

Recovery Strategic Roundtable

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

Structures and Frameworks of the Response/Recovery Relationship

C19 National Foresight Group

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Recovery Strategic Roundtable

A roundtable of 18 strategic local decision-makers was convened on the 07.05.2020 to discuss the challenges of protracted major incident recovery and to share practice around long- term recovery activities. This document sets out the findings of an analysis of those discussions.

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Method/Analysis

The roundtable followed a series of questions facilitated by a chairperson. Questions clustered in to four main areas; local, sub-national, national and forward look. Example questions from these main areas included:

- What learning would you want to share nationally about how your partnerships are working?
- How will you manage the process from response to recovery: will you deliver both?
- Could you tell me what long- term sub-national coordination is required for recovery?
- Following on from our discussions on the support you may wish to see, what support or guidance from Government is required?
- Looking forward, what legal, ethical and equality issues do you anticipate?

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.

Executive Summary

The executive summary has been produced as a stand-alone two-page document that can be shared and used separately to the main findings. This is to increase the usability of the findings for practitioners. 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.

Considerations for 'Recovery' in the Context of Covid-19

This Executive Summary reviews the language and meaning focussing on the concept of 'recovery' from a strategic roundtable focus group which ran on the 07/05/2020. These have been summarised and themed from a recording of the focus group using thematic analysis.

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

Definitions

Restart

This is a discrete, short-term process of restarting any services and public service provision that were paused during the initial response phase of Covid-19. For example, wider health services other than those related to Covid-19 care, aspects of social work, etc. Please note: restart also includes the provision of those services restarting using alternative delivery models to pre-Covid-19 to accommodate physical distancing measures and guidelines for operating as these change through the pandemic lifecycle.

Phases of recovery

The distinct stages in the process of recovery. These include; **Stabilisation** of the economy; economic developments; interventions with commerce. **Adaptation** of social interventions; response interventions such as physical distancing; community engagement and development; activity to manage both latent and resurge demand after transitions.

Transition between phases

The short **period of change** from one phase to another within the umbrella of the recovery process. The **purposeful change** which local, regional or national decision-makers manage with a community of place or interest, with the objective of moving from one phase to another within the recovery process. This is more effective the higher the alignment of communication, the greater the shared understanding of the current and future phases, and the higher the community engagement and participation in those changes.

Indicative timelines for planning purposes (3 months, 6 months, 12 months, 24 months, 5 years, 10 years)

ECLIPSING THE DICHOTOMY OF RESPONSE/ RECOVERY

Agreement that a dichotomy where recovery is initiated very soon after response begins does not fit the projected trajectory of Covid-19*. The main challenges expressed:

1) It needs to be a non-linear sequencing of phases within two clusters of activity (response will not cease with the emphasis solely on recovery).

2) An intertwined approach is needed, running the two together to manage Covid-19 as response will need to 'pulse' throughout ongoing recovery work depending on the r-rate. Not the traditional bluelight chaired response and LA chaired recovery.

3) The number of phases needed both in response and recovery will be more than those in a 'typical' major incident due to the wide range of activity needed, societal wide approach is needed to manage the potential challenges in the pandemic lifecycle.

**The projected trajectory is referred to as the 'pandemic lifecycle', meaning the epidemiological patterns of the virus over time. The interventions needed to respond and manage the r-rate are called 'interventions'.*

The term 'Recovery' is informed by (see table overleaf)...

Recovery (in the context of Covid-19)...		
...is not:	a return to pre-Covid-19 life, this is not possible as the social and economic path of the UK has altered too fundamentally to achieve 'a return'.	the aim 'to recover', it is not a 'state of being' to achieve for the UK or its local geographies, it should not be arrived 'at', more moved <i>through</i> .
...is:	<p>an umbrella term used to describe the <i>process of moving through a series of transitions and phases</i>. The aim of this <i>process</i> should be to:</p> <ul style="list-style-type: none"> • increase familiar societal routines • decrease threat to life, or quality of life, from the spread of the Covid-19 virus • prevent, or decrease, effects of primary impacts from Covid-19 (e.g., physical distancing, economic precarity) taken to manage the r-rate or local virus clusters • prevent, or decrease, effects of secondary impacts from Covid-19 (e.g., health inequalities, wellbeing challenges emerging as a consequence of primary impacts) • facilitate society to accommodate the new ways of living and working brought about by medium- and longer-term changes to manage the Covid-19 pandemic and the associated impacts 	
...structures should have:	<ul style="list-style-type: none"> • clear governance between recovery activities and response phases. The governance should allow for recovery to sit in the longer timeframe, with response phases stepping up activity when needed as directed by the r-rate • liaison mechanisms between Recovery Coordinating Groups and Strategic Coordinating Groups (SCGs) • sustainability plans to enable SCGs and TCGs to remain in situ for at least 12 months, or until the response phases are no longer needed (which in the context of Covid-19 means that the global societal health threat has passed and a vaccine has been administered to most of the UK population) • pre-determined thresholds or trigger points for standing up response activities within the longer recovery timeframe • consideration of how dual response and recovery would be staffed between the main actors (health, police, local authorities, fire) • evidence based scenarios and assumptions within a framework which allows for those scenarios and assumptions to be revisited and redefined • cognisance of EU exit planning 	
...needs to be:	<p>an iterative process by design from the start. There is a requirement to ensure that recovery plans can adapt and continually evolve in response to:</p> <ul style="list-style-type: none"> • the continuously changing pandemic lifecycle and consequential interventions such as response to the r rate • the continuously changing wider context (including Brexit and the natural societal shifts in priorities over the coming years) • shifts between levels of the national five stage plan and associated interventions • define and redefine development opportunities against community need 	

Summary of Findings

The findings are summarised in to five key areas; Structures and Frameworks of the Response/Recovery Relationship; The Language of Recovery; Activities Included in Recovery; Governance Issues of the Response and Recovery Structures; and Sharing of Good / Leading Practice. This section will summarise the findings of the roundtable discussions and suggest areas next steps, alongside the consideration of the contents of the two page executive summary.

Finding one: Structures and Frameworks of the Response/Recovery Relationship:

Delegates discussed the challenges to the traditional understanding of the response and recovery process and how this would be changed in the context of Covid-19.

Delegates agreed that this is not likely to be a linear response and recovery experience. It is likely to be much more complex with phases and transitions between response and recovery activities. The this finding contained discussions of what delegates perceived recovery actions would include in the continued response and recovery to Covid-19. It was agreed that there is no current defining timeline for recovery and varying lengths of time were discussed. It was concluded that recovery was challenging; particularly in terms of the length of time recovery would last for. The governing of so many functions of the LRF partners and structures encompassing ongoing response and recovery over such a broad range of activities was also defined as a challenge.

The typical experience of a fluid handover between a bluelight led response to a Local Authority led recovery, once the incident is defined as coming out of immediate response, was agreed not to be likely in the context of Covid-19. Reflections highlighted that when writing a recovery plan, it is usual that this handover takes place hours after response has started. Activities will have started to move into recovery as response is ongoing for a short while, until a natural “natural tipping point” is reached where a refocussing of activities from predominantly response, to predominantly recovery, will occur. Delegates agreed that the management phases of Covid-19 will not have this clear transition. The planning timeframe is also unique for Covid-19 as it is unlikely to be similar to a ‘typical’ major incident. Delegates reported that they and their colleagues are beginning to understand what recovery looks like and the range of unknowns within the broader planning time frame of activities.

The necessary activities to manage Covid-19 means this will not follow the usual “handing over” between response and recovery. This is usually at the point where the SCG assesses that:

- a) there is no longer a threat to life,
- b) there is no longer a likely resurgence of an emergency, and
- c) there is no longer a threat to public order.

Rather, there was an acceptance that the SCG is likely to be in place for at least 12 months and the management of Covid-19 and its impacts will need varying degrees of response.

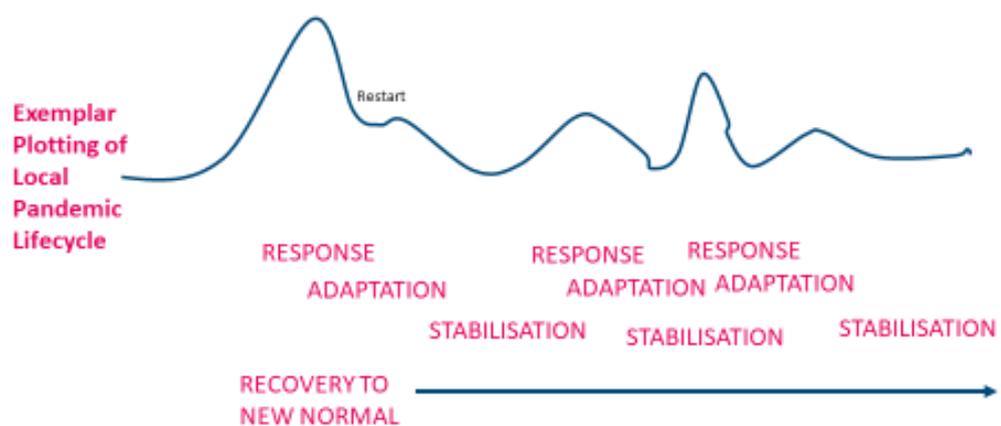
Suggested Solution: Delegates articulated an alternative, whereby there is no handover from response to recovery. Instead recovery develops and the emphasis of activity might pass back

again when a response phase is needed to be stood up. The SCG might enter a slow battle rhythm, essentially ticking over in the background of recovery. There was the suggestion that the TCG and SCG could be amalgamated in this period, thus being ready to activate a response phase, when a further response is needed it was agreed that this is likely to happen quickly. This lower intensity battle rhythm for the SCG would run in the background to a fully stood up RCG (most likely led by the Local Authority). Running the two in tandem would mean there will not be a handover from one structure to other. Maintaining both, response by SCG and recovery by RCG, will require both to be managed in parallel. This requires coordination to make sure it is clear which is leading on what activities.

What is particularly unusual in the current Covid-19 context is the predicted need to ‘restand’ an SCG, when there is a second incident, or in response to the r-rate or smaller localised spikes. What enacts second standing up was discussed by delegates and it was agreed that pre-determined trigger points are necessary. Recovery in the context of Covid-19 may not mean the ‘standing down’ of response functions but accommodating them and allowing the refocussing of emphasis on response, as well as the continuation of recovery activities.

Suggested Solution: Defining when this would need to happen should be planned in advance by defining what the trigger points are for returning to the response phase. This links to the findings of the Covid-19 Pandemic National Interim Operational Review. The findings in that report reflected that LRFs who had plans and stood up early were better prepared. This time critical recognition of when those triggers occur could include factors wider than the R rate and include percentage increases in cases and this might be very localised. For example with an entity so small as a school or factory, defining what local level monitoring and indicators (other than the app) are good practice to use to identify and stand up a response to a viral cluster. Here the SCG might need to stand up and ensure that the outbreak is contained and that the local population are following advice and then stand down very quickly. Figure 1 is a visual representation of how this might look.

Figure 1: Visual Representation of Transitions between Phases within the Recovery Process



**Lifecycle for illustrative purposes only, and does not indicate forecast, modelling or prediction of Covid-19.*

In addition, delegates discussed that standing up future response phases also comes with the challenge of planning staff to provision that response whilst recovery would still be operating. This is a challenge given that the main actors of health, police, Local Authority, fire and ambulance would also be heavily involved in the recovery activities. Preparation for a possible future response phases should consider why and when the response leadership should go back to an SCG in the context that an RCG would be leading partners in recovery. Delegates suggested that response and recovery activities are likely to be moving at different speeds. Consequently, the medium-term timeline of an SCG is needed and should play a part in negotiating with the RCG and across the cells and partnerships to enable all of the recovery and response activities to happen simultaneously. In addition to this, delegates suggested that geographical areas are likely to be moving through these phases at different paces, different times, and at different speeds.

The challenge of recovery activities running alongside planning for the EU exit was identified. This challenged the recovery planning due to the staff and broad range of activities this would warrant LRF partners to concurrently deliver.

Recovery structures at sub-national level were also discussed and defined by delegates. For context, the recovery activities defined as operating at the sub-national level include:

- elements of response remaining;
- PHE and DHSE setting up of structures needed for next phases such as 3T cells;
- economic growth (LEP);
- core cities networks

These sub-national structures surrounding LRFs are considered as important (NHS, ambulance, PHE, T3 and hospitals), however there is a co-ordination challenge because whilst these structures operate at sub-national level, LRFs and recovery activities will be occurring locally. Consequently, there will be disparities in size and alignment (i.e. footprint). There are also complexities in the mapping of recovery cells across the regions if they are devolved, and the challenges of aligning those structures.

Suggested Solution: Discussions outlined that this would need further structural considerations and governance around the LRF more broadly (rather than the SCG and RCG specifically). See more detail in finding four regarding the required governance structures).

Finding two: The Language of Recovery

Key learning from previous experiences around the terminology of recovery was discussed by delegates. This included the consideration of 'what are we recovering from' and the need for a definition. One suggestion is recovery from the impacts of the virus itself. Another suggestion included the primary and secondary impacts from the management of Covid 19, such as economic, social and wellbeing impacts from implementing lockdown measures. One suggestion was to focus recovery language on how communities move into a new 'normality', as they are not trying to 'recover' from Covid-19 due to having to live with the virus.

Suggested Solution: Due to the virus being present in society until a vaccine is developed, there is a need to manage and contain the virus. The management and containment of the virus, and communities living with the risks, should become the focus and language of medium term recovery planning (estimated timeframe of date of present day to 24months).

“Restart” is being used by the NHS to define the start up of services that health paused whilst all efforts went to Covid 19 response. These paused services will now be restarted to support people’s wider health, beyond Covid 19. The NHS will restart and then start to recover as they cannot recover if there are paused gaps in service delivery. However this is in the context of their recovery being defined as recovery to a point of being beneficial, and this does not necessarily mean recovery to the exact same service experienced pre-Covid 19. A number of services will restart but in a different format. One point considered is that individuals will be in different situations and experiencing the measures and impacts differently. Services may restart but individuals who have used them may have developed emergent needs and so may not restart using those services in the manner which they did before the service paused.

Suggested Solution: “Restart” should be used to refer to discrete re-opening of services, even in the context of opening using new ways of working. Restart should arguably be initiated before some phases of recovery can commence. This will mitigate the risk that some recovery activities depend on full and available public, charity, and community and volunteer sectors (for example, wrap around support and care).

Finding three: Activities Included in Recovery

When discussing what activities are included in recovery delegates crossed a range of broad and varied activities encompassing social, economic and psychological aspects. There was one suggestion of four areas of activity which governance structures need to coordinate which was endorsed by other delegates. These four areas of recovery activity were to:

- Manage the pandemic in the broadest sense of the here and now (mortality planning, PPE testing, shielding, accommodation, local resurgence of the virus) all of which have a traditional SCG ownership.
- Managing the imposing and easing of interventions (local resurgence of the virus, mass transit, physical distancing).
- The transition and accommodation to the new normal (how do we get areas working as a cohesive system with physical distancing in place; identifying and managing the change to public sector and business demand profiles; changes in behaviours, cultures and practices in the public such as, working from home; enhance and capture rapid and dynamic innovation).
- The legacy and future which includes; EU exit planning; longer-term issues; 10-year plans; 20-30-year sustainable community plans; long-term economic plans; long-term plans for the wellbeing of communities.

Delegates all agreed that there is a clear focus on the economic recovery, and there is high familiarity with what that looks like. However, delegates agreed that whilst the economy growth work needs to happen, there are different priorities which must be balanced, but the actions that need to happen to mitigate is less familiar. In addition, there is still a high level of activity related to response (managing and containing future clusters of the virus and the associated interventions) and other aspects of recovery (the continuing fallout of the primary and secondary

impacts of the interventions and consequences of the first peak) that are more time-critical to reduce vulnerabilities and harm.

Suggested Solution: Delegates agreed that there are activities which should be prioritised for the most vulnerable in society who are experiencing the most significant impact of Covid-19 and associated impacts. It was agreed that any circumstance where individuals, families or communities were already vulnerable, those same people have been disproportionately impacted by lockdown measures. The more economically advantaged were suggested to be more economically advantaged than before lockdown measures. Suggested priorities in recovery were:

- Supporting the health needs of the community
- Facilitating or maintaining resilience of communities
- Understanding and addressing latent demand (defined by delegates as those who have not accessed health while health services were paused, but who may have their circumstances exacerbated by Covid 19 impacts and interventions and therefore have additional, emerging needs).

Finding four: Governance Issues of the Response and Recovery Structures

Delegates spoke of a considerable challenge to the governance of recovery work. They emphasised that structures need to be meaningful and sustainable in the longer term and those structures need to build resilience as a priority. Structures also need to be prepared and ready ahead of any second wave or future response phase.

Suggested Solution: The planning detailing the governance, structures and actions that need to be in place to facilitate recovery work, and to enable further effective response phases need to be completed.

It was agreed that Local Authorities are most likely going to lead and coordinate recovery activities; however, this is in a context where cost has a long-term impact on reduced council tax and BAU.

Suggested Solution: Over the longer-term, running recovery activities with significant financial issues needs to be resolved.

Delegates suggests that there is a need to be clear on what is best managed at different levels. When setting up structures to manage the recovery phase, it is important to define what value is added by setting an activity at local level, and what value is added by setting an activity at sub- national level. This also includes consideration of different types of councils (unitary or two tier). There is no one size fits all commonality across footprints, but the decisions need to be focussed on what works best for managing the challenges.

Suggested Solution: An important part of recovery is to take advantage of the key structures, partners would find it useful to come together and use governance where it already exists, rather than invent governance for the Covid-19 Recovery.

The delegates requested the support of guidance from government on clarity for what is expected locally regarding governance. For example, does the RCG need a nominated lead agency to be a contact point for local, sub-national and national information flow and updates. There was a reported reluctance of individuals to take 'ownership' of the RCG, this contrasts in their experience to the clear 'ownership' of the SCG.

Suggested Solution: Clarification on what is the national ask of recovery structures and what they should look like is required, including details of any preferred structure.

Previous experiences of protracted incidents sometimes included local recovery structures having direct support from Government departments. This was uniformly agreed as helpful, useful and valued, but unachievable in the context of a national societal wide incident. The challenge therefore becomes how to ensure the information flows are accurate and evidence based.

Suggested Solution: Local strategic decision-makers need to offer up information in a common manner to inform the national picture for Government. This will enable identification of needs at the local level and where Covid 19 is having the most impact, so that resources can be allocated effectively. The support from Resilience and Emergencies Division (RED) and the Government Liaison Officers (GLOs) was good and valued once the personnel settled down and those in the roles became stable. Those in the roundtable agreed that the GLOs were now senior enough to communicate messages effectively back in to Government appropriately.

In some areas, politics at the local level were reported to be impacting on local structures.

Suggested Solution: Guidance would be welcome to clarify what role local politicians have within the local response and recovery phases.

The legal, ethical and equality issues needing to be resolved moving forward. Structures of the SCGs have previously been the coalition of the willing as they are relatively short lived. The longer the incident runs, the more difficult and challenging the political elements become.

Suggested Solution: A ministerial letter advising LRF structures on the LRF powers such as, defining the legal or moralistic constitution of the structures and advice on the audit record keeping with legally supported advice of how records are to be kept would be welcome and beneficial. Advice on the nature and level of the audit processes required to run through all local structures need to be clear. There were requests for advice from the Government to clarify the response and recovery structures going forward, particularly if there was no clearly defined lead agency. In those situations, clarity on how the structure then works going forward would be welcome.

The challenges to policing were highlighted, specifically their challenge in applying or enforcing policy changes with a short lead in time from policy announcement to policy implementation. In addition, it was highlighted that the UK relies on public goodwill to deliver on the guidelines from Government and has a strong heritage of policing by consent rather than law enforcement. Using police to enforce policies around testing, tracing, tracking, containment and PPE would risk criminalising the public and, in the long term, would be likely to lead to greater non-compliance by those who would seek to excuse this as a civil liberties issue.

Suggested Solution: There needs to be a clear understanding of the responsibility for each public service for test, track, trace and containment and whether these are advised, mandatory or recommended.

Finding five: Sharing of Good / Leading Practice of a Protracted Recovery

This finding has two parts:

- Examples of good/leading practice to share. This is gathered from the experience of those strategic leaders in the roundtable.
- Requests for the sharing of practice. These are areas highlighted as being prioritised for discussion between local strategic leaders and LRFs. In order to collect a pool of possible ways to manage some of these challenges.

Examples of good/leading practice to share:

Suggested good practice to develop future planning solutions should include:

- 1) the approach that planning and consequent identification of recovery activities should be scenario based and underpinned by evidence-based assumptions
- 2) the ability to revisit and redefine the planning and scenarios based on changes to the evidence was seen as leading practice

Learning and experience shared by the group from previous protracted incidents clearly demonstrated that when there is a long response and recovery, maintaining a stable and attentive cadre of strategic leaders was a priority. This enabled all partners to feel more involved and mitigated the risk of more local partners feeling excluded.

It was uniformly agreed that to compliment the above point, but independent in its own right, was the absolute need to brief everyone with the same information at the time so that all partners felt briefed ahead of the media and the public. This enabled them to keep pace and facilitate the objectives of the strategic leaders and what they were trying to achieve. It was highlighted that communications need to be aligned and consistent, to achieve clear information and a sense of assurance for those people driving the recovery work.

Participants suggested that communications should be consistent but also forward and outward facing, starting with meetings and briefings, they should incorporate social media, encourage open platforms and keep people involved. The information flow should be open and honest throughout, from national to regional and local levels. Crucially, the learning from previous experiences are that the messages need to be aligned.

Some recovery groups are establishing referencing groups to supplement decision-making outside of Government, advising what will and will not work. Sharing this practice, and the value this brings with other LRFs, would be beneficial.

Requests *for* the sharing of practice:

Sharing of practices highlighting what else is going on around the country would be welcome. Examples of practices which need sharing include; How local LRFs structured, breaking out of working in silos, learning from colleagues elsewhere to reduce duplication of effort around the country. From experience in this group, there are going to be impacts on core public services when all energy is focussed on recovery, how to manage and mitigate these risks successfully could be part of the learning to see what has been done well in recovery.

There was a suggested need for sharing good practice focussing on successful multi-agency management of:

- surge demand across services
- the projected disparity of impacts from Covid-19 across different community groups

The above two aspects were in relation to both response and through into recovery.

It was suggested that new data and information sources are needed to be established for recovery, including the decision of what response data migrates to inform and become recovery data. A caveat was offered here stating that whatever data and information sources are identified, they need to be reliable and able to accurately inform decision-makers.

There was an agreed need for anyone to share any new level of thinking around how recovery is best managed at LRF level and national level. This is not a request to re-write the guidance, but to add to it for this context of Covid-19. This should focus how the guidance has been applied to other situations and what those past incidents have highlighted as needing to adapt. There was agreement that the guidance needs to be iterative as these are unprecedented times on a number of fronts.

END

