

# CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 10 July 2020

**From: Executive Director – People, Cumbria County Council  
Chief Operating Officer – North Cumbria Clinical Commissioning Group  
Chief Officer - Morecambe Bay Clinical Commissioning Group**

## **COVID 19: HEALTH AND WELLBEING BOARD – SUPPORTING STABILISATION AND RECOVERY**

### **1.0 EXECUTIVE SUMMARY**

- 1.1 *This report sets out the recovery structures that have been put in place in Cumbria in order start to rebuild after Covid. As part of those countywide structures it has been agreed that existing strategic partnerships and delivery mechanisms should be utilised as much as possible to ensure that any measures are embedded as ongoing practice.*
- 1.2 *Following on from that decision the Health and Wellbeing Board will be responsible for co-ordinating recovery for the areas that fall under its remit. It is also recognised that the NHS has put in place national and regional response and recovery structures. Taking both of these into account, this report sets out and asks for agreement on the structures that the Health and Wellbeing Board will put in place to fulfil this role.*
- 1.3 *Whilst the countywide incident response structures are moving to address recovery the real current fragility of the Health and Care sector needs be recognised and form a core part of ongoing activity to ensure stabilisation. It should still be recognised that Covid is still circulating and that measures to control its spread and deal with its impact will need to be an ongoing consideration within the Health and Care system.*
- 1.4 *Taking the above into account the Health and Wellbeing Board is asked to agree to a number of priority workstreams to focus the work on recovery and ongoing system stabilisation.*

## **2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY**

- 2.1 The Health and Wellbeing Board exists to provide strategic leadership and promote closer integration of health and care, through partners working together to ensure that everyone in Cumbria is able to benefit from improvements in health and wellbeing.
- 2.2 The Board has a responsibility to ensure a collective awareness of the major changes, pressures and risks across health and wellbeing services and provide opportunity to review, comment and consider the opportunities for collaborative approaches to address or manage these.
- 2.3 The Board is responsible for providing a structure for strategic local planning and accountability of health and wellbeing related services across a range of sectors and providers and for providing County-wide strategic leadership to public health, NHS, adults social care, children's social care and other relevant local authority commissioning - acting as a focal point for determining and agreeing health and wellbeing priorities and outcomes.

## **3.0 RECOMMENDATION**

*That the Board is asked to*

- 3.1 ***Note the Countywide Recovery arrangements as set out in sections 5 and 6.***
- 3.2 ***Agree the sub structures as set out in section 7 to enable the Board to manage the recovery phase.***
- 3.3 ***Agree the priority areas of activity a set out is section 8.***
- 3.4 ***Agree the workstream management and assurance mechanisms as set out in section 9.***

## **4.0 BACKGROUND**

- 4.1 Cumbria has been significantly impacted by the COVID-19 Global Pandemic. As well as dealing with the immediate impact, the Board needs to recognise the ongoing fragility in the health and care system and long-term impact of COVID-19 for those who have experienced the devastating loss of family members or friends, and the impact on businesses, communities and organisations.
- 4.2 The Covid pandemic has had an impact of a scale never seen before – every individual, every community, every business, every organisation has been, and is still being, affected.
- 4.3 By necessity there is a need to design new, more resilient, and very different, ways of working. There is also the opportunity to build on the learning from the response to Covid and to reimagine, to reform and build a better future for Cumbria.

## 5.0 COUNTYWIDE RECOVERY

- 5.1 After a period of active monitoring, Cumbria's Local Resilience Forum activated its Strategic Coordinating Group (SCG) on the 4th March 2020, whilst the UK Government declared a pandemic on 11th March. In response to this the SCG declared a major incident on the same day and since then has been coordinating the county's response to the pandemic.
- 5.2 The Recovery Advisory Group (RAG) was activated on 16th April with the purpose of developing the approach to recovery and ensuring decisions made by the Strategic Coordinating Group (SCG) do not compromise medium to long term recovery.
- 5.3 The Strategic Recovery Coordinating Group (SRCG) was activated on the 18<sup>th</sup> of June and the RAG was stood down. The SRCG will:
- Facilitate and enable recovery of Cumbria from the COVID-19 pandemic, focusing on the impacts at community and county wide level, and the opportunities to reimagine and rebuild a better future for the county, its places, and communities.
  - Promote collaboration across and through partnerships at county wide and locality level and support the development and delivery of recovery strategies and plans.
  - Facilitate an approach to recovery in Cumbria that includes community voices, builds community resilience and so supports communities to thrive.
- 5.4 In order to achieve these goals it has been agreed that the approach to recovery needs to be sustainable and embedded into the county's existing governance structures, so that it becomes part of everyday business. The approach will therefore be built around existing partnership and programme structures rather than establishing a new set of subgroups.
- 5.5 The SRCG will provide assurance to the wider partnership that recovery work is being undertaken. It will help avoid duplication and ensure the aligning resources to key priorities. There is an opportunity to bring the chairs of the key strategic partnerships together in a "Chairs Forum" to provide oversight of all plans and arrangements that the SRCG would link with.
- 5.6 Accountability and decision making will continue in line with organisations' and partnerships' existing responsibilities, within existing structures and in line with existing accountabilities for delivery.
- 5.7 The risk of a second or third wave of disease will be high during the transition to recovery phase, and there will be a need for on-going countermeasures to reduce this risk. It is vitally important that health surveillance is coordinated as restrictions are lifted.

- 5.8 In order to address this, in late May national guidance was issued regarding the creation of Health Protection Boards and Outbreak Engagement Boards. The Health Protection Board has been introduced to place responsibility for managing health issues related to Covid-19 and outbreak control clearly under the responsibility of the Director of Public Health (DPH) and Cumbria County Council. The creation of the Health Protection Board provides specific oversight for the management of the disease in Cumbria.
- 5.9 It will be the responsibility of the Health Protection Board to develop and implement an Outbreak Control Plan and it will report directly to the National Biosecurity Centre and the Chief Executive of the County Council.

## 6.0 COUNTYWIDE RECOVERY APPROACH

- 6.1 A national recovery strategy was published on 11<sup>th</sup> May 2020, titled '[OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy](#)'. This framework sets out the initial national steps for the transition from response to recovery and is the context within which all countywide recovery will take place.
- 6.2 Within Cumbria it has been recognised that recovery will be a long-term process that requires a flexible and sustainable approach, as there are still many unknowns. Many of the impacts of Covid-19 are not yet clear, and the national approach to recovery is still emerging. However the SRCG has agreed that recovery in Cumbria will be based on the following principles:
- We will work through existing partnerships where possible and build new partnerships where necessary in order to make effective use of resources.
  - We will continue to learn and adapt from our experience (and that of others), building on positive changes and letting go of unhelpful ways of working, and we will support people as they learn to work in new ways.
  - Our approach to recovery will be informed by a wide range of evidence, including the stories of those affected.
  - This will require a collaborative approach, based on strong relationships and clear structures, involving a wide range of people, communities and organisations.
  - We will listen and consider viewpoints that are different from our own, and develop a common vision of the “new normal”
  - Building relationships through trust, kindness and listening will be as important a contributor to success as will be formal structures, targets and data.
  - We will ensure that leadership of recovery takes place at the most appropriate level. Some recovery activities will be best identified, planned and coordinated within local communities; others will require a consistent approach across parts or all of Cumbria.

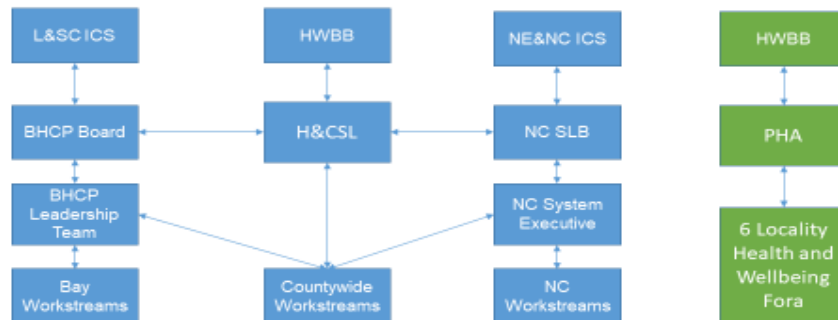
- We will continue to encourage neighbourliness and informal community action. We will involve the community networks that exist, and support the development of new networks, to build lasting resilience and thriving communities.
- 6.3 The decision of the Cumbria Strategic Recovery Co-ordination Group is to use existing partnerships to facilitate recovery, rather than set up specific new recovery structures (as would normally be the case when moving from a response to recovery phase) is a local decision of the.
- 6.4 Therefore, the overall approach to recovery for Cumbria will be shaped by the partnerships at county and local level, and will be articulated in their programmes and plans. In order to achieve this Strategic Partnerships will:
- Build on what has been learned during response phase
  - Use impact assessments to inform priorities and plans
  - Ensure process is inclusive
  - Make the recovery sustainable over the medium to longer term
  - Create effective engagement and buy-in
  - Reflect County wide and locality priorities and delivery mechanisms
  - Develop work programmes and plans reflecting the above
  - Consider its own sub-structures to enable delivery
  - Support officers feeding into (not reporting into) Strategic Recovery Coordination Group.

## **7.0 HWBB RECOVERY AND STABILISATION STRUCTURES**

- 7.1 The Countywide approach to recovery, set out above, mandates that the oversight of the recovery in health, care and wellbeing will be the responsibility of the Health and Wellbeing Board.
- 7.2 However, the Health and Wellbeing Board, in agreeing any structures, will need to take account of the need to stabilise the health and care system.
- 7.3 It also needs to be recognised that, as well as the countrywide recovery and stabilisation structures outlined above, there are national and regional accountabilities and structures for the NHS recovery - as the NHS will remain at National Incident Level 4 until March 2021. Therefore any recovery structures set in place for the Health and Wellbeing Board have to manage this duality.
- 7.4 Previously, the Health and Wellbeing Board has recognised that it does not have operational responsibility for delivery within the system – other systems or individual organisations deliver its strategic aims. It is, therefore, suggested that any proposals for structures to deliver the recovery and stabilisation programme recognise and build on the existing delivery mechanisms rather than creating new ones.

- 7.5 There are well established delivery arrangements for health and care embedded within the two Integrated Care Partnerships in North Cumbria and Morecambe Bay, which work as part of Integrated Care System footprints for the North East and North Cumbria; and Lancashire and South Cumbria respectively. In addition, the Public Health Alliance and the Locality Health and Wellbeing Forums provide an established mechanism for delivering public health priorities.
- 7.6 As outlined above the NHS will continue to operate at NHS National Incident Level 4 until at least March 2021. It is therefore proposed that recovery structures of the Health and Wellbeing Board will use the existing mechanisms and partnerships for the recovery phase, but will also take into account the role the Integrated Care Systems will play in the NHS Recovery Process. In particular, the normal decision making processes within the Lancashire and South Cumbria Integrated Care System and the Morecambe Bay Integrated Care Partnership have been superseded for the duration of the incident by NHSE/I regional command and control arrangements operated through the Lancashire and South Cumbria ‘Hospital’ and ‘Out of Hospital’ Cells. This added complexity will need to be borne in mind when any decision making takes place.
- 7.7 It is proposed that although there are revised decision making structures in place within the NHS, that relationships with the ICS will be managed where possible through the ICP to ensure local Cumbrian partner buy-in.

## HWBB Recovery Structures



- 7.8 This slides sets out diagrammatically the recovery arrangements for the Health and Care system. During the Response phase there has been regular meeting of the Health and Care System Leaders Group, helping co-ordinate and connecting the two health and care systems during the recovery process. It is proposed that a refreshed version of the group takes on a similar role for the recovery and stabilisation phase – undertaking a connecting function for the county wide processes and the interface between the two ICPs and the county structures, including the H&WBB. In particular, it will ensure that interdependencies between the priority workstream are considered to reduce duplication and eliminate gaps.

## 8.0 PRIORITIES FOR STABILISATION AND RECOVERY

- 8.1 The Health and Wellbeing Board has responsibility for overseeing the recovery from Covid. Whilst the countywide incident response structures are moving to address recovery it should still be recognised that Covid is still circulating and that measures to control its spread and deal with its impact will need to be an ongoing consideration within the Health and Care system.
- 8.2 Given the scale of Covid and the impact that it has had, and is continuing to have, and taking into account the need to stabilise the system it is proposed that for the next year that the overarching aims of the Health and Wellbeing Board will be:
- We will work to minimise the impact of Covid on the health and wellbeing of the people and communities;
  - We will address the health inequalities that Covid has exacerbated;
  - We will ensure that high quality health and care services continue to be delivered; and
  - We will learn from this experience and work towards building a better health, care and wellbeing care system that serves all the people and communities of Cumbria.
- 8.3 As highlighted in the previous presentation from the Multi Agency Intelligence Cell there are likely to be wide ranging secondary impacts on the health and wellbeing of the residents of Cumbria across their life course. This will include, but is not limited to:
- Significant psychological impacts of Covid and the control measures that have been put in place.
  - The wider societal impact of Covid, on community capacity and assets
  - The impacts on individuals of isolation and loneliness
  - The impact of changes to risk taking behaviours
  - The impact of economic impact on the wider determinants of health
- 8.4 In addition, as pointed out above, there is significant fragility in the Health and Care sector. This includes, but is not limited to:
- The loss of so much preventative primary care,
  - The now very stretched capacity of our combined community health and care services,
  - The mental health impact on care home residents and the viability of our social care providers and
  - The reality of the new way people transfer between settings (now a very disrupted experience) due to the need for testing and retesting etc.
  - The massive backlog of diagnostic and planned health procedures in hospitals (operations) which is giving us a real extra burden of people living with pain, discomfort, disability etc., until addressed.
- 8.5 It is therefore proposed that in order to deliver the overarching aims and address the impacts outlined above, there are two main areas where the impacts of Covid will require ongoing work over the coming years and months.

- The impact of Covid on the wellbeing of the people of Cumbria
- The ongoing impact of Covid on the sustainability of the health and care system.

8.6 It is therefore proposed that these two areas of work will form the two pillars that underpin the overarching recovery work of the Health and Wellbeing Board to Covid.

### **8.7 Pillar 1 – Wellbeing**

8.7.1 Previously the Health and Wellbeing Board had agreed that its top three priorities were:

1. Children have the best start in life (in particular goal 2.1 to “Improve the mental & emotional wellbeing of C&YP”)
2. People and communities in Cumbria are thriving
3. We tackle the wider determinants of health.

8.7.2 In reviewing these priorities in light of Covid, it is proposed that the three areas that the Health and Wellbeing Board focuses on are:

Priority 1 Addressing the impact that Covid has had on the emotional and mental wellbeing of Children and young people.

Priority 2 Building on the community response to Covid - supporting people and communities in Cumbria to thrive.

Priority 3 Addressing the impact of Covid has had on the wider determinants of health. In particular, focussing on the impact that the economic down turn will have on individuals, families and communities.

### **8.8 Pillar 1 - Priority 1**

8.8.1 Previously the Health and Wellbeing Board has sought assurance that work on priority 1 was being delivered through the two Children’s Emotional and Mental Wellbeing and Resilience Local Transformation Plans. It is proposed that this mechanism is continued with plans refreshed to take account of the impact of Covid being presented to the Health and Wellbeing Board for approval

8.8.2 On the wider impact on children, the HWBB will co-ordinate with the Children’s Trust Board to ensure that the full range of impacts is being addressed.

### **8.9 Pillar 1 - Priority 2**

8.9.1 It is proposed that this work builds on the existing work in the Public Health Strategy section “Participation: Building Social Connections”.

8.9.2 In particular there will be a need to address the impact of Covid on the voluntary and community sector. Covid has brought many positive in terms of community response and engagement – which should be consolidated and built upon. However, this sector has also a seen a huge financial impact which causes concerns about is sustainability – especially for smaller organisation. This work will therefore need to link with Pillar 2, Priority 1.

8.9.3 This will be overseen by the Public Health Alliance and the delivery co-ordinated through the Locality Health and Wellbeing Forums. This will need to link to the locality response structures that are also being proposed as part of the countywide response structures.



### **8.10 Pillar 1 - Priority 3**

- 8.10.1 Public Health Strategy sets out a number of priority areas for action on the wider determinants on health, with priority 5 of the Public Health strategy being “Prosperity: Fair and Inclusive Growth of our Financial Assets”.
- 8.10.2 The latest national and local figures on claimant count show that compared to the March count (taken just before lockdown) the number of claimants in Cumbria has increased by 7,640, an increase of 110%. However the % increases in claimants since lockdown in Eden, South Lakeland and the LDNPA are all well above the national average (183%, 286% and 420% respectively). The % increase in claimants in South Lakeland since March is the second highest of the 379 lower tier authorities in the UK.
- 8.10.3 This and other economic data (an estimated contraction of 11.5% in 2020 following a contraction of 20.4% in April) would suggest that Covid will have a huge economic impact on Cumbria.
- 8.10.4 The Local Enterprise Partnership will be leading on the economic recovery workstream. However, it is likely that the economic impact will have a significant impact on the wider determinants of health.
- 8.10.5 Following the economic crash of 2008 the County Council agreed an anti-poverty strategy to try and ameliorate the worst impact of the crash on the most economically vulnerable.
- 8.10.6 It is proposed that this is an approach that is desirable as a response to Covid – but on a wider partnership basis. This will be overseen by the Public Health Alliance and the delivery co-ordinated through the Locality Health and Wellbeing Forums. As for Priority 3 above, this will need to link to the locality response structures that are also being proposed.

### **8.11 Pillar Two – Sustainability of Health and Care System**

- 8.11.1 During the outbreak the system has pulled together to a common goal to minimise infection and fatalities arising from Covid which has resulted in a strengthening of relationships and movement at pace to respond and ensure availability of beds within the acute and where appropriate and safe to do so, realigning of resources in the community to meet the needs of some of our most vulnerable people e.g.: day service temporarily closing and other care options such as supported living and family support being utilised.
- 8.11.2 Change in public behaviour and impact of lock down has resulted in less health seeking behaviour, and families supporting discharge arrangements to get loved ones home.
- 8.11.3 However, many of the ways that the system responded to Covid are not sustainable in the short, medium to long-term. The additional requirements that Covid has put on infection prevention and control measures, coupled with fragility of the care sector, is put a huge strain on the current operating models and is adversely affecting capacity across the system.
- 8.11.4 In order to ensure the future sustainability of the Health and Care Sector it is suggested that the Health and Wellbeing Board agree the two following areas as its priorities.

- |            |   |
|------------|---|
| Priority 1 | Development of new service delivery models  |
| Priority 2 | Sustainability of the Regulated Care Market |

## **8.12 Pillar 2 – Priority 1**

8.12.1 As the system prepares itself for a potential second surge, and readies for winter, there is much can be learned from the last three months that will support us to take forward our ambitions and ensure that the people of Cumbria continue to receive the quality of care that they deserve.

8.12.2 Reduced capacity in hospitals and across the care system as a result of new infection prevention and control measures to combat Covid19 coupled with rising activity resulting from release of suppressed demand new health and care behaviours means that we have to look for new solutions.

8.12.3 Building on the overarching premise that delivery should be through existing mechanism as far as is possible, the obvious delivery mechanisms to develop new processes that will support and enhance those pathways out of hospital, and avoid premature admission to hospital and formal social care provision in the first instance are the Accident & Emergency Delivery Board and the Intermediate Care Boards in the North and Morecambe Bay alongside other health mechanisms (eg L&SC ICS Cells). They are best placed and have the right level of representation from all partners to oversee the design, development, implementation and delivery of issues such as:

- Integrated Discharge - considered through the two ICP governance structures with (as far as possible) countywide alignment.
- Review of intermediate care - as above but with ICS input.
- Winter Planning – considered through the A&E Delivery Board Structures.
- Pathway redesign – to take account of restrictions placed by IPC and change in demand patterns - considered through the two ICP governance structures with (as far as possible) countywide alignment.
- Pressures created by the release of suppressed demand
- Pressures created by addressing backlogs
- Development of revised models of primary care

8.12.4 There are obvious interdependencies between these and consideration should be given to capturing those where there has been progress but also those that will be most impacted in the short to medium term by new Covid arrangements.

## **8.13 Pillar 2 – Priority 2**

8.13.1 A number of factors have contributed to the fragility of the Regulated Care Market and will need to be addressed to ensure medium to long-term sustainability. These are:

- Changes in demand- impact of deaths, health seeking behaviours and confidence in the sector.
- Changes in relationships- need to be more collaborative and to rebuild confidence between partners
- Changes in legal framework- large issues of liability, financial liability, personal injury, insurance
- Ethics- need to reset relationship with sector
- Assurance- ensure that there appropriate measure in place to ensure the safety of those people entering homes and those already there.
- Quality and capacity – ensure that the sector continues to offer quality of service whilst ensuring sufficient capacity

- Whole sector needs to safely redesigned so that safety is paramount and processes and ways of working reflect that - opportunity for us to work together to redesign sector to capture the positives of Covid while being robust enough to guarantee safety
- Financial relationships need to be revisited
- Need to agree system wide the tensions between delay, discharge and safety of individuals
- Better use of intelligence and data, more responsive system and more collaborative information systems
- More data and hard and soft intelligence

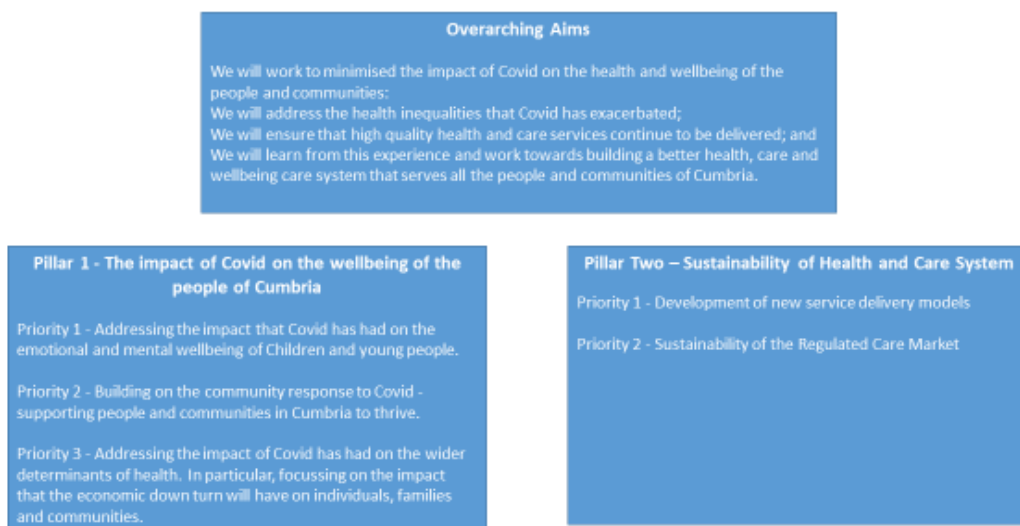
8.13.2 All of these have to be considered across the Regulated Care sector – not just older adults.

8.13.3 It is proposed that the current countywide Care Home Group is continued and refreshed with an expanded remit to cover the above issues.

## 8.14 Co-ordination

8.14.1 There are interdependencies between the Pillars and their– this will be managed to ensure that there is do duplication or gaps. The diagram below sets out the relationship between the Aims, Pillars and Priorities.

### Health and Wellbeing Board Priority Workstreams



8.14.2 These priorities are not an exhaustive list of all activities that are being undertaken throughout Cumbria and within wider networks as a response to Covid. All organisations are, on a day to day basis, adapting the way that the work to respond to Covid as well as addressing its impact.

## 9.0 WORKSTREAM MANAGEMENT AND ASSURANCE ARRANGEMENTS

9.1 As described above the workstreams will be delivered through existing mechanisms and structures however in order to ensure that there is effective oversight and reporting mechanisms it is proposed that for each of the workstreams a Senior Responsible Officer (SRO) is nominated.

Workstream	Delivery Mechanism	Senior Responsible Officer
Pillar 1 Priority 1	Children and Young People's Local Transformation Plans	John Readman
Pillar 1 Priority 2	Public Health Alliance/Locality Health and Wellbeing Forums	Colin Cox
Pillar 1 Priority 3	Public Health Alliance/Locality Health and Wellbeing Forums	Colin Cox
Pillar 2 Priority 1	Accident and Emergency Delivery Boards for North and Morecambe Bay and L&SC ICS/MB Hospital/OoH Cells	Ramona Duguid Aaron Cummings
Pillar 1 Priority 2	Refreshed Countywide Care Home Group – the scope will cover the regulated care market	Jo Atkinson

9.2 In addition to the high-level outcomes that the priority workstreams will seek to address, more detailed work will be undertaken to identify success measures and the more detailed actions required to achieve the outcomes. As work within the workstreams on the areas for action continues these will be refined.

9.3 Reporting of the progress in each priority workstream will be quarterly to the Health and Wellbeing Board. However, in addition, the SCRG requires monthly reporting on the activity of each Partnership on their activities to deliver the recovery outcomes. It is also anticipated that the Chairs Forum, will require regular updates to provide assurance that the strategic objectives around recovery are being met.

9.4 Where possible, it is the expectation that these governance and assurance processes will be done through existing delivery mechanisms which will repurpose their own routine reporting to meet the SCRG requirements.

9.5 In order to facilitate this it is proposed that a refreshed Health and Care Leaders Group, takes on a connecting function for the county wide processes and the interface between the two ICPs and the county structures, including the H&WBB. In particular it will ensure that linkages are made between the priority workstream to reduce duplication and eliminate gaps.

9.6 In moving from response to recovery phases it is proposed that the membership of the Health and Care Leaders Group is as follows:

Cumbria County Council	John Readman
Public Health	Colin Cox
North Cumbria CCG	Peter Rooney
NCIC	Ramona Duguid
Morecambe Bay CCG	Hilary Fordham
Bay Health and Care Partners	Karen Kyle/Kate Maynard

## 10.0 CONCLUSION

- 10.1 Covid has, and will continue to have, a significant impact on the wellbeing of the people of Cumbria and will place huge strains on the formal and informal components of the health and care system.
- 10.2 These proposals set out a clear set of priorities and mechanisms to deliver them – ensuring the health and wellbeing of the people of Cumbria.

**John Readman**

**Executive Director – People, Cumbria County Council**

**Peter Rooney**

**Chief Operating Officer – North Cumbria Clinical Commissioning Group**

**Jerry Hawker**

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*July 2020*

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## **APPENDICES**

None

## **BACKGROUND PAPERS**

No background papers.

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