

Open Report on behalf of Andy Gutherson, Executive Director - Place and Senior Responsible Officer for Covid-19 Recovery

Report to:	Overview and Scrutiny Management Board
Date:	02 July 2020
Subject:	Covid-19 Recovery Governance Framework

Summary:

This report provides an overview of the partnership approach and governance arrangements to manage Lincolnshire's recovery from the Covid-19 pandemic.

The significant disruption created by Covid-19 has forced authorities and communities to change their behaviours and routine working practices, which although unsettling, has demonstrated what is achievable through collaborative working and the Council and its strategic partners aim to ensure that such positive outcomes are maintained to help inform future service delivery to improve our services.

As well as serious implications for people's health and public services, Covid-19 is having a significant impact on the economy and the recovery approach will need to be considered against an uncertain economic backdrop. This issue is compounded by increases in demand in areas of service activity such as social care teams, wellbeing services, infection control etc.

Actions Required:

The Overview and Scrutiny Management Board (OSMB) is invited to:

- 1) Consider the report and provide feedback on the points raised.
- 2) Agree future reporting requirements into OSMB to monitor the progress of the Council's recovery.

1. Background

Introduction

Recovery under the Civil Contingencies Act 2004 is defined as;

'the process of rebuilding, restoring and rehabilitating the community following an emergency'.

But it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected. Recovery is a process – and is gradual. The pace of recovery will depend on the residual impact of the pandemic, ongoing demands, backlogs, staff and organisational fatigue, and continuing supply difficulties. There will also be the requirement to deal with matters that were difficult to identify during the pandemic lockdown such as emerging domestic abuse, child protection, drug misuse and mental health consequences of self-isolation and those with pre-existing conditions. Therefore, a transitional phase through recovery to a ‘new’ normality is to be expected in the short and long term, until such time as a vaccine is found.

In relation to recovery from Covid-19 there are a number of differences to other types of emergency. The scale is different. The intangible and transferable damage to health, economies and social structures are on a global scale which has been rarely accounted for in current emergency preparedness plans.

The effects are different. Recovery often includes actions to reinstate the built environment that has been damaged or restore material objects; for Covid-19 the emphasis will be focused more on the impacts on people, health and the economy.

The length of time is different. This pandemic will have a generational impact unlike anything we’ve seen since the end of World War II. The virus itself has the potential to live with us for many months, if not years, until such time as a vaccine is found to work. Adapting to subsequent further restrictions on socialising whilst still trying to improve the access to services and build our economy is not going to be an easy challenge.

The knock-on effects are different. Enabling different ways of working, socialising, shopping etc., has created a greater dependency on technological infrastructure such as access to the internet. The shutdown of manufacturing sites has a knock on effect to the construction industry which relies on materials being available to do their job. There are wider implications for every sector of society and understanding the interdependencies between them needs to be addressed as social distancing restrictions are lifted to ensure the re-instatement of services is not stifled.

Recovery will overlap with our response. There will not be a clear separation between the response and recovery phases of this emergency. There is always the possibility that measures introduced to start the recovery process have a negative impact on the infection rate which will require further social distancing restrictions to be put back in place. There may also be different communities, rural vs urban, demographic differences and cultural differences which may be affected differently and therefore at different phases of the recovery process.

In Lincolnshire three phases of recovery have been identified:

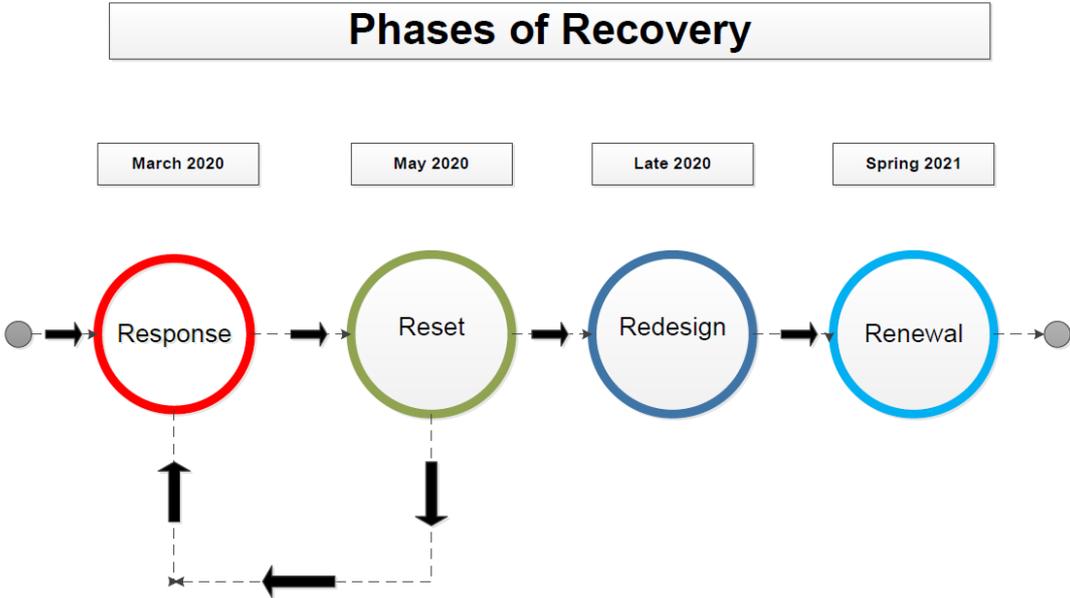
Phase 1, Reset (Stabilisation) - to enable the easing of lockdown, restarting of the economy and ensuring the continued wellbeing of our community. This will begin when the emergency response arrangements have been stood down, business as usual functions that ceased/reduced have begun to be reinstated in line with the recovery objectives and a comprehensive impact assessment report has been

completed and agreed. At this point, it is expected that the response groups and associated governance will be reduced.

Phase 2, Redesign (Economic & Social renewal) - capitalising on the changes and opportunities brought about by the crisis as part of forging appropriate new ways of working and living as we develop a 'new normal'.

Phase 3, Renewal - creating and embedding the new norm.

Key to reset, redesign and recovery is that the 'R' value is and remains below 1 and the public health measures including social distancing, testing, contact tracing and supply of PPE have been fully established and risk to life minimised.



To assist with local decision making the Government will be providing through the Joint Biosecurity Centre (JBC) a national alert level. The pivotal point being level 3 with higher rates indicating an increased risk and tighter controls and lower rates a lifting of restrictions and lower rates of transmission.

Stage of outbreak		Measures in place
Risk of healthcare services being overwhelmed	5	Lockdown begins
Transmission is high or rising exponentially	4	Social distancing continues
Virus is in general circulation	3	Gradual relaxation of restrictions
Number of cases and transmission is low	2	Minimal social distancing, enhanced tracing
Covid-19 no longer present in UK	1	Routine international monitoring

Strategic Objectives

The recovery strategic group has agreed the following sixteen strategic objectives, offering clarity of leadership and ensuring a coordinated and cohesive approach from across the public, business and third sector across the county of Lincolnshire.

1. To continue to save and protect life, with a clear priority on protecting those identified as vulnerable.
2. Continue to maximise the safety and wellbeing of our staff, partners and volunteers through regularly reviewing Threat, Risk and Harm.
3. Ensure arrangements for Lincolnshire reflect local needs but are aligned to national, and where appropriate international, approaches and timescales.
4. All affected services are restored to an agreed standard so that they are 'suitable for use' for their defined future purposes.
5. Effective planning and coordination is in place to recognise the anticipated waves of response and recovery over the next 12-18 months and ensure the ability of the partnership to respond accordingly.
6. Local democratic governance and decision making is reinstated and operates effectively.
7. Statutory responsibilities are carried out in full.
8. The community is fully involved in the recovery process, with all agencies working closely with the community and those directly affected.
9. Opportunities for service transformation are explored as part of the recovery process.
10. Opportunities for longer term regeneration and economic development are explored as part of the recovery process.

11. Affected infrastructure is brought back into use as soon as practicable and effective consideration occurs to determine future infrastructure needs.
12. The environmental impact is assessed, mitigated and managed.
13. An Impact Assessment is carried out as soon as possible and a concise, balanced affordable recovery action plan is developed.
14. A pro-active and integrated framework of support to businesses is established.
15. Effective protocols for political involvement and liaison are established.
16. Information and media management of the recovery process is co-ordinated.

Governance Arrangements

Lincolnshire Resilience Forum (LRF)

The current LRF structure has been heavily deployed in the 'response' phase but each response cell will develop and deploy more of their work on achieving the recovery and renewal objectives over time as appropriate. A Recovery Partnership group has been established to lead Lincolnshire's recovery; this is set out at Appendix A.

It will be a fine balance to continue to respond to the risks to health of Covid-19 and protect our communities, whilst initiating a recovery approach. A lot of uncertainty remains about the lifting of public health measures, and subsequent restrictions in the medium term. Protecting the public's health, and mitigating the harms to our residents, families and vulnerable people will continue to be our priority.

The Recovery Coordination Group (RCG), chaired by the Executive Director of Place, Andy Gutherson, is working in partnership to establish a common understanding of the impact of Covid-19. In order to achieve this, the partnership is identifying the threat, risk and harm presented by the infection. With this improved understanding of the risk, an impact assessment will be completed which will contain an action plan to inform how we address matters locally. This will be monitored and owned by the RCG, working closely with Elected Members, District Councils and voluntary/community groups to ensure the needs of communities are captured.

This will support the RCG in identifying problems and vulnerabilities in our community, which may require priority attention and feeding them back to the relevant recovery cell, in addition to disseminating credible information and advice back to the community, supporting community cohesion and providing public reassurance.

Local Outbreak Management Arrangements

One of the key ways Lincolnshire will deal with the on-going impact of Covid-19 is with the introduction of plans and systems to deal with local outbreak of the virus within the county. Local arrangements need to be put in place to support recovery planning through a Local Outbreak Control Plan and a member-led Local Outbreak Engagement Board.

The national NHS Test and Trace Service launched on 28 May 2020. Its primary objectives are to control the Covid-19 rate of reproduction (R rate), reduce the spread of infection and save lives whilst enabling an opening up of the economy and a return to some form of normality.

To support this, Directors of Public Health (DsPH), as part of their statutory role, will be responsible for developing Local Outbreak Control Plans (LOCP), in conjunction with Public Health England's local health protection teams.

The LOCP will cover seven themes and be developed in June ahead of further phases of the national infection control framework. Lincolnshire's Local Outbreak Control Plan covers the following seven headings:

- 1 Outbreak Management - Care Homes & Schools
- 2 Outbreak Management - High Risk Locations, Settings & Communities
- 3 Local Testing Capacity
- 4 Contact Tracing in Complex Settings
- 5 Data Integration
- 6 Vulnerable People
- 7 Local Board

The delivery model above has three separate but related functions which cover these seven elements.

BLOCK 1: Local testing capacity and data integration, informing the Local Outbreak Board.

BLOCK 2: Outbreak management in care homes, schools and high risk settings and locations.

BLOCK 3: Contact tracing in complex settings, support for vulnerable people.

(Potential BLOCK 4: Enforcement activity, can be established if required).

In the event of a second wave, we may see the outbreak start in a specific place and, therefore, we may want to explore local actions to reduce transmission. Whilst local Councils already have some powers (through Public Health and Environmental Health Officers), it is understood that the Secretary of State has powers that could be handed over to local areas to lock down as required, but this is not yet in place. Current feedback is that local Councils will be asked to encourage and influence local behaviours through a community leadership role.

The LOCP will be supported by and collaborate with the Lincolnshire Strategic Co-ordination Group (SCG) and a public-facing councillor-led Local Outbreak Engagement Board (LOEB) to provide political ownership, decision making, public accountability and to communicate openly with the public.

A LOEB for Lincolnshire will need to be established to:

1. Provide political ownership and governance for the local response;
2. Agree the Local Outbreak Control Plan before submission and sign off by the Joint Biosecurity Centre (to be confirmed);
3. Ensure consistent messaging with Lincolnshire's population by overseeing public facing engagement and communication.

The proposed membership is:

- LCC Leader (Chairman) - Cllr Martin Hill
- District Council Leader(s) – *one or two district leaders TBC*
- Police and Crime Commissioner – Marc Jones
- NHS Commissioner non-executive representative – *TBC*
- NHS Provider non-executive representative – *TBC*
- Healthwatch Lincolnshire representative - *TBC*
- Greater Lincolnshire Local Enterprise Partnership – *TBC*
- *Additional Place - representative reflective of any specific geography under consideration e.g. Town or Parish Council or community representative*

The LOEB will be supported by an Officer Advisory Group consisting of:

- LCC Chief Executive - Debbie Barnes
- Director of Public Health - Derek Ward
- District Council Chief Executive(s) – *one or two DC Chief Executives TBC*
- Police, SCG or TCG representative – *TBC*
- Communication Group Chair (Anna Graves)

Strong collective partnership working across all local tiers of local government, the local NHS system and with key partners will be essential in containing the local outbreaks of the virus.

2. Conclusion

The Council and its strategic partners have developed the appropriate governance arrangements to lead Lincolnshire's recovery from the impact of Covid-19, whilst ensuring arrangements can be flexed to respond to any future spikes in infection rates.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

A full risk register is maintained as part of the RCG.

An Impact Analysis is in place and is a live document which will be reviewed throughout the period of the recovery. This will be further informed by the detailed impact assessment and action plan that is currently being developed.

4. Appendices

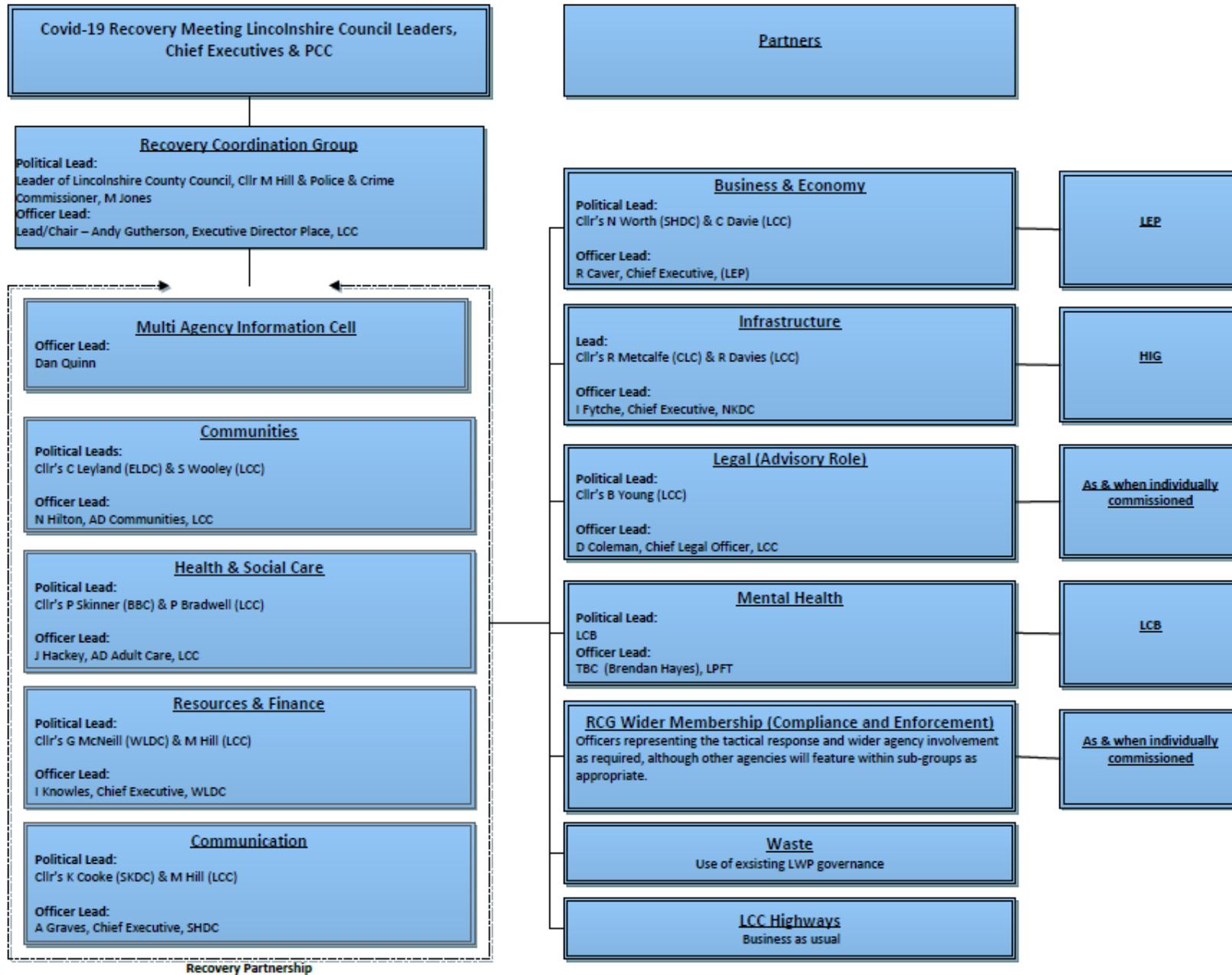
These are listed below and attached at the back of the report	
Appendix A	LRF Governance Structure

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Andrew McLean, who can be contacted on 07436 013388 or andrew.mclean@lincolnshire.gov.uk.

Appendix A – LRF Governance Structure



This page is intentionally left blank