hot meals were prepared and delivered in the areas of deprivation, in rural areas and by the Red Cross. Local caterers volunteered their time and local clubs provided premises. These arrangements were checked and approved through the Council Environmental Health service. Deliveries were made by volunteers, Red Cross staff, Woodburn Grassy Riggs staff and the Council which redeployed some staff to support the response to the pandemic. Anecdotally, there was feedback from recipients that the social contact was a valuable aspect of the hot meal delivery.

Hot meals delivered 15,322
12 April-14 June

10.10 Food Banks: Local food banks were already heavily used prior to the pandemic. More people became reliant as their level of income reduced with a 55-90% increase in referrals over the equivalent period last year for the three church food banks (data from Trussell Trust and Food Fact Friends not included).

Food parcels 413 providing 6147 meals to 1067 people
(Penicuik Dalkeith and Newbattle Churches Foodbanks)

10.11 Befriending: In recognition of the likely damaging effects of isolation brought about by lockdown, a new befriending service, *Fancy a Blether*, was arranged through the Council HR Team. It was a primarily a telephone service, although Zoom was used on occasion allowing visual contact. This complemented existing befriending services such as that provided by Red Cross.

Volunteers 19
People befriended 20

10.12 Financial Support: Although 95% of people received benefits on time, some people not eligible for furlough quickly fell under financial pressure. The Emergency Guide gave information to staff about sources of support. Money and support in kind came from Thomas Frank co and 'Eat Well Age Well' who provided over £2k to enable Red Cross to provide hot meals 3 times a day to the elderly and 250 free meals to Mayfield Resilience group. Red Cross also received a £5k donation to give to local people for fuel poverty, particularly young families who had children at home most days. The local Co-op in Mayfield set up a food collection bin with the proceeds going to Mayfield resilience group to help them prepare hot food. Red Cross had a large delivery of bags of potatoes, the majority of which went to the local foodbank and Mayfield Resilience group. Advice agencies continued to work during the pandemic (by telephone or on line) while the multi-agency redundancy group, PACE, has also continued to provide support.

10.13 Mental Health: The Midlothian 'Mental Health in the Community' Small Grants Fund was established following an award of £74,000 through the National Lottery. The fund aims to build the capacity of local organisations to support individuals whose mental health has been adversely impacted by the pandemic and lockdown. This is an opportunity for local charities and social enterprises

working with volunteers, to apply for small grants of up to £10,000 each, to expand and develop their mental health and wellbeing support services. The fund aims to build organisations' capacity to provide volunteer-led mental health support in the community. Volunteer Midlothian has collaborated with 'Health in Mind' to deliver bespoke online training to the volunteers delivering this support.

More generally, a cross-agency group has been planning how best to proactively promote good mental health across the Midlothian population. The Midlothian Mental Health Strategic Planning Group worked to create a Midlothian wide strategy of support across the life span and endorsed the use of 'Five ways to Wellbeing' which was then disseminated and integrated into NHS, Council and Third Sector support systems.

10.14 Transport: To support the provision of transport assistance, Midlothian Council and Melville Housing Association offered free access to their electric cars. In practice, staff and volunteers used their own cars.

10.15 Peer Support: Midlothian Voluntary Action has run online thematic peer support meetings, with community development trusts and others operating community assets and venues. They have also been providing informal peer support to project managers and social entrepreneurs who are struggling with stress and anxiety due to the current situation. Forward Mid published a Resource Guide to Staying Well and maintaining good spirits through the coronavirus epidemic, to support disabled citizens living in Midlothian, and this was distributed to around 1000 people.

10.16 Technology Support As part of the response to school closures during lockdown Midlothian Council issued a number of pupils with laptops to enable them to participate in virtual lessons. The Council also issued 23 I pads for use in care homes and Midlothian Community Hospital. Midlothian benefitted from 'Connecting Scotland' a Scottish Government programme set up in response to coronavirus. It provides iPads, Chromebooks, 12 months connectivity, and support to develop digital skills for people who are

Connecting Scotland devices distributed locally 120

- digitally excluded, do not have an appropriate device and/or are not connected to the internet at home
- on low incomes, unable to afford to buy a device or pay internet access
- at risk of isolation due to coronavirus because they're in the extremely high vulnerability group or the higher risk of severe illness group

The Midlothian HSCP also sourced funding from Edinburgh & Lothians Health Foundation for twelve devices with data to pilot a digital library for citizens in homeless accommodation.

10.17 Red Cross Services: Red Cross worked in collaboration with other voluntary organisations and the Community Councils throughout the Pandemic whilst maintaining statistics on the services provided by their staff and volunteers.

People who are known to be Frail: Ten GP Practices, in collaboration with Red Cross arranged for welfare calls to be made to patients who had been identified as having moderate or severe frailty to ensure they had information and practical support to cope during the pandemic.

RED CROSS
Deliveries of food 822
Deliveries of hot meals 1205
Deliveries of library books 221
Befriending by telephone 543
Welfare calls to frail elderly 2,647

11 LESSONS LEARNED

A formal evaluation has not been undertaken. In part, this reflects that the crisis is not yet over and measures such as facemasks, social distancing and the continued closure of some facilities are continual reminders that our way of life has not returned to how it was. However, volunteers received anecdotal feedback while Red Cross sought feedback directly from their service users. This feedback has generally been very positive not just for the assistance provided but also for the friendly, reassuring manner of the volunteers:

Thank you so much for arranging to convey me to the Eye Pavilion

You are making a big difference around the local area and delivering food supplies

The helpers are great and talk to us when they come.

Every meal is excellent and tasty. Service is second to none,

From start to finish, I was treated with politeness and dignity. Also, found it easy to phone for help with my shopping during this most difficult time

The service went a long way to ease a lot of the stress related to this awful virus COVID-19. I no longer have to worry if I have enough cat food, litter etc., food, personal things.

Systematic feedback from members of the general public regarding the work of the Care for People Group itself would have been a challenging task given the wide range of agencies involved and the fact that some population groups, such as those who were shielding, were deliberately targeted. However, the Care for People Group has reflected critically on what worked well and what could have been more effective. In addition, a survey was undertaken of the volunteers and staff who worked through

the hubs and 61 people responded. The main learning points that were raised are as follows.

i. **Strong partnership working** at both local and Midlothian-wide levels was vital. The focus of Community Councils in considering the needs and resources of their individual localities helped to reinforce the importance of working together towards that shared aim. The establishment of community resilience partnerships also helped strengthen partnership working at local level.

The view was expressed that, in some instances, the joint working between pharmacies and volunteers could have been stronger. This is worth reviewing with community pharmacies recognising that, as was the case with supermarkets, the demand for home deliveries gave rise very quickly to considerably more pressure on pharmacies.

ii. **Preparation for Emergencies** enables a coordinated approach from the start of a crisis. In this regard, there is value in reviewing the local approach to the promotion of community resilience. The response from members of the public was very strong but initially it could have been coordinated more effectively. Clearer arrangements from the outset would have minimised duplication and reduced complications such as insurance cover.

iii. **The role played by Volunteers** was vital in enabling people to manage during lockdown. Many people stepped forward quickly including 515 local community resilience volunteers and undertook tasks such as shopping and delivering prescriptions or hot meals. However, the response outstripped the need for volunteers and this gave rise to some frustration for volunteers whose offer of assistance was not utilised. Additionally, the complexities of issues such as obtaining PVGs (Protecting Vulnerable Group disclosures) quickly, and making decisions about the provision of PPE (Personal Protection Equipment) to volunteers when it was in such short supply, resulted in some delays in mobilising new volunteers.

iv. **Redeployment of Council staff** increased significantly the resources available to provide basic services. This included staff from leisure services delivering meals and prescriptions and library staff answering phones. There may be value in reviewing whether these staff could feel and be better prepared in future through prior training for working in crises situations.

v. **Communication** was critical given the scale and the duration of the emergency. The use of emails and videoconferencing was very effective although it must be recognised that in other emergencies, such as those that are weather-related, these cannot always be relied upon and alternative communication methods may be needed. While the move to

videoconferencing was very helpful it did highlight the issue of data security, with some organisations unable to use Zoom or Microsoft Teams and having to rely on telephone communication.

There was a sense of some confusion about COVID-19 guidelines, not surprisingly, given how quickly these changed. To some extent, this reflects the nature of fast moving emergencies and it is difficult to know whether more effective communication could have been achieved. The Emergency Guide was highlighted as a helpful aid to volunteers and redeployed staff in being aware of what services and supports were available.

vi. **Targeting People at Risk** made it easier to manage the scale of the crisis. The role of the shielding team in proactively reaching out to people having to shield was crucial. The decision by the Council to issue postcards to single person households and those on the 'wheelie bin' list made it more likely that those most seriously affected by Lockdown would know who to contact if in need. The work of Red Cross and Primary Care was another example of reaching out to people known to be at greater risk –in this case due to frailty.

vii. **Administration** was considered by some to be overly burdensome. However, this needs to be set alongside the value of accurate and timeous record keeping during emergencies. The widespread and ongoing nature of the COVID emergency perhaps requires a different approach to record keeping and is worth reviewing to ensure, as far as possible, that requirements are clear and the necessary tools and proforma are in place. Specific mention was made of the focus on accounting for expenditure in using the Scottish Government food fund monies. While the administration demands should be proportionate, it is entirely appropriate that those charged with distributing public funds are enabled and supported in their responsibility to account for how the money has been used.

viii. **Access to Food** quickly became a major issue. Panic buying and much higher dependency on home deliveries by supermarkets were major contributing factors. Alongside this, some individuals and families faced financial pressures leading to considerably greater reliance upon food banks. Some people involved in the response, expressed the view that a more coordinated approach would have been more effective. Delivery of food parcels and of hot food, the issuing of food vouchers, the use of foodbanks and the provision of free food boxes (by Scottish Govt.) to people shielding may indeed have benefitted from greater coordination but this is with the benefit of hindsight. The situation was very volatile and uncertain and the primary focus was responding quickly and effectively to the expressed needs of individuals struggling with the impact of lockdown. The primary objective of ensuring people did not go without food was achieved for people referred.

12 LONG TERM PLANNING

There are lessons to be learned generally for the Care for People Group in responding to future emergencies including possible further waves of the pandemic. There are also some key issues to emerge from the response to the crisis, which go beyond the scope of the Care for People Group.

12.1 Membership of Care for People Group: There are number of voluntary sector organisations (and indeed other organisations) within the core membership of the Midlothian Care for People Group who were not involved in the local response to the pandemic. These include Lothian 4x4 Response (vehicles) and the Salvation Army. These organisations were willing to lend assistance if required – and there are established contact methods. However, the specific circumstances of this situation and the number of local volunteers who came forward meant that there was not an immediate need for them. However, they are aware that, as circumstances change, volunteers return to work and community resilience groups start to wind down, there may still be a need for their assistance. There was clearly a benefit to retaining flexibility as to who participated in the Group in response to the nature of the crisis.

12.2 Joint Working between Council and HSCP: The HSCP and Midlothian Council worked closely together on Care for People issues. There is no doubt that the HSCP contributors brought a different dimension to the discussions at the meetings and their continued participation would be very beneficial. However, Care for People covers a whole range of different scenarios and timescales and not just protracted public health emergencies (e.g. severe weather, transport accidents, fires, explosions, terrorist attacks) – though the types of impacts considered for Covid-19 may well be the same – lack of access to funds, trauma, bereavement, mental health.

12.3 Volunteers: The response by the community to the crisis was quite humbling. As in previous emergencies, people rallied round to support their neighbours and people in particular need. The Volunteering Working Group is drafting guidance on returning to face-to-face volunteering. The Human Resources Section of the Council is looking at how the Council's volunteers might be supported in the long-run beyond the current crisis. Discussions are continuing about COVID 'buddies'. More generally, and beyond the scope of the Care for People Group, there are broader issues about supporting more effectively the potential expansion of volunteering in Midlothian and this is now being addressed by the HSCP.

12.4 Food: Ensuring access to food has been a key feature of providing support during the crisis period, particularly to older people. This has included food parcels, food vouchers, hot food and shopping assistance. Alongside this, there has been an increased use of food banks. A review has been requested by the Council Chief Executive to ensure as we move forward in Midlothian, that there is confidence that everyone who needs access to food and nutrition can do so as part of their human rights and with dignity. This is particularly important in light of the forecast in

relation to unemployment. This goes beyond the services provided or arranged by social work for people in assessed need and has a wider community focus. In the meantime, the availability of frozen meals through *Appetito* is being promoted and further work on benefit entitlement is being undertaken by the 'pension credit' working group to increase the affordability of hot meals. The local Food Alliance is encouraging a cross partnership review of how best to reduce food insecurity and promote eating well.

12.5 **Community Resilience:** Prior to the pandemic, Midlothian had one established Community Resilience Group which had managed to receive start-up funding from Scottish Government. Come the start of the pandemic, a number of "resilience groups" quickly became established in local communities by local people keen to help those in need. That people wanted to step forward, and in such numbers was testament to the underlying sense of community. Nevertheless, there were challenges. There was the potential for duplication of effort, such as households receiving offers of help from various sources and conversely, some areas not covered at all. The Care for People Group had the responsibility for enabling a more coordinated approach with Communities and Lifelong Learning staff having a particularly important role. Volunteers and those requesting help needed safety advice such as guidance on food preparation and food hygiene and the use of Personal Protective Equipment. Insurance cover was also critical and affiliation to Community Councils was important in this respect. A guidance pack has now been created and while it will need continual updating, this resource provides a robust starting position for future emergencies.

13 RECOMMENDATIONS

Recommendation 1: Care for People Group should review its arrangements with local communities to ensure robust **communication** links are in place in times of emergencies.

Action: Care for People Group

Recommendation 2: A review should be undertaken involving local **pharmacy** representatives to consider any lessons learned for future emergencies.

Action: Care for People Group and D Bray Pharmacy Lead

Recommendation 3: The **administration systems** developed for use in the local hubs and community groups should be reviewed and streamlined. They should be retained for use in civil emergencies, particularly for a pandemic.

Action: Communities and Lifelong Learning Service

Recommendation 4: In light of the pandemic experience, the approach to promoting **community resilience** should be reviewed.

Action: Care for People Group, Communities & Lifelong Learning Service

Recommendation 5: Given the important roles undertaken by redeployed Council staff during the response, consider additional **induction** training on civil emergencies for all staff as part of the civil emergencies training programme.

Action: Care for People Group and Human Resources

Recommendation 6: The **Emergency Guide** should be reviewed to consider whether it provides the basis of a generic guide during civil emergencies.

Action: Care for People Group

Recommendation 7: In view of the overwhelming interest in **volunteering** during the pandemic, a review of the infrastructures in place should be undertaken.

Action: Communities & Lifelong Learning, Midlothian TSI, Midlothian HSCP

Recommendation 8: The needs and demands for affordable **food** and hot meals should be the subject of a comprehensive review.

Action: Midlothian Council, Midlothian HSCP and Midlothian Food Alliance