

## Pandemic Diseases Capabilities Board

### Local Resilience Forum COVID-19 debrief report: Key themes and recommendations for PDCB

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#### Summary

1. The Resilience and Recovery Directorate (RED) within DLUHC has collated debrief reports from Local Resilience Fora (LRF) reflecting on the COVID-19 response and identifying lessons for the future. From these, we have extracted key themes and recommendations to present to the PDCB.

#### Actions required

2. The board are asked **to agree** the following:
  - a. That the findings should be reflected in the new strategic approach to pandemic preparedness
  - b. As part of developing the new strategic approach to pandemic preparedness, engagement should take place with a group of LRFs to capture their perspectives
  - c. cross-government awareness of LRF structures should be improved and vice versa
  - d. DLUHC should feedback results from this board later in 2023 on next steps with LRFs.

#### Background

3. The LRF is a multi-agency forum for local responders (including Local Authorities and emergency responders) to prepare for, respond to and recover from emergencies at the local level. However, the LRF is not a legal entity and has no statutory powers to direct its members. Communication between LRFs and central government is primarily achieved via Resilience Advisors (known as Government Liaison Officers [GLOs] during a response), based in RED in DLUHC. During the COVID-19 pandemic, LRFs were involved in managing key aspects of the local response, including public messaging, intelligence sharing, PPE management and vaccine rollout.

#### Analysis and key themes

##### Methodology

4. We analysed **23 debrief reports available from 14 LRFs**, representing a mix of urban and rural areas from diverse regions of England. Other LRFs also carried out debriefs but these reports were not made available to us within the timeframe. The reports were made up of feedback and reflections from partners within the LRFs and were primarily aimed at an internal LRF audience. We explored what went well and what could be improved. From this, **we noted key recurring themes and recommendations, especially those pertinent to central government**. These are set out below.

5. **What went well**

- a. Local relationships and attitude

Several debriefs stressed the importance of strong working **relationships** and **trust** between colleagues as a key factor in a successful response. Similarly, the **attitude** of local partners, who were **motivated** and willing to be **flexible**, was acknowledged by a number of LRFs.

b. Local communication

**Local information flow** was highlighted as a success in several reports, with some exceptions where clear communication between different LRF sub-groups was less consistent. This was related to a high degree of **complexity of local structures**, which presented an issue for some LRFs. The transition to **remote working** also presented initial difficulties for some LRFs but, as the response progressed, communication software and remote working practices were effectively embedded. The emergency planning information sharing platform, **Resilience Direct**, was seen as particularly useful, but was not always put to best use by local partners. A number of LRFs criticised their often-**restricted access to NHS data**. However, when available, this aided the timely mobilisation of local support.

c. Relationships with Government Liaison Officers (GLO)

Multiple LRFs noted initial difficulties caused by **inconsistency in the GLO** attending LRF meetings. However, once this resourcing issue within RED was remedied, **constructive relationships with GLOs** were highlighted as a positive aspect of the response.

d. Military support

Military support was recognised as helpful throughout the COVID-19 response. **Military planners** were particularly valued for their role in coordinating **PPE**. However, at the start, the “top-down” military aid provisions from central government left a number of LRFs initially **unprepared** to properly utilise the support and **cohesion** between LRFs and the military was not always optimal. One LRF even suggested military support “competed with local stakeholders to provide mutual aid.” The “top-down” approach also resulted in a lack of communication to LRFs on military support. As such, LRFs did not have a full picture of information. Where a “top-down” approach to military support is needed in future, it will be key to ensure that LRFs are fully sighted on plans.

## 6. What could be improved

a. Communication from central Government to the local tier

All LRF reports reviewed described issues with the **communication and guidance** from central Government. LRFs criticised the **lack of notice prior to public announcements** on new policy or restrictions, leaving them little time to organise before these new policies were due to be implemented. Reports also noted a lack of clear and timely guidance in some areas. This included guidance on obtaining and distributing PPE, including notice of national shortages. Linked to this, LRFs did not always have access to relevant data, for example, on Reasonable Worst Case Scenarios, horizon scanning and death management. This made it difficult for LRFs to make important strategic decisions, as well as contributing to a feeling that LRFs were not trusted partners. Some LRFs also described **multiple confusing and sometimes conflicting lines of communication** from Government Departments, often leading to **duplication**. Reports suggest streamlining these communication channels in future, using a “tell once approach”, with central Government then managing reporting across Departments.

b. Data reporting to central government.

Many LRF reports mentioned a **burdensome level of data reporting** to central Government, within very short timescales. The system for reporting was also described as **overcomplicated** and the reporting demands contributed to staff **burnout**.

- c. Understanding of the LRF role  
Debrief reports described issues arising from a **lack of understanding** of the LRF role, both by **local partners** and **central Government**. This led to confusion among partners on the local level and unrealistic expectations by central Government, causing **mission creep** of the LRF. Central Government was deemed to have perpetuated this confusion by **describing the LRF as a responder in its own right** in public and stakeholder communications.
- d. Underutilising the local role  
Linked to the lack of understanding of the LRF role, there was a perceived **undervaluing and underutilising of local knowledge and capability** in the central Government response. For instance, multiple reports mentioned a lack of local government input into the location of **vaccine centres**. Similarly, **shielding** of vulnerable cohorts was also discussed as an area where more local consultation could have benefitted the response. **Lack of communication** with the local tier before implementing shielding decisions led to poor results, as with the food parcel delivery scheme, which LRFs felt was inadequate and not cost-effective.
- e. Understanding and collaboration between health partners and LRFs  
LRFs frequently described difficulties in collaborating with health partners. Many noted a **lack of understanding of NHS and Health Protection Board structures** by the LRF and vice versa. During COVID-19, NHS underwent structural change and shifted from Health Protection Boards to Integrated Care Boards, which added further confusion in some cases. Some LRFs also noted that relevant health representatives failed to attend LRF meetings leading to problems in communication. Additionally, there was a **lack of alignment of plans and ways of working** between these two entities, causing duplication, confusion and sub-optimal decision making. This relationship did appear to improve throughout the pandemic, with several LRFs and health partners having a better understanding of how to work effectively together. However, good communication needs to continue between the two, especially when structural changes are taking place.
- f. De-escalation and transition to recovery  
Many LRFs recognised that the process of **de-escalating and transitioning from response to recovery** when infection waves subsided was difficult. Some LRFs report learning to start thinking about recovery well in advance of the end of a wave of infections. However, the unique challenge presented by COVID-19 of de-escalating and re-escalating at pace presented difficulties for all LRFs and some recommended the need for **clearer communication and guidance** on the transition to recovery from central government, as well as **more emphasis** on this stage at the local level.

#### Action taken so far

- 7. Since the first COVID-19 wave, actions have already been taken by RED and LRFs to implement some of the lessons learnt. The key actions taken by RED are as follows:
  - a. **RED moved to a more consistent approach for assigning GLOs to LRFs**, after the first wave of COVID. LRFs cited this as a positive change and RED has maintained this approach, where possible, as we've moved out of the COVID-19 response.
  - b. We have reviewed our approach to collecting data from LRFs during COVID-19 and **developed a less resource-intensive process** for collating data in a future pandemic scenario.

**Next steps and recommendations**

8. Several of the issues raised, particularly around the relationship between central government and LRFs, are wider than pandemics and, as such, go beyond the scope of PDCB. However, taking the following actions should address the lessons identified as part of our preparedness for a future pandemic.
  - a. (PDCB) **Incorporate these findings into the new** strategic approach to pandemic preparedness, **with emphasis on the following:**
    - i. Improving communication between the local tier and central government
    - ii. Understanding and properly utilising the LRF structures and local knowledge
  - b. (PDCB) **Consult with a small group of LRFs in the development of the new** strategic approach to pandemic preparedness **to ensure the LRF perspective is adequately reflected.**
  - c. (DLUHC, DHSC) **Continue to work on: (i) increasing cross-Government awareness of the LRF and understanding of its role for a pandemic scenario; (ii) ensuring LRFs are fully aware of relevant cross-Government structures.**
  - d. (DLUHC) **Feedback results from this board and next steps with Resilience Advisors and LRFs.**
9. Does the board **agree** to the above actions?