Second Recovery Strategic Roundtable

Findings from analysis of Focus Group discussions with Strategic Leaders 2020:

Duality and Sustainability of Response and Recovery Structures, Scoping Local Outbreak Management of Covid-19

Commissioned by Shaun West, Chair of the National C19 Foresight Group

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Second Recovery Strategic Roundtable

A roundtable of 21 strategic local decision-makers was convened on the 28.05.2020 to discuss the challenges of the duality of response and recovery in relation to Covid-19 and to share practice around long- term recovery activities and local management of outbreaks. This document sets out the findings of an analysis of those discussions.

Contents

Executive Summary

The main findings of the roundtable were analysed and cover the challenges of the traditional relationship between response and recovery, the framework of recovery, and the suggested process of recovery. Five findings include: Structures and 'twin tracking' of response and recovery, working with communities for equity not equality, The coordinating value of Local Resilience Forums, Foresight and Sharing of learning and practice. A series of suggested solutions are made for each finding.

'Twin tracking' Covid-19 response and recovery

This briefing summarises a roundtable discussion on the duality and sustainability of response and recovery structures and the scoping of Local Outbreak Management of Covid-19 hosted on the 28/05/2020. Reflections from the roundtable have been summarised and themed using thematic analysis. Five main findings were identified.

Prepared by Dr Rowena Hill and Rich Pickford on behalf of the C19 National Foresight Group.

Findings

One: Structures and 'twin tracking' of response and recovery

A common approach to the 'twin tracking' of structures and their battle rhythms is presented, looking forward over the next 12 months. All delegates agreed that sustainability was a priority concern. Central and Local Government should agree the financing and sustainability arrangements of these structures as soon as possible.

Two: Working with communities for equity not equality

Local strategic decision-makers need to ensure they have practices and resource in place to facilitate knowledge of, and relationships with, their communities. The LRF partnerships have lots of practice and experience to draw from to inform this. Pooling this expertise and practice in community engagement will be required to inform and nuance communication and intervention strategies of outbreak management. Particularly to inform proportionality and to provide legitimacy to the process of local outbreak management structures.

Three: The coordinating value of Local Resilience Forums

Local Resilience Forum partnerships can offer community consultation, public assurance and knowledge of communities to inform proportionality and local nuances in the decision-making relating to NPI and economic interventions. The coordination and consistency of messaging increases public assurance. National work should recognise the value of the LRF in this coordinating role.

Four: Foresight

The C19 National Foresight Group continue to facilitate roundtable focus groups with strategic leaders to inform national thought leadership and facilitate the sharing of insights and practice. The sharing and developing integrated plans between relevant partners on forecasting, identifying and provisioning for this additional need is key to creating a shared understanding.

Five: Learning from local outbreaks

Learning from local community outbreaks so far has identified three learning points:

1. *Pause to listen to experts and understand the science rather than working on assumptions (narratives and hype circulating the incident) or making decisions without that understanding of the science behind the incident. This will prevent significant work being completed that is not required.*

2. *The learning brought forward from managing outbreaks such as flu or norovirus has limited application to Covid-19 outbreaks as they are very different, so they operationalise differently. One example is that staff with flu or norovirus are not asymptomatic in great numbers, so staff and workforce management demands a different approach.*

3. *As the learning is limited (point 2 above) from other outbreak health experiences, the need to learn and share good practice rapidly is crucial to inform and build that experience.*

Method/Analysis

The roundtable followed a series of questions facilitated by a chairperson. Questions clustered in to four main areas; Local Resilience Forum subsidiarity, Sub-National Recovery Structures, Community Impacts, Forward Look and a view of the required need of the Vision 20:20 Platform. Example questions from these main areas included:

- Could you describe how your current Recovery structures link to your ongoing response structures?
- How are you managing recovery at different levels, (eg LRF led v work led by councils or others)?
- What methods or approaches of community and volunteer engagement do you plan to undertake to inform your ongoing response and recovery?
- What legal, ethical, logistical and equality issues do you anticipate for your multi-agency containment of a local community flare up or resurgence of Covid-19?
- What kind of intelligence do you want to see?

The data was recorded with permission from delegates and analysed by an academic from Nottingham Trent University. The audio recording will be destroyed once the report is finalised, in accordance with GDPR and data protection regulations. The analytical method used was thematic analysis, which involved reviewing the audio recording several times, coding the content and then clustering that coding into the thematic areas.

Summary of Findings

The findings are summarised in to six key areas; Structures and 'twin tracking' of response and recovery, working with communities for equity not equality, the coordinating value of Local Resilience Forums, foresight and sharing of learning and practice. This section will summarise the findings of the roundtable discussions.

Finding one: Structures and 'twin tracking' of response and recovery

This follows on from the first roundtable discussions and provides a continuation of our learning to share and disseminate. Findings from the first roundtable suggested one way of organising the response and recovery structures in the context of Covid-19. Delegates, like in the first roundtable, agreed that this is not likely to be a linear response and recovery experience. It was agreed that duality or 'twin tracking' of both response and recovery structures were in the main working well. Most delegates reported that for response they have a Strategic Coordinating Group (SCG) with a Tactical Coordinating Group (TCG) sitting below that and a series of cells sitting underneath those structures. For response, delegates said they have a Strategic Recovery Coordinating Group (SRCG) with a Tactical Recovery Coordinating Group (TRCG) sitting below that.

As the move has gone from response to recovery, so the original focus of most of the established cells underneath the response structures, now move across to the same focus in recovery. This reflected the unique nature of Covid-19 as much of the focus of response activity was already focussed on reducing harm to the most vulnerable in the community. In

this sense, the response cells shared a lot of overlap with the scoped content of the projected recovery cells. So, the cells have commonly just moved their emphasis from response to recovery within the same area of focus.

In some areas, the TRCG was multiplied to reflect specific geographic footprints of the area, this has recently been identified as good practice by provisioners of the MAGIC course. These then coordinate the activity and work of the topic focussed cells within that geographic footprint.

For those with topic focused cells, there was one challenge which was the timeframes of the cells in that move across. Some of them will stay in place for a potentially shorter time-period (for example humanitarian shielding) and others will potentially stay in place for the considerable medium term future (mental health).

The topics of recovery (and response) for Covid-19 were agreed as non-traditional territory of LRFs. Such as education, skills and employment. Although young people and economic recovery were familiar topics, the specifics of education, furlough, financial and economic precarity were less familiar.

There was once again a consensus that the SCG is likely to be in place for at least 12 months alongside the SRCG as the management of Covid-19 and its impacts will need varying degrees of response. Once again, putting the SCG on a slower battle rhythm was agreed, ready to activate a response phase when needed. 'Twin tracking' requires coordination to make sure it is clear which is leading on what activities and this was mostly reported by delegates as being managed through the Chairs liaising directly.

All delegates agreed that sustainability was a priority concern.

Suggested solution: Financing and sustainability of these structures should be assured as soon as possible by Central and Local Government.

Finding two: Working with communities for equity not equality

In the first roundtable, delegates talked about recovery for certain groups and how these differed across communities. This second round table generated more in-depth discussion of this challenge across the delegates. Specifically, that the impacts of Covid-19 and the measures we have had to use (and will continue to use) to manage the spread will impact or the ability to provide an equitable society. For the purposes of this report, we prefer equity rather than equality. Equality affords the same opportunities to people across the board, but it should be recognised that there are different inequalities which exist and some groups or individuals need scaffolding more than others in order to access and take advantage of that opportunity. Therefore this report (guided by the content of the roundtable discussions) is not concerned with equality (treating people the same), but with supporting people differently according to need, to facilitate groups to have the same opportunities, which is equity.

The discussions focussed around the differential experiences of the Covid-19 experience of communities. Delegates provided many examples within their own areas of how social and health inequalities that were in existence before Covid-19 impacted upon UK.

They reported a significant set of issues around equity when planning future response and recovery efforts. The impacts of Covid-19 and the interventions to manage it have impacted differentially between groups. Namely, white collar workers who have been able to work from home with secure employment status and higher financial security is a very different

experience compared with people who have suffered job insecurity and zero hours contracts in the hospitality, restaurant and leisure industries, who are not getting paid, furloughed or out of work.

This contrasting and widening of inequality was identified as the key issue and challenge. The people who went in to the crisis with vulnerabilities and inequalities are the same people who have experienced further accumulation of adversities throughout the crisis. The large disparity between those members of the community who started in a better place (economically, emotionally, stability and are likely to recover a large proportion of their lifestyle and wellbeing) with those members of the community who started less well off (economically, emotionally, stability) and have suffered the worst of the impacts, will continue to grow and create further inequality.

This demands foresight, in the context of local outbreak management, and community level knowledge to impose containment or Non Pharmaceutical Interventions (NPIs) proportionately and with care, protecting and securing the needs of the most vulnerable in the locality.

Imposing local area containment or restrictions on certain places or groups when other areas have not, are not and are not likely to experience such adversity is a significant challenge for community engagement and cohesion. Different communities and demographics hear messaging and communications differently. NPI measures might be applied in ways which address different circumstances relating to the viral spread, but could be understood as unfair. For example if a city centre has lockdown measures introduced, commuters who work in the city but live in the surrounding areas will feel the impact on the economy, just as those who live in the city centre are likely to feel those with more green space in the commuter belt are more privileged. In this way the impacts of NPIs will not just be contained to that particular place. The whole context and surrounding locality needs to be considered as the complex integrated system it is; of economy, health, social, psychological. All placed and contributing to community engagement and community tension/cohesion. Given the complexity, local intelligence needs to be fully part of that.

This approach of identifying need (emerging and identified) from the primary and secondary impacts of Covid-19 was also clearly present in the strategic thinking and the activity of community and voluntary sectors as well as LRF partnership volunteering. One challenge identified in the discussion was how volunteering might look following furlough, EU Exit and in a recession.

Suggested solution: Local strategic decision-makers need to ensure they have practices and resource in place to facilitate knowledge of, and relationships with, their communities. The LRF partnerships have lots of practice and experience to draw from to inform this. Pooling this expertise and practice in community engagement will be required to inform and nuance communication and intervention strategies of outbreak management. Particularly to inform proportionality and to provide legitimacy to the process of local outbreak management structures.

Finding three: The coordinating value of Local Resilience Forums

Related to finding two above, the Local Resilience Forum partnerships can offer community consultation, public assurance and knowledge of communities to inform proportionality and local nuances in the decision-making relating to NPI and economic interventions. The LRF

and LA decision-making has been key in the response to the pandemic so far. As the track and test initiative and the Joint Biosecurity Centre develop, the LRF structure gives coordination, as it does to recovery. The coordination and consistency of messaging aids public confidence and assurance. LRF partnerships also offer an experienced network to support and appropriate political oversight. The Public Outbreak Boards do need consideration as the politicians have not typically been involved with such activity.

Suggested solution: National work in these areas should be informed (through targeted release of this paper and others like it, and through messaging through the LGA) to the value of the LRF in this role of coordinating activity as well as public consultation to design a shared overall communication strategy.

Finding four: Foresight

Delegates discussed demands for understanding foresight at a local level. These included foresight to understand complex issues such as the impacts on and regeneration of local economies, what forecasted additional demand for mental health services might be, what the changes and impacts on wellbeing are, the impact of increased debt, the impacts of changes to employment and working and the impacts of a predicted recession.

Suggested solution: The C19 National Foresight Group continue to facilitate roundtable focus groups with strategic leaders to inform national thought leadership and facilitate the sharing of insights and practice to address these areas.

The discussion focussed on the national mental health provision. Social determinants of mental health challenges means that Covid-19 and any existing mental health challenges of an individual should not be considered in isolation. Mental health challenges include loneliness, physical health problems, bereavement, traumatic experiences, socio economic hardship, depression and anxiety might form the forecasted increase in demand for mental health provision. Intelligence suggests those with existing mental health issues are experiencing the pandemic with much greater difficulty than the rest of the population.

Suggested solution: Sharing and developing integrated plans between relevant partners on forecasting, identifying and provisioning for this additional need is key to creating a shared understanding, over the next three to 36 months. This timeline is informed by previous findings of crisis where the presentation of related mental health needs have not been immediate, but increase over time. This includes for keyworkers.

Finding five: Sharing of learning and practice

Accepting that all the findings contain some aspects of good or leading practice, this finding contains specific examples of sharable practice.

Established linked officers working in every ward in one LA has served as the interface of formal agencies, volunteers and communities. This innovative practice has facilitated a smooth coordination at local level, putting community needs first and matching those with sector support, rather than sector support being offered to the community irrespective of need.

Learning from local community outbreaks so far has identified three **learning points**:

1   Pause to listen to experts and understand the science rather than working on assumptions   (narratives and hype circulating the incident) or making decisions without that understanding of the science behind the incident. This will prevent significant work being completed that is not required.

2   The learning brought forward from managing outbreaks such as flu or norovirus has limited application to Covid-19 outbreaks as they are very different, so they operationalise differently. One example is that staff with flu or norovirus are not asymptomatic in great numbers, so staff and workforce management demands a different approach.

3   As the learning is limited (point 2 above) from other outbreak health experiences, the need to learn and share good practice *rapidly* is crucial to inform and build that experience.

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