Walsall Council Review of COVID-19 Response

Capturing the Learning

Dr Joshua Blamire, Dr James Rees, Dr Bozena Sojka

Institute for Community Research & Development

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Executive Summary

Research Brief

Over the past two years, the scale and severity of the ongoing COVID-19 pandemic has challenged every aspect of how we live our lives, accentuated pre-existing inequalities and created new and unprecedented demands on services. In Walsall, a multi-agency response involving Walsall Council along with various partners has worked hard to manage these challenges and to mitigate the impact on residents.

This report documents the key learning from this remarkable period in time, and captures the real essence of the vital activity, partnership and collaboration carried out across the borough. We identify the best of collective place-based work led by Walsall Council, and explore how people put aside organisational boundaries and came together with a common purpose through both informal and formal partnerships. Yet, equally, this review critically explores certain gaps within the response, and considers the potential lessons emerging from what did not work.

Key Findings

1. The three major factors that facilitated the response were: i) effective leadership from Walsall Council; working alongside ii) a spirit of shared endeavour and iii) a shared sense of purpose amongst partners in the borough

2. Partnership-working was a dominant feature. In turn, the response worked to strengthen some pre-existing partnership arrangements within the borough but also helped to produce new relationships and forms of co-learning between partners

3. The response evidenced multiple examples of agile, innovative and resilient local governance in the face of crisis

4. There is potential for the increased capacity of local governance into the future should this learning be consolidated and these new opportunities be seized. This has implications not only for better responding to future crises, but also for developing more holistic approaches to pandemic recovery in order to reduce pre-existing inequalities and to build a more equitable, sustainable, and resilient society for the future

5. Given some challenges experienced in engaging diverse and socio-economically disadvantaged communities within the borough, there is scope for agencies to continuing learning more about, and working with, residents. This is indeed vital as long-standing challenges in Walsall – such as multiple deprivation – are likely to be exacerbated as a result of the pandemic

Authors

Dr Joshua Blamire is a Research Associate at the Institute for Community Research & Development (ICRD) at the University of Wolverhampton. His research sits at the intersection of socio-cultural, economic, political and urban geographies. His work explores how diverse communities in different places respond to political processes – such as, most recently, austerity, Brexit & COVID-19 – and wider social and political transformation. Through this, his research engages with a broad range of stakeholders including residents, neighbourhood, community and voluntary organisations, charities, political parties, third sector organisations, and local authorities. He also has research interests in urban governance, urban regeneration, local economic development and community engagement.

Dr James Rees is Reader and Deputy Director of ICRD. His work is notably inter-disciplinary and is concerned with the voluntary sector in its broadest sense, but also more specifically in its relationship with current transformations in public services in the UK. His recent research has focused on the role of the third sector in service delivery, cross-sectoral partnership, commissioning, and organisational change and the role of citizens and service users, drawing on a range of theoretical traditions in the fields of governance and organisational studies. He also has long-standing research interests in urban and regional governance, and has published more broadly on housing policy, urban regeneration and community and citizen engagement.

Dr Bozena Sojka is a Research Fellow at the ICRD. She has experience of conducting mixed-methods research with people with multiple complex needs, such as refugees and unaccompanied asylum-seeking children and young people. Her theoretical interests are in understanding the social and policy dynamics of migrants' experiences of integration, working at the intersection of human geography, sociology and social policy. Empirically, her work has explored immigrants' experiences of inclusion and exclusion, immigrants' social security rights in policy and practice, and youth immigrants' integration in policy and practice.

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1. Introduction

1.1 Research Context

In December 2019, the novel coronavirus disease COVID-19, caused by SARS-CoV-2, emerged in China and quickly spread across the globe, with the first case in the UK confirmed on 31st January 2020 and, in the borough of Walsall, on 13th March 2020. Over the past two years, the scale and severity of this ongoing pandemic has challenged every aspect of how we live our lives, accentuated pre-existing inequalities and created new and unprecedented demands on services. During this period, within the borough of Walsall, a multi-agency response involving Walsall Council along with various partners from the public, private, and community and voluntary sectors has worked together to manage the challenges brought about by COVID-19 and to mitigate the impact on residents within the borough.

1.2 The Borough of Walsall

Walsall is a metropolitan borough located in the West Midlands; situated north-west of Birmingham, it is one of the four local authorities that make up the Black Country sub-region (along with Dudley, Sandwell and Wolverhampton). The borough consists of various urban, suburban and semi-rural communities. Walsall, the largest settlement, lies at the heart of the borough and is surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

The overall population of the borough is 286,700 (ONS, 2020). Notably, deprivation is deeply entrenched in Walsall and has worsened since the economic crisis; in 2019, Walsall ranked the 25th most deprived English local authority (out of 317), placing it within the most deprived 10% of districts in the country. However, there is considerable variation in the levels of multiple deprivation experienced across the borough, with a significant east/west divide. Figure 1 illustrates deprivation relative to England overall, highlighting the most and least deprived LSOAs in the borough. Over a quarter of Walsall's neighbourhoods are amongst the most deprived 10% in England.

Walsall performs particularly poorly across indicators pertaining to income (ranked 16th worst of 317 local authorities in England), education, skills and training (11th worst), employment (38th worst) and living environment (68th worst). Many Walsall residents suffer considerably poor health outcomes, where life expectancy for men and women is lower than the England average, as are estimated levels of excess weight in adults. Mortality rates from cardiovascular diseases and cancer amongst under 75s are also worse than the England average (Public Health England, 2019), although the borough does rank well on barriers to housing and services deprivation.

Walsall is a culturally and ethnically diverse town. Although the majority of residents identify as 'White British' (76.9%), the number of residents from minority ethnic groups has risen to almost one in four with people of Indian, Pakistani and Bangladeshi backgrounds forming the largest minority ethnic group (ONS, 2011). The number of non-UK born residents living in Walsall is also growing with a rise in residents originating from parts of Central and Eastern Europe. Walsall notably records relatively high levels of residential segregation, with minority ethnic residents living predominantly towards the south of the borough (ONS, 2011).
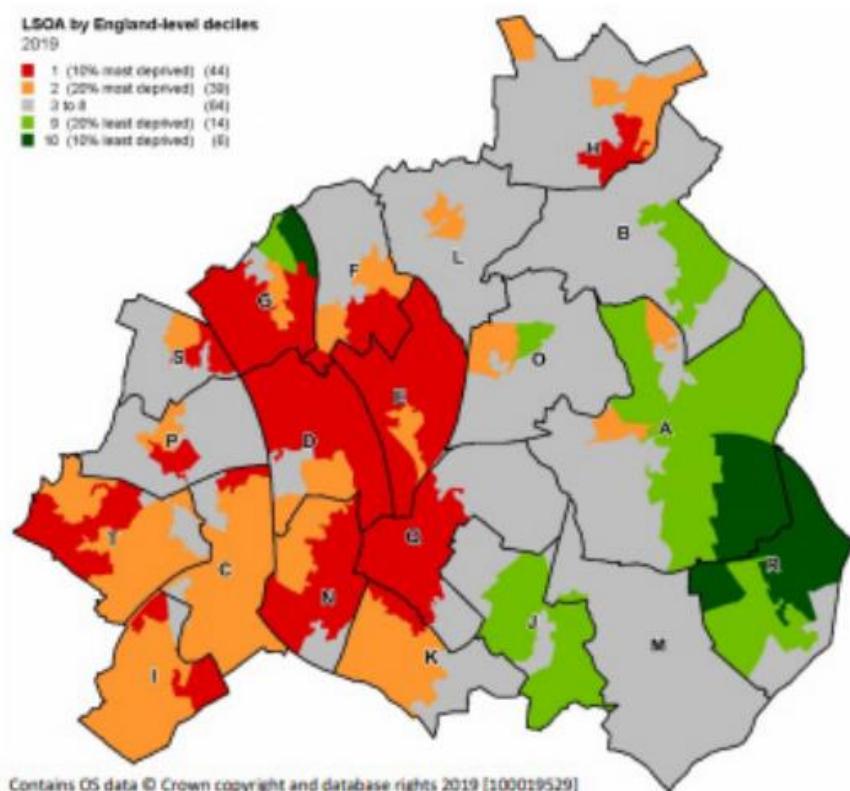
Figure 1: Index of Multiple Deprivation shown by England-level percentiles (Walsall Council, 2021a)

Owing somewhat to these poor socio-economic and health indicators, Walsall is particularly susceptible to outbreaks of COVID-19. The British Red Cross' COVID-19 vulnerability index therefore places Walsall within the 20% most vulnerable local authorities in England (British Red Cross, 2020). Indeed, Walsall has returned consistently higher case numbers than the West Midlands and England average, and by February 2022 the borough had recorded over 1,000 coronavirus-related deaths. Yet the challenges faced in Walsall mirror the national picture; namely, older people, alongside the borough's BAME residents and most deprived communities, have suffered disproportionately in terms of coronavirus case numbers and deaths, while vaccine take-up is observed to be markedly lower amongst younger people, ethnic minorities, and those living in the poorest areas of the borough.

1.3 Research Aims

In the face of these unprecedented challenges, Walsall Council and partners have worked hard to mitigate the impact of COVID-19 on residents within the borough. In this research, the Council wishes to take stock of their response to the pandemic, to assess what has happened so far, to identify future strategic priorities, and to exchange lessons learned that can be used in the future for Walsall to build on in its partnership arrangements. There is a desire to capture the real essence of the vital activity, partnership and collaboration carried out in response to the pandemic since early 2020. Indeed, there is a need to document and reflect upon the learning from this remarkable period in time, during which the Council and partners engaged in this important work in a 'spirit of shared endeavour'. There is otherwise a risk that the experience might be forgotten, and this momentum lost, and so it is essential to capture the essence of what made the response work, and to understand how people put aside organisational boundaries and came together with a common purpose, through both informal and formal borough-wide and regional partnerships.

The Institute for Community Research & Development (ICRD) at the University of Wolverhampton was therefore commissioned to undertake a structured qualitative review of the actions taken during the response to identify best practices, gaps and lessons learned. We address dimensions of the response covering public, private, and community and voluntary sectors during January 2020 – September 2021. The main focus of the work however is on the Council and, more specifically, its senior staff who engaged in strategic working, as well as the full range of key partners at the strategic level. The overall aim of the research is to identify and explore the best of collective place-based work conducted by Walsall Council and partners across the whole of the borough.

This research is not intended to be a public inquiry, but a positive and constructive review capturing learning that will contribute to improved responses to future crises. Yet this is a critical review that will equally not shy away from exploring gaps and drawing lessons from what did not work. The key questions are therefore:

- What happened during the response and why?
- What were the key factors that facilitated the response?
- To what extent was partnership-working a feature of the response?
- To what degree did the response rely on agile and resilient governance?
- What were the gaps in the response?
- What can be learned through the response for responding to future crises?

This review is conducted under the ethos that the scale and severity of these unprecedented challenges demands a multi-agency response that is agile, resilient and innovative. Yet, given the pandemic and its after-effects will clearly be with us for some time, there is a need for local government to adopt a much more holistic approach to pandemic recovery in order to reduce long-standing inequalities and to build a more equitable, sustainable, and resilient society for the future.

2. Methodology

The approach was developed in consultation with senior Walsall Council staff and involved three stages:

Phase 1: Inception and Stakeholder Analysis (October – November 2021)

Following an inception meeting to confirm the scope of the review, the ICRD team finalised the project design. We also conducted stakeholder analysis to ensure appropriate stakeholders and sectors were involved, and reviewed relevant Council documents (such as reports and minutes of meetings).

Phase 2: Data Collection (December 2021 – January 2022)

We captured data through 27 in-depth semi-structured interviews with the key players involved in the response, identified with the help of Walsall Council (see Table 1). The interviews ensured a secure, reflective, and non-pressured space for interviewees to reflect on their experiences in order to elicit in considerable depth their views on, and experiences of, the response. The interviews were conducted online via Microsoft Teams, ranging from 45-90mins in length, and were thereafter professionally transcribed and securely stored. Ethical approval was granted by the Faculty of Arts, Business & Social Sciences Ethics Committee at the University of Wolverhampton. Participants were required to provide written informed consent and are anonymised within this report; interview excerpts are therefore labelled "council officer" or "partner".

Phase 3: Data Analysis & Report Writing (February 2022 – March 2022)

The data was subject to a rigorous qualitative thematic analysis (Braun and Clarke, 2006). This data includes interview transcripts as well as analysis of key documents and reports, interview notes, local news articles (e.g. *Express & Star*) and private correspondence of interviewees with project researchers. The research themes were derived from the overall research aims as well as the ongoing reflective observations of ICRD researchers; additional themes also 'surfaced' from the analysis itself. The preliminary findings were then discussed and 'sense-checked' firstly amongst the research team before, secondly, in presentations to stakeholders within Walsall Council (February 2022) and across the Walsall Proud Partnership (March 2022).

It is worth highlighting that many partners were highly enthusiastic about participating in the review, and appreciated the opportunity to have their experiences and perspectives heard. Some participants even described the experience as being cathartic. ICRD researchers were respectful, balanced, open-minded, but also critical in eliciting responses. Overall, the review was widely embraced as a positive process

in capturing the learning, identifying areas of best practice as well as gaps and challenges, and bringing together a range of different voices and perspectives within this report.

However, two caveats must be highlighted. First, while the research team worked hard with Walsall Council to ensure buy-in from all partners involved in the response, a small number of partners were unable to engage and their voices are regrettably omitted from this analysis. Second, while the research methodology enables us to explore in considerable depth the views of key players across the response, we are unable to further explore some of these claims in a more holistic sense (such as, for instance, whether the response to COVID-19 did indeed bring the Council and its partners 'closer to its communities', as some participants suggested). To more fully investigate those claims, further research would be required which, although vital and pressing work, is beyond the remit of this particular review. Instead, our aim here is to document decision-making at the strategic level as well as to understand the experiences and perspectives of those key strategic actors involved in shaping the response itself.

Walsall Council	Partners
Chief Executive	Walsall Healthcare
Public Health	Walsall Clinical Commissioning Group
Economy, Environment & Communities	Walsall Housing Group
Adult Social Care	Walsall College
Children's Services	Walsall Community Network
Resources & Transformation	One Walsall
Governance	Wolverhampton University
Media & Communications	West Midlands Ambulance Service
Resilience Unit	West Midlands Police
Business Support	Transport for West Midlands
Social Inclusion	Black Country LEP
	Highways England
	UK Health Security Agency (formerly Public Health England)

Table 1: Key Stakeholders

3. Findings

This section outlines the key findings of the review as follows; first we detail the response and how it was structured (*3.1*), as well as the key factors that facilitated it (*3.2*). We then explore the ways in which borough-wide partnership-working characterised the response (*3.3*) and the extent to which mitigating COVID-19 relied upon agile and resilient local governance (*3.4*). Next, we turn to examine the key challenges to the response (*3.5*). Finally, we turn attention to the ways in which this learning can be mobilised for responding to future crises, and consider the extent to which the pandemic response provides opportunities for the transformation of local governance (*3.6*).

3.1 Responding to COVID-19 in Walsall

The immediate response by Walsall Council was to establish two senior management officer groups which met on a daily basis. Gold Command represented the strategic operational response across the borough taking into account national, regional, and local issues that had an impact on the functioning of the Council and the welfare of its residents and employees. The tactical component of the response was located in Silver Command, which determined operational issues at a local level. Notably, this utilised the pre-existing structure of council officers and placed the local authority at the centre of the response. Figure 2 shows the structure of the response.
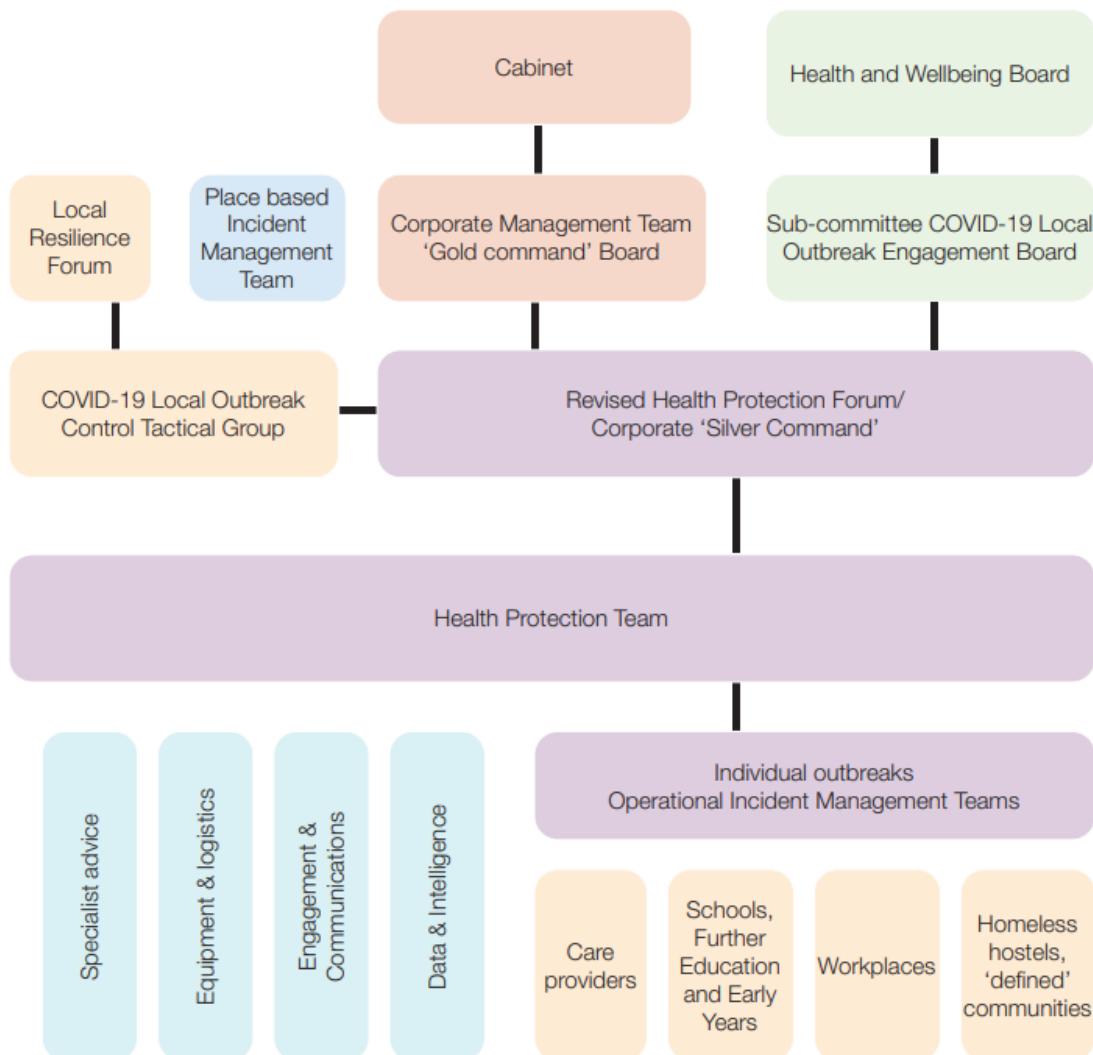
Figure 2: Walsall Council Response to COVID-19 (Walsall Council, 2021a)

In May 2020, the UK Government announced that it expected every area in England to produce a Local Outbreak Plan. The Walsall Council COVID-19 Local Outbreak Management Plan (Walsall Council, 2021a) is the operational response to preventing and managing outbreaks in Walsall. As well as to control COVID-19, reduce the spread of infection and save lives, a further aim was to reduce inequalities resulting from COVID-19 and to help "build a more sustainable, fairer situation for our communities' health, wellbeing and safety".

The local pandemic response was led through the Council's ongoing Resilient Communities Model, established in late 2019, which itself was developed under the Walsall Proud Programme (WPP). WPP is the council's ongoing transformation agenda which focuses on "modernising ways of working to be digitally enabled, more flexible [and] entrepreneurial", with a focus on customer experience, positive outcomes for local residents, and providing efficiencies across the whole council. Stakeholders include Walsall Council, West Midlands Police, West Midlands Fire

Services, Walsall Healthcare NHS Trust, Walsall's Clinical Commissioning Group (CCG), local housing providers and the voluntary and community sector. At the outset of the pandemic, through Resilient Communities, some examples of activities undertaken include:

- The provision of a telephone contact number, operated by West Midlands Fire Service and supported by One Walsall volunteers, to enable residents to access community support
- Steps taken to support the community sector (such as potentially suspending business rates payments)
- Work to keep communities safe including collation of data on non-English speaking communities, over 70s and people with disabilities, access to employment hardship benefits, and distribution of hygiene packs and food parcels to those in need
- The closure of services such as leisure centres and libraries with those staff being diverted to work elsewhere
- Other providers (such as taxis and minibuses for home to school transport) were also asked to assist the Resilient Communities Model in supporting the elderly and people in need, with payments continued for this purpose
- The garden waste collection service ceased in order to concentrate resources on the core household waste and recycling collection services
- Walsall Council also issued over 300 IT items such as tablets and mobile phones and introduced new software in order to enable more employees to work remotely to sustain front line services
- Walsall Council shifted to holding virtual committee meetings in order to maintain the democratic process.

Other examples of the initial response included adapting council services to online, ensuring that council sites were COVID-secure and, from an emergency planning perspective, securing facilities for the potential storage of corpses. Partners also initially responded to COVID-19 by reducing or adapting services, protecting frontline staff, and pausing aspects of business as usual (BAU).

Support for the borough's most vulnerable residents was facilitated through the Resilient Communities Model and delivered with partners in the community and voluntary sector. This depended on expanding the pre-existing 'Making Connections Walsall' (MCW) social prescribing service, which tackles loneliness and social isolation amongst people aged over 50 in Walsall. MCW operates via referrals from the West Midlands Fire Service linked into four strategically located hubs across the borough which are led by Community Associations (CAs). The Council provided an additional £300,000 in grant funding to CAs and other key voluntary sector organisations in order to provide emergency support to residents who were either shielding and/or considered clinically vulnerable due to long-term health conditions, age, ethnicity or other risk factors.

The range of services provided included:

- A telephone-based befriending service
- A shopping service
- Pre-packed food parcels for those in self-isolation
- Food parcels and welfare support for those in hardship
- Prescription collection service.

In addition, since October 2020, Walsall Community Network has secured funding from the National Lottery Community Fund and Walsall for All to launch its 'Neighbourhood Natters' project. The project aimed to tackle loneliness and isolation via community provision of mobile library services, the delivery of 'boredom packs' (including e.g. jigsaws) and informing residents of community activities. Brought together, these activities helped to address immediate social need and to ease the burden on local healthcare systems. Running through the initial three-month lockdown period and reactivated during the winter lockdown of 2020/21, the community hubs aided the delivery of over 6,000 food parcels, helped over 2,000 people with shopping, and responded to 5,500 befriending requests. Walsall Council considers the CAs to be closest to local residents and to have a better understanding of their needs. Meanwhile, partnering with trusted community leaders and organisations also facilitated the production of multilingual materials and helped to provide insights into culturally appropriate food parcels.

In September 2020, a place-based Incident Management Team (IMT) was established and led by the Chief Executive of Walsall Council, Dr Helen Paterson. The purpose of the IMT was to provide local multi-agency leadership and to ensure a co-ordinated approach between partners across the borough. IMT members were senior officers within their organisations and acted as a conduit between the IMT and their own organisations (Table 2). Importantly, this team did not replace any statutory partner Command and Control structures but instead sought to coordinate activity, to support partners, to provide a platform to escalate issues across partners within Walsall, and to translate the wider national and regional response into a local Walsall approach. The IMT ran until July 2021, although was restarted in January 2022 in response to the winter surge in Omicron cases.

Walsall Council	
Chief Executive (Gold Commander)	Public Health
Economy, Environment & Communities	Adult Social Care
Children's Services	Resources & Transformation
Governance	Communications Team
Resilience Unit	
Emergency Responders	
West Midlands Police	West Midlands Fire Service
West Midlands Ambulance Service	
Health	
Walsall Healthcare NHS Trust	Walsall CCG
Black Country Healthcare NHS Foundation Trust	Regional Convenor (UK Health Security Agency)
Public Health England	
Partners	
Wolverhampton University, Walsall Campus	Black Country LEP
Walsall College	Walsall Housing Group
One Walsall	Walsall Community Network
Highways England	Transport for West Midlands

Table 2: Members of the Place-Based IMT in Walsall (September 2020-July 2021)

As the response progressed, Walsall Council responded by establishing four sub-cells which reported directly to the IMT; vaccination, testing, communications and mental health and wellbeing. The latter cell was set-up to ensure coordination of activity to support peoples mental wellbeing during the pandemic, reducing isolation and loneliness and providing coping tools for residents. This was a multi-agency cell, chaired by the Black Country Mental Health Trust and drew on the skills and expertise of partners across the borough. Notably, the cell has since morphed into the delivery group for the agreed mental wellbeing strategy for the borough.

From November 2020, Walsall Council embarked upon supporting the vaccination programme; liaising with One Walsall and the CAs it proved possible to generate the sufficient number of volunteers. In February 2021, community testing was also

undertaken as Walsall was found to be one of eight areas nationally in which the South African variant of COVID-19 had been detected. There was a requirement to surge test 10,000 adults within a specific geographical area surrounding the residence of the index variant case. This was a highly resource-intensive exercise which pulled many council staff and the community workforce into the operational response, led through the IMT, and raised questions regarding how to engage with diverse communities across the borough. This surge testing programme – known nationally as 'Operation Eagle' – is examined further in *3.5*.

Senior council officers reflected on being well-prepared and in an initial position to respond quickly due to the establishment of these pre-existing structures. Meanwhile, prior investments in digital technologies through WPP (such as Microsoft Teams) had enabled 59% of council staff to continue their normal duties and 90% to work from home by July 2020 (Walsall Council, 2021b). However, others reflected that there were initially few emergency procedures in place to deal with something of this magnitude, while the provision of laptops was by no means universal.

Officers also considered the switch to a model of emergency decision-making power in March 2020 to be vital in order to make decisions efficiently and to speedily allocate money without undergoing full cabinet process; this shift is accounted for under the emergency provisions in relation to delegated powers in the constitution. Where an executive decision was required, Walsall Council was therefore able to utilise the 'strong leader' model through which the Chief Executive was able to liaise with and consult the Leader, who then exercised those powers.

It should be noted that while the response in some ways represented continuity in terms of council procedure, many officers reflected that they had not participated in an IMT like this before. Whereas most IMTs respond to relatively small-scale, localised events, such as flooding or managing a political demonstration, the COVID-19 response, in contrast, encompassed multiple diverse partners working across the borough over a comparatively longer timeframe, and also involved making decisions at breakneck speed with imperfect information. These challenges are examined further in *3.5*. In these ways, the demands placed upon Walsall Council during its response to COVID-19 represented a marked disruption to BAU despite this initial level of preparedness.

3.2 Factors that Facilitated the Response

This section identifies the key factors deemed to have facilitated the response, namely: i) leadership; ii) a spirit of shared endeavour; iii) a shared sense of purpose.

3.2.1 Leadership

It was unanimously agreed by partners that the response first rested upon strong and effective leadership from the Chief Executive of Walsall Council who chaired the IMT. Figure 3 details quotations from partner reflections on the notion of leadership.

The Chief Executive…

- …listens and supports
- …was very inclusive and good at linking issues
- …gave clear direction and a consistent message throughout
- … a structured approach that was excellently communicated
- …has great management experience
- …knows how to get the best out of everybody
- …was a maternalistic figure creating a sense of community
- …she set the tone and was empathetic
- …her leadership style was compassionate, kind but serious
- …she was understanding of partners' time, responsibilities and commitments
- …was integral to mobilising and encouraging partners

Figure 3: Partner Reflections on Walsall Council Leadership

In addition, the IMT itself was described by partners as well-communicated and well-led, open and transparent, and a mature and self-critical space which allowed partners to come together to discuss issues in a constructive way. For many, the response felt genuinely outcome- and resident-oriented – rather than simply seeking to serve the needs of the Council – while some partners operating at the regional level observed that Walsall felt "noticeably different [compared to] the functional approach taken by the other local authorities" (partner) and stated that this owed itself to the strength and credibility of its leadership.

Many elected members offered crucial and significant leadership and visibility within their respective communities. This entailed, for instance, volunteering at the community hubs – participating in activities such as food distribution support or befriending – as well as working with council officers to ensure effective communication between the Council and its residents. As one officer attests: "our members are our eyes and ears in the community" both in terms of translating key messages to residents as well as, vice-versa, feeding residents' experiences back to the Council.

3.2.2 Spirit of Shared Endeavour

It was highlighted that there was a tangible spirit of shared endeavour which assisted pandemic collaboration across the borough. Firstly, it was suggested that there was an already pre-existing spirit of cooperation, collegiate behaviour, mutual regard, and respect across partners in Walsall more generally, and a sense of trust, rapport and goodwill between partners which fostered support for one another during operation mode. The role of the IMT was to simply harness this. As the quote below testifies, there was an observably different *culture* of collaboration in Walsall compared to within other local authorities:

> "The culture was different in Walsall, it felt different. […] The one thing I noticed was the culture was very, very good in Walsall in the fact that it genuinely felt like the partners were all pulling in the same direction […] and I thought the way that Helen [Chief Executive] chaired the meeting was very, very inclusive, and she was very good at linking people and issues, which wasn't always the case in other IMTs." (partner)

Other partners operating at the regional scale also concurred that the spirit of collaboration in Walsall was noticeably different to elsewhere. These factors are then considered to have encouraged a collaborative approach defined as being non-hierarchical, with multiple agencies working together "shoulder to shoulder" and which refuted organisational barriers, as one partner proposed:

> "We really did just work out what we needed to do, we didn't really think about boundaries or 'is that my job?' or 'is that my role?'. It was just a case of 'what do we need to do?'. 'Can you do it?'. 'Right, I'll do it then'. So it was a really, really collaborative, no barrier approach, but really quick appropriate action." (partner)

Allied to this, some senior council staff and partners hail from Walsall or the West Midlands, and many spoke about being immensely proud to serve the borough. To this end, the IMT was also somewhat united by a shared personal and professional commitment amongst its members to *this* place. Finally, some partners found solace in the IMT describing it as a cathartic space to share the challenges they were facing, to feel supported, and to hear other partners' perspectives. These reflections are not simply anecdotal and relate to how the key strategic actors were able to manage the sheer scale, intensity and unprecedented nature of the pandemic, and highlight how the IMT was able to transform these individual emotional responses into an effective, collective operational response.

3.2.3 Shared Sense of Purpose

A third factor which facilitated the response was partners sharing a common sense of purpose in seeking to mitigate the impacts of COVID-19. Since the pandemic affected every partner within the borough, there were therefore clear advantages to working together. Yet it was vital that there was something to be gained from working with Walsall Council for all partners, given that there was no legal obligation to do so. Read cynically, this willingness may have simply resulted from the fact that cooperation helped partners to do their jobs, but partners also reflected that it was the scale, intensity and urgency of the crisis – and the understanding that people's lives were at stake – which helped to cultivate this common purpose. This was then compared with previous aspects of collaboration and partnership working across the borough which were considered to lack a shared purpose, commitment and/or shared risk across the different institutions.

3.2.4 Other Factors

In addition to these three key factors, interviewees highlighted a range of additional factors which enabled the response to take shape. First, the IMT represented an enormous amount of collective knowledge amongst senior council staff and partners about the borough; the skill of the leadership was to transform this into an effective operational response in turn liaising with elected members. Equally, council staff felt supported and empowered to get on with what needed doing by the Chief Executive, Council Leader, Cabinet and elected members, whose visible participation in the community emphasised the fact that 'we're all in this together'. Indeed, the significance of this shared ethos was noted by multiple partners with regional oversight, who reflected that other local authorities lacked this level of cohesion.

Second, council staff, partners, and elected members made significant personal sacrifices in order to enable the response, such as working long hours, while others paused voluntary redundancy. Third, the availability of a high-quality complex dataset shared between organisations allowed for an evidence-based response which gained credibility amongst partners. Fourth, the ongoing digital transformations enabled partners to meet not just virtually – crucial within the context of the work from home directive – but regularly, since online meetings impinge significantly less upon partners' time. Fifth, time-limited changes in legislation by Central Government – such as via the Care Act Easements created as per the Coronavirus Act 2020 – enabled local authorities to reduce certain services and relaxed other requirements (such as pertaining to GDPR) which eased the burden on Walsall Council. These factors were each reported to have facilitated the response.

3.3 Partnership-Working

As already made clear, partnership-working was a dominant feature of the response. This section explores how and why different partnerships came together with a common purpose to mitigate the impacts of COVID-19, and explores the outcomes of this collaboration as well as some of the challenges.

3.3.1 Things Already in Place

Within the Council, it was heard that Walsall previously had a Borough Management Team which brought together the various leaders of key strategic organisations across the borough. However, this was remembered as being a 'talking shop' with no specific actions, no wider plan, and no regularity. However, the new leadership under the current Chief Executive is said to have transformed this. As a result, there were already lots of strong relationships across organisations in Walsall prior to COVID-19. Indeed, the pandemic found Walsall Council halfway through its WPP plan which aims to work with local stakeholders to transform local governance within the borough, and this includes moves to install digital working. One senior council officer therefore reflected that the pandemic response had sped up this process, bringing

"three years' worth of development in a year". Walsall was therefore argued to be in a better position to respond to COVID-19 as a result of these developments.

Other partners also discussed having pre-existing partnership arrangements with other organisations in the borough. For instance, Walsall Housing Group (WHG) has recently worked with Manor Hospital to help unemployed tenants find employment within the NHS; during the pandemic, WHG were then able to help relieve pressure on the hospital by adapting homes in the borough to ensure that patients could be readily discharged. Similar joint work emerged through Walsall Together, a multi-agency integrated care partnership involving Walsall Healthcare Trust, Walsall CCG, WHG, Walsall Council and One Walsall. In this sense, the response represented more a consolidation and maturing of pre-existing relationships than many new partnerships per se, but the response nonetheless served to reinforce the benefits of joint-working as well as to test the strengths of these relationships. Rather than written on a blank canvas, the response departed from recent years of consolidated partnership-building within the borough.

3.3.2 Strengthening Relationships & New Learning

On the other hand, through the IMT, new relationships and forms of learning also emerged. So, some partners described their involvement in the response as being simply about information sharing with Walsall Council and other partners. For instance, Highways England and Transport for West Midlands provided information on traffic flows, passenger numbers and pinch points, and they recalled that these updates reduced in relevance over time. Nonetheless, these partners positioned themselves as "one part of the jigsaw puzzle" (partner), and saw how their key messages (such as advising residents of peak times, and when and when not to travel) could be communicated back to local residents through this wide range of partners, such as the CAs. Other partners who equally considered their role to be relatively peripheral were still enthused by having the formal opportunity to exchange information with partners, and sensed that bringing multiple partners into dialogue "added value" (partner). Others, such as Walsall Community Network (which represents the CAs), were simply delighted to participate in the response and valued the opportunity to represent their residents to multiple partners:

> "So Helen Paterson, Chief Executive of Walsall Council, invited me into the meeting. It was a bit daunting at first because I thought 'well, what am I going to be saying, you know, what's all this about?', but I soon got into it and soon was able to report some of the things we've been able to do […] a person in my position feels very humble that they've been part of the IMT and been allowed to give the views of the community organisations […] and it has allowed us to let people know the jobs that we actually do and have done for a long time"

Through the response, different partners also reported learning from, and learning to work with, others both within and external to their own organisation. Senior council

officers therefore obtained a greater appreciation of one another's job roles as well as the pressures and challenges associated with this. Then, through working together, the Director of Public Health and the Communications Team learned to better understand how to communicate public health messages to the public and how to more effectively utilise public health data. Council officers also had the opportunity to work more closely (and more effectively with) elected members:

> "We've seen a number of local councillors going back to their wards to help us to spread the message in a way that you don't always see. [The relationship] is much more supportive – how can we help out, and how can we get the message out? – and that being relayed back to their wards has helped to build trust in the programme" (council officer)

This shared understanding, then, cultivated a collective ability to respond to the crisis.

The response has also forged new relationships between different organisations. Transport for West Midlands (TfWM) gained "new points of contact that we wouldn't have had previously, or probably wouldn't have even thought about previously". It is even suggested that these new relationships could help to forge novel partnership arrangements into the future; for instance, TfWM's new contacts at both Walsall College and Brownhills Community Association are seen to provide new ways of engaging both younger and older people respectively, such as by working with the College to reduce out-of-school anti-social behaviour amongst school pupils.

Walsall Council equally reported developing more effective working relationships across the NHS as well as with One Walsall and the CAs. This all raises the question as to how these relationships can be capitalised upon in the future, a theme we return to in *3.6*. Crucially, the key features of partnership-working were then a shared spirit of endeavour and sense of purpose, combined with the specific operational response which encouraged individuals to "just pick up the phone and ask [other partners] for a favour" (partner). In this sense, the wider response relied not on one standout partnership but on cross-cutting collaboration across partners in the borough ranging from simple data sharing to more formal partnership arrangements.

3.3.3 The Role of Walsall Council

According to senior council officers, there was a clear appetite for joint-working from Walsall Council who perceived their role as an enabler for borough-wide collaboration rather than an enforcer telling partners what should be done. This was combined with a strong ethos of information sharing from the Council, which senior officers believed shared insight which displayed openness and transparency, as well as a degree of informality and humility. By sharing certain data that was not publicly available, the Council were able to indicate their trust in partners as well as to highlight how they were working with imperfect information. This contributed to a

partnership ethos that was considerably less guarded, and signalled that there was no hidden agenda at play.

Indeed, many partners embraced this style and tone of leadership, acknowledging the Council's openness. Moreover, where conflict emerged, the Council were described as being fair and approachable. As difficult decisions were made concerning the prioritisation of frontline staff for vaccination, one partner recalled: "I [just] had to say: 'sorry, I'm a bit uncomfortable with that'". The issue was then resolved amicably. The IMT, as a partnership forum, was therefore also a space where robust dialogue took place, and decisions could be challenged where necessary. There was also a common view amongst partners that the very commissioning of this review emphasised the Council's commitment to cooperation, partnership, reciprocity and integrity.

3.3.4 Partnership-Working in Walsall during COVID-19

Figure 4 highlights some examples of partnership-working within the borough during the pandemic; note, this is not an exhaustive list.

- Walsall Council Communications Team worked with Walsall for All to communicate key messages in different languages

- Walsall Council managed to reduce homelessness through working with WHG

- Walsall Council were able to maintain their safeguarding responsibilities, transforming their work for children in partnership with schools, health visiting services and West Midlands Police

- The Council also worked with the NHS to support care homes and to understand pressures within the hospital

- Working with the Healthcare Trust and WHG, Walsall Council was able to turn a redundant building into a temporary ward for Manor Hospital. WHG provided staff to paint the building, and within a week it was functioning as a stroke rehabilitation unit which reduced pressure on the hospital

- Supporting the vaccination programme, Walsall Council provided the NHS with two sports centres and a redundant shop – as well as free car parking – and TfWM supported additional public transport access to vaccination sites. This enabled Walsall to roll-out the vaccine faster than other places

- Walsall College also donated their car park free of charge for surge testing

- Working together also enabled prioritisation for testing and the vaccine for keyworkers at organisations working on the frontline e.g. WHG, TfWM, and West Midlands Ambulance Service

- Partners worked together to ensure that their offices were open and closed at the same time in order to provide consistency and fairness to residents

- Communications teams of different organisations across the borough worked together to ensure consistency of public messaging around COVID-19

- CAs worked with WHG to identify residents in need based on their tenant data. WHG also had a large number of staff who could be redeployed as a result of the reduction in their own services

- CAs and One Walsall worked with small businesses who offered community services and/or managed donations of face masks and sanitiser

- Some residents grew produce in their allotments and shared the surplus with CAs which was then re-distributed by Walsall Community Network within the community

- TfWM also worked with West Midlands Police to support their implementation of COVID-19 guidance, known as the four E's (Engage, Explain, Encourage, Enforce)

Figure 4: Examples of Partnership Working during the COVID-19 Response

3.3.5 Challenges to Partnership-Working

Yet this joint-working was not always smooth. Some partners were at times less able or willing to contribute to the response, or simply saw no benefit to collaborating on certain issues. Moreover, while collaboration helped to avoid replication of some services, some partners (such as schools and the police) sometimes shared different ways of working and had their own mechanisms – often determined at the regional or national scale – which may at times have discouraged collaboration. Others, such as the Ambulance Service experienced their own significant pressures which could not necessarily be alleviated by collaborating with other partners because of the distinct specialisms of the work. Yet, at the same time, other organisations, such as WHG, reported having underused capacity. In addition, some partners wondered whether further engagement could have taken place with the private sector.

There were some frictions over the tactical deployment of PPE obtained by Walsall Council, notably as to whether it should be provided to the NHS or held back for Adult Social Care. Equally, there were differences in approach between Walsall Council and West Midlands Police (WMP) in terms of enforcement of COVID-19 guidelines. These examples point towards how the contrasting pressures, perspectives and priorities of different organisations collided during this period.

There were also challenges to the deployment of volunteers for providing community support, testing and vaccination. As one partner explains:

> "It seemed to me [the Council] missed a real opportunity to capitalise on social action because we had hundreds of volunteers lined up unable to place yet Walsall Council staff were being redeployed into lots of this work. It was really bizarre."

Here this partner questions why council staff were distributed to areas which had potential volunteer capacity, such as supporting vulnerable residents within the community, while more complex roles which lacked volunteer support – such as support in care homes – were then not filled. Similarly in terms of the vaccination rollout, some partners reflected that they could have assisted with better engaging the borough's diverse communities but felt that they were not included in this aspect of the response. These narratives therefore illustrate that while partnership-working was clearly an integral and effective component of the response, it nonetheless required careful nurturing and was by no means a straightforward or nonconflicting process.

3.4 Agile Governance?

In addition to far-reaching multi-agency collaboration across the borough, we assess the extent to which mitigating COVID-19 relied upon agile, innovative and resilient local governance in the face of crisis. It must be remembered that governing during the pandemic across all scales – be it local, regional, or national – entailed

responding to an unpredictable and rapidly changing situation where challenges arose without warning. Yet for local government, there were also additional hurdles when required to implement instructions from central government that were often confusing, contradictory, not timely, or even against the beliefs and convictions of local strategic actors themselves. This meant that the response needed to have the ability to mobilise people and resources quickly. It required local institutions to set aside organisational boundaries, to think inventively, to 'operate outside the box', and to develop innovative solutions to novel problems. Figure 5 outlines some instances of what we consider to be agile and innovative responses to the pandemic in Walsall; again, these are not exhaustive.

- In response to inaccurate information published by the Government regarding the areas of surge testing in Walsall, the Council developed an online postcode checker at breakneck speed in order to inform residents of the precise areas undergoing testing

- The Council's Communications Team exploited a temporary relaxation of GDPR rules to gain access to 65,000 email addresses from the Electoral Roll. They then circulated a regular residents' newsletter which enabled the Council to communicate local and national COVID-19 news to Walsall's residents. The average readership was over 25,000 and over half of respondents of the residents' survey were interested in continuing the newsletter in the future (Walsall Council, 2020a)

- The Council worked with the CCG to organise a vaccine bus to drive around the borough in order to target unvaccinated 'hard to reach' people

- During the first lockdown period, Walsall Council digitally mapped green spaces within the borough in order to encourage socially distanced exercise and to persuade residents to stay local

- Rather than wait for government guidance, the Council also formed a dedicated team to source their own PPE and repurposed a day centre for its storage

- Partners across the borough also benefitted from a relaxation of normal procurement procedures which enabled a speedier response for the commissioning of services

- TfWM set up a COVID-19 data portal which collected data on passenger numbers, passenger profiles (e.g. age) and passenger adherence to COVID-19 rules (i.e. the wearing of face coverings). This information was fed to all partners and communicated to service users and residents. This data also allowed TfWM to reduce services in an agile and flexible way, focusing resources on the most vulnerable socioeconomic groups. TfWM also extended the hours of free bus travel for older people to reflect the 7am-9am window implemented by supermarkets which limited shopping to older and clinically vulnerable people only

- The Coronavirus Act (2020) provided tenants with greater protection from eviction. In response, WHG invested greater resources into their money advice services in order to better support tenants' ability to pay rent rather than threaten them with eviction

Figure 5: Agile and Innovative Solutions during the COVID-19 Response

Importantly, some of these examples do not demonstrate a temporary shift in patterns of working which are to be discarded following the pandemic in favour of a return to business as usual. Instead, many examples are being embraced by strategic actors as opportunities for fundamentally new ways of working within the borough. For instance, the Council reports that the response has "improved our working relationships with schools significantly" (council officer). Whereas many headteachers did not actively engage with the Council beforehand, during COVID-19 a majority of over 130 schools were represented in weekly meetings, supported by the move to digital working. Walsall Council now wonder whether future possibilities may emerge from capturing the attention of schools.

Similarly, the residents' newsletter provides opportunities for engaging with diverse groups of residents in new and imaginative ways, while some partners suggest that COVID-19 presents an opportunity to rethink procurement with a view to better commissioning the community and voluntary sector. Given the borough worked hard to redeploy staff during the initial crisis phase, some partners – including representatives of the CAs – wondered whether this had the potential to become a more permanent feature whereby a volunteer staff bank is established to be called upon when public services are stretched or other crises occur. Finally, it is important to note that agile governance does not necessarily correlate with speed; while the Council was initially slower than other local authorities in their distribution of Business Support Grants – and were in turn criticised by the Government – this approach was hailed as ensuring good overall coverage and preventing fraud, with the Council later enjoying good public press as a result.

However, the response was not always so agile. There were for instance teething problems in establishing the volunteer portal for MCW and arranging volunteers. One Walsall reflected that the lite-touch DBS checks were too slow, and that too much bureaucracy led to a loss of interest amongst potential volunteers. It should also be repeated that the community response was largely led through the pre-existing MCW model with extra resource provision, and that while this may have been expedient, this arguably came at the expense of developing any genuinely new community action. This approach was also considered by some partners to have closed down engagement with some of the smaller solely volunteer-led grassroots organisations in the borough who fall outside of the Council's Resilient Communities framework. Finally, other partners considered the nature of their work to have changed, but did not place great emphasis on developing agile or innovative strategic action. WMP, for example, focused more on policing the four E's – Engage, Explain, Encourage, Enforce – seeing this as a temporary deviation from BAU rather than representing a more longer-term shift in their activities. This all illustrates that, although mitigating the impacts of COVID-19 did involve a step towards agile, innovative and resilient governance, this was not without its own challenges.

3.5 Challenges to the Response

While we have previously alluded to the key challenges involved with partnership-working (*3.3*) and developing agile and innovative strategies (*3.4*), this section considers potential gaps within the response itself.

Most notably, while some officers reflected positively on the Council's work in engaging with diverse communities, others were more critical. During Operation Eagle, Walsall was tasked with surge testing 10,000 adults within the WS27 postcode area. Then, further national testing revealed a further variant case in the WS28 area, and so further testing commenced. Drawing learning from WS27 – which drew relatively high levels of community engagement within a predominantly white, working-class community – in WS28 local faith groups were approached to assist with engaging this more ethnically diverse area, yet the experience was markedly different with over 70% non-engagement with voluntary testing. One council officer explained that council staff were threatened by residents and refused to return to work the next day over fears for their safety, on reflection concluding that:

> "There's a cultural and sometimes an ethical reason behind why they [fail to engage], or religious reasons, so those things we need to understand. [Whereas] we'd just go in gung-ho expecting people to say 'yes, not a problem' […] You need to have an understanding of your audience and the public really before you approach them and engage."

Other officers reflected that the community response to testing exemplified a disconnect between the authorities and some ethnic minority groups, while it was also speculated that, despite relatively greater social need, there were fewer referrals via MCW in the more ethnically diverse south of Walsall due to the presence of pre-existing community networks and historic mistrust towards public services. While work around the vaccination was perhaps more successful – involving the CCG, the CAs and One Walsall setting up pop-up clinics and working with community leaders – this experience suggests that the community aspect of the response was not interpreted or embraced equally across the borough, with substantial differences in the engagement of different communities. Meanwhile, it was also suggested that the wider response failed to serve the needs of other groups such as young people, with there being little deviation from the initial focus of protecting older people and the clinically vulnerable.

Indeed, it is striking that despite much good work, initial confidence in how the pandemic had been handled by Walsall Council was low amongst residents, at just 54% (Walsall Council, 2020a). Confidence was lower where respondents had certain vulnerabilities (e.g. poor health), although Walsall Council was viewed more favourably than national government. Likewise, other partners also reported challenges in engaging the community. For instance, WMP reflected on coming into increasing contact and conflict with new constituents through their enforcement of COVID-19 rules, such as older people. This was considered to have negatively

impacted upon WMP's relationship with some communities in Walsall and to have led to a breakdown of policing by consent.

Another major theme was that of staff wellbeing. Clearly the pandemic placed huge personal and professional pressures on council officers to deliver, which involved sacrifices in the context of their own lives. Many staff worked incredibly long days, through the night, and on weekends, and did not take annual leave throughout the year of 2020. In interviews, council staff reported feeling extremely tired, fatigued and emotionally exhausted due to the high workload and the enormity and responsibility of the task. Some told of colleagues that had experienced divorce or were off sick due to mental health issues, and others reported wanting to leave the organisation but feeling trapped due to their pension, age, or because of a moral obligation to continue. Some partners equally found the work highly challenging and emotionally exhausting; for instance, WMP spoke of the unenviable task of being expected to police a funeral.

Moreover, in many partner organisations the emergency response is relatively small reflecting its typically short-term nature, yet the pandemic represented a longer-term ongoing crisis that was left to just a handful of people. Crucially, these narratives are not just anecdotal but speak to the immense disruption that the pandemic placed on people's everyday lives (and that of their families), and highlight what was required to make the response work. Yet, in lieu of greater resource, they also call into question the very sustainability of the response as COVID-19 continues to circulate within the community. However, some council staff wondered whether this was so inevitable. One officer recalled highlighting the risks to staff health and wellbeing within the Council, and overall felt that the response was too focused on business recovery at the expense of staff mental health, which only later appeared on the Council's agenda.

It is also worth highlighting that many council officers reflected on some of the difficulties of working with Central Government, and considered this to represent a major hurdle for the response. Government guidance was thus described by one council officer as being contradictory:

> "You'd have Public Health England putting out stuff, and then the Department of Culture and Sport (*sic*) was doing something different, and they were all contradictory, so you're sort of sat there at the local level going "Central Government; you're not talking to each other!' Hospitality was a classic one…"

Other council staff criticised the timeliness of government announcements; typically made at 5pm, local authorities were not usually provided with notice and instead learned about their tasks through the news. This made it difficult to keep up with ever-changing demands and meant that the Council was constantly playing catch-up. This was also the case for borough partners. At other times, council officers reflected that they were "too believing of government in the early days; we thought they had their act together [and] they knew what they were doing"; in one example,

the Council were led to expect a sizeable delivery of food for distribution within the community, yet what arrived was perceived to be insufficient and inadequate. As a result, the Council chose in future to take matters into its own hands. Clearly then, there were challenges for Walsall Council in negotiating the various political scales of the response and the competing pressures and demands which this entailed.

3.6 Mobilising this Learning for Future Crises

This final section turns attention to the ways in which learning from the response can be mobilised for responding to future crises, and also considers the degree to which the response provides opportunities for the transformation of local governance.

Indeed, as aforementioned, the pandemic is argued to have brought different organisations within the borough closer together, and there has been joint learning about how collaboration can better work. As a result of the response, Walsall Council proclaims that it is in a better place to respond to future crises. While prior attempts at partnership-working under the previous leadership were deemed to have stymied, joint-working within the borough is argued to be a wholly different entity to what it was a few years earlier thanks to the ongoing work within WPP as well as this shared experience of collaborating during the pandemic. The CAs also reflected that their relationship historically with Walsall Council was less productive; there was little trust, while one interviewee asserted that senior council officers "didn't even know who we were!". Moreover,

> "[Previously] when we talked about councillors […] they tended to sit in there, and I hate saying this really, but they sat in their ivory towers, they didn't come out and see what we did, whereas they're coming out now. They'll come and see, and then they're encouraged to do more" (partner)

This chimed with the reflections of some council officers themselves, who admitted being astounded by the volunteer potential on offer; with one officer noting "I hadn't realised the enormity of what we've actually got on our doorstep".

CAs also reflected that despite the immense challenges presented to the community, the pandemic had also provided an opportunity to scale-up their community work which will bring long-term benefits. For instance, the number of people accessing community services such as book delivery has increased during COVID-19, and has allowed CAs such as Brownhills to reach out to a wider community of people than before, and to learn more about the most vulnerable, lonely and isolated people in the community who have been referred to the CAs during the pandemic. Through these developments, there is appetite amongst CAs to do even more for and within communities, possibly moving from activities such as yoga, exercise and arts classes to mental health advice, benefits advice, and bereavement counselling. This in turn may reduce pressure on council services.

Likewise, Walsall Council focused upon investing in local resources and local communities – in fact, up to 90% of COVID-19 expenditure related to this – which helped to support this repurposing of CA activity during the pandemic. The Council in return was able to mobilise local knowledge, to gain a trusted voice and thus credibility within the community, and in doing so learned that CAs offer fantastic value for money. The Council learned that residents sometimes have difficulty understanding decision-making processes such as, during the pandemic, the rules around access to the household waste recycling centre (the tip), and the ceasing of garden waste collection services.

As with testing and vaccination, COVID-19 has provided the impetus to further fine-tune communications in order to target specific audiences within the borough, and Walsall Council has increasingly recognised the important role that CAs have to play in mediating between residents and the authorities. That said, while bringing the CAs on board proved somewhat successful, there is a risk that through this partnership they lose their independence in the mind of the communities they serve, instead being seen as part of the corporate response. Nonetheless, partners such as the CCG equally recognised the need to emplace trust within community groups and to bring the thriving community and voluntary sector further into service delivery mainstream, rather than rely on short-term funding mechanisms, COVID-19-specific or otherwise. Finally, it should also be noted that the pandemic has to some extent provided renewed opportunities for residents themselves to engage with local democracy, since council meetings are now streamed live via YouTube.

This all leads to the potential for increased capacity of local governance should these opportunities be seized, and some partners are eager to capitalise on this moment and to take this learning forward together. Some partners therefore wondered whether the IMT might continue in its present form, while others proposed that other forums might be more appropriate, and some suggested that while some partnerships were rightfully longer-term, more formal and deep-rooted, this need not necessarily be the case. Instead, shorter-term and less formal forms of collaboration – similar to that which typified the pandemic response, such as simply picking up the phone to request a small favour – might prove equally effective. For Walsall Council, there were questions as to how best to mobilise this added capacity post-pandemic across a range of different spheres, from public health to communication.

Some partners concurred; so, it was suggested that partners might adopt a small set of shared strategic priorities to coalesce this renewed capacity around. A proposal from WHG was to frame these goals around the Government's 'Levelling Up' agenda which aims to address inequality and to spread opportunity across the UK. In this context, it should again be noted that the response to COVID-19 has operated as the catalyst for institutions to swiftly implement longer-term organisational change which will assist these new ways of working. For instance, the stroke rehabilitation unit (pg. 17) was planned two years earlier but had not yet happened, while the accelerated moves to online working clearly render new possibilities, as previously discussed.

However, there are multiple challenges facing the consolidation of this learning. First, many services have been reduced or postponed due to COVID-19, creating service backlogs, and these pressures may impact upon some partners' willingness or ability to engage in future partnership-working. Second, some teams within the Council and across partners in the borough are simply too small and lack sufficient resource to capitalise on this learning; for instance, Walsall Council's Communications Team have imagined new innovative means to better engage residents (such as through new social media, podcasts, and a joined-up web portal) and they require additional capacity to meet these ambitions. Third, there are challenges to capitalising upon the response when key players shift roles or leave the organisation, meaning that this trust and rapport is lost. This emphasises the need for this learning to be more fully embedded within institutions themselves rather than simply individual relationships.

Fourth, there is a fear that this momentum will dissipate without the shared sense of purpose created by the pandemic. Fifth, there are concerns about the long-term financial future of various partner organisations, such as the NHS or CAs, which will shape future capacity, especially once certain COVID-19-specific funds diminish. Sixth, there is a wider question about what precisely the model of working from home means in the longer-term. While the council workforce reported having a better work-life balance in 2020, and 73% of staff preferred to continue working from home post-pandemic (Walsall Council, 2020b), more recently some interviewees spoke of the wider implications of working from home for staff health and wellbeing, and this must be borne in mind moving forward. This all highlights that while considerable learning has taken place, and the pandemic has certainly provided new possibilities for the transformation of local governance, there are hurdles to overcome to ensure this learning is properly consolidated.

4. Conclusions

Over the past two years, the scale and severity of the ongoing COVID-19 pandemic has challenged every aspect of how we live our lives, accentuated pre-existing inequalities and created new and unprecedented demands on services. In the face of these unprecedented challenges, Walsall Council, its members and various partners from the public, private, and community and voluntary sectors have worked together to manage these challenges and to mitigate the impact on residents. The borough of Walsall, despite some observable potential, records poor socio-economic and health outcomes and ranks the 25th most deprived English local authority, placing it within the most deprived 10% of districts in the country. These factors make Walsall particularly susceptible to outbreaks of COVID-19, in particular amongst its most deprived communities as well as its ethnic minority residents. Since the start of the pandemic, Walsall has recorded over 1,000 coronavirus-related deaths.

In this research, ICRD was commissioned to undertake a structured qualitative review of the actions taken during the response in order to identify best practices, gaps and lessons learned. We captured data through 27 in-depth semi-structured interviews with the key players, as well as analysis of key documents and reports, interview notes, local news articles, and private correspondence with interviewees. The aim of the research was to take stock of Walsall Council's response to the pandemic, to assess what has happened so far, to identify future strategic priorities, and to exchange lessons learned that can be used in the future for Walsall to build on in its partnership arrangements. There is a need to document and reflect upon the learning from this remarkable period in time, for otherwise the experience might be forgotten. The review therefore intended to capture the real essence of what made the response work, understanding how people put aside organisational boundaries and came together with a common purpose, through both informal and formal borough-wide and regional partnerships. Crucially, not only does the scale and severity of the pandemic demand a multi-agency response that is agile, resilient and innovative, there is also a need for local government to adopt a far-reaching approach to pandemic recovery in order to reduce long-standing inequalities and to build a more equitable, sustainable, and resilient society for the future.

Firstly, we detailed Walsall Council's strategic response to COVID-19 and explored the key factors that underpinned it. We identified three key features; i) strong and effective leadership from Walsall Council; ii) a spirit of shared endeavour amongst partners, combined with iii) a shared sense of purpose. Secondly, we found that partnership-working was a dominant feature of the response. We explored how and why different partnerships came together with a common purpose to mitigate the impacts of COVID-19, and learned that as well as strengthening pre-existing partnership arrangements, new relationships emerged between different partners across the borough. It was even suggested that these new relationships could help to forge novel partnership arrangements into the future. Thirdly, we considered the

extent to which mitigating COVID-19 relied upon agile, innovative and resilient local governance in the face of crisis. Clearly, the response in Walsall has evidenced an ability to mobilise people and resources quickly, setting aside organisational boundaries, and developing innovative solutions to novel problems. Finally, before turning attention to explore the ways in which this learning can be mobilised for responding to future crises, we also considered the key gaps within, and challenges to, the response. In particular, a key aspect of learning was that interviewees reflected on the need to better engage diverse and socio-economically disadvantaged communities within the borough moving into the future.

There are widespread concerns amongst council officers and partners about the impact of COVID-19 on pre-existing inequalities within the borough. For instance, life expectancy in the most deprived areas of Walsall is already over 8 (women) and 10 years (men) lower than in the least deprived areas (Public Health England, 2019). Moreover, since the onset of the pandemic, according to the Council's residents' survey (Walsall Council, 2020a), over half of respondents state that their mental health has deteriorated, while many report drinking and smoking more and being less active. The pandemic is therefore likely to exacerbate long-standing poor health outcomes within the borough. Meanwhile, Walsall ranks in the bottom 10% of local authorities for school mobility, a measure of the prospects that a child from a disadvantaged background will do well at school and get a good job (Social Mobility Index, 2016). There is equally a fear that the pandemic will produce irreversible harm to children's education, nutrition and overall well-being, with places like Walsall – already experiencing pronounced deprivation outcomes – being further 'left behind'.

This means that, despite the much applaudable work of Walsall Council and its partners in responding to COVID-19, ongoing challenges within the borough clearly remain and represent a further challenge moving forward, as COVID-19 continues to circulate within society. In addition, as the Council notes, reducing place-based inequalities and maximising potential within the borough is set within the wider context of ongoing substantial challenges pertaining to "national austerity measures, the international challenge of climate change, and the practical implications of leaving the European Union" (Walsall Council, 2021c: 1). Meanwhile, the broader trajectory of COVID-19, and the many longer-term impacts associated with the pandemic remain, at the time of writing, still unknown.

These factors therefore reinforce the importance of consolidating this learning in order to ensure that future place-based multi-agency work is most effectively able to concentrate efforts on reducing deep-rooted inequalities exacerbated by the pandemic, and to capitalise on these renewed possibilities for local governance. In turn, there is scope for the Council (and partners) to further engage with its diverse communities, and it is encouraging that future work – through the borough plan for 2040, known as 'Our Walsall Story' – seeks to engage deeper in order to ascertain how different residents, businesses and investors perceive the work of the Council and its partners, as well as to explore how local people have experienced COVID-19,

and what their wider hopes and aspirations are for both themselves and the borough into the future. While beyond the scope of this particular review, bringing such voices further into dialogue is an important future step, and is something that the Council, elected members and partners clearly intend to embark upon together.

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