The Manchester Briefing on COVID-19

International lessons for local and national government recovery and renewal

Twentieth briefing: Week beginning 7th September 2020

Produced by Professor Duncan Shaw, Dr Jennifer Bealt, Prof Ruth Boaden, and with guest briefing by Michael Palin, GC Consulting

The University of Manchester, UK

What is 'The Manchester Briefing on COVID-19'?

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers.

Each week we bring together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic. The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things we find.

We aim to report what others have done without making any judgement on the effectiveness of the approaches or recommending any specific approach. Guest briefings represent the views of those authors.

This week We have provided four briefings: **Briefing A: Renewal of local government following COVID-19:** Reorganisation, Devolution and Institutional Change in English Government **Briefing B. Lessons you may find helpful from across the world** **Briefing C: Use of mass testing to complement test and trace capabilities** **Briefing D: Useful webinars**	**Please register at ambs.ac.uk/covidrecovery to receive future briefings**

Other information

If this is the first briefing you have received and would like to be sent the previous ones, please email events@manchester.ac.uk.

If you would be willing to contribute your knowledge to the briefing (via a 30-minute interview) please contact Duncan.Shaw@manchester.ac.uk

We also produce a blog series which you can access here along with other news about our team and our work.

Briefing A: Renewal of local government following COVID-19: Reorganisation, Devolution and Institutional Change in English Government

Written by Michael Palin, Managing Director, GC Consulting

Introduction

This briefing outlines some of the changes being discussed within England that may have significant impact on of local government as part of ambitious renewal at a time when recovery from COVID-19 is ongoing. Local authorities (LAs) will benefit from understanding the current position and the scope of issues being discussed prior to formal proposals being made by Government. Reference is also made to developments in health service organisation and the likely implications for the wider public sector.

The changes underway in local government include 'local government re-organisation' and 'devolution' which will create new bodies covering a larger population over a wider geographical area than some local government bodies do today.

The changes to local government and devolution are expected to be outlined in a 'Recovery and Devolution' White Paper which is due this Autumn. The title makes a specific reference to 'recovery' which suggests that at some level, the changes may be supportive of a post-pandemic effort.

On September 8th, 2020 the Minister responsible for the intended White Paper stepped down from his role for personal reasons and although there is some conjecture about the implications of this, the stated policy position of government remains unchanged.

The Government also recently announced an intention to create a new body called the National Institute of Health Protection[1] - replacing Public Health England (PHE). The announcement received considerable attention, not least because this requires significant organisational change at a time of uncertainty and disruption as a result of COVID-19. [2].

This briefing also touches briefly on NHS changes that were outlined in the NHS "Long Term Plan" published in 2019[3]. The shift to 'Integrated Care Systems' that cover a larger geographical area than existing Clinical Commissioning Groups (CCGs) are also now being framed within a context of doing things differently and recovery[4].

Considering the reorganisation and institutional change, we outline just some of what those changes may mean.

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[1] https://www.gov.uk/government/news/government-creates-new-national-institute-for-health-protection

[2] https://www.theguardian.com/politics/2020/aug/18/matt-hancock-unveils-national-institute-for-health-protection

[3] https://www.longtermplan.nhs.uk/

[4] Based on NHS Trusts and other NHS institutions needing to plan for 'recovery' post a peak in pandemic admissions while simultaneously, having to continue to progress the establishment of an ICS.

Local government and devolution in England

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[5] https://www.gov.uk/guidance/local-government-structure-and-elections

Devolution

England is one of the most centrally governed countries in the developed world. The remit and executive reach of central Government, based in Whitehall, extends across all policy areas with few, if any, functions delegated or devolved which may limit how well the needs of various places and people are reflected.

In response, there has been a number of efforts to 'devolve' or delegate responsibilities from the national to the regional and now sub-regional level. Proposals for Regional Assemblies in the 1990s to 2000s were unsuccessful but since 2010, the emergence of 'City Regions' and Mayors have progressed following legislation in 2009[6] that facilitated the creation of Combined Authorities (CAs).

Combined authorities were intended to be strategic bodies and sit across groups of Local Authorities to deliver strategic responsibilities like transport, economic development and strategic planning. From a governance perspective, CAs were governed by a 'board' that mirrored a joint committee arrangement with the political leaders of each LA within the CA area represented.

In 2015, a number of areas committed to devolution deals premised on enacting a mayoral model. The Cities and Devolution Act (2016)[7] facilitated this and in May 2017 the first elected mayors covering multiple LAs (outside London) were elected. It is this process which is generally seen to be 'devolution' in the English context[8]. The Cities and Devolution Act allows for, and facilitates, a transfer of powers from government to a mayor/CA. In addition, resources (primarily money) that might have normally been allocated through other processes have increasingly been allocated directly to mayoral CAs to administer[9].

The expectation now is that in forming a CA, the local councils agree to the creation of a directly elected mayor and with that, a new form of governance[10]. At a technical level, creating CAs and the reorganisation of local government are different processes but as stated later, there are clear links currently being made between the two.

Why reorganise?

Some in Government argue that the current structure is inefficient and in need of modernisation[11]. The rationale for change includes:

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[6] The Local Democracy, Economic Development and Construction Act (2009) https://www.legislation.gov.uk/ukpga/2009/20/contents

[7] https://www.legislation.gov.uk/ukpga/2016/1/contents/enacted

[8] https://www.instituteforgovernment.org.uk/explainers/english-devolution-combined-authorities-and-metro-mayors#:~:text=All%20mayoral%20combined%20authorities%20have,a%20requirement%20of%20these%20deals.

[9] Examples include 'Housing First' which targeted homelessness and was directly allocated to the Greater Manchester, West Midlands, and Liverpool City Region Mayoral CAs and the recent 'Brownfield Fund' which was also allocated directly to CAs and not via bidding processes accessible to non-CA areas.

[10] The original CA was Greater Manchester, formed in 2010 which was joined by the Liverpool City Region, West Yorkshire, South Yorkshire, and Tyne and Wear in 2014. The West Midlands CA was formed in 2016 and the Tees Valley, West of England (focussed around Bristol), and Cambridge and Peterborough CAs were formed in 2017. All either have Mayors or are in the final stages of becoming Mayoral CAs with elections due in 2021.

[11] Senior figures in Local Government have been aware of this thinking for a number of years but a recent speech by Simon Clarke, Minister for Local Government provided some immediately relevant insight – the speech was taken down from the

- A belief that the transaction costs associated with 300+ conversations between the centre and local areas are too high and a need to 'simplify' the relationship;
- A belief that many services are most efficiently delivered at a scale greater than that of an individual (small) Council and hence, that there are efficiency savings (including financial cost savings) from 'merging' Councils;
- The view that the boundaries of 1974 do not fit with a more 'modern' view of the functional geographies of places with some council boundaries seen as not reflecting a 'natural' geography

This is clearly contested with each of the positions above debated at a local level. There is also a broader argument about smaller scales being closer to the size of real communities, with a smaller size delivering greater democratic legitimacy. A shift to 'bigger' geographies is argued to reduce local legitimacy and responsiveness.

Changing the structures of local government is therefore a politically contentious undertaking. Any proposal that changes the name and symbolism of a place is likely to engender public reaction and have political consequences. In simple terms, the main political parties have many Councillors who are members of the individual Councils which might be reformed and potentially, this might make those Councillors unnecessary.

Over the last decade, there has been an emerging trend:

- Government has encouraged some County areas to restructure themselves voluntarily from two tier structures to create new, single tier structures. This has happened in Cheshire (which created two upper tier Councils in Cheshire West and Chester and another Council for Cheshire East[12]), in Dorset and in Northamptonshire.
- The Government advocate a size covering about 350,000 people should be a <u>minimum</u> size for councils. This figure has been referenced by officials for at least the last four years and more recently by Ministers as a minimum optimum size[13]. Hence, when new single tier structures are formed, the resulting Councils tend to be of at least this scale. Interestingly, there had tended to not be a discussion about an optimal maximum size until recent months where 600,000/650,000 people seems to be becoming a preferred figure[14]. Size is important because of what it means for many County areas that might have hoped to create a single Unitary structure but where the population is more than 650,000 people.

Reorganisation and/or Devolution?

Technically, reorganisation can occur without devolution and vice versa – as already seen, councils can be reorganised without CAs having to form, and the legislation enabling CAs and mayors does not discriminate between the type of council that can be a constituent part of any new CA.

But…

MHCLG website after being delivered but can be accessed here: https://www.lgcplus.com/politics/governance-and-structure/read-the-simon-clarke-devo-speech-the-ministry-dont-want-you-to-see-17-07-2020/

[12] Both the new Cheshire unitary Councils were over 340,000 people in population

[13] See the recent formations of new Unitary Councils in Northamptonshire as examples and speeches by Simon Clarke as Minister responsible – see https://www.lgcplus.com/politics/governance-and-structure/exclusive-clarke-hints-at-upper-limit-on-unitary-size-30-07-2020/

[14] Again, see https://www.lgcplus.com/politics/governance-and-structure/exclusive-clarke-hints-at-upper-limit-on-unitary-size-30-07-2020/

For both re-organisation, and in particular devolution, to happen it needs government support. No individual reorganisation activity will happen without government backing and neither will any new CA.

The question this poses is: will government seek BOTH a reorganisation of local government to discard the two-tier structure AND create CAs covering a number of the newly established local authorities? If it does not seek both – will it seek to achieve one or the other, accepting that this may result in an uneven institutional settlement across the country?

The answer to these questions might vary on a sub-region by sub-regional basis and be a function of sequencing and timing as much as anything else.

- For example, where there is an existing configuration of single tier LAs that might form a CA (e.g. the two Cheshire LAs with Warrington), government might wish to accelerate CA formation, as reorganisation has already been achieved.
- Where reorganisation has not occurred – government will likely make reorganisation a pre-requisite before devolution can happen. Indeed, many places already having discussions with Government are saying informally that the policy intent is that devolution is only available if you accept reorganisation as necessary: if you want the greater powers and promised resource of 'devolution' you must also commit to reorganise – if you want to reorganise, you must equally commit to seek devolution and with that, the requirement of a mayoral form of governance

While devolution and reorganisation are technically separate – we may expect the White Paper to link them together, with one a requirement to get the other.

So what could reorganisation mean in practice?

In practical terms, reorganisation may mean:

- The creation of single-tier structures to replace the two-tier model. This would see lower tier districts and upper-tier County Councils be effectively replaced with new upper tier Unitary Councils. As a consequence, many of the existing councils would no longer exist.
    - Where the county area has a population between 350,000 and around 600,000 people, then we might expect an attempt to create a single unitary authority. In this scenario, the county council might transition to be a single-tier council with any lower tier LAs within the area being abolished
    - Where the county area has a population that is above 650,000, people then we might expect multiple single-tier unitary councils to be formed.

- Where there are existing unitary councils within the county area, whose populations are well below 350,000 people, then they too might be expected to 'merge' into the new structures; simply being a unitary council already will not divert change if the population is relatively small

- Metropolitan councils, which are now in CA areas, with populations below 350,000 people are unlikely to face pressure to merge to reach 350,000 populations at this stage, as the political priority may be achieving single-tier status across the country. However, over a more medium-term time horizon, 'mergers' of these councils to reach the expected population figure may be likely.

And Devolution?

Devolution may be encouraged in parallel with reorganisation. If there is an expectation that mayoral CAs will be created to cover the geography of multiple, single tier councils then, as new configurations of single tier LAs emerge, we might expect CAs to start to form covering this wider area.

There may be some exceptions – such as where single tier LAs already exist and might not require reorganisation – but CA geographies might resemble that of Local Enterprise Partnership (LEP) areas[15] (or even, county council areas once single tier structures are achieved) which are, in the main, broadly sub-regional.

Institutional change outside of local government

Implications of devolution for other forms of public service integration

Government may want to encourage new CA mayors to also take on the responsibilities of Police and Crime Commissioners (PCC) but this can also be complicated by geography, when PCC elections are due, and whether they align with the 'first' election of a new CA mayor. Hence, achieving this integration may well be seen as a secondary aim to local government reorganisation and devolution.

Integration with health, although logical and arguably in the interest of patients, does not appear to be a consideration in reorganisation and devolution discussions at present. There are multiple reasons why, such as the UK does not have a strong history of linking different policy agendas in ways that deliver 'place based' results. It seems likely that, at the national level, changes in the NHS and the changes in local government will be distinct, so alignment between the two may be difficult to achieve.

Integrated Health and Care: The development of Integrated Care Systems

There is a rationale for better integrating the delivery of health services (generally the responsibility of the NHS) and care services (generally, the responsibility of local government) which has been shown to be important during the response to COVID-19. This rationale includes[16]:

- Commonly, the populations being served overlap and services are better designed around the person, not the institution
- Some people need multiple services from different sides of the health/care divide – commissioning those services together improves the quality of support
- One set of services is often an upstream cost of the other – earlier intervention can reduce the overall system cost (and improve the benefits to the individual) and hence, need to be considered as a relationship between 'funders', rather than separately
- Without integration there is a concern some people 'fall between the gap' and not receive the services they need

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[15] https://www.lepnetwork.net/about-leps/location-map/

[16] https://www.england.nhs.uk/integratedcare/integrated-care-systems/

The institutions involved

The institutions involved can be complex. Upper-tier councils are responsible for social care services while the NHS has a commissioner/provider split where Clinical Commissioning Groups (CCGs) commission the NHS services needed by a population from a set of providers which include general practice, acute hospitals (for services such as A&E and routine operations) and specialist providers (for services such as cancer treatments or for mental health). These providers might cover very different geographical areas and, in response to how services are commissioned, might deliver different services from one place to the next.

In various areas of England, integrated models of health and care services have evolved. This can include joint governance structures, co-commissioning arrangements between a local council and CCG or, integrated management structures where both the CCG and council have shared senior leadership. Efforts have also been made to weaken the commissioner/provider split recognising that for many services.

Place and Scale

The concept of 'place' has played an increasingly fundamental role in the health and care service integration to a point that 'place-based integration' has become increasingly common parlance, in the local government and the NHS.

'Place' recognises the fact that services are often joined up practically 'on the ground' and in places and that integrated services, designed to serve a population need, will often be 'place' specific.

However, place seems to mean different things at different times, depending on the 'scale' at which services and provision are organised. There is a recognition that many services are actually delivered at a neighbourhood or locality level of c. 30,000 to 50,000 people[17] and that that represents a 'place'. Most integration models are designed at the scale of a Local Authority however – with a senior LA officer fulfilling the role of 'leading' the local CCG. This has been how the model has emerged so that the Local Authority is also seen as a 'place' in the language of integrated care.

The Long-Term Plan for the NHS envisages creating structures called 'Integrated Care Systems' (ICSs) that will cover a geography of multiple CCGs and their multiple local authority areas, providing coverage of all of England by 2021. Although the legislative changes needed to replace the CCG and provider split are unlikely in the immediate short-term, there are clear shifts leading to mergers of CCGs and of providers that are 'up-scaling' these bodies to cover larger geographies than they did when formed[18]. As a result, the geographies of the NHS are upscaling at the same time as they are in local government, and the tension between a focus on place and organisational structures and geographies continues to be highlighted[19].

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[17] See Kings Fund piece here https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#systems which described Integrated Care suggesting a geography of 30,000 to 50,000 people.

[18] For example, the CCGs in Cheshire have recently merged while mental health provision in Merseyside is coming together under a single provider when previously, it was delivered by two.

[19] https://carnallfarrar.com/blog/place-is-where-the-heart-is/

The key challenges and considerations

In advance of the White Paper on local government reorganisation this Autumn we do not know for sure what the future may hold, but some positions are emerging[20]:

- Many councils in England face severe budget pressure and hence, 'reorganisation' and/or 'devolution' are being seen by some as a route to mitigate future funding pressures. This might not be through a positive desire for either but on the basis of 'there is no other viable option' available.

- Reorganisation appears to have been wanted for some time by some in government – the changes resulting from austerity, the emergence of CAs, and the current government having a relatively large Parliamentary majority seems to have provided momentum to try and deliver that reorganisation in the coming years.

- Devolution – to mayoral CAs – continues in parallel and appears to be emerging as government policy.

- As separate processes, reorganisation and devolution can, in theory, progress independently from one another in different places … but, devolution and reorganisation are being increasingly linked. Many areas on a journey to either seem to be indicate that they are being told one is dependent on doing the other.

- There is opportunity for more consideration of the wider need to integrate with council run services; and more opportunity to 'join up' the changes wanted in local government with changes wanted in the structures of the NHS.

- Changes in the NHS to achieve the Long-Term Plan are continuing on a different timetable and to a different set of objectives.

- As with any organisational and institutional change process, these changes will place demands on strategic capacity in the local and national public sector system at a time when a focus on COVID-19 recovery and renewal is essential.

- Additionally, where strong relationships and collaborations have been achieved, and in some places enabled effective response to COVID-19, institutional changes threaten to disrupt good working practices.

The challenge: renewing together at this time

Two pillars of public service provision (the NHS and local government) will be simultaneously going through significant institutional change. Both will be shifting to a geographical scale of institution that will be 'bigger' than before in many areas but, both will still need to be able to deliver locally specific 'locality' or 'place' based services. Both have a dependency on one another and by working in an integrated way they can make services better for their population.

Is it possible to go through the individual 'up-scaling processes' and, still achieve the integration benefits that have been delivered in a number of places to date and which appear beneficial? This is the challenge for local systems.

Both are shifting from an emergency response scenario for COVID-19 to a recovery setting with the risk that the requirement for response has not gone away and there may be a resurgence in the virus.

It is therefore important to assess the appropriate time for institutional change, and how can that be achieved alongside recovery/renewal from COVID-19.

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[20] These propositions are based on the assessment of the emerging situation by GC Consulting.

Briefing B. Lessons you may find helpful from across the world

We provide the lessons under six categories, with sub-categories for ease of reference. We have selected lessons that are of specific interest to the recovery process although many also relate to the response phase, and the likely overlap between response and recovery.

This week our lessons on humanitarian assistance focus on how to work effectively in deprived areas to foster equitable response and recovery, and how to publicise exemption from wearing face coverings. We also highlight lessons on how to prepare for 'winter' considering both winter diseases and a resurgence of COVID-19. Economic lessons consider measures to reduce youth unemployment due to COVID-19, and infrastructure lessons focus on how to reduce information asymmetry in food systems through digital innovation. Environmental lessons consider the risks of transmission of COVID-19 to animals from people, as well as how to transform climate change risks into long-term opportunities. Communications lessons focus on development of an interactive dashboard to share information about the virus with the public, and communicating what recovery and renewal means to local populations. Governance and legislation includes lessons on emergency preparedness and planning strategies for response to natural disasters during COVID-19, and how to adapt resilience-building activities to digital approaches during COVID-19

Recovery: Categories of impact	Actions	Country/ Region	Source
Humanitarian Assistance			
Vulnerable people	**Consider how to work effectively in deprived areas to foster equitable response and recovery.** Lockdowns and COVID-19 have exacerbated inequalities in the most deprived areas. Many responses assume people have adequate living space, access to affordable basic services, and social safety nets. However, many lack adequate resources to survive lockdowns without defying COVID-19 restrictions e.g. leaving the house to work. Consider working with civil society, government, and charities to: ▪ Provide support for informal sector providers and workers to encourage tenure security schemes that can offer benefits to informal workers such as more secure housing, and increased legitimacy to work or trade. This may help reduce unauthorised working and living conditions that may increase transmission of COVID-19 ▪ Regular situation monitoring of deprived areas to track key concerns relating to working and living conditions that can inform COVID-19 responses and transmission mitigation. Use online surveys completed by the community or local organisations that know the population ▪ Creating or maintaining effective use of public spaces for to provide COVID safe community care to reduce isolation, counter misinformation and collect reliable data on COVID-19 impacts	Zimbabwe	https://www.iied.org/working-informality-for-more-resilient-equitable-responses-covid-19 https://www.muungano.net/browseblogs/2020/6/23/23-june-2020-coronavirus-situation-tracker-for-kenyan-informal-settlements

Recovery: Categories of impact	Actions	Country/ Region	Source
Vulnerable people	**Consider how to effectively publicise that some people are exempt from wearing face coverings**. Some people who are not able to not wear a face covering are reporting being confronted in enclosed public places and, as a result, being fearful and unwilling to leave their homes. Consider: ▪ Information campaigns to make the public aware that some people may not be able to wear face coverings. For example, the UK government provides three 'reasonable' reasons for not wearing a covering: 　▪ You have a physical/mental illness, impairment, or disability that means you cannot put on, wear or remove a face covering 　▪ Putting on, wearing or removing a face covering would cause you severe distress 　▪ You are travelling with/providing assistance to, someone who relies on lip-reading ▪ Whether it is appropriate to encourage those who cannot wear a face covering to get an exemption card or wear an exemption badge to reduce the likelihood of confrontation	UK	https://www.bbc.co.uk/news/uk-england-tyne-53827911 Example face covering exemption card: https://hiddendisabilitiesstore.com/hidden-disabilities-face-covering.html
Health and wellbeing	**Consider how to prepare for winter considering winter diseases and a resurgence of COVID-19.** There is much concern about the combination of coronavirus with winter flu and the effects on transmission rates and a recent report outlines concerns and plans. It recommends to plan for coronavirus during winter months by: ▪ Analysing current COVID-19 data to develop prevention and mitigation strategies for winter, considering the rise in other illnesses during colder weather ▪ Considering how mitigation strategies should protect, and pose no further disadvantages to high risk patients or communities ▪ Engaging with patients, carers, public and healthcare professionals with enhanced coordination, collaboration and data sharing between central and local initiatives.	All	See the full report here: https://acmedsci.ac.uk/file-download/51353957

Recovery: Categories of impact	Actions	Country/ Region	Source

	It also suggests considering:
	■ Minimising community SARS-CoV-2 transmission and impact through:
	  o developing effective policies to maximise population engagement in essential control measures e.g. participation in test, trace and isolate (TTI)
	  o extensive autumn public information campaigns co-produced by communities and professional organisations
	  o guidance for commercial, public and domestic properties on temperature, humidity and ventilation to reduce virus transmission indoors
	  o consideration of those most vulnerable to COVID-19 who are least able to heat their homes adequately in winter
	■ Maximise infection control and ensure that COVID-19 and routine care can take place in parallel by:
	  o prioritising system-wide infection prevention and control measures
	  o providing training to use personal protective equipment (PPE) and other infection prevention and control measures
	  o maximising remote consultations for hospital and community care
	  o testing and quarantining patients being discharged into the community or care
	  o prioritising the backlog of clinical care by clinical need, not waiting times
	■ Improving public health surveillance for COVID-19, influenza and other winter diseases through:
	  o comprehensive, population-wide, near-real-time, health surveillance systems
	  o conducting large-scale population surveys comparable data collected from hospitals and the community
	  o overseeing and coordinating data centrally
	■ Minimise influenza transmission and impact by maximising influenza vaccination uptake		

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Recovery: Categories of impact	Actions	Country/ Region	Source
Economic			

Economic strategy	**Consider measures to reduce youth unemployment due to COVID-19.** In the UK, it is expected that youth unemployment will rise by over 640,000 in 2020 taking the total to over 1 million. Under 25s may face years of reduced pay and limited job prospects long-term. Consider strategies to tackle youth unemployment:
	▪ Encourage organizations to develop partnerships with UK employers, government, education institutions, and civil society to create quality work placements for young people
	▪ Promote the benefits of employer networks e.g. lower recruitment costs and improved staff retention to facilitate more work placements
	▪ Consider measures such as the 'EU measure against youth unemployment'. The Commission wants EU countries to increase their support for the young through their recovery and suggest member states should invest at least €22 billion for youth employment. Initiatives also include:
	  o Youth Employment Support which includes The Youth Guarantee which aims to ensure people under the age of 25 get a good-quality offer of employment, continued education, an apprenticeship or a traineeship within four months of becoming unemployed or leaving formal education.
	  o Extending the Youth Guarantee which covers people aged 15 - 29 (previously the upper limit was 25) and:
	    - Reaches out to vulnerable groups, such as minorities and young people with disabilities
	    - Provides tailored counselling, guidance and mentoring
	    - Reflects the needs of companies, providing the skills required and short preparatory courses
		UK
		
		Europe
			http://www.mancunianmatters.co.uk/content/200878994-coronavirus-youth-job-crisis-how-beat-it
			
			https://www.europarl.europa.eu/news/en/headlines/society/20200709STO83004/covid-19-how-the-eu-fights-youth-unemployment
			
			https://www.fenews.co.uk/press-releases/53450-high-quality-work-experience-placements-to-reduce-youth-unemployment-and-transform-the-lives-of-young-people

Recovery: Categories of impact	Actions	Country/ Region	Source
Infrastructure			

Supply chains	**Consider how to reduce information asymmetry in food systems through digital innovation.** Information asymmetry means that one party has more or better information than the other. During COVID-19 information asymmetry has led to food waste and unsustainable farming practices as information about food production is only available to a small number of people in the supply chain. Decentralised information that includes small-scale and flexible production can support more uncertain operating environments such as those needed during COVID-19. . Producers and retailers can consider how to increase the flexibility and sustainability of their supply chains by:
	■ De-concentrating markets and supply chains by ensuring they are not concentrated in a small number of large companies by using online platforms that create more access for businesses to sell goods and provide producers and consumers more options.
	   o In Peru, 80% of merchants at a major market tested positive for COVID-19, but authorities felt closing the market would result in significant food shortages as the supply was concentrated. However in India, by selling through digital platforms, coffee producers were able to keep selling, and obtain significantly higher prices than usual
	■ Tracing food throughout the supply chain in a decentralized manner creates opportunities for safer, more sustainable food to protect from zoonotic disease
	   o In Uruguay, foot and mouth transmission was mitigated through de-centralized information sharing where the system would assign an identification code to cattle, letting you know its treatment and location on the production chain in real time
	■ Disseminating open data throughout the complex food system to: correct information asymmetries, encourage innovation, and increase efficiency of public spending
		Peru
		
		India
		
		Uruguay
			https://www.worldbank.org/en/news/immersive-story/2020/08/06/beyond-the-pandemic-harnessing-the-digital-revolution-to-set-food-systems-on-a-better-course

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Recovery: Categories of impact	Actions	Country/ Region	Source
Environmental			

General environment	**Consider the risks of transmission of COVID-19 to animals from people.** Research by the Centres of Disease Control and Prevention (CDC) suggests COVID-19 can spread from people to animals after close contact with a person sick with COVID-19, although the risk of animals spreading COVID-19 to people is considered to be low. Consider how to work with vets, zoos, animal charities, animal shelter programmes and other stakeholders to disseminate information to pet owners, the public, and those who work with animals to understand how to protect themselves and others from transmitting the virus through and to animals. Consider how to:
	▪ Protect those with pets at home by:
	   ○ Informing the public about possible transmission to, and between, their pets. The CDC states that common household pets such as cats and dogs can be infected with COVID-19, but caution is advised as there may be other types of animals that can get infected
	   ○ Due to possible transmission, consider reiterating that if owners have symptoms they, and their animals should be isolated and practice social distancing to reduce risk of transmission
	▪ For those who work with animals consider:
	   ○ Paying attention to species suspected by CDC research o contract COVID-19 from humans e.g. in zoos (big cats), in breeding (cats, dogs, hamsters), or farms (mink or ferrets)
	   ○ Make staff aware of possible transmission, provide appropriate PPE and ensure distancing/isolation guidelines
	The CDC suggests that more studies are needed to understand if and how different animals could be affected by COVID-19.
		USA	https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html

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Recovery: Categories of impact	Actions	Country/ Region	Source

General environment	**Consider how to transform risks associated with climate change and COVID-19 into long-term opportunities.** The COVID-19 pandemic has changed everyday life which has emphasised concerns about environmental sustainability and resilience. Lessons to consider for dealing with climate change include capitalising on people's increasing interest/knowledge in climate risks, and associated opportunities. Consider how measures can help mitigate or adapt to climate change, or can exacerbate existing barriers:
	▪ Environmental considerations:
	   o Implement nature-based solutions that aim to increase the resilience of ecosystems e.g. considering water security and pollution
	   o Be aware of potential for increased illegal deforestation and poaching (as a consequence of less governmental control during lockdown)
	   o Mitigate the interruption of environmental monitoring projects that can cause data gaps in climate/environmental data
	▪ Social considerations:
	   o Assess changes in working conditions e.g. frequent, or sole use of virtual solutions, encouraging car-free days, reductions in energy consumption in businesses, and reductions in waste
	   o Renovate and diversify the tourism sector towards sustainability so capitalise on environmental awareness since COVID-19
	   o Develop policies that help reduce unemployment and mitigate potentially harmful domestic migration to rural areas that could cause environmental degradation
		Switzerland	https://collectionsblog.plos.org/how-the-covid-19-pandemic-is-teaching-us-to-tackle-the-climate-crisis/

Recovery: Categories of impact	Actions	Country/ Region	Source
Communications			
General communication	**Consider developing an interactive dashboard to share information with the public on the virus.** Sharing information is a powerful way to relate the changing situation of the COVID-19 crisis to the public. We know that local information is best for keeping people up-to-date on how the virus is affecting people in their area – essentially, by communicating what is happening in their local community. Boise State University (Idaho) have developed an online interactive dashboard to communicate an array of information to the public about Idaho State and its counties. Johns Hopkins University provides a similar dashboard for global cases of COVID-19, providing country-level information. Consider providing: - An interactive map of the area for the public clicked on and drill down to access area-specific information - Colour coded areas of the region to communicate comparisons across key measures - Updates of the number of cases and deaths presented numerically and graphically - Layer on information on where to get local support i.e. available community resources - Providing updates of - key behaviours that officials want the public to adopt - changes in guidelines - significant decisions made by the crisis committee - The date/time when the information was last updated - The dashboard in relevant languages for the area	USA	Boise State Dashboard in English: https://boisestate.maps.arcgis.com/apps/opsdashboard/index.html#/2d27bfd0cb8144438679cb1d0fade2f4 Boise State Dashboard in Spanish: https://boisestate.maps.arcgis.com/apps/opsdashboard/index.html#/8491c3a430aa44b290405d0b777ae09c Johns Hopkins Dashboard: https://coronavirus.jhu.edu/map.html

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General communication	**Consider creating a short, engaging video to explain to the public what Recovery and Renewal means in their local area.** Local government are producing online materials to help people understand what has happened during response and what is meant by the next phase of COVID-19. This can communicate expectations and align aspirations for what recovery may involve. Consider: ▪ Producing a short video on how the response effort aims to support people and businesses ▪ Producing a short video on Recovery and Renewal ▪ Encouraging widespread dissemination of the video to households, classrooms, offices, waiting rooms, public spaces, social media ▪ Reach the widest audience by providing the video in different languages Watch Barnsley Metropolitan Borough Council's video: https://www.barnsley.gov.uk/services/health-and-wellbeing/covid-19-coronavirus-advice-and-guidance/covid-19-recovery-plan-for-barnsley/	England Scotland	Barnsley: https://www.barnsley.gov.uk/services/health-and-wellbeing/covid-19-coronavirus-advice-and-guidance/covid-19-recovery-plan-for-barnsley/ The Highland Council https://www.youtube.com/watch?v=rTvDF-Z7Rjo&feature=youtu.be

Recovery: Categories of impact	Actions	Country/ Region	Source
Governance and legislation			
Emergency planning	**Consider emergency preparedness and planning strategies for response to natural disasters during COVID-19.** In the USA, the impacts of natural disasters are being felt more frequently and earlier than expected. As a result, emergency planning for potential evacuation is of increasing importance. Consider: Locale specific, local guidance on evacuating safely during the pandemic ▪ Reviewing agreements and plans with neighbouring regions to provide mutual aid resources ▪ Adequate stocks of personal protective equipment for staff, and to distribute to evacuees and residents at risk of evacuation ▪ Adequate stocks of COVID-19 testing kits to evacuation centres to avoid spread of the virus during evacuation ▪ Capacity to perform temperature checks on all arrivals at shelters ▪ Ensure residents are prepared to make plans for alternative arrangements during an evacuation such as staying with friends/family, or in hotels, rather than relying on communal shelters (which should be the last option) ▪ Ensure residents have adequately prepared for an evacuation and understand they should bring their own personal bedding and care items to mitigate transmission	USA	https://blog.ucsusa.org/astrid-caldas/real-time-lessons-on-covid-19-and-us-hurricane-response-what-weve-learned-from-hanna-and-isaias
Emergency planning	**Consider how to adapt traditional on-site and face-to-face resilience building activities to digital online activities during COVID-19.** Accelerating the use of online digital tools for improved resilience and pandemic preparedness is important for reducing the risk of transmission of the virus, for reaching a wider audience, and for sharing best practice more effectively. However, when digitizing activities, it is important to consider those who may not have online access due to remoteness, digital illiteracy, and/or the costs of (smart)phones and mobile data, and to ensure important information still reaches these	Mexico	https://floodresilience.net/blogs/adaptability-in-times-of-covid-19-exploring-digital-resilience-building

Recovery: Categories of impact	Actions	Country/ Region	Source

	communities. This may be done by adapting activities into written or picture format, or providing necessary resources or training. Consider raising awareness of activities, training, and ways of organising the community:
	▪ Raising awareness:
	   o Conduct face-to-face health and hazard awareness programmes through infographics, podcasts, and videos on WhatsApp, Facebook, and Twitter
	   o Use platforms that provide health advice about COVID-19 to raise awareness of other diseases that may have similar symptom e.g. influenza, dengue etc.
	   o Use online community engagement as an opportunity to raise awareness about other risks, and resilience strategies e.g. flooding
	▪ Training
	   o Establish 'community brigades' that can help prepare the community for emergency situations – educate and train them by creating and sharing instructional videos
	   o Share podcasts promoting COVID-19 safety measures with local leaders and authorities, who play them on loudspeakers in the community
	▪ Organising the community:
	   o Develop virtual community networks that support the community to organise themselves, working with local leaders, authorities, schoolteachers etc. who can disseminate information widely
	   o Conduct regular follow-up calls with community leaders to create feedback channels and to help monitor local situations		

Briefing C: Use of mass testing to complement test and trace capabilities

Test and trace systems have been implemented worldwide to try to track and contain the transmission of COVID-19. While these efforts have been broadly successful, there are some communities in which the test and trace process is inefficient due to limited uptake[21]. This has been particularly relevant in communities where there are language barriers[22], and in work environments in which sharing colleague's information may be difficult because a positive result could mean unpaid sick days[23]. Commonly, such occupations include those with a large number of migrant workers, or where workers are employed through agencies and staff members are inconsistent or turnover is high[24]. In these cases alternative mechanisms such as mass swabbing through mobile testing units have been employed to try to boost the number of people tested, including those who may be asymptomatic[25]. Taking swabs can be unpleasant, however, using saliva samples can be less invasive, more reliable than nasal swabs, and can be done more frequently, even once a week which would help mitigate the false negatives swabs can produce[26].

Targeted mass swabbing is currently being undertaken in some countries such as Canada, where there have been outbreaks and deaths of those working in agriculture due to poor living and working conditions[5]. The vulnerability of these groups to COVID-19 was addressed in The Manchester Briefing 13 where it addressed localised spikes in COVID-19 transmission as a result of poor working conditions in food and garment industries.

Mass swabbing could help to mitigate the lack of reporting to contact tracers, improve the transparency of information within the health system, and improve the efficiency of testing[27]. Efficient mass testing should consider:

- Effectively mapping all existing testing and laboratories capabilities including those in health services, research centres[28], and scientific institutes to reduce the risk of running parallel systems with the private sectors which may encourage competition for supplies and potentially reduce the capacity of existing systems[13]
- Use existing capacities to help develop important localised approaches to improve the coordination of mass testing through involvement with local authorities and industries[13]
- Develop partnerships with life science industries to build resources and capacity for mass testing[14] that should account for, and complement, existing local capacity
- Be mindful of how targeted mass testing may (further) stigmatise certain communities. Careful consideration should be given to the location of testing centres so not to create an association between a particular community and the virus

21 https://www.theguardian.com/world/2020/aug/04/four-key-failings-of-england-covid-19-test-and-trace-system
22 https://www.theguardian.com/world/2020/aug/04/four-key-failings-of-england-covid-19-test-and-trace-system
23 https://www.theglobeandmail.com/canada/article-ontario-pivots-on-testing-strategy-for-migrant-workers-to-contain/
24 https://www.iheartradio.ca/am800/news/mass-testing-planned-after-24-year-old-migrant-worker-dies-of-covid-19-1.12612356
25 https://windsor.ctvnews.ca/mass-testing-for-migrant-workers-planned-following-death-of-24-year-old-man-1.4972533?cache
26 https://www.newscientist.com/article/2246880-city-in-uk-takes-steps-to-test-entire-population-for-coronavirus/
27 https://www.bma.org.uk/news-and-opinion/a-hidden-threat-test-and-trace-failure-edges-closer
28 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf

- Ensure there is clear and simple dissemination of public information in areas in which mass testing takes place. This should include sensitivity to the local conditions including languages, culture and the level of community (dis)harmony

Increasing effective capacity for mass testing, especially in high risk populations, is central to limiting the spread of COVID-19. Developing an integrated localised system that is capable of regular, repeat testing may not only help stem the spread of the virus, it may also help support other sectors adversely affected by COVID-19. For example, this type of testing may help mitigate the issue of quarantine after travel as the virus can be more closely monitored, even in asymptomatic patients. In addition, particularly vulnerable groups may be protected through close observation, including those who work in jobs where there is a high risk of infection, and those who may feel forced to go to go to work due to financial insecurity.

Briefing D: Useful webinars

Taken place in the past week	Webinar Title	Link to presentation
13.08.2020	Coping with the Pandemic: Shifting from a Sprint to a Marathon	https://info.nic.org/en-us/leadership-huddle-10-pros
27.08.2020	Cities on the Frontline Speaker Series: Urban Density	https://medium.com/@resilientcitiesnetwork/coronavirus-speaker-series-sharing-knowledge-to-respond-with-resilience-5a8787a1eef5
Coming up		
Date	Webinar Title	Link to registration
15.9.2020	Risk-Informed Investment for Macro-Economic Financial Stability	https://bit.ly/3l4TgQe
15.9.2020	Make or break: The implications of COVID-19 for crisis financing	https://phap.org/PHAP/Events/OEV2020/OEV200915.aspx?EventKey=OEV200915
17.9.2020	Inclusion of Persons with Disabilities in the COVID-19 Response: Applying the IASC Guidelines	https://phap.org/PHAP/Events/OEV2020/OEV200917.aspx?EventKey=OEV200917

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