Covid-19 Pandemic Third Interim Operational Review

C19 National Foresight Group

Rowena Hill

Duncan Guest

Rich Pickford

Andy Hopkinson

Tracy Daszkiewicz

Sue Whitton

Ian Reed

Ian Thomas

Jonathan Crego

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NTU Nottingham Trent University

HYDRA FOUNDATION
Supporting Experts - Managing Uncertainty

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This review is an independent commission by Shaun West and completed by the C19 National Foresight Group. In the spirit of continuous learning and reflection, this document is to be shared with LRFs, Partners and Government Departments.

This report is dedicated to the memory of Clemora Agatha Thomas. Clemora, mum of Ian Thomas CBE was born 24/12/1936 and passed peacefully on 09/10/2020. Rest in peace, alongside all those who have passed during the Covid-19 pandemic in the UK and across the globe.

Author	C19 National Foresight Group (Dr Rowena Hill, Dr Duncan Guest, Rich Pickford, Andy Hopkinson, Tracy Daszkiewicz, Sue Whitton, Ian Reed, Ian Thomas and Jonathan Crego)
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Corresponding author: Dr Rowena Hill - rowena.hill@ntu.ac.uk

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Foreword

This represents our third Covid-19 Pandemic Interim Operational Review, following those which took place in April and June 2020. In the foothills of a second wave, this rapid review reaches across all Local Resilience Forums, partners and government, each sharing their compelling personal experiences and lessons, intended to shape and inform the ongoing response and recovery.

This review has once again been delivered by a collaboration between Professor Jonathan Crego M.B.E, Director of the Hydra Foundation, and Dr Rowena Hill and her dedicated team from Nottingham Trent University. Supported by our lead subject matter expert namely Deputy Chief Fire Officer Andy Hopkinson, who kindly contributed practical expertise of civil contingencies, we were privileged to be joined by Tracy Daszkiewicz, Ian Reed, Sue Whitton and Ian Thomas who brought their own response and broader recovery insights. I am very grateful to the whole team for their professionalism and commitment.

In my last foreword, I referenced the Academy of Medical Sciences report 'Preparing for a challenging winter 2020/21', commissioned by the Government Office for Science. The value rapid learning can add to plans and preparations during an emergency is immense, especially to one with such a long tail. I am struck, at this stage of the emergency, by how many participants of this review question the existence of an actual plan, moreover a strategy from central government. If one exists, they shout loudly to see it.

In sharp contrast, as Local Resilience Forum partners try to frame their own plans locally, partners and key workers cite the enduring nature of the response and recovery effort. The plea for 'psychological PPE' and respite is an impassioned one and reflections rightly turn to how our communities, especially those most vulnerable, are coping with it all.

Whilst this represents the last of our scheduled rapid reviews, the work of C19 National Foresight Group continues into the New Year and we remain at your service. All of our previous products, including rapid reviews, are available publicly on the Nottingham Trent University website at **https://bit.ly/C19NFGOutputs**

I leave you with my sincere thanks for all you do and a quote which, given the ongoing ask of you, captures the professional curiosity and duty of candour required of us all as we advance into this second wave and strive to continue to save lives, relieve suffering and support our local communities during this crisis.

> ***'Show me a completely smooth operation and I'll show you someone who's covering mistakes. Real boats rock.'***
>
> Frank Herbert, Chapterhouse: Dune (1985)

Stay safe and take care,

Shaun West, Chairperson, C19 National Foresight Group

The Academic Team from Nottingham Trent University

The NTU team acted as an intelligence cell during the 10kV session, analysed the data and co-authored the report. Authors listed on the front cover were also involved in the development of the recommendations.

Dr. Rowena Hill**

Dr. Duncan Guest*

Rich Pickford*

Dr. Lisa Sanderson

Dr. Sally Andrews

Professor Thom Baguley (Intelligence cell only)

This research team at NTU are psychologists and staff from Social Sciences. As a group they have worked and researched within the context of emergency management as part of a wider research focus on safety and security. The group have researched communication within Strategic Coordinating Groups, psychology associated with emergency responders, and they are actively involved in a series of ongoing research programs focusing on disaster management. NTU have sponsored this team's time in order to support the national response to Covid-19. As part of this, Dr Rowena Hill, is seconded full time to the C19 National Foresight Group as the only embedded scientist. Prior to this secondment she worked almost exclusively in research and policy with emergency responders and emergency management.

The Subject Matter Experts

Andy Hopkinson*, Deputy Chief Fire Officer, Bedfordshire Fire & Rescue Service; Vice Chair, Bedfordshire Local Resilience Forum

Tracy Daszkiewicz*, Deputy Director of Population Health & Wellbeing, Public Health England

Sue Whitton*, Senior Emergency Planning Officer, Lincolnshire Fire and Rescue Service

Ian Reed*, Head of Emergency Planning and Business Continuity, Lincolnshire

Ian Thomas*, CBE, Chief Executive Royal Borough of Kingston upon Thames

Professor Jonathan Crego, MBE, Director of the Hydra Foundation. Designer and owner of Hydra, Minerva and 10,000 Volts debriefing methodologies.

*Denotes authorship of the final written report

**Denotes corresponding lead author for any enquiries or questions

Executive Summary

This review took place on Wednesday 16 September 2020. On that day the newspaper headlines focussed on the availability and turnaround times of the testing system. The rule of six was also being introduced as the figures for positive tests had started to increase again. Pupils had returned to schools, many for the first time since March 2020 under new Covid systems and polices. The return of students to university was being discussed but had not yet occurred.

On that day a further 3,991 cases of coronavirus were confirmed, bringing the total to 378,219 overall. The total number of deaths across all settings across the United Kingdom stood at 41,684. Other figures published by the Office for National Statistics suggest 57,500 deaths registered in the UK where Covid-19 is mentioned on the death certificate. On the global scale, the number of positive cases worldwide was reaching 30 million cases.

It is within this context, when many felt the UK was approaching the foothills of a possible second wave, that the third interim review of the UK response to Covid-19 was completed. At the time of this review the majority of local strategic decision-making bodies were in recovery mode, cases numbers were suggesting they would need to be stood up again to manage local outbreaks and the second wave (It should be noted that some local areas were already delivering more stringent measures to respond to Covid-19 at this time). This juncture of increased activity to manage a possible second wave and re-enter response whilst still in recovery was the complexity that the review aimed to capture.

There were five main findings:

1) Content of the Communication Strategy
2) Decision-Making, Boundaries, Blockers and Tensions
3) Subsidiarity
4) Planning for Longevity
5) Strategy for Psychological Impacts

Within the dataset, there was a separate section collecting evidence to submit for the Integrated Review. This was collected and submitted separately and can be found in Appendix Three.

From the five main findings, 23 recommendations were developed. The priority recommendations are summarised below.

Summary of Priority Recommendations

Content of the Communication Strategy: Finding One

Recommendation 1.1 (PRIORITY): The UK Government should urgently refresh the Coronavirus (Covid19) Action Plan (published 3 March 2020), ensuring it clearly and succinctly articulates the overall goal, strategic objectives and priorities of the national response to Covid-19 in the short, medium and long term. This must be accompanied by visual and easily understood information on the organisational structure, roles and responsibilities of the various agencies involved at both the national and local levels and the current Covid alert levels.

Recommendation 1.1.1: A succinct, easy to read and regularly updated UK Government Covid-19 National Response Strategy, given prominence on the Gov.uk website and with clear signposting out to other guidance such as the Covid-19 Contain Framework, will give greater clarity to and build trust with not just with the public but all the agencies involved in the sustained response to the pandemic, allowing individual departments, LRFs and multi-agency partners the opportunity to align their own (gold) response and recovery strategies and plans at the local, regional and national levels and supporting more effective deployment of resources.

Recommendation 1.2 (PRIORITY): A UK Government National Response Strategy for Covid-19 must clearly complement 'The next chapter in our plan to rebuild: The UK Government's Covid-19 recovery strategy'.

Recommendation 1.3 (PRIORITY): To deliver a shared strategic vision and effective decision-making processes, the UK Government Covid-19 national strategies should be informed by a cross-sector Covid-19 Strategy Stakeholder Forum comprising of local and national representatives from key government departments, LRFs, Category 1 and 2 Responders and community representatives.

Recommendation 1.4 (PRIORITY): The UK Government should urgently produce a succinct UK Government Covid-19 communications strategy/plan to accompany the national strategies for Covid-19 response and recovery that clearly articulates the approach, roles and responsibilities for communicating and explaining key decisions and actions taken at both the local and national levels to support delivery of the national strategy.

Recommendation 1.5 (PRIORITY): The Communications Strategy/Plan should incorporate the processes and platforms (such as LRF Chairs Calls/ Resilience Direct) to ensure local decision makers are made aware of key strategic decisions and changes to policy ahead of them being announced. These need to be accompanied by the evidence underpinning them; how they support the national strategic objectives and also appropriate guidance to enable the necessary planning for implementation at the local level and to enable clear communication with the public.

Decision-Making, Boundaries, Blockers and Tensions: Finding Two

Recommendation 2.1 (PRIORITY): To provide clarity for all stakeholders and maintain flexibility in the response to Covid-19, the UK Government should commission an independent body to work with local decision-makers to produce visual 'wiring' diagrams of the local, regional and national structures clearly showing the information and decision-making flows between key stakeholders. These wiring diagrams should be supported by clear Terms of Reference and lines of accountability for all stakeholders.

Recommendation 2.4 (PRIORITY): To empower current representatives that connect the local to national government (GLOs, MHCLG representatives) to enhance their reach into government beyond MHCLG so that they are able to provide a bi-directional flow of information and enhance communication between local and national levels recognising they can be key advocates of the local context.

Recommendation 2.6 (PRIORITY): For government departments with portfolio responsibility, to work with local elected members to develop a central position/framework to improve the communication and engagement between LRFs and local partnerships and structures outside of the Local Outbreak Engagement Boards to ensure a single line of support.

Subsidiarity: Finding Three

Recommendation 3.2 (PRIORITY): In the context of the CCA, the UK Government should commission a transparent, independently commissioned, multi-sector membership (with peers and multi-disciplinary expert panel) review as to how to maintain, sustain and protect the principles of subsidiarity of local decision-making and coordination during the Covid-19 pandemic.

Recommendation 3.3 (PRIORITY): The UK Government should clarify how new Covid-19 specific structures (or other structures that emerge during concurrent events or longer-term emergencies) align with the key principles of emergency management within the CCA.

Planning for Longevity: Finding Four

Recommendation 4.2 (PRIORITY): UK Government should make a commitment to share all RWCS that underpin the national risk register with local partners along with publication and review timelines to ensure local response can better align to Central Government Strategy.

Recommendation 4.3 (PRIORITY): UK Government should reconstitute the flu/pandemic preparedness committee/group to capture learning from the leading collaborative and cross silo processes and systems that delegates have praised and prepare for future emergencies including committing to resourcing national exercising for 2nd and 3rd waves of Covid-19 and place a duty on all partners to participate and to share data and information.

Recommendation 4.4 (PRIORITY): UK Government should work with local and national stakeholders to identify how best to reduce bureaucracy and promote agility in the planning and response to the potential integrated, four-way D20 winter crisis, supported by sufficient physical and financial resources and a clear public engagement plan to mitigate probable impacts should it occur.

Strategy for Psychological Impacts: Finding Five

Recommendation 5.1 (PRIORITY): UK Government to commission and fund a UK Mental Health Lead/Czar with public profile and support to ensure the needs of responders and support staff are identified and they receive the support they need. Consideration should include the impacts on communities and how best to coordinate effectively across sectors.

Recommendation 5.2 (PRIORITY): The UK Mental Health Lead/Czar to publish an integrated UK Mental Health plan to limit staff burnout and fatigue amongst responders and support staff and share the established support networks and systems available to blue light staff.

Recommendation 5.3 (PRIORITY): To help mitigate the adverse impacts of extended working for responders and support staff and their families, UK Government to undertake a public sector skills audit to identify both capability needs and available capacity gaps. From this develop a well-resourced training programme covering both induction and CPD for the strategic, tactical and operational levels.

Scope and Approach

The third interim operational review provided delegates from across the UK with the time and space, during the ongoing management of Covid-19, to reflect upon their capacity, capability and sustainability to manage the enduring pandemic in real time ahead of the second wave. Aligned with the first and second reviews, the third interim review was conducted to encourage individual and collective reflective practice. It encourages the discussion between delegates, which can be seen in the data. The review is provided to inform and shape the future management of the pandemic, particularly the approaching second wave of Covid-19 cases, taking lessons from practitioners and decision-makers across the UK and sharing them to inform future strategic and practical aspects of response, recovery and local outbreak management.

This third interim operational review was once again supported using the online model of the 10kV review called the *10kV-Cloud*. Developed by the Hydra Foundation, this system has been used for the fourth time across the UK in response to Covid-19. The 10kV method of debriefing has been run in different methods over 400 times in the UK.

10kV provides an opportunity for participants to post anonymous comments on questions posed to them. It also encourages reflection and comment on peer thoughts during the review. The contents of the 10kV were analysed, themed, shared and presented in this detailed report. This report is shared through the commissioner, to relevant stakeholder groups, including the delegates.

An Outline of the First and Second Interim Operational Reviews

The first interim operation review took place on Wednesday 22 April 2020. This was the first mid-crisis review of its kind. It brought together delegates to review their experiences of Covid-19 and to collate their responses. The analysis of this review yielded six main findings and 21 recommendations.

The second interim operational review took place on Wednesday 17 June 2020, the second mid-crisis review of its kind. The analysis yielded seven main findings and 20 recommendations.

These findings were shared UK Government and LRF Chairs and were sub-divided into fast and medium to long-term recommendations. An actions tracker was developed to support recommendations sponsors to deliver on them. The first and second interim operational reviews can be found online hosted by Nottingham Trent University (**bit.ly/C19NFGOutputs**).

Delegate Representation

The third interim operational review engaged over 160 delegates from a range of different organisations. We had participation from all but one LRF, Government Departments and supporting agencies and third sector bodies. A visual representation of the delegates is shared below.

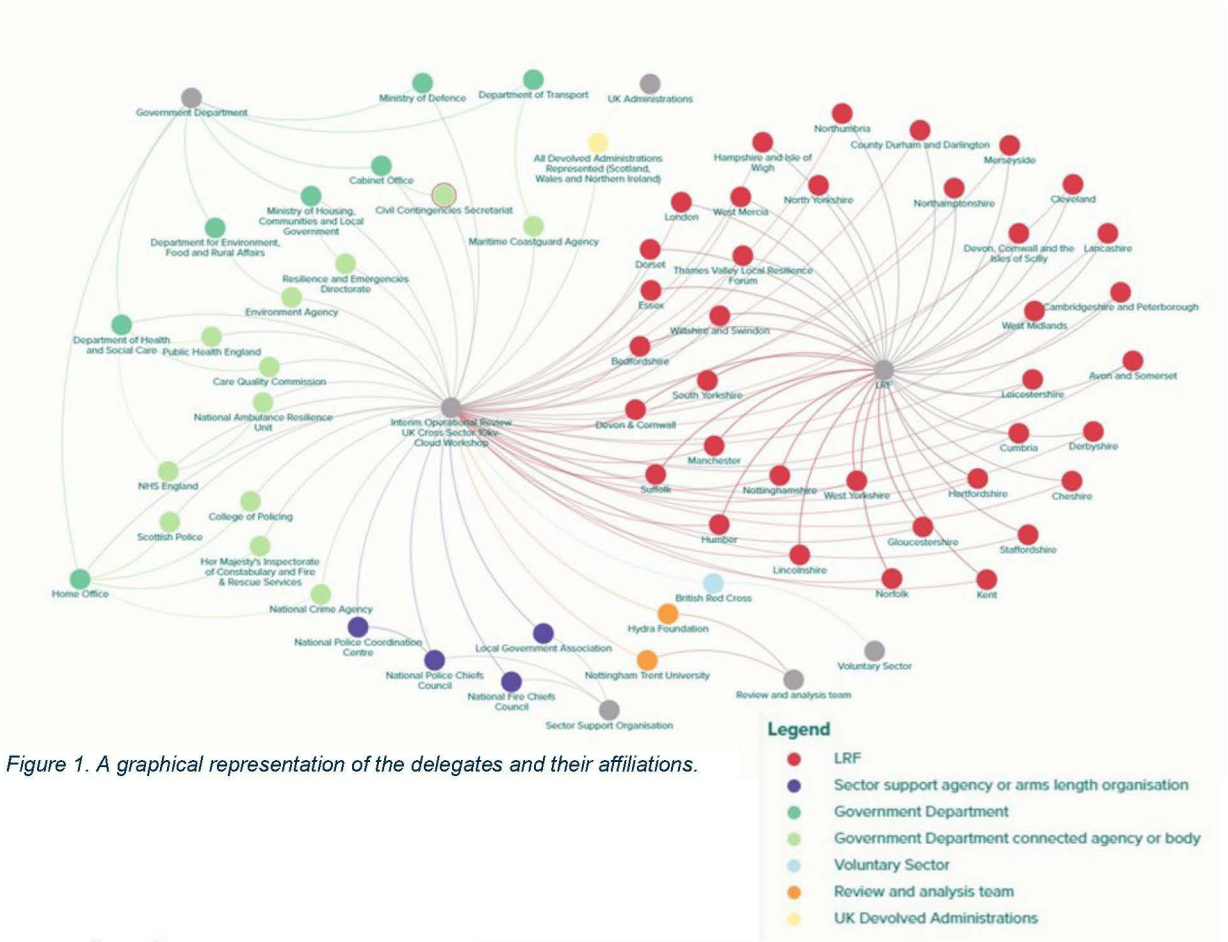


Figure 1. A graphical representation of the delegates and their affiliations.

Method

This diagram below represents the process completed through the analysis of the third interim operational review process. It shows the volume of material produced by delegates (purple), through their comments (green) which the analytical team coded and themed to create the emerging findings (orange) and recommendations (red) discussed in this review. Five main findings and twenty three recommendations were developed from the delegates comments.

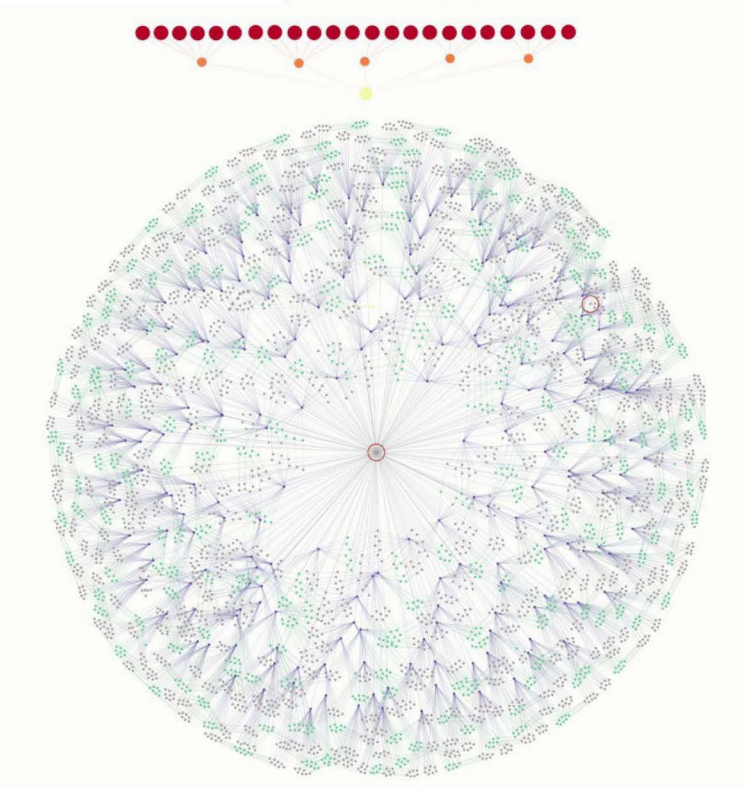


Figure 2. A graphical representation of the review and analysis process.

Question set used in the review

Question	Subquestion
1. In the scope of the pandemic so far, in the context of your LRF…	• what is working? • what isn't working? • how well do you feel the local structures will aid the management of the remaining phases of the pandemic?
2. In the scope of the pandemic so far, in the context of existing or new sub-national structures such as Joint Biosecurity Centre (JBC) and Incident Management Teams (IMTs) …	• what is working? • what isn't working? • how well do you feel the sub-national structures such as the JBC and Test, Track and Trace will aid the management of the remaining phases of the pandemic?
3. In the scope of the pandemic so far, in the context of the national structures…	• what is working? • what isn't working? • how well do you feel the national structures will aid the management of the remaining phases of the pandemic?
4. Preparing for a challenging winter	• In respect of managing a local outbreak, how robust do you feel your current local outbreak plans will be when faced with viral transmission and its mitigation? • In your local context, how effectively do you feel the local to national structures will coordinate to aid the management of a local outbreak? • In the context of preparing for a challenging winter (combination of seasonal flu, EU transition and adverse weather), describe how you feel your plans will cope with these cumulative demands
5. Your legacy contribution to Covid-19	• What support and interventions are your partnerships (in the widest sense) putting in place to identify and address psychological impacts in your community in relation to the pandemic?
6. Personal Reflections & Messages to inform Strategy	• This open section provides a space for you to record your personal insights, thoughts etc., which may not have been covered by the questions above.
Integrated Review (additional question asked for separate analysis, see appendix three)	• What are the key steps the UK should take to maximise its resilience to natural hazards and malicious threats? How can we build a whole of society approach to tackle these challenges?

Figure 3: Review Questions and Subquestions

Please note: the use of 'sub-national' in this report alongside structures that sit beneath the national level, as they may not map on to a traditional 'regional' geographic area. Hence, this report refers to 'sub-national/ regional'.

The question relating to resilience from the Integrated Review carried out by the government at this time point was also included in the question set to submit a response to that process.

Over 36,000 words and over 650 comments were generated by the six questions outlined above. The raw data was analysed by academics from Nottingham Trent University and the Hydra Foundation to establish main findings and recommendations, which are contained within this report.

Analytic Approach

All academics followed the steps outlined in thematic analysis (Braun & Clarke, 2006) who coded every statement through all the material produced. The full data set was split up per section, with a member of the analysis team coding and generating themes for each question. Through this coding, themes have been shaped which represent the responses across each of the questions. The analytic process started with familiarisation where initial understanding of the data set was established by reading the responses to the questions in each section. Initial codes were then generated through the analysis of every statement. Many of the initial themes were used as codes (with some additional specification) with the name of the code being adapted as it progressed. Codes were clustered into similar thematic groups. Some codes were then merged and clustered into subthemes and some subthemes discarded. A theme structure was created for each section, through a process of clustering, nesting and subsuming. This produced themes and subthemes representing the analysis of that section. The themes were reviewed several times, in the process of collapsing and merging themes or separating out subthemes. This generated a final set of themes for each section. Graphical representations of these themes are shown in the Technical Appendices.

Subsequently the steps of clustering, nesting and theme mapping were undertaken to develop an overall theme structure for the full dataset. These overall themes were named according to their cluster to provide better representation of the essence of the underlying subthemes and coding. The mapping of the themes generated in each section to these overall themes is shown in Table 1 in the Technical Appendices. The analytic approach is situated within phenomenology which is concerned with human experience. This approach is the only analytical method that can analyse experiential data, which this review was based upon.

It is important to note that the analysis team was the same as that of the first and second national interim operational reviews. The team discussed potential coding bias which could occur if the coding generated in those two debriefs influenced the current process. This 'bracketing' out of positions, views and data is examined through the analytical checking that is done by other team members and is a well-recognised technique to safeguard against bias whilst maintaining subjectivity of interpretation of the data.

It is important to note that the data set was slightly different in nature than the data generated in the first and second interim operation reviews. In some sections the data is more discursive, but throughout the data is more reflective and simultaneously more forward looking in this interim review. Consequently, as in the second interim review, in some of the theme structures within this review, there are less comments aggregate under the theme and subtheme structure. Part of the analytical process is to account for the sentiment of the words used, as well as the size and dimensionality of the themes. In other words, it is not simply a count of how many times something is mentioned, or the complexity of the theme structure, it is also the language which is used to represent how important that concept is to the delegates. Balancing these principles of the method across the dataset and analysis was an important aspect of this review given the more discursive or 'richer' aspect of the data. This means that some parts are less descriptive in content, instead focussing on representing meaning, understanding and the experiences of delegates. In general, this interim review is a more experiential dataset containing more reflections, personal shared concerns, reflections of the experience in a lifetime or career of delegates. This is to be expected given the greater experience delegates will have had at this point as well as experience with the 10kV format. The findings have therefore been developed to accommodate this and so the frequency of associated codes should not simply be taken in isolation as an indication of rank importance.

This review took place mid-crisis, a unique opportunity for learning, but also for capturing the experience of the responders within the crisis, rather than after the event when their experiences may have been moderated by reflection, time or outcome.

It is also important to note that the question set differed in the last two sections, as it did for both the first and second reviews. The first three and the last section stayed consistent, the fourth and fifth sections have adapted to reflect the context and time point of the management of the pandemic. This also included the question for the Integrated Review process.

Report Structure

The report is broken down into six sections. In each section a theme and its constituent subthemes are discussed, and then the Integrated Review submission is included in the appendix. There are additional graphs to contextualise the five main findings in the technical appendices. The themes and subthemes are described and evidenced with direct quotes from the data, and numerical information provided to indicate the extent to which each subtheme was coded in the data. As well as frequency, the analysis focusses on the consideration of resonance of the theme in the data, as described in the previous section. In other words, how important the theme or subtheme was to the delegates, some topics may not have been discussed for long, but may have been important to delegates. Other topics might have had a long and technical discussion, but not be of particular meaning or sentiment to the delegates.

The number of codes per section of the report is shown in Figures 4a and b. The frequencies of codes for the themes and subthemes generated is shown graphically in Figure 4c, with the initial layer of nodes representing the themes and the secondary layer the subthemes, and the size of circle representing the frequency of codes relating to that subtheme/theme. Analysis of the data generated five main themes.

- **Content of the Communication Strategy** summarises the evidence that the government needs to outline what the overall strategy of the management of Covid-19 is for England. This had two subthemes, defining the strategy to communicate which details why a strategy is needed and lack of clarity which details what an increase in clarity would provide.
- **Decision-Making, Boundaries, Blockers and Tensions** describes the complex evolving picture of how decision-making currently occurs in the decision-making structures relevant to Covid-19. This had three subthemes, boundaries of integrating structures which explores how the new structures are integrating, boundaries of wiring and footprints which explores the contours of the decision-making authority both in remit and in geographical jurisdiction, and boundaries of local decisions which details the value and need to local decisions within the content of Covid-19 management.
- **Subsidiarity** captures discussion referring to the way local and national are connected and interconnected in theory but less so in practice. This had two subthemes, the first details how the national level impacts on the local level activities and confidence, and the value of local decisions which details the benefits of local level decisions by local people for local people.
- **Planning for Longevity** details the need to move from a responsive reactionary approach to Covid-19, to a more mid/longer term planning approach, in acknowledgement of the presence of Covid-19 in our immediate future. This had four subthemes, details of the intelligence framework which delegates suggest needs to be facilitated, new beneficial ways of working which could positively inform future practices and approaches, the ways in which preparedness and training could support the move to a mid-term approach becoming less reactionary, and resources needed which details what support is needed to ensure that the pandemic related structures continue in to the mid-term.
- **Psychological Impacts** detail the emotional and psychological impacts on both the emergency responders and society from the virus and its consequences. This had two subthemes, fatigue and burnout which explores the impact on emergency responders of continuously being stood up for many months, and mental health strategic needs which details the concerns over the governance, leadership and planning to meet the mental health demands within society.

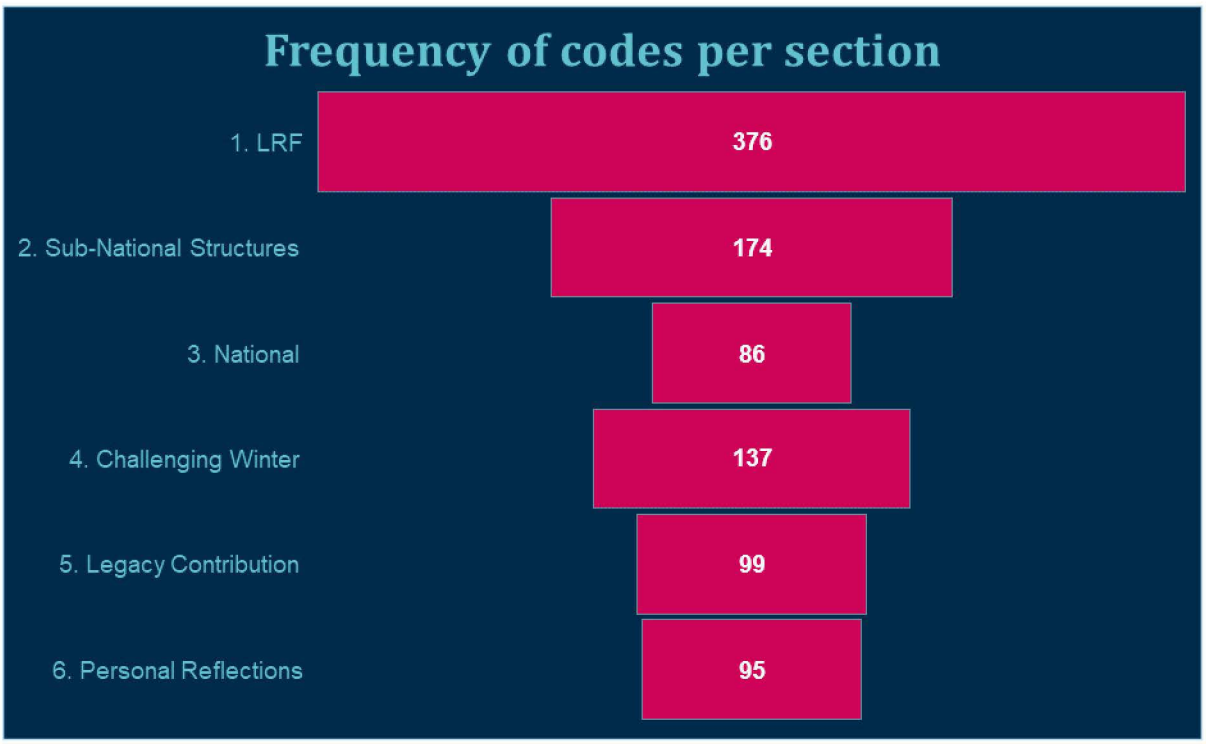


Figure 4a: Frequency of codes in the section of the debrief.

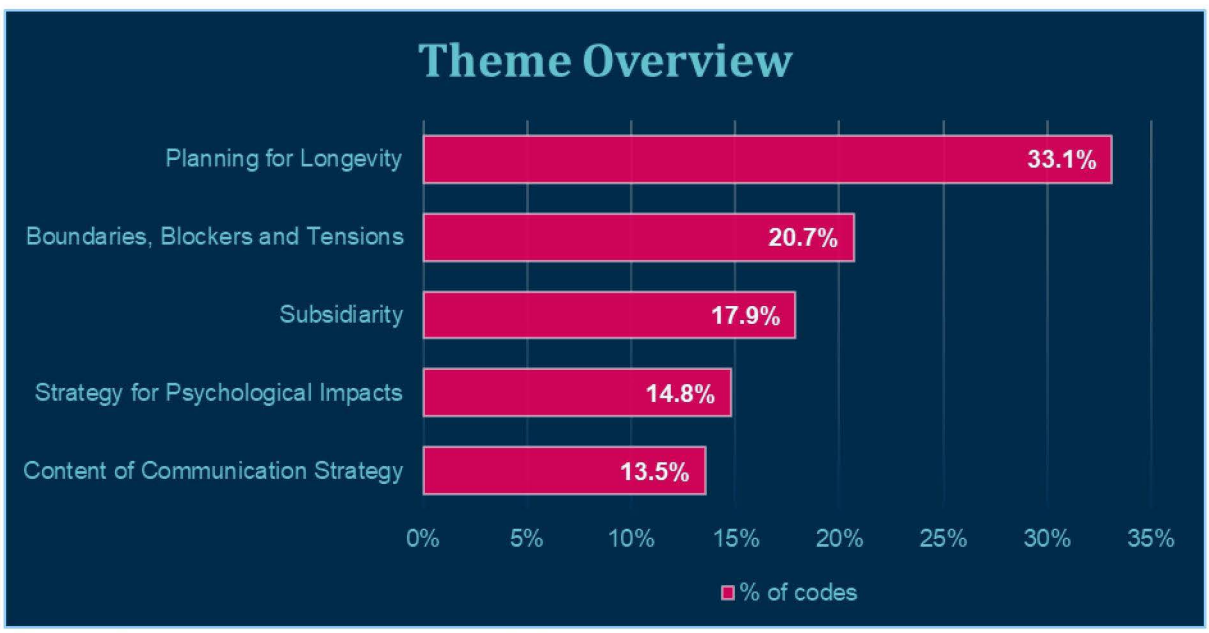


Figure 4b: Frequency of codes for each of the main findings.

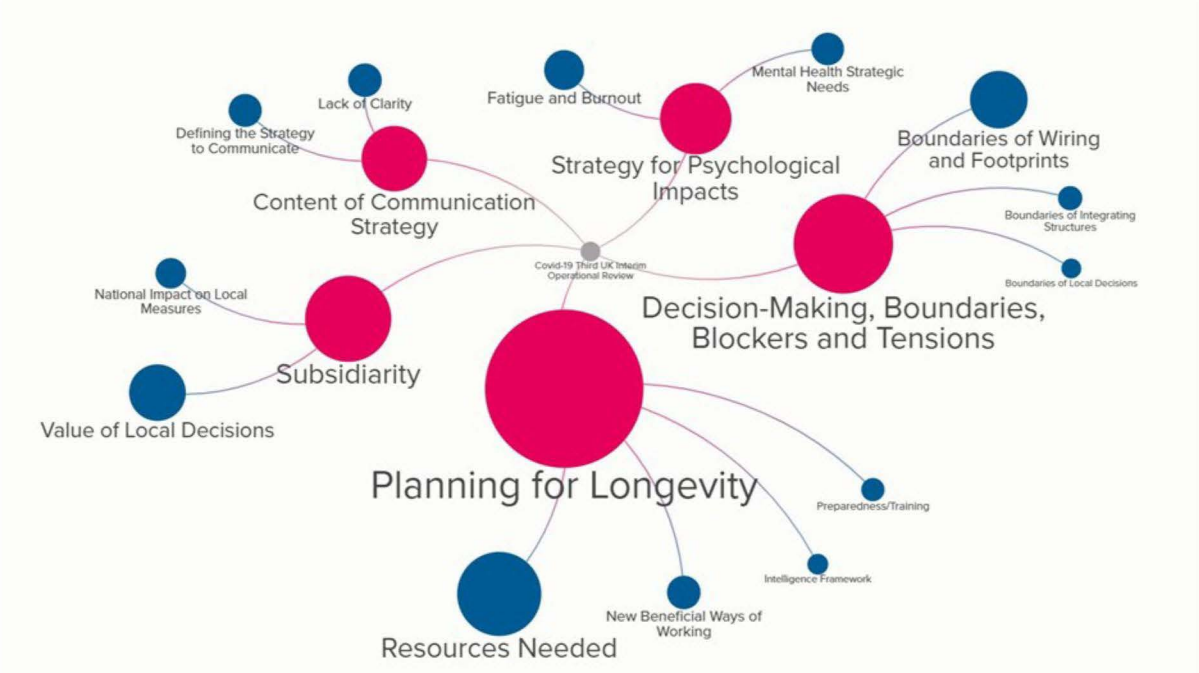


Figure 4c: Graphical representation of findings from the analysis. The size of the circle relates to the frequency of codes that related to these themes. The five main themes are shown in the first layer of nodes, with subthemes the second layer of nodes.

Delegates described that the activity taking place at national and local level could be better connected through a shared communication plan. However, the main discussion was not focussed on the concept, but the content. There are two subthemes within this overarching theme, defining the strategy to communicate and lack of clarity.

The extent to which delegates generated the issues pertaining to these subthemes is shown in Figure 5. The larger subtheme was developing planning assumptions in a vacuum, and by itself this accounted for 11% of all the codes in the dataset, indicating how important an issue this was for delegates.

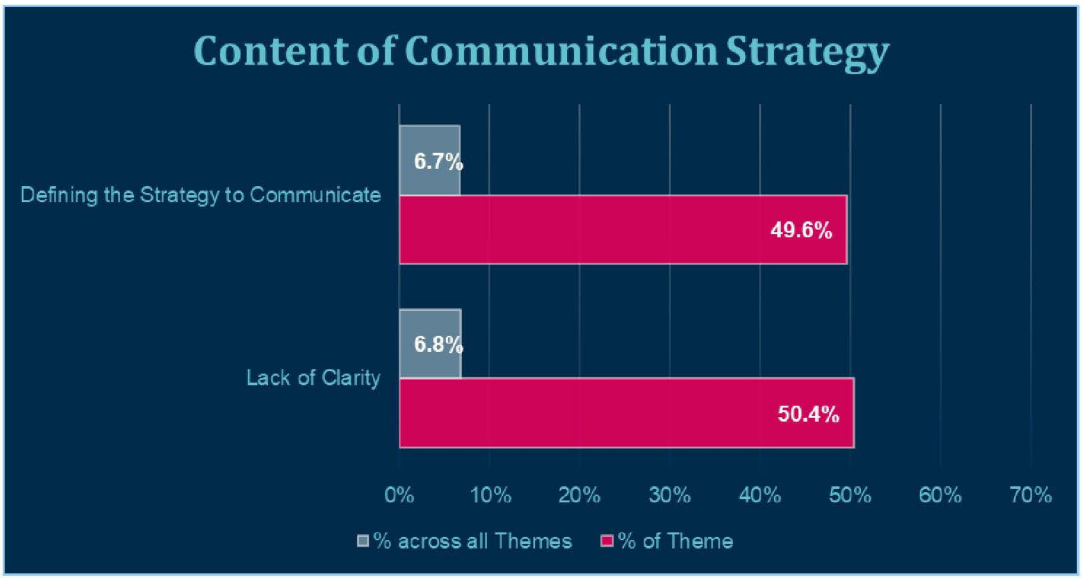


Figure 5. The percentage of the codes generated for each of the subthemes in the overall theme of *Content of communication strategy* (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

Defining the Strategy/Concept to Communicate

A clear issue in the data is the frustration around communications from the pandemic. Delegates clearly wanted a communication strategy to which they could align their actions and local communications. In other words, their discussion was not simply about how communication should take place, but also about what the content of that communication should be. Delegates identified that the integrity and trust of the national message needed to become a priority to attend to, as they perceive that these are being eroded.

The style, pace and timings of communications were discussed throughout the dataset by delegates. This mostly focussed around rhetoric and timing of national announcements. Delegates highlighted that government communicate policy through announcements in the press or aspects such as late-night (post-close of business) national announcements caused significant challenge. Many of these announcements are made without communicating with the local level, such that the local response is continually reacting to these announcements and on the back foot in local planning and communication with their communities. Delegates noted that

the policy details and guidance are often not released with announcements, leading to local organisations having to chase information in order that they can implement the policy changes, creating negative impacts on the relationship with the public.

"The tendency for significant guidance from government to come out late in a Friday evening or at the very last minute or in deed sometimes after the event/deadline has placed significant strain in the operational aspects of pandemic response, management and recovery."

"The relationship with government depts and MHCLG does feel mainly reactive - we flag a problem with them, they respond. It doesn't feel we often get given a heads-up about something in advance. And we still experience the problem of the government making an announcement but with no guidance to support it, leaving the LRF/LAs/partners unclear how to plan or implement the subject of the announcement. The recent announcement about marshals is an example of this, as was previous announcements about the high street fund and emergency active travel fund - LAs are constantly on the backfoot trying to respond and seek clarity."

One of the central impacts of these communication issues was the negative impact on the relationship with the public and local communities. As the local face of the management of the pandemic the delegates as local decision-makers and delivery partners felt these issues that these communication issues were eroding the trust in their local response and recovery efforts. Apparent conflicting activities (where two announcements seem contradictory) and stating ambitious targets which were then not achieved, were also identified as eroding trust with the public.

"The risk is that we are starting to lack integrity with the public and will ultimately lose their trust."

"National announcements without giving forewarning to the organisations delivering them is unfair and creates an impression that the local response is substandard because they cannot deliver quick enough. This has been seen across education and policing as examples."

Solutions discussed in the data included an approach with more humility, open discussion of how hard managing the pandemic is, an increase in using straightforward language, the removal of all hyperbolic language and rhetoric, a return to weekly or twice-weekly briefings as England enters the second wave, and an open dialogue rather than speaking at the public. Delegates suggest that this latter concept of a dialogue and collaborative approach to managing the pandemic is best done through local structures and bodies who are already engaged in this way.

"Feels lacking in agreement on a broad communications plan - tone, wording, how we agree central social media messaging - more cohesion would help the public."

"Humility - agree mistakes, admit its tough - remove the pointless hubris of saying we can get this right all the time…just say we are doing our best - this is going well - this needs work - have a dialogue with the public not talk at them."

Delegates report that they did not feel understood or trusted by Central Government and Ministers. Delegates have reported that Ministers and some government departments still do not understand what LRFs and SCGs are, what these structures can and cannot do, and what the difference is between an LRF and an SCG. This hampers the ability to integrate the national and local approach, as the expectations from the national decision-makers are misplaced or misaligned with the civil contingencies' frameworks, or guidance materials are incorrectly framed, or include incorrect details.

The lack of trust in the local structures from Ministers and government departments and representatives also impacts on their ability to feel included as part of a greater UK wide management of the pandemic. This is because the local decision-makers cannot commit to a local leadership perspective or philosophy of approach, as they feel the national will not see or recognise that approach, or that developing a local approach and associated communications will be pointless due to the announcement-led communication strategy at national level. This undermines any building of integrity and trust in the local decision-makers as they are the public face of the government approach at local level and acts to deflate any momentum of local actions.

"I have been exceedingly disappointed by the lack of understanding shown in relation to the LRF structures especially by people who work in government departments or have a responsibility as an MP for work in this area. This has led to feeling of a lack of trust and confidence from those people in the incredible ability of people working at a local level to deal with the situation."

"There is too much reliance on national leadership and failure to perhaps see, or trust in local innovation opportunities to "get ahead".

In order to enhance the ongoing management of the pandemic, participants called for wider dissemination and communication of a strategic plan for the emergency management community and the public.

"Clarity of the National strategy - are we trying to eradicate, contain, live with..... COVID each has a very different style of response. If we can understand the long term strategy we can be proactive and supportive to align our actions and plans.

- *Agree - it would really help if we could get a clear steer from HM Government on the priorities and what this means for LRFs / SCGs. appreciate there will be local connotations but at present it feels like we are trying to do this with hands tied behind our backs."*
- *This lies at the heart of the issue. There is no national strategy which means we are lurching all over the place. One minute it will all be over by Christmas, the next minute Christmas is cancelled. We are seemingly no longer even following the science. The public is bemused and becoming very angry and public messages have lost credibility. Time to pause and develop a proper strategy.*

The need for Central Government to clarify their strategy is called for in order for the local management to align with their efforts and nuance their plans accordingly. If the general direction and aims are shared then they can do this, if not, then they cannot support the national direction and strategy in a systematic forward-thinking manner. The nuances within decision-making at local level will look very different depending on the particular strategy adopted. Clarity and assurance on whether the national decision-makers are working towards Zero Covid, suppression or mitigation, whether the overall strategy is to mitigate rather than suppress viral transmission of Covid-19. These strategic positions are not known by the delegates which has challenged the effectiveness of their response.

By communicating the overarching goal, then articulating how the policy decisions to date align with that, will allow the communications from local teams to provide a rationale. Presently, they report that they cannot state the 'why', only the 'what' and 'how'. For communication content to be accepted and acted on, delegates suggested that the rationale as to why things need to be completed should be given to provide enough weight to counter the personal sacrifices made by individuals and their families over the extensive period that the UK are likely to be engaged in the behaviours requested of them.

The focus of Central Government presently is on the 'what' and 'how' rather than the 'why'. Delegates suggested that if they and the public know what the strategy is and what the rationale for why that strategy was selected, it would enable their alignment and decision-making to support and plan, resulting in clearer, more consistent action and messaging.

Delegates report confusion about the role, clarity and purpose of the Joint Biosecurity Centre (JBC). This confusion added to the problems, challenges, changes in direction of the communication strategy and issues have been recognised and tackled now, and in the future. Delegates called for the government to be more transparent, open and clear about what they are doing, why and when. They felt the JBC has never really been explained or given due discussion and transparency required to understand its value and purpose, other than the total expenditure. In the absence of this, delegates suggest that some could consider this is a deliberate obliqueness to obscure lines of accountability and decision-making within the pandemic which reduces trust and expends unnecessary energy.

"Not sure what JBC is doing locally but have heard them on various teleconferences very often to confirm messages we want raising are already in place."

"The JBC and the IMTs don't get talked about by name, I think we feel the effect rather than their presence and direction. They don't have a face locally at LRF level though it is probably felt more in Local Authorities."

The sum effect of a lack of clarity and thus understanding, and a lack of openness and transparency actively builds deficits in the effectiveness and trust in the management of the pandemic, which the local strategic decision-makers then have to bridge, causing further demand and energy reduction for them.

Lack of Clarity

When discussing their experiences of the national leadership on communicating the strategic direction and actions taken to manage the pandemic, delegates were clear that there are significant questions about the JBC, and other new structures put in place. Namely, delegates expressed a lack of clarity on behalf of themselves and the public, and subsequently their understanding. Although there were some positives expressed about the JBC, by far the majority of comments reflected a lack of understanding of what the JCB does and how it operates:

Delegates reported a lack of confidence in JBC, arguing that its contribution had been very limited whilst others felt that it was an attempt by national decision-makers to be seen to be doing something whilst in reality it was no more than a distraction made up of individuals without clear remits and no clear responsibility for decision-making.

"It's never been clear what exactly the role of JBC is or was. Professionals who ought to have understood its remit clearly didn't."

"There is no confidence whatsoever in the JBC. Nobody really understands what it is doing or how it operates and it feels as though it is just going to tell areas that they have a problem it already knows about. The rhetoric sounds good but aside from sounding tough for the public and politicians, it doesn't actually appear to be adding any value."

A number of delegates noted a lack of regional coordination, with the newly imposed structures not enabling this. Others noted confusion as to data flows and sources, as there was lack of clarity over which structures data should come from. Education was used as an example of where a foreseeable issue of schools and universities starting again leading to increased demands on the testing and track and trace systems was not properly planned for, with various structures failing to deal with these events.

"Give the local tier more power and resources to get on with it. The establishment of these bodies undermines the principles of subsidiarity detrimentally (on which the UK resilience model is built) and obfuscates lines of accountability."

"No regional structure, coordination, for LRFs, this should be mandated by MHLCG as it is a national incident. We don't know what's happening across the border."

Lack of clarity was also reported around the 'rule of 6' which left the public unclear about exactly what the restrictions were. Together with the context that this rule had multiple commercial exceptions meant that it was felt to be difficult to endorse.

> *"The rule of 6 is now so undermined by a multitude of commercial exceptions that it is pointless and will have little tangible benefit. It is pointless and will have little tangible benefit".*
>
> *"Exactly, it is now clear that having schools, universities, businesses, pubs etc open at the same time is simply not sustainable. Some difficult choices need to be made by."*
>
> *"The lack of enforcement around Test and Trace rules inevitably meant that we were behind the curve when the infection rate started to rise again - which we knew was always going to happen."*
>
> *"The impacts are being felt on a local level before any information about emerging issues arise."*

Delegates spoke of the Covid watchlist and their view that it had become very high priority and consequently more efforts might be directed to this which could be better used elsewhere. However, there was a lack of clarity around how the watchlists are constructed which meant that it was not clear how regions moved up and down this public list.

> *"Patently it is the case that the weekly watchlist has developed into something which attracts a lot of heat and light in regard to who is up and who is down, who is on and who is off. the route to either is not clear and it may be the case that effort is skewed to the watchlist rather than doing the job that needs doing."*

This lack of clarity over specific aspects of the management of Covid-19 meant that delegates have questions over the Central Government response, and therefore the feasibility of initiatives by the national decision -makers. Combining this with a lack of understanding about what the strategy of managing the pandemic is, means that the public's trust is being eroded, community confidence is low and action needs to be taken to increase trust and confidence within society and within the network of local and national organisations managing the response and recovery of the pandemic.

Recommendations from Finding One

Recommendation 1.1 (PRIORITY): The UK Government should urgently refresh the Coronavirus (Covid19) Action Plan (published 3 March 2020), ensuring it clearly and succinctly articulates the overall goal, strategic objectives and priorities of the national response to Covid-19 in the short, medium and long term. This must be accompanied by visual and easily understood information on the organisational structure, roles and responsibilities of the various agencies involved at both the national and local levels and the current Covid alert levels.

Recommendation 1.1.1: A succinct, easy to read and regularly updated UK Government Covid-19 National Response Strategy, given prominence on the Gov.uk website and with clear signposting out to other guidance such as the Covid-19 Contain Framework, will give greater clarity to and build trust with not just with the public but all the agencies involved in the sustained response to the pandemic, allowing individual departments, LRFs and multi-agency partners the opportunity to align their own (gold) response and recovery strategies and plans at the local, regional and national levels and supporting more effective deployment of resources.

Recommendation 1.2 (PRIORITY): A UK Government National Response Strategy for Covid-19 must clearly complement 'The next chapter in our plan to rebuild: The UK Government's Covid-19 recovery strategy'.

Recommendation 1.3 (PRIORITY): To deliver both a shared strategic vision and effective decision-making processes, the UK Government Covid-19 national strategies should be informed by a cross-sector Covid-19 Strategy Stakeholder Forum comprising of local and national representatives from key government departments, LRFs, Category 1 and 2 Responders and community representatives.

Recommendation 1.4 (Priority): The UK Government should urgently produce a succinct UK Government Covid-19 Communications Strategy/ Plan to accompany the National Strategies for Covid-19 Response and Recovery that clearly articulates the approach, roles and responsibilities for communicating and explaining key decisions and actions taken at both the local and national levels to support delivery of the national strategy.

Recommendation 1.5 (PRIORITY): The Communications Strategy/Plan should incorporate the processes and platforms (such as LRF Chairs Calls/ Resilience Direct) to ensure local decision makers are made aware of key strategic decisions and changes to policy ahead of them being announced. These need to be accompanied by the evidence underpinning them; how they support the national strategic objectives and also appropriate guidance to enable the necessary planning for implementation at the local level and to enable clear communication with the public.

Recommendation 1.6: The powers and remit of the CCS should be expanded to ensure the UK has appropriately tested strategies, plans, procedures, structures and resources to mitigate and respond to the range of foreseeable risks captured on the National Risk Register. This includes an inspectorate/regulatory function to provide assurance of the UK preparedness to deal with such emergencies concurrently at both the local and national level.

Decision-Making, Boundaries, Blockers and Tensions: Finding Two

This theme focusses on where and how decisions are being made across the national picture regarding the actions to manage the pandemic. This theme has three subthemes, boundaries of integrating structures, boundaries of wiring and footprints and boundaries of local decisions. The extent to which delegates generated the issues pertaining to these subthemes is shown in Figure 6. Multi-agency working contributed 15% of the codes in the dataset, and as such was one of the largest subthemes.

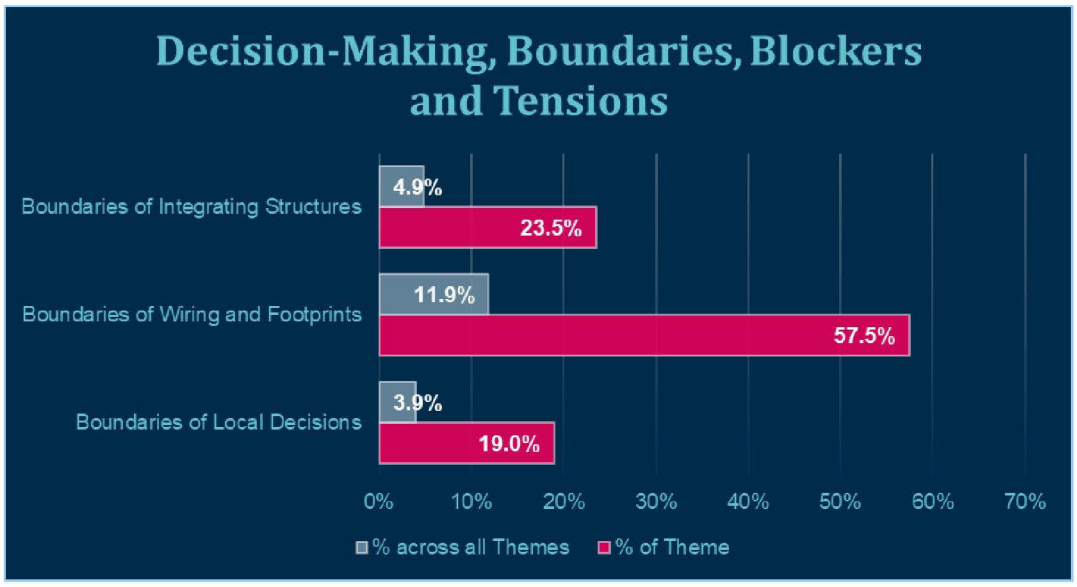


Figure 6. The percentage of the codes generated for each of the subthemes in the overall theme of decision-making, boundaries, blockers and tensions (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

Boundaries of Integrating Structures

This subtheme considers the overall decision flow vertically between partnerships of decision-making structures (organisations and structures at the local and regional levels about a local area) to manage Covid-19, including both existing and new structures. Delegates reported that on balance the regional or sub-national structures were an improving picture. When delegates had experienced working relationships with the Joint Biosecurity Centre (JBC) and the Incident Management Teams (IMT), they on the whole said, that partnership working is mostly going well, and contradictory to Finding One, these delegates were better able to distinguish the key roles these stakeholder groups play (particularly the IMT). These two structures were compared favourably with other national structures such as Test and Trace, where delegates noted issues with data and communication.

In relation to the JBC, this was seen to have facilitated sharing of local knowledge and information at a sub-national/regional level across the Local Authority (LA) and Local Resilience Forum (LRF) structures. It was felt that the JBC had access to significantly better and relevant data and information, which was a clear advantage. The JBC was endorsed as bringing a broader perspective to discussions including aspects of wider societal response. This contrasts with the narrower clinical focus of health

professionals, leading to more balanced conversations regarding the wider intricacies and demands of managing the virus, the wider public health demands and the economy, leading to discussions recognising the connectedness of these aspects, rather than a dichotomous approach. However, a number of delegates, although hopeful about the role of the JBC, noted that it was too early to judge its effectiveness.

"The JBC concept seems sound but it is too early to judge success. We are getting better data and support but the regional structure is still in its infancy."

"The JBC has (or appears to have) driven better access to data and analysis which is positive. Of course we all want more data but there has been a significant improvement. Good work."

"Not very good at all. National data is flawed and inaccurate. We had no warning re national testing capacity issues, even though someone must have seen it coming."

Regarding the IMTs, their style of operation and engagement meant that they could integrate and 'dock' with existing health structures and this was regarded as a positive (see discussions of the challenges of health related structures in the subtheme of 'Boundaries of Wiring and Footprints'). They were seen as swift to act, focussed and committed and were endorsed by some as being effective as they operated locally. However, the IMTs were seen as being closely aligned with the Director of Public Health's focus and thus had a narrower perspective that some felt did not add much.

"Incident management teams operating under Local Outbreak Plans have been impressive. They have been responsive, swift, thorough and committed. They were built around existing structures in the health domain and worked. Because they operated locally they worked well in contrast to some of the national level structures that were created and didn't do so well e.g. testing and tracing."

From these perspectives the value of the additional structures are highlighted as including:

- the addition of information,
- the sharing of relevant data,
- the sharing of practice horizontally,
- the contribution of broader perspectives to understanding the local context and possible solutions.

The latter of these is particularly important, because although Covid-19 originated as a health emergency, it has societal wide impacts, needs UK wide solutions and therefore requires collaboration across specialisms at every level of management structure within the UK (national, sub-national/ regional and local).

Boundaries of Wiring and Footprints

This subtheme captures the discussion by delegates that their decision-making structures are not aligning horizontally, either in the structural flow of the decision-making networks and processes (wiring) or in the

alignment of the geographical footprint of the decision-making bodies.

Delegates discussed the significant challenges surrounding the structural flow of the decision-making through the whole network. Part of the challenge with new partner structures and with the pandemic having wide societal impacts beyond health, is the separate structures and silos between the health structures and partner organisations within the LRF (for example the Health Protection Boards (HPBs) and IMTs docking with the Strategic Coordinating Groups (SCGs) and Tactical Coordinating Groups (TCGs)). Health structures have both a different command and control systems that work on different geographical footprints, with regional or national bodies sometimes cutting across LRFs. Health organisations therefore have a different set of decision systems and processes that are set apart from the LRF, often leading to disjointed decision-making. Moreover, there is confusion about some of the trigger points between the different structures, such as the HPB and the SCG.

"We still have the ambiguity of the NHS working to a different command structure which doesn't mesh well with LRFs. Health organisations always pivot towards this which makes local co-ordination harder."

"There are too many strands of command and control. Political (LOEB), Health centric (LORT)."

"The LRF has handed over the response to the health protection boards. So we are having problems with information flow mainly because there are 3 HPBs and they are not joining up correctly with the LRF. this is likely due to the fact that the directors of public health were given that remit to deliver a response at the local authority level."

"There is confusion about the role of the Health Protection Boards and potential conflict with LRF/SCG. When should outbreaks being managed by HPB be escalated to a full SCG response for instance. There feels a reluctance for DPH to ask for SCGs to step up again."

"Health and integrated care systems seem to operate at times outside of the LRF with regional structures and national command control which can cut across LRFs and risk of being disjointed eg PPE and supply chains, preparing for winter resilience and exercises separate from LRF."

The complexity of the network of structures is also evidenced through the relationships between the LRFs and Local Authorities (LAs), as the national direction had required LAs to develop outbreak plans with no link to LRFs. This separation led to further confusion of planning responsibilities, which the Contain Framework further confused as the structures referred to did not map on to all LRF and SCG examples. Planning assumptions also appear to differ across the different structures, leading to confusion about the sets of planning assumptions being used.

"The Cabinet Office have produced RWCS for CoVid-19 'Wave 2', via MHCLG to LRFs and set the planning requirements for LRFs. However, these RWCS have not been released to Health, either via DHSC or NHSE/I. At worst we may now have 2 discrete planning assumptions for Covid-19 (Cabinet Office/MHCLG and a second from DHSC) over the Winter and secondly, concerned that we cannot share plans across Government. While we can approach each of our LRFs to request a copy of their RWCS via RD, this is not a 'joined up' approach."

There was some successful reporting of role clarity and decision junctures being clear and coordinated between SCGs and HPBs. Within this there seems to be clear escalation trigger points and routes from these groups. The LRFs are a different body to the SCGs and the flexibility of LRF structure means it too can dock well with the HPB. Sometimes this was facilitated by the chairs of both groups spanning their attendance and roles between the structures. It was felt that planning capacity could be improved by bringing Local Outbreak Management Teams in to LRF structures. These teams could further support response by introducing new models of response structures at regional level. Elsewhere Recovery Coordinating Groups (RCGs) acted to bring together LA and Department Public Health planning groups albeit focused on recovery and not response.

"The coordination of the SCG is working well and in line with the Health Protection Board.

- *required thinking through to avoid duplication but enable coordination and ability to escalate."*

"Continues to be continuity in terms of the DPH undertaking an 'expert' role on the SCG. This is helping to overcome what could otherwise be difficult balancing act between SCG and HPB. Also reinforced by the SCG chair being represented on the HPB."

"We are re-thinking our response structure having considered a better way of responding to issues without duplicating effort. The landscape has also changed and we have learnt a lot along the way. Bringing the LOMT into the LRF structure should improve intelligence and coordination, providing additional resources and planning capability."

"I found the timing of the RCG to be right with excellent leadership from the start. Once the LRFs moved from the response phase, the role of the RCG has been so important in bringing together the LA and DoPH planning groups and sharing information, problem solving, acting as advocates."

As indicated, some challenges relating to the local network of decision processes have been resolved by LRFs in consultation with the other structures. Some challenges still remain, often simply linked to the complexity of the footprints. For example, one LRF has five HPBs aligned to it, which has caused a challenge to fit them within command structures of the SCG and allow horizontal command and control across the HPBs

together. In such contexts, information flow is hard to achieve, because the information flows across (for example) four Upper Tier Local Authorities, or five HPBs. This can lead to local partners find out through national media about the context of their local areas. As new structures have been put in place, so additional strands of command and control were created.

Escalation and information flows are separate aspects but HPBs were reported to have conflated this in some areas. This is because the HPBs are run predominantly by health professionals and the culture of information sharing within health has repeatedly been experienced by delegates as exclusive rather than inclusive which has further hampered cross-partnership working and response. Health colleagues (including within Public Health) are identified as doing their own thing, being exclusive and not recognising the operational realities within which other organisations operate. Within the SCG system they were however mostly described as being inclusive.

"I agree, at times health appears to be doing their own thing and occasionally let us know what's going on. And when they are overwhelmed they tell us too late."

"Public Health colleagues remain nervous to share details with wider LRF members. There appears to be a belief that 'we don't really need to know' or 'we are just interested and almost being nosey'. This is not the case often other agencies can make meaningful contributions and it causes no end of frustration when we find out local information via the media rather than directly from our colleagues. This is not breaking patient confidentiality, we do not need names, but we do need numbers, ideas of locations and scale."

There was additional confusion caused by a reported lack of Ministerial understanding between an SCG and LRF, demonstrated through their expectations. Central Government sees the LRFs as a 24hr response body, which they are not, nor did LRF Chairs sign up for this. The LRFs are a planning function within the Civil Contingencies Act and legal framework. The SCG is a command and control function of local strategic decision-makers to enact strategic decision-making to their geographical area and their experience of the major incident. In this way, the LRFs complete preparation work for the SCG. The SCG does not belong to the LRF (as has been suggested by Central Government), the LRF is not responsible for decisions made by the SCG. LRFs are also ensuring that their local staff understand these differences, but Central Government seem not to. For example, delegates reported that the Department for Health and Social Care request for immediate action on Covid-19 vaccination planning, with no information offered through the LRF, suggests a lack of detailed understanding of which structures do what. The planning functions should have gone to the LRF.

LRFs	SCGs
Primarily planning function in the Civil Contingencies Act for localised incidents and catastrophic emergencies Identify potential risks and produce emergency plans to prevent or mitigate the impacts Not an organisation, nor does it have a legal entity, it is a partnership Multi-agency partnership including Category 1 and 2 responders Does not have staff or budgets The geographical area the forums cover is based on police areas.	Command and control function of emergency management Strategic leaders of relevant organisations SCG in the Civil Contingencies Act to declare and manage major incidents Establishes policy frameworks for the overall management of the event or situation Not an organisation Facilitates the recovery process

Figure 7: Definitions of LRF and SCG. Please view https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document and https://jesip.org.uk/command

In summary, the decision-making structures at local level are becoming increasingly complex with an equal amount of dotted lines and solid lines to a growing number of structures. Delegates did recognise that the level of work is immense, and the original structure does not meet that level of demand. Adapting and 'rewiring' to fit each geographical governance and political governance model whilst meeting this immense level of work has been the role of the LRFs. This has involved, in some areas, rethinking the response structures to the Covid-19 pandemic to remove the duplication of effort. However, duplication of effort remains a possibility.

Boundaries of Local Decisions

The two subthemes above considers the successes and challenges of vertical and horizontal decision-making flows relating to a local area, but this subtheme considers how local decision-making structures integrate with wider structures, such as national level structures.

As articulated elsewhere, the relationship between the local and national levels could be significantly improved, with LRFs not feeling trusted with information or being part of the conversation that is influencing national direction. One way in which the local level decisions connect with national level is through representation of national level bodies at the local level, through Government Liaison Officers (GLOs). The opinion of their usefulness was mixed. Around half of responses relating to GLOs noted that their GLO had been inconsistent creating issues of continuity. Where they had been consistent, views were positive with GLOs being seen to have an important function. Others noted that local Ministry of Housing, Communities and Local Government (MHCLG) representatives had played an important role within RCGs and increased the flow of information from government, although this was not always the case. It was recognised that MHCLG were stretched, which has led to consistent representation at the SCG, and it was noted that higher level

representation of MHCLG across LRF meetings may be needed. HPBs were also seen as a key structure to feed into national co-ordination.

"Relationships between the agencies in the LRF are good and I think with the national structures improving. our GLOs keep changing as people move back to their original jobs so there is a loss of continuity."

"There is a good relationship with GLOs, but huge variability in their approach to our LRF and their willingness to share information."

"Local MHCLG reps are fantastic. Once they were 'repositioned' back with their normal LRFs, information flow improved greatly. We have utmost respect and faith in them, however, the lack of information from central Gov or late information hinders all of us."

"We opt for single SCG and TCG - that will work with appropriate supporting structure. MHCLG have been great where they can join us but get they are stretched - that is a gap at times where important business can't be developed so there is a need to invest to ensure representation on all LRF meetings."

There are continuing challenges around the LRF and health footprints aligning, given organisational boundaries have also been changing and adapting to ensure that the most effective response is provided to local communities. As mentioned in the previous subtheme, an understanding needs to develop which recognises that local situations are complex. Within one LRF area there are: three Clinical Commissioning Groups (one of which is cross-border), five LAs, two Fire and Rescues Services, and five HPBs. All these organisations associated with that area have had to grow and effectively communicate to understand the roles across new structures and overcome challenges together. The unintended consequence provided by this is that local political or organisational members are focused on their own patch or topic, and in some cases, have considered that the LRF(s) get in the way, rather than being facilitative of planning and coordination. In this way, the pandemic response has much greater emphasis on clarity of role at regional level in some areas, and some (but not all) delegates wanted regional SCGs to be made formal in the national structures as without that regional overview, these challenges of organisational decision-making and topic focused boundaries are problematic to resolve as gaining traction into national organisations or structures. The regions also provide opportunities to share practice, construct solutions and to avoid duplication of effort.

Recommendations for Finding Two:

Recommendation 2.1 (PRIORITY): To provide clarity for all stakeholders and maintain flexibility in the response to Covid-19, the UK Government should commission an independent body to work with local decision-makers to produce visual 'wiring' diagrams of the local, regional and national structures clearly showing the information and decision-making flows between key stakeholders. These wiring diagrams should be supported by clear Terms of Reference and lines of accountability for all stakeholders.

Recommendation 2.2: The current roles and responsibilities of key stakeholders, structures and ways of working should be systematically reviewed by a transparent, independently commissioned, multi-sector membership review through the lens of the CCA to ensure the Act and it's underpinning EPRR doctrine and guidance remains fit for purpose and adaptable to the concurrent and emerging risks and threats to the safety and security of the UK. This should include an evaluation of the differing LRF/SCG response and recovery models deployed across the country and the way in which their components and subcomponents are networked to produce a series of recommendations for implementing learning from the current activation.

Recommendation 2.3: Central Government should actively share the learning and best practice identified from this review because LRFs/Local cannot and do not have capacity to see all the models, systems etc across the UK that could work for them within their local systems.

Recommendation 2.4 (PRIORITY): To empower current representatives that connect the local to national government (GLOs, MHCLG reps) to enhance their reach into government beyond MHCLG so that they are able to provide a bi-directional flow of information and enhance communication between local and national levels recognising they can be key advocates of the local context.

Recommendation 2.5: To provide consistency in approach, Govt to ensure all GLOs undergo appropriate induction and training in the local and national ways of working, supported by a shared communication platform beyond GLOs and the LRF Chairs calls to promote more robust two-way dialogue with local decision-makers.

Recommendation 2.6 (PRIORITY): For government departments with portfolio responsibility, to work with local elected members to develop a central position/framework to improve the communication and engagement between LRFs and local partnerships and structures outside of the Local Outbreak Engagement Boards to ensure a single line of support.

Subsidiarity: Finding Three

This theme explores the premise of subsidiarity in civil contingencies and how delegates feel it is eroding. This is through two subthemes. The first is how the activity at national level impacts on the local measures and the second documents the value of local decisions. The extent to which the issues pertaining to these subthemes were generated by delegates is shown in Figure 8.

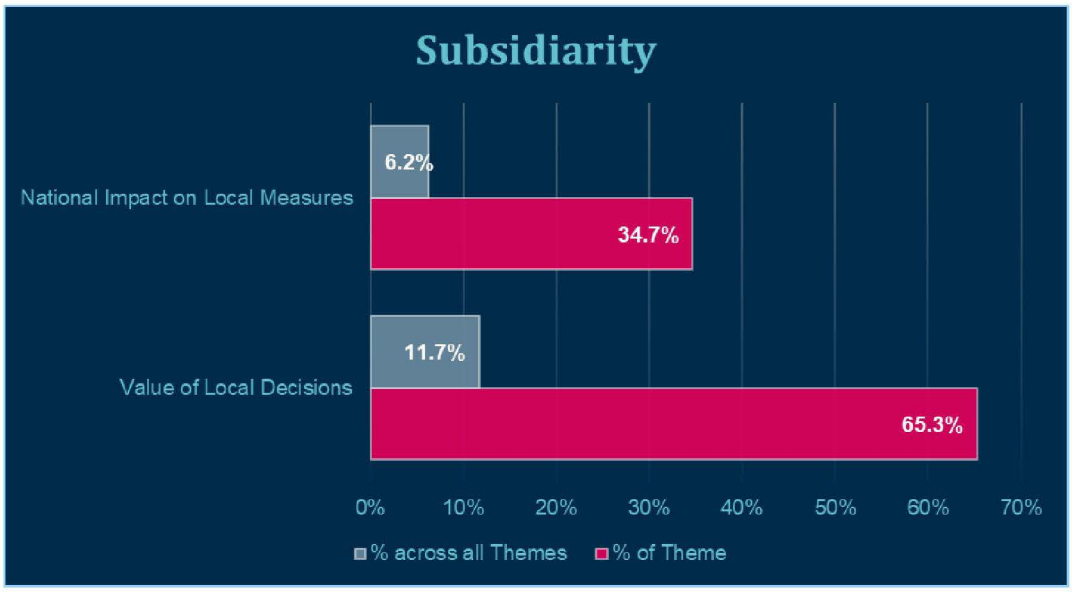


Figure 8. The percentage of the codes generated for each of the subthemes in the overall theme of Subsidiarity (% of Theme), and as a percentage of the total codes generated across all themes (% across all

The premise of subsidiarity is fundamental to how the resilience and civil contingencies structures are organised and function. This premise (according to the Joint Emergency Services Interoperability Principles doctrine) is that decisions are taken at the lowest appropriate level (local), with coordination at the highest level (national). Delegates suggest that this principle has become confused or misaligned in the context of Covid-19.

As seen in Content of the Communication Strategy (Finding One), the delegates felt there was no overall strategy to align activity. This meant decision-making at the local level struggled to align across local (horizontal) or national (vertical) strategies and actions. This limits the coordination of decisions between the local areas across the nation, aggregating them and theming them for central support and coordination across the country. To move towards fixing this, a national strategy needs to be provided which the local decision-makers could then use as a framework of assumptions to make decisions against which are developed in collaboration with their communities. Not only does the national strategy need to be clarified regarding Covid-19 response and recovery, but the strategy of delivery needs to be re-affirmed regarding the central premise of the emergency management structures, namely subsidiarity. This would prevent further erosion of this principle as a central method of managing the pandemic.

Local decision-makers feel that they are not being consulted or notified on a wide range of issues. The central premise of subsidiarity has been distorted as the management and flow between the structures have become confused. Delegates called for this be reinstated and delivered to support them to do their jobs, tailoring national strategy and frameworks to their specific local contexts. To clarify, delegates discussions indicate that decisions are being taken at the highest level (national), with coordination at the highest level (national), and then those decisions and coordination are being reworked at the lowest level (local) when the national solution does not provide a workable solution within their local context. This creates additional work and means that the coordination is challenging for the local structures (such as LRFs) as they do not have a legal status.

The development of other structures such as the JBC, IMT and nationally controlled initiatives has complicated this further, and created more confusion and uncertainty. Local decision-makers have seen challenges (and have also felt supported by) these new structures. Some are not clear on their role, and many delegates called for the need to refine and clarify escalation processes, docking levels and processes, as well as where and who makes decisions about what. Ensuring that activation/ escalation triggers are aligned across local structures and then calibrated with sub-national structures such as JBC and IMTs and the national strategy would significantly help the communications, approach and planning at local level. Delegates described that frequently they were not able to do the right thing by local communities which forced the local strategic decision-makers to wait for a decision from central, national decision-makers because the standard subsidiarity model was not being followed.

"It feels like locals have been given the responsibility but are constantly over ridden by London who make decisions but don't take the hit if it doesn't work out. Local service providers are taking complaints for national decisions. Not fair."

Given the impact of this on the decision-making efficiency and effectiveness, and the accountability, this needs to be resolved as a priority moving forward.

National Level Impacts on the Local

Accountability at local level has been disrupted due to the impacts from the national decision-making about local areas. This is novel within the context of the civil contingencies' frameworks due to the premise of subsidiarity. Delegates suggested that local organisations have responsibility, but this is overridden by national decisions which sometimes have no insight as to how government plans may affect local factors and plans and the effectiveness of them.

"Whatever we do locally gets undone nationally. Ministers lack a depth of knowledge and look to avoid taking ownership of poor decision making. The public aren't aware of all the hard work that good people do to help protect them. But should they? isn't the role of central government to champion the work of LRFs and support that by having our back?"

One of the strengths of subsidiarity is that local arrangements are more flexible than national structures and should be able to activate quickly to address specific local needs. Delegates recognised that reliance on national leadership neglects the possibility of timely local action and local innovation. They also noted the clear danger of responding in one way locally that then gets overridden at the national level. At times during the pandemic conflicting government departmental measures have caused unnecessary additional work and demands. For example, delegates highlight that too much resource goes into servicing national bronze, silver and gold decision-making, with agreement taking too much time to reach national level which consequently leads to no time for implementation at local level. The delays to make and share national decisions causes tensions and concerns across topics including national co-ordination for EU Transition plans and the potential challenge expressed in D20 (D20 has commonly been used to describe December 2020 when Covid-19, Winter Pressures, Seasonal Flu and EU Transitions combine created a heightened challenge for the UK).

"Local arrangements are naturally slicker and easier to flex/mobilise than national ones. National need to get Ministerial sign off for everything means decisions seem a few days behind all the time. That creates tension and is a concern for future outbreaks."

"There is a risk that any local response will be overturned by a national stance or approach based on politics."

"I think our local structures are well positioned to manage a local outbreak - the challenge will be the quality/robustness of communication and interaction from the national structures (e.g. government depts) so that the LRF and its partners have the right information and powers at the right time to implement any local lockdown or other measures."

One of the fundamental pillars of subsidiarity is to be able to develop a local strategy in which the risks are contextualised against national planning assumptions. Delegates noted a significant absence of planning assumptions across a range of issues. These assumptions need to be released to local decision-makers and planners for effective planning to take place.

"In terms of the risks we are facing this winter it would be helpful to have these contextualised to assist LRFs and organisations prepare against a consistent set of national risks and planning assumptions."

"Really concerned about concurrent incidents. Transition planning is extremely challenging with very little information coming through. COVID will dominate the planning. If we had major flooding / snow it would push us to breaking point in terms of staff capacity."

"LRFs and our partners with so few resources desperately need support and recognition form Government that prioritisation and direction would support our activity. We do not have clarity on the elements of risk or impacts that are best managed at national level or an local. E.g. us worrying about lack of food on shelves is a duplication of effort that could be dealt with at national level and driven down to us (not sure this doesn't happen because of a lack of decent planning capability in central government). We need valued dialogue."

Delegates discussed solutions including a need for national co-ordination of policies between government departments, clear and timely national information sharing, the development of templates, support, and advice for local and regional bodies and establishing a common approach across local areas. For example, delegates responded positively to some aspects of regional working that enabled a more co-ordinated approach to strategy across key agencies and sectors, as well as better access into central government. Others noted that there was a gap in terms of government representatives that more clearly understand local government.

"We do have concerns that NHS have asked us as an LRF to assist and support the national vaccinations for Covid 19 and seasonal flu. Even though we have asked numerous times there has been no further guidance around the expectations or the planning that we would need to do apart from the ask of finding suitable locations to carry out a mass vaccinations. It does feel like these things are mentioned in passing and then presented to the LRF at a very late stage who then have to resolve these particular problems. There should be a national working group and I'm not talking about SAGE, that should be looking at this and producing national planning that will then help and guide LRF and partners."

"The Regional SCG is providing excellent leadership and allowing discussions to take place in a meaningful way with key partners and Govt depts present."

"One disappointment that we have seen is the lack of a coherent policy at central government level which has had repercussions and consequences on services. The lack of cross governmental discussions and clear policies has been a struggle at times and is echoed in the feelings of many organisations."

Value of Local Decisions

Within the context of subsidiarity delegates were clear on their view of the high value of decisions being made at local level. The value of local decision-making was identified by delegates from partners being fully engaged with senior representation across both existing and new structures. The multi-agency relationships should drive decision-making with the aim of doing what is right for local communities within their own context and challenges.

Local structures, partnerships and frameworks worked well in response and recovery and delegates were confident they will step up, including

providing longer-term capacity, due to the longevity of partnerships. These local level relationships are formed, trusted and developed around a commitment to communities. The shared purpose enables sharing of resources and a commitment to driving change. Local Outbreak and Mobile Testing Units (MTUs) have been worked with community leaders and the hub systems.

"The LRF working together has been very positive. This is because it is based on existing relationships and planning which have come into their own during Covid. This has also provided the opportunity for health colleagues to lean in more to these structures and therefore has promoted integration on the ground."

"We would not have got through this if the LRF's did not have good relationships amongst their leadership and the partners and all those other volunteers that work day in day out with the resilience teams. These are challenging times but it is our ability to work well under pressure together that has got us through this. What has not helped this at all is the way that Government has operated and changed policy at the last minute. The LRFs have managed to pick up the pieces and have been more than successful in being able to get the UK through this emergency."

"Good agency working relationships, including voluntaries and military. Previous engagement and exercises have allowed valuable professional relationships to be developed – which has been key to the way the LRF has overseen local response and recovery, for SCGs joint decision making and appropriate battle rhythm has been crucial."

In terms of recovery, delegates noted issues around the speed and tailored direction of recovery, where this was experienced. There was a clear message that more support is needed for local areas to consider recovery activities, what those should be and how recovery is conceptualised by Central Government in the context of Covid-19. Currently they felt there was limited focus on recovery, with the lion's share of the focus being on response. This is due to response and recovery structures operating in parallel due to local outbreaks. This has also created some issues with cohesion, with some organisations moving to recovery whilst the SCG is still in response. It was noted that both local political involvement and more support from the Government might help create a focus on recovery. Importantly, recovery should be considered at local level as delegates described it as highly specific to the communities and the challenges they have faced. This means understanding a broad range of local factors including economic activity, travel and infrastructure, healthcare, education, communities and community support structures. Consequently, delegates would like to see more support from MHCLG about recovery but with the decisions being made at a local level.

"Very little focus on recovery and renewal - 90% all about outbreaks and response whereas we are doing lots of work on recovery now eg active travel rather than car, economic support for business, new digital business opportunities, education impact and resilience for young people."

"Recovery structures are running in parallel with response due to outbreaks. concerned that recovery at LRF level is difficult and at times can be hampered by local areas wanting to do their own thing. plus economic impact and renewal is so important but hardly any interest from MHCLG in terms of recovery resilience to date."

Delegates seem confident in their local structures and processes. They feel these have been tested and have been developed to ensure they will operate better for future phases of the pandemic. Those currently in recovery, felt that they could switch back to response quickly and efficiently. A variety of structures are used at the local level, and it was felt that these have the flexibility to deal with issues as they arise. For example, some local areas have invested in the value of their local decision-making by combining their SCG and RCG to Strategic Response and Recovery Coordinating Group, in order to move between the response and recovery phases with an overall approach and joint decision -making.

"Local delivery of response - local solutions and innovation, partnerships and relationships. These are proving far more successful that regional or nationally imposed solutions."

"The local structures are well placed and now well rehearsed and experienced. There is good communication within and across SCG, TCG and RCG."

"Initial structures needed adapting but became dynamic and working much better now in the recovery phase and pre planning for potential second wave."

"Improvements on working relationships and the development of structures that could be utilised again for other required responses. A lot of lessons learned can be utilised at further incidents. With the structures now embedded within the LRF this could be deployed again with ease in my opinion and the relationships developed will further enhance this capability."

There is a challenge in the local context of political involvement which is relatively novel for emergency and disaster management because traditionally council members do not become involved in emergency response or recovery. This has sometimes caused confusion with Local Outbreak Engagement Boards and SCGs making the decisions. Delegates had mixed experiences of political influences being active in the SCG, which is not seen by delegates as aligning to the 'best interests of all' approach which usually inhabits the SCG ethos. In some areas local politics led to compromises in the SCG and consequently confusion and non-compliance in communities. Consequently, some areas are developing frameworks to ensure politics does not play a role in decisions. Alongside the political influence, the other challenge to the value of local decision-making is the disruption of local government reforms which cause complications.

"There has been too much political involvement in this response. We don't get it for seasonal flu and although this is a national pandemic, Members should be there to support officers used to dealing with incidents and provide resources and links into Lead Government Departments."

"Local political decision making has cut across SCG leading to compromise and hyper local decisions which have added to confusion and non compliance. We are developing a framework to try and remove some of those tensions."

The local level decision-making is discussed by delegates as being able to account and respond to differential impacts of the local health protection measures on social inequalities. This cannot be done by the national decision-makers as they are seen as being too remote, with a tendency to over promise and not understand the nuance within and between communities. The value of local level decision-makers are that they bring commitment due to their personal and professional networks living in the area and experiencing the impacts. It was clear that those at the local level see national co-ordination, science leadership and guidance as key to providing national level co-ordination. The value of the LRF structures were seen to be through providing planning; response; consequence management, alongside delivering coordinated tactical; and strategic actions. Therefore, moving back to greater subsidiarity should lead to increased clarity in decision-making flows throughout the remaining management of the Covid-19 pandemic.

"It is local structures that are keeping the whole thing going. There is a growing sense that some national mechanisms are too remote and are over promising, this leaves us to pick up the bits at the sharp end. what happens locally matters to us because we, and our families and friends, live and work locally - we had a steep rise in infections and it became OUR problem that government mess around the edges of. This is okay, indeed good, as long as there is resource for local structures to do local things. Of course we need co-ordination and the benefits of national 'science' but help us to get on with it."

"Too much national control versus local decision making eg lockdowns and test and trace

- *agree a number of things were developed locally only for us to be told now we central government are doing that*
- *the freedom to do the right thing locally was often absent and the LRF were left waiting for direction from the centre."*

Recommendations for Finding Three

Recommendation 3.1: The UK Government should review the LRF Secretariat functions, including funding arrangements, at the local/ regional level to improve consistency and coordination in approach.

Recommendation 3.2 (PRIORITY): In the context of the CCA, the UK Government should commission a transparent, independently commissioned, multi-sector membership (with peers and multi-disciplinary expert panel) review as to how to maintain, sustain and protect the principles of subsidiarity of local decision-making and coordination during the Covid-19 pandemic.

Recommendation 3.3 (PRIORITY): The UK Government should clarify how new Covid-19 specific structures (or other structures that emerge during concurrent events or longer term emergencies) align with the key principles of emergency management within the CCA.

This finding focused on the challenge of managing the many structures relating to Covid-19 into the foreseeable future and ensuring they are sustainable. This theme was the largest theme in the dataset, accounting for 33% of the codes from the data. There are four subthemes to this finding: intelligence framework, new beneficial ways of working, preparedness /training and resources needed. The extent to which these subthemes were generated by delegates is shown in Figure 9. The largest subtheme by some margin related to the resources needed, accounting for 53% of the codes in this theme and 18% of the codes in the entire dataset, indicating the importance of this issue for delegates.

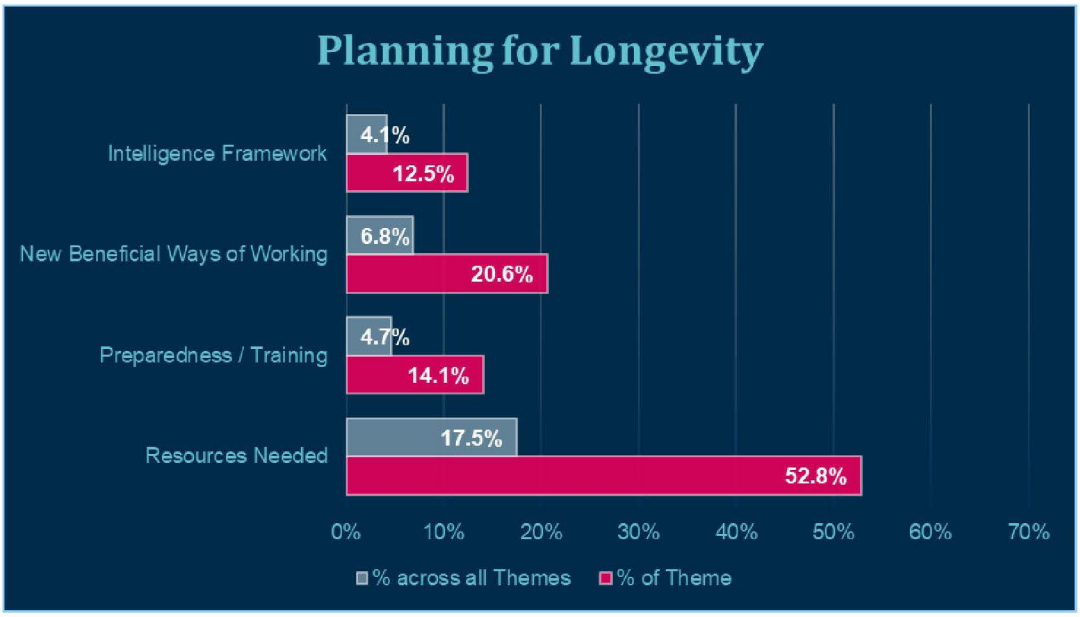


Figure 9. The percentage of the codes generated for each of the subthemes in the overall theme of Planning for longevity (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

Intelligence Framework

Delegates report an increasingly improving picture of information and data exchange at the local level with a growing openness to share with partner organisations providing good local updates across the networks. The delegates equated the increase in data sharing as an increase in the ability to plan. The Multi Agency Information Cells (MAICs) are valued for their ability to inform future decisions through their understanding of local and regional intelligence and information, often through working with other cells (e.g., Data cell). This helps inform the decisions and activity of the SCG. Good practice included the MAICs providing a single report of intelligence to all partners. This has increasingly moved from data reporting to more strategic intelligence outputs, although it was noted that there is a need to continually move the focus to ensure decision makers are not swamped with irrelevant legacy data.

In coordinating intelligence, one MAIC was working with a local university to provide insights into the local community challenges in both response and recovery. Delegates highlighted that a recovery dashboard at national

level, available to see LRF level data and intelligence, as well as national level data and intelligence, like the response dashboard, is needed. In addition, delegates noted that response and recovery were both reliant on data analysis, but the reality of this imperative was that locally, personnel did not always have the skills or time to meet demand.

"The Data Cell has been invaluable in bringing together multiagency intelligence and information into a single report to the SCG."

"The MAIC and Information and Data cells working closely with a local university have provided invaluable insight into the threats facing our communities at a local level. There should be a formal role for universities within the LRF going forward. They have a valuable contribution to make and represent a significant proportion of the population of some local areas for the majority of the year."

"RCG is really struggling with role in light of LA remit and delayed onset – some guidance from HM Government including national dashboard similar to the one in response may aid focus."

"The reliance on accurate data has been prevalent from the start, However the lack of skilled individuals within the organisations that can analyse and interpret rather data initially caused huge delays in the response and agreement of strategic direction. This resulted in some organisations undertaking the work through necessity as opposed to being that best suited for the task."

The challenges of intelligence, data and information includes the flow between organisations and partners, data integrity, data sharing (mostly regarding health data, even if this is simply data on locations and scale rather than at an individual patient level), the accessibility of that data across partners (sometimes the data is designed for medical practitioners only) must all be overcome because better intelligence facilitates better planning within the LRF. Delegates also expressed a need for SAGE to do more to facilitate local Reasonable Worst-Case Scenario (RWCS) planning across a range of topics, they also called for the accumulation or synthesised RWCS to be provided. In other words, access to RWCS in the context of the next season or challenge, before it arrives, and integrated risks and realities across contexts, such as the combination of a second wave of Covid-19, seasonal influenza, wider health and EU Transition. Local strategic decision-makers and planners do not currently have this.

"Expectations on LRF capacity with regards to COVID 19, RWCS, Brexit etc."

"Public Health colleagues remain nervous to share details with wider LRF members. There appears to be a belief that 'we don't really need to know' or 'we are just interested and almost being nosey'. This is not the case often other agencies can make meaningful contributions and it causes no end of frustration when we find out local information via the media rather than directly from our colleagues. This is not breaking patient confidentiality, we do not need names, but we do need numbers, ideas of locations and scale."

"It is obvious that quite a bit of the modelling that public-health teams are sharing is designed for medical and infectious practitioners use only. This makes it quite difficult to include the partners. Could this be intentional or are the professionals ignorant of how we as responders need to operate?"

The national intelligence around certain aspects should also be shared as soon as possible. For example, the issue of testing capacity should have been raised as they were predictable, but they were not identified nor were warnings given when actions were taken (e.g., the portal being switched off) creating a lack of shared situational awareness. Similarly, delegates discussed the possibility that the introduction of 119 has increased demand on 111, leading to a high abandonment rate which consequently has created more demand for 999 and attendance at emergency departments impacting on health capacity.

New Beneficial Ways of Working

Collaborative leadership was celebrated as something to retain from the management of the pandemic. This was defined as being focussed on community outcomes, the pooling of resources, the sharing of experiences and of skills. It was likened to encouraging and enabling rather than command and control. The collective decision-making frameworks within LRFs as well as the relationships within these facilitate this collaborative leadership and focus on community outcomes.

"Working collaboratively has to be the way forward, not just for LRF, but across the public sector. Not in a tokenistic way, but focused on community outcomes, pooled resources, shared experience and skills. There is the collaboration and relationships within the LRF to achieve this, but achieving change in siloed organisations outside the LRF, however passionate you are, is a challenge."

"Commitment to different ways of working. C19 has created a platform for so many opportunities for collegiate working across Local Authority, Health, Policing, Voluntary Sector, Public Health... which could be applied to so much and create the efficiencies needed to boost the efficiency/ value for money of services."

As well as the style of working, collaborative working platforms across LAs and partner organisations were also identified as things to retain. Joint planning across partners has worked well and the collegiate working was identified as having the possibility of generating efficiencies. The communication tools and new technology being used was reported as increasing connectivity across the LRFs and with the Government (e.g. the LRF Chairs call). Alongside this was a call for a national platform which is more intuitive and useful than Resilience Direct, with effective use of this being seen as a missed opportunity.

"The use of rapid communication tools and technology has assisted connectivity across LRF."

"We have been pushing for IT innovation for years, this side effect has been fantastic."

Delegates also talked across a variety of topics where taking a longer or mid-term view would be beneficial in increasing the perceived control of the public over their lifestyle. Instead of treating each wave as a new concept, accepting that we are managing the pandemic over the course of the next 12 to 24 months and possibly longer would enable resourcing and investment in structures and processes to manage the pandemic longer-term. Delegates called for more planning, less reactivity and more stable and understandable thresholds of actions. In particular a longer-term view of investment in resilience was called for. This beneficial new way of working was talked about through a range of topics by delegates.

"This situation is going to continue for potentially years so having a constant rush to local lockdowns is crazy. We need to live with this virus and the economy, jobs, business and services need to continue."

"There has to be greater acceptance of our current situation and an ability to simply get on with and learn to live with Covid 19 rather than hide away from it."

"Maybe we need to go back to briefings to the public (twice a week). The situation will remain influx for a long time and this is something that everyone must be prepared for."

There was a wide range of personal pride in the actions and response to Covid-19 which should be reflected and recognised. Some of this pride was in recognising and preventing some issues from wave one to reoccur as the nation enters wave two. These aspects of personal pride also include improving working relationships with health, working in committed teams, facing and managing this unprecedented challenge, embracing innovation and reducing the fear of change across teams. This latter aspect also includes productive working patterns and retaining those for colleagues in the future. The achievement of joint working and less silo working across the local, regional and national systems was seen as key to continuing to improve into the future.

"As SCG chair without doubt the most challenging period of my career to date, yet I have been privileged to work with the most inspiring and dedicated partners, we came together, agreed to work on the basis of best endeavours, mutual respect and trust for one another and were there for one another and made it work. A bond has been created from all those that played their role and I have learnt that leadership is not about having all the answers, it is about supporting and trusting good people to do what they do best."

"So looking ahead, to an LRF meeting in 12 mths time, what learning and change will we be taking with us that will be evident in that meeting? will agencies have changed? will the agenda be same old same old? or will we have cemented the experience into how we operate, baked it in to how we work so that we are better prepared for next time... that has to be a key challenge."

"The point about working in siloes is well made. its been a problem for years, and yet it persists. We have done amazingly well over the past few months to show how we can work together, lets seize the opportunity to continue to break those siloes down."

Preparedness/training

This subtheme refers to discussions by delegates of how foresight, training and preparedness (planning, testing and exercising) are needed to influence the management of the pandemic. In terms or preparedness, delegates noted issues with lack of planning assumptions or planning assumptions not being updated. Not knowing what was being planned against nationally meant that at the local level plans were having to be updated in a vacuum. There were concerns over the lack of capacity to complete this planning and around the complexities around it. For example, some delegates raised the issue of having to both plan for the challenges of maintaining response ahead of a challenging winter whilst also planning for recovery concurrently.

"There could be a better de-confliction of the various Planning assumptions. EU Exit RWCS have simply been the original set again. It seems somewhat counter intuitive that a risk is queues at airports and international ports due to lack of E-gates when at the same time we are expecting a second wave and therefore travel will be extremely limited. We also have NO indication to Govt plans in place that we will need to support or could alleviate some of the impacts that we might be busy working on."

"I suspect it is going to be very difficult to deal with the predicted multiple impacts of a challenging winter due to the reluctance for information to be released from the centre. Whilst we have the RWCS for a second wave of Covid we don't have a RWCS for a bad seasonal flu. The scenario from the Academy of Medical Sciences 'Preparing for a challenging winter 2020/21' may not be perfect but the government have not released an alternative set of assumptions. It is far from ideal for all LRFs to have to do this modelling locally and government should address this shortfall as a matter of urgency."

"A perfect storm and accepted that Wave 2 Covid-19 and Winter can in part fall back on Wave 1 plans and lessons identified/learnt and previous year's Winter planning, but what will happen if supply chains are delayed and what mitigations will be required are difficult to plan, if the vacuum of current planning."

There was significant concern about the concurrent demands this winter and how to plan for this. The scale of the challenge was seen as unprecedented with the possibility of a second wave, seasonal influenza, EU transition, economic difficulties and severe weather. Moreover, this was coming after a long year in which staff were exhausted. Delegates discussed their concern about the impact of multiple demands on service delivery as well as the impact of that demand on structures.

"It will not be the normal winter issues that will bring us challenges. The impact of further austerity , job loss, economic collapse esp. in the service and hospitality industry, mental health issues, exhaustion of staff all will put significant demand on the LRF agencies and they have not got the funding and capacity to respond."

"Concurrent incidents such as Brexit, or severe weather event will stretch limited resources even further and partners will struggle to cope."

"We have all the basics in place. Being honest we've never operated or exercised at such a level of concurrent demand. This is exacerbated by the fact that we will do it on the back of an exhausting year. We will, of course, do our utmost but I think that the honest answer is that we simply don't know with any degree of certainty."

Delegates noted the need in the future to sustainably invest in resilience, planning and training. A number noted that people had been placed into roles without sufficient training and it was suggested that the way training was delivered, and its content needed changing following the experience and new approaches integrated from Covid-19. In particular there was a call for virtual training, although delegates did point out this carries a challenge of ensuring the benefit of relationship building and network development was facilitated when working together in a single location.

"MAGIC training a few years ago was essential and needs wider take up amongst local government. risk and threat is dynamic and such a key area to focus on whereas local government often glosses over this.

- *I agree. The MAGIC course is part of Police and Fire commanders development but (especially in recovery) leaders from LGA need to understand the requirements of them as the consequences of not having the skills to operate in the LRF / CCA are very disruptive."*
- *I'd like to see a national programme of MAGIC style training, free to the user and consistent across the UK. Currently training is limited by organisational budgets and significant inconsistency results. Some 'free to user' on-line modules would potentially help.*
- *We could use some of the £200k we have each been given? How will LRFs now invests that money when we have been coping for a long time on limited resources.*
- *Yes but MAGIC is old fashioned now, we have to go back and really use the actual experiences of SCG players to shape better ways of working.*
- *is MAGIC old fashioned? still relevant for fire and floods...but the learning from Covid has to influence the learning / input moving forward. I know of one outstanding leader who was placed in an LRF role 6 months before going on the MAGIC course. They had to learn on the job...how is that fair?*
- *We have to prepare our senior leaders of the future now so they have the tools to lead future crisis.*
- *We need training to be run virtually to meet the new needs / technology - MAGIC needs to be virtual and to the point can we afford 2 / 5 days or could we reduce it and make attendance from Chief Execs etc mandatory?"*

Resources Needed

This subtheme describes the strain on structures four months into the response and recovery. Local decision-makers are significantly worried about the coming months with the conflation of EU Transition, severe winter weather, a second wave of Covid-19 and seasonal influenza (D20). They feel that all these aspects converge on them in a way that is not felt at national level due to the policy leads being spread across different government departments. The general feeling was that resources were fully stretched and may not be able to adapt further to meet these complex and unprecedented set of challenges.

"This does not feel like a joined up approach."

"Our partnership capacity could be very tightly stretched."

Delegates suggested that they had completed planning activities for the foreseeable challenges, but that being able to enact those plans requires resources which they do not possess. In terms of planning, whilst many delegates noted that they have plans for each aspect of the coming demands (noted by many as D20 - severe weather, EU Transition, Covid-19 second wave, health capacity not reducing, winter pressures regarding seasonal influenza) these needed to be planned and exercised as an integrated whole rather than a silo approach. Currently they are discussed in policy and response terms as individual risks only whereas there was a need to consider the societal aggregated impact.

"I think the plans will cope, it is the capacity that is lacking. The UK needs more in the way of insurance against these challenges. We only think about building capability once the thing has happened. Public services cut to the bone just can't deliver. We need more front line staff, (such as nurses, environmental health officers, etc), more facilities (such as public mortuaries, laboratory capacity), if we are to confront widespread challenges as a nation."

"Our plans are dependent on enough capacity to deal with all three challenges concurrently. It is by no means clear that such capacity exists, and the people we will be drawing on are already tired."

"Plans are generic and fail when confronted with reality - they will cope in that we will bring partners together and strive to get the best outcomes for our communities as per UK doctrine."

One of the central resource limitations noted was funding. Whilst the additional funding provided was welcomed, delegates felt that often this simply covered costs already incurred, and that more wide scale budget reductions or vacancy freezes meant that this had little impact. Delegates felt that the scale of the demand should lead to greater funding, and that this needed to be sustainable in the long term.

"Ref the funding from Government to LRFs - wouldn't this aid getting staff in?

- *It could do if we were not under huge budget constraint facing vacancy freezes and 200k is a drop in the ocean to the money already spent on the response. Staff are required across the response system so it does not go far."*

"What is given in one hand is taken away through budget cuts in other"

"Still expectations of LRFs/SCGs by HMG are not matched by funding or legal standing"

"Added to this, many councils are having to plan to cut anywhere between 10-15 per cent of their capacity due to the uncertainty about their financial futures. We are storing up significant problems as we go into winter."

Whilst many LRFs have developed plans for the foreseeable accumulative concurrent challenges over winter, the resources and the size of the workforce to deliver those plans are currently inadequate. Delegates felt that resources were already fully stretched, with a very tired workforce. Some reported that the partnership resources being put forward were decreasing (although this was not unanimous). In this context, any additional demand would be likely to overwhelm capacity. This also related to health because the health service is not pausing scheduled demand during the second wave. Due to the terrible consequences in the first wave of releasing elderly and vulnerable patients to free capacity this will also not be an option in the second wave. This means that capacity of people and the NHS service will be reduced as there is likely to be no reduction in demand. There is no extra capacity across the whole system to release and manage this potential increased need. Delegates also noted that the health sector has asked for LRFs to help with potential vaccination programs, but there being no planning or resource for this.

"The structure are well-placed to address the pandemic but despite horizon scanning and other preparatory work we can't be sure they'll be fit for purpose for a number of concurrent events. Our partnership capacity could be very tightly stretched."

"Beginning to feel the effects of overstretch and that is before we really get going with EU Exit and winter concurrency. Everyone is tired and even when leave is booked there's often a need to continue to monitor emails as there is no one else to cover."

"Partners taking back resources and drifting away from the table. C19 is not going away yet Cex / Leaders are desperate to get back to business as usual. Head in sand leadership."

"Resources need to return to business as usual and away from LRF functions. Energy for supporting other agencies is decreasing."

There was recognition that the elongated demands of the crisis have meant that roles have fundamentally changed. For example, the SCG Chair or the LRF Chair roles are now discussed as being full-time. Whilst rotating Chair roles of groups or subgroups and group members can

provide resilience, it was also noted that can create issues in terms of communications and delayed responses.

> *"I agree with many of the comments that to have a plan (alone) is a facade, if you don't have the resources to deliver it. Currently myself and my LRF peers have our day jobs to do - to deliver the best possible service to our communities. For the last 6 months we have also been working effectively together through the LRF/SCG to deal with the Covid response at the expense of the day job. This is unsustainable personally, organisationally and nationally."*
>
> *"From a central viewpoint and having been to a wide variety of locations on the ground, we see this as arguably the biggest risk that exists across the whole C-19 response at national, regional and local level. Blockers to easy recruitment, excessively bureaucratic commercial processes and lack of agility / flexibility are all in our sights as areas to improve here."*

A central theme throughout a lot of the discussion around resource was that staff within the partner organisations who have had little respite for nearly a year. Large sections of teams have not had leave as there are limited people who can cover absences. This also means they have not had time to grieve, rest, or spend time with their families. There was a significant discussion about the psychological impacts (burnout, fatigue) and the impact of the longevity of the situation (career changes due to seeing no change in the future) on those involved in the management of Covid-19. Delegates also discussed the impact on their families and personal relationships, which are starting to feel the strain and they are not sure how they are going to manage through the coming few months. It is important for Ministers and government departments to recognise that this is hard not only on the health ecology, but on the emergency and essential services across the country. Although this is discussed in detail below (Strategy for Psychological Impact), the impact it has on the capacity to deliver plans and use any additional resources which may be allocated to the LRFs is a big concern. It is not just about the request for more money (valuable as this is), but the wider suite of resources, efficient processes and the ability to ensure that staff are able to use the resources to create the desired outcome.

> *"LRFs have really been challenged to proceed with business as usual. This has been seen with the amount of communications from government in terms of all other aspects of work that has been previously delayed. A lot of this work has significant deadlines that has caused other challenges whilst we are still responding to a national emergency. It is as though government want to get these pieces of work out there before the second wave occurs without a care for the pressures that we are all under at the moment."*
>
> *"Good leaders are stepping back, perhaps due to fatigue, but this leaves a gap in continuation, consistency and progress which as we approach winter is a concern. LRFs still expected to do too much whilst being provided with little support. The funding is helpful but LRFs do not have time to employ additional staff for the funding to be useful.*

- *Agree there are issues ref rapid up-skilling and limited pool to draw from – highlighted in the integrated review.*
- *Agree - money is welcome but without the time to recruit, train etc its not helpful in the immediate term*
- *It is not only a matter of time taken to recruit but who actually recruits.*
- *Putting resource in the centre often leads to multiple demands - if an LRF secretariat recruits 2 posts several organisations want to use said two posts and it ends up with the new demand of work to occupy 8 people."*

A key part of the resource discussed was the test, track and trace system. In terms of testing delegates noted significant problems with this and described it as being in disarray and losing credibility due to issues with people being able to get tests. It was recognised that getting quick tests was crucial in terms of being able to keep people at work, particularly in frontline services. Some issues with the organisation of mobile testing units were also mentioned. In terms of track and trace, delegates noted significant issues with the national track and trace system, with some places setting up parallel local structures to do this. Part of the reason for the failure of the track and trace system was suggested as the availability of limited resources to monitor and enforce it. Most District Council's only have Environmental Health Officers for enforcement activity and their time is taken up with advising businesses on implementing Covid-19 mitigating measures. It was discussed that the Police are the only other body capable of enforcement, but they are already working at full capacity. The discussions concluded that given this picture, the limited resources pose a risk of staff burnout if the crisis worsens.

"The national testing programme seems to be in disarray again. It seems incredible that we are back to not being able to offer tests despite how important everyone knows a robust testing regime is to control the virus. Running out of lab capacity at this stage in the pandemic is a fundamental flaw in the system. Unfortunately it is the organisations at a local level that are having to deal with all of the concerns from residents who simply can't access a test locally.""Confusing and messy picture currently. Need clear data flows coming from one organisation. Some local authorities setting up parallel systems to try to cope with testing demand and need for additional contact tracing. Better to have one coherent and clear approach."

"Track and Trace appears to be falling over with emerging issues that aren't disclosed."

Delegates were highly concerned that overall capacity of people in the whole system will be reduced, and yet the conflation of demands will be at a higher level than in Spring/Summer of 2020.

Recommendations from Finding Four

Recommendation 4.1: The national CCA guidance and JESIP doctrine should be updated to clarify the preparedness strategy for the medium to long term and to standardise the intelligence ecology and MAIC practices that support major emergencies in order to provide a coherent direction of development across the UK.

Recommendation 4.2 (PRIORITY): UK Government should make a commitment to share all RWCS that underpin the national risk register with local partners along with publication and review timelines to ensure local response can better align to Central Government Strategy.

Recommendation 4.3 (PRIORITY): UK Government should reconstitute the flu/pandemic preparedness committee/group to capture learning from the leading collaborative and cross silo processes and systems that delegates have praised and prepare for future emergencies including committing to resourcing national exercising for 2nd and 3rd waves of Covid-19 and place a duty on all partners to participate and to share data and information.

Recommendation 4.4 (PRIORITY): UK Government should work with local and national stakeholders to identify how best to reduce bureaucracy and promote agility in the planning and response to the potential integrated, four-way D20 winter crisis, supported by sufficient physical and financial resources and a clear public engagement plan to mitigate probable impacts should it occur.

This theme details the different considerations of the psychological impacts from Covid-19 and its management. This is on both society and those managing the pandemic. This theme has two subthemes, fatigue and burnout and mental health strategic needs, both of which were raised by delegates in similar amounts. The extent to which the issues pertaining to these subthemes were generated by delegates is shown in Figure 10.

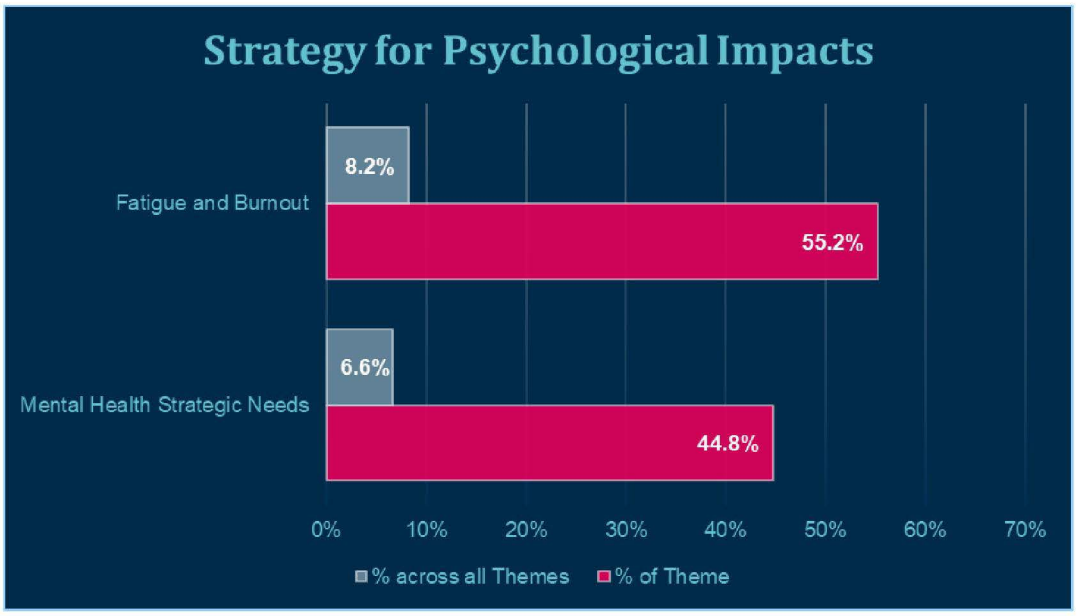


Figure 10. The percentage of the codes generated for each of the subthemes in the overall theme of *Strategy for psychological impacts* (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

Fatigue and Burnout

The impact on those managing the pandemic was clear throughout the data.

Emergency managers, emergency services, LA, those populating the response structures and others as well as the LRF workforce are facing increased pressures over the coming months. This workforce is already tired and reporting to be burnt out, with their commitment to being stood up for months having little recognition outside of the group themselves. There is concern about the ongoing capacity of the workforce, the communities, and related organisations to cope with the current work-life balance. As winter approaches with the additional threats posed by D20, delegates discussed the risk of losing highly skilled and knowledgeable staff. Delegates also reported that good leaders are stepping back, perhaps due to fatigue, leaving a gap in continuation, consistency and progress as winter approaches. It was felt that the concern about workforce burnout, mental ill health, and threatened wellbeing needs to be a higher priority.

After all the demands of the last 6 months plus, across the UK those involved with strategic and tactical aspects of response and recovery are

tired, having had little rest or break and winter is still to come with the additional pressures it brings. Despite the fact these issues may or may not become reality, the pressure from considering and planning for these events has a significant weight on responders who know the impacts these incidents bring due to their professional background. Responders are now living in a constant state of on-call, working long hours and dealing with recovery on top of day jobs. Being in temporary roles, which have now become full-time is a challenge. After six months the period of settling into a new role has passed. The response has been going on for so long now that it has started to feel like a new normal. Leaders need time off but with no opportunity due to the limited windows and resource, as well as concerns over colleagues' traumatic reactions to what they have experienced, this is proving nigh on impossible. Due to the society wide nature of the pandemic, they also cannot get respite from Covid-19. Staff are typically in multiple roles, feeling tired with no option for mutual aid. Those in LRFs feel less supported by other organisations than they were, as other organisations focus more on their own internal situation due to capacity issues. The constant pressure is reported by delegates as negative and harmful to their staff and partners.

"Distinct lack of downtime since February, never a suitable time to take time off and relax, as there is always something new to deal with. Stuck in a constant 'fight mode', how long will this carry on for?"

"There is evidence that particularly those younger emergency planners are starting to be affected by mental health challenges. This is concerning as the future national direction looks like the pressure will only continue to increase over the coming months."

"We have been responding for so long now, it has become the new normality and business as usual is restarting. Will be difficult to get the 'big' response stood up again."

"Starting to enter the burnout stage, LRF is not as supported by other organisations as we were previously. People who supported the original structures have returned to business as usual and no longer have the time available to support at the same level as previous.

- *Agree*
- *Agree - only so much effort can be put in and increasingly feel the need for a clean set of eyes to come in and provide independent challenge. Our models have developed over months but could really benefit from an independent review / reset.*
- *Agree whole heartedly*
- *Agree we are risking agencies focussing internally due to capacity issues and having the risk that our partnership working suffers and we miss the wider benefits we all know exist from working together."*

Mental Health Strategic Needs

Across the partnerships no one appears to know where the responsibility

for coordination of mental health support lies. This was seen as one of the biggest challenges looking forward, with delegates noting that the size and complexity of the challenge and the fact that it cuts across so much activity meant that it was not getting traction. Much of the discussion focussed on not knowing who or which partnerships at local or national level are responsible for the planning and delivery of support. Mental health was discussed as being on everyone's agenda but no one with overall responsibility to deliver or coordinate.

Delegates report that the governance of mental health is fragmented and lacks central alignment. It is too reliant on the NHS yet the plans require a system-wide response which is challenging. It was reported as being important, yet typically not prioritised or clear who was driving the strategy and delivery. With an absence of national leadership or prioritisation, community non-professional agencies need to be funded and valued to proactively engage with the societal wide psychological impacts of Covid-19, or it will be reactive.

"The governance for this fragmented. There is a lack of central alignment for preventing mental ill health/ improving psychological wellbeing. The onus is too much on the NHS to resolve the issues and "report back", where partnership approaches to community wellbeing could be taken."

Agencies were reported as not being in a position to monitor the impacts on society and action responses. Local leaders were seen as needing to drive mental health agendas but no national common operating picture currently exists to ascertain those with psychological risk as a direct or indirect consequence of Covid-19. Building this picture would enable a collaborative view of shared resources and the identification of gaps in strategic need. Delegates suggest this would address the lack of awareness and slow pace, as even where recognised as an issue this is not translating quickly enough into actions. For many, mental health currently feels like a remote agenda that cannot be aligned with any actions.

"Risk areas should be easy to highlight through existing Mental Health Strategic Needs Assessments. They aren't fit for purpose, and therefore a common operating picture for psychological risk based on root causal factors is not available. Strategically this makes it hard to create delivery plans system-wide.

- *The focus on children and young people needs to be significantly increased if we are to level the demand of mental health need in the near future. A clear focus on prevention before adulthood is critical and yet the mental health plan for the NHS is still focused on speciality services rather than the general public. PHE don't appear to have an active role at all locally in supporting this agenda."*

"Mental health on everyone's agenda more than ever before, which is positive. But this awareness is not translating quickly enough to actions, and certainly we aren't in a position to measure impact and move this forward in partnership."

Recovery plans were reported as having actions relating to mental health, but not with the kind of comprehensive focus that is required. These plans often focusing on particular groups rather than a system wide perspective. Delegates reported an over focus on statutory services, and the opportunity of quality contributions from low-level community preventative interventions often being overlooked. A number of delegates suggested a redesign of services to focus on prevention and the betterment of community should be the way forward, rather than the current focus primarily being on those already accessing advanced support.

Delegates also highlighted that addressing the recovery of the economic impact is key to prevent long-term health issues. Suggestions from delegates to rebalance the economy and address inequalities would also serve to prevent threats to community mental ill health. Redesigning society to increase resilience included a people, rather than place-based, economic structure with the psychological wellbeing in communities being a focus. Some of the changes to the way in which we work and live (e.g., more active living, increased family time due to home working, virtual GP access) can be seen as opportunities for embedding greater psychological wellbeing in new ways of life. This links with the subtheme above, of fatigue and burnout.

Delegates discussion's also noted the particular psychological impacts on young people and children in the short term, as well as long-term due to the economic impact of the pandemic.

"There is such an urgent need for Mental Health charities, MH Partnership Trusts and Public Health to develop a stronger volunteer response to the emerging crisis, particularly for and by young people. It feels currently to be in the 'too hard to do basket', lacking the funding to build a co-ordinated network, getting the right level of 'interim' caring response to those who need it now. The longer the gap is left, the more serious damage is being caused to young people. We keep talking about it, but nobody is grasping the issue."

Recommendations for Finding Five:

Recommendation 5.1 (PRIORITY): UK Government to commission and fund a UK Mental Health Lead/Czar with public profile and support to ensure the needs of responders and support staff are identified and they receive the support they need. Consideration should include the impacts on communities and how best to coordinate effectively across sectors.

Recommendation 5.2 (PRIORITY): The UK Mental Health Lead/Czar to publish an integrated UK Mental Health plan to limit staff burnout and fatigue amongst responders and support staff and share the established support networks and systems available to blue light staff.

Recommendation 5.3 (PRIORITY): To help mitigate the adverse impacts of extended working for responders and support staff and their families, UK Government to undertake a public sector skills audit to identify both capability needs and available capacity gaps. From this develop a well resourced training programme covering both induction and CPD for the strategic, tactical and operational levels.

Recommendation 5.4: UK Government to consider funding and prioritising fast track training and professional development opportunities in Disaster and Emergency management skills to alleviate pressure on local responders in the short term and reinforce the UK's capacity and capability to deal with the ongoing and future pressures in the medium and long term.

Summary of all Recommendations within the Report

The findings are briefly summarised in this section, before a full list of recommendations.

Content of the communication strategy summarises the evidence that the government need to outline what the overall strategy of the management of Covid-19 is for England. This had two subthemes in this theme, defining the strategy to communicate which details why a strategy is needed and lack of clarity which details what an increase in clarity would provide.

Boundaries, blockers and tensions describes the complex evolving picture of how decision-making currently occurs in the decision-making structures relevant to Covid-19. This had three subthemes, boundaries of integrating structures which explores how the new structures are integrating, boundaries of wiring and footprints which explores the contours of the decision-making authority both in remit and in geographical jurisdiction, and boundaries of local decisions which details the value and need to local decisions within the content of Covid-19 management.

Subsidiarity captures discussion referring to the way local and national are connected and interconnected in theory but less so in practice. This had two subthemes, the first details how the national level impacts on the local level activities and confidence, and the value of local decisions which details the benefits of local level decisions by local people for local people.

Planning for longevity details the need to move from a responsive reactionary approach to Covid-19, to a more mid/longer term planning approach, in acknowledgement of the presence of Covid-19 in our immediate future. This had four subthemes, details of the intelligence framework which delegates suggest needs to be facilitated, new beneficial ways of working which could positively inform future practices and approaches, the ways in which preparedness and training could support the move to a mid-term approach becoming less reactionary, and resources needed which details what support is needed to ensure that the pandemic related structures continue in to the mid-term.

Psychological impacts detail the emotional and psychological impacts on both the emergency responders and society from the virus and its consequences. This had two subthemes, fatigue and burnout which explore the impact on emergency responders of continuously being stood up for many months, and mental health strategic needs which details the concerns over the governance, leadership and planning to meet the mental health demands within society.

Content of the Communication Strategy: Finding One

Recommendation 1.1 (PRIORITY): The UK Government should urgently refresh the Coronavirus (Covid19) Action Plan (published 3 March 2020), ensuring it clearly and succinctly articulates the overall goal, strategic objectives and priorities of the national response to Covid-19 in the short, medium and long term. This must be accompanied by visual and easily understood information on the organisational structure, roles and responsibilities of the various agencies involved at both the national and local levels and the current Covid alert levels.

Recommendation 1.1.1: A succinct, easy to read and regularly updated UK Government Covid-19 National Response Strategy, given prominence on the Gov.uk website and with clear signposting out to other guidance such as the Covid-19 Contain Framework, will give greater clarity to and build trust with not just with the public but all the agencies involved in the sustained response to the pandemic, allowing individual departments, LRFs and multi-agency partners the opportunity to align their own (gold) response and recovery strategies and plans at the local, regional and national levels and supporting more effective deployment of resources.

Recommendation 1.2 (PRIORITY): A UK Government National Response Strategy for Covid-19 must clearly complement 'The next chapter in our plan to rebuild: The UK Government's Covid-19 recovery strategy'.

Recommendation 1.3 (PRIORITY): To deliver both a shared strategic vision and effective decision-making processes, the UK Government Covid-19 national strategies should be informed by a cross-sector Covid-19 Strategy Stakeholder Forum comprising of local and national representatives from key government departments, LRFs, Category 1 and 2 Responders and community representatives.

Recommendation 1.4 (PRIORITY): The UK Government should urgently produce a succinct UK Government Covid-19 Communications Strategy/ Plan to accompany the national strategies for Covid-19 Response and Recovery that clearly articulates the approach, roles and responsibilities for communicating and explaining key decisions and actions taken at both the local and national levels to support delivery of the national strategy.

Recommendation 1.5 (PRIORITY): The Communications Strategy/Plan should incorporate the processes and platforms (such as LRF Chairs Calls/ Resilience Direct) to ensure local decision makers are made aware of key strategic decisions and changes to policy ahead of them being announced. These need to be accompanied by the evidence underpinning them; how they support the national strategic objectives and also appropriate guidance to enable the necessary planning for implementation at the local level and to enable clear communication with the public.

Recommendation 1.6: The powers and remit of the CCS should be expanded to ensure the UK has appropriately tested strategies, plans, procedures, structures and resources to mitigate and respond to the range of foreseeable risks captured on the National Risk Register. This includes an inspectorate/regulatory function to provide assurance of the UK preparedness to deal with such emergencies concurrently at both the local and national level.

Decision-Making, Boundaries, Blockers and Tensions: Finding Two

Recommendation 2.1 (PRIORITY): To provide clarity for all stakeholders and maintain flexibility in the response to Covid-19, the UK Government should commission an independent body to work with local decision-makers to produce visual 'wiring' diagrams of the local, regional and national structures clearly showing the information and decision-making flows between key stakeholders. These wiring diagrams should be supported by clear Terms of Reference and lines of accountability for all stakeholders.

Recommendation 2.2: The current roles and responsibilities of key stakeholders, structures and ways of working should be systematically reviewed by a transparent, independently commissioned, multi-sector membership review through the lens of the CCA to ensure the Act and it's underpinning EPRR doctrine and guidance remains fit for purpose and adaptable to the concurrent and emerging risks and threats to the safety and security of the UK. This should include an evaluation of the differing LRF/SCG response and recovery models deployed across the country and the way in which their components and subcomponents are networked to produce a series of recommendations for implementing learning from the current activation.

Recommendation 2.3: Central Government should actively share the learning and best practice identified from this review because LRFs/Local cannot and do not have capacity to see all the models, systems etc across the UK that could work for them within their local systems.

Recommendation 2.4 (PRIORITY): To empower current representatives that connect the local to national government (GLOs, MHCLG reps) to enhance their reach into government beyond MHCLG so that they are able to provide a bi-directional flow of information and enhance communication between local and national levels recognising they can be key advocates of the local context.

Recommendation 2.5: To provide consistency in approach, Government to ensure all GLOs undergo appropriate induction and training in the local and national ways of working, supported by a shared communication platform beyond GLOs and the LRF Chairs calls to promote more robust two-way dialogue with local decision-makers.

Recommendation 2.6 (PRIORITY): For government departments with portfolio responsibility, to work with local elected members to develop a central position/framework to improve the communication and engagement between LRFs and local partnerships and structures outside of the Local Outbreak Engagement Boards to ensure a single line of support.

Subsidiarity: Finding Three

Recommendation 3.1: The UK Government should review the LRF Secretariat functions, including funding arrangements, at the local/ regional level to improve consistency and coordination in approach.

Recommendation 3.2 (PRIORITY): In the context of the CCA, the UK Government should commission a transparent, independently commissioned, multi-sector membership (with peers and multi-disciplinary expert panel) review as to how to maintain, sustain and protect the principles of subsidiarity of local decision-making and coordination during the Covid-19 pandemic.

Recommendation 3.3 (PRIORITY): The UK Government should clarify how new Covid-19 specific structures (or other structures that emerge during concurrent events or longer-term emergencies) align with the key principles of emergency management within the CCA.

Planning for Longevity: Finding Four

Recommendation 4.1: The national CCA guidance and JESIP doctrine should be updated to clarify the preparedness strategy for the medium to long term and to standardise the intelligence ecology and MAIC practices that support major emergencies in order to provide a coherent direction of development across the UK.

Recommendation 4.2 (PRIORITY): UK Government should make a commitment to share all RWCS that underpin the national risk register with local partners along with publication and review timelines to ensure local response can better align to Central Government Strategy.

Recommendation 4.3 (PRIORITY): UK Government should reconstitute the flu/pandemic preparedness committee/group to capture learning from the leading collaborative and cross silo processes and systems that delegates have praised and prepare for future emergencies including committing to resourcing national exercising for 2nd and 3rd waves of Covid-19 and place a duty on all partners to participate and to share data and information.

Recommendation 4.4 (PRIORITY): UK Government should work with local and national stakeholders to identify how best to reduce bureaucracy and promote agility in the planning and response to the potential integrated, four-way D20 winter crisis, supported by sufficient physical and financial resources and a clear public engagement plan to mitigate probable impacts should it occur.

Strategy for Psychological Impacts: Finding Five

Recommendation 5.1 (PRIORITY): UK Government to commission and fund a UK Mental Health Lead/Czar with public profile and support to ensure the needs of responders and support staff are identified and they receive the support they need. Consideration should include the impacts on communities and how best to coordinate effectively across sectors.

Recommendation 5.2 (PRIORITY): The UK Mental Health Lead/Czar to publish an integrated UK Mental Health plan to limit staff burnout and fatigue amongst responders and support staff and share the established support networks and systems available to blue light staff.

Recommendation 5.3 (PRIORITY): To help mitigate the adverse impacts of extended working for responders and support staff and their families, UK Government to undertake a public sector skills audit to identify both capability needs and available capacity gaps. From this develop a well-resourced training programme covering both induction and CPD for the strategic, tactical and operational levels.

Recommendation 5.4: UK Government to consider funding and prioritising fast track training and professional development opportunities in Disaster and Emergency management skills to alleviate pressure on local responders in the short term and reinforce the UK's capacity and capability to deal with the ongoing and future pressures in the medium and long term.

Main Findings and Conclusions

This interim review was carried out at the point in time where the public narrative was beginning to focus on the potential for reintroducing tougher measures. It was conducted at a time when the Northern Hemisphere was beginning to approach winter weather events, the flu season, and other European countries were beginning to show increases in Covid-19 cases. Response was being stood up again alongside ongoing recovery activities and local management of outbreaks was widespread across the North of England as well as areas of the Midlands. At the same time parts of society were opening up, with pupils returning to schools and universities opening their doors to new and returning students. This review aimed to capture the issues arising from the local strategic decision-makers experiences of managing phases of simultaneous and overlapping response, recovery and local outbreak management. In so doing, it shares the learning across the UK and informs national decision-makers and regional/sub-national structures.

It recognised that the ongoing management of Covid-19 requires a mid to longer term approach, rather than treating each wave or impact as a discrete or temporary isolated issue. This review suggests that appropriately detailed consideration should be given to working through the intelligence, communication and decision matrices and organisational and geographical boundary issues facing so many local management activities. Plans are required to ensure that the intelligence, structures, processes and practices can be sustained through:

- the pressures of winter 2020 (D20)
- accepted, resourced and planned future waves and phases of the pandemic into 2021
- forecasted changes in UK society over the coming 12-24 months (from EU Transition and ongoing economic disruption)
- strategic responder and public fatigue

Through engaging in likely timescales (mid to long term planning to manage Covid-19) and then stress testing structures to manage the likely challenges within the mid to long term assumptions and scenarios, the risks raised by delegates in this report can be identified and mitigated. The recommendations have been developed in recognition of the changing landscape so that they address both priority issues to be addressed in the short term to enhance management of Covid-19 and its broader impacts,

but also to feed forward into larger issues surrounding the future focus and direction of emergency management and civil contingencies in the UK.

This third interim operational review was also written in the context of completed first and second interim operational reviews. Whilst there are common threads between these reviews, a few of which are eluded to, they have been written in isolation as stand-alone reports of their respective data sets. Subsequent analyses will draw the learning from these different reports together which will be completed by the end of December 2020.

Main Findings

The five main themes were presented based on the analysis. These are:

1) Content of the communication strategy. This had two subthemes in this theme, defining the strategy to communicate and lack of clarity.
2) Decision-making, boundaries, blockers and tensions. This had three subthemes, boundaries of integrating structures, boundaries of wiring and footprints and boundaries of local decisions.
3) Subsidiarity. This had two subthemes, national level impacts on the local and the value of local decisions.
4) Planning for longevity. This had four subthemes, intelligence framework, new beneficial ways of working, preparedness/ training and resources needed.
5) Psychological impacts. This had two subthemes, fatigue and burnout and mental health strategic needs.

This report has presented each of those five themes and their associated subthemes, detailing the recommendations that have been developed from those themes.

Next Steps

The recommendations from this report will be disseminated to the C19 Strategic National Foresight Group, key UK Government Ministers and Departments, the review delegates and emergency management colleagues across the UK as well as other dissemination routes to local and national strategic decision-makers.

Conclusions of the Review Process

This review was hosted and facilitated online by The Hydra Foundation. It required a significant scale up of the existing technology and capacity and this has now been utilised in a range of data collection exercises throughout the pandemic. The technology and methodology were successful and yielded a rich set of data. As noted in the introduction, in this third interim review, a lot more of the data was experiential, with delegates engaging in reflection and sharing more of their own geographically located experiences of the pandemic to date and its management. It is important to note that this process therefore offers a methodology in which the importance of issues can be explored in relation to the quantity of issues raised around a given theme but also the extent to which they produced discussion. To enable the learning from the review to be fed back in real time, the analysis process adopted enabled a fast turn-around of high-level findings followed by rapid development of this more

in-depth final report with academics working alongside subject matter experts.

The importance of this review is that it took place mid response and brought together the breadth of LRFs, LAs and other national structures, departments and organisations. This means the learning contained in this report is unique as it is not limited to a single LRF, nor is it post-incident. The review took place at a distinctive point in time, as discussions were taking place to stand up response one again for a second wave. The findings provide a comprehensive overview of the different issues arising in that context, provide key learning, and identify key challenges. A measure of the success of the review process and the flexibility of the national response and recovery structures will be whether these challenges can be engaged with effectively and if the learning influences policy and practice in real time in that second wave and successive phases of the pandemic and has wider applications to the civil contingencies environment in the UK.

That it has taken place mid-response and, like the first and second reviews, have gone from data collection though to analysis and then production of a signed off report within five weeks has been a significant, but highly worthwhile challenge.

To complement the three Interim Operational Reviews, a final summary report will draw together findings and recommendations from all three reviews to ensure cross cutting themes and actions can be shared with stakeholders. We expect this report to be shared in December 2020.

Technical Appendices

This gives further detail and context to the discussions throughout the report.

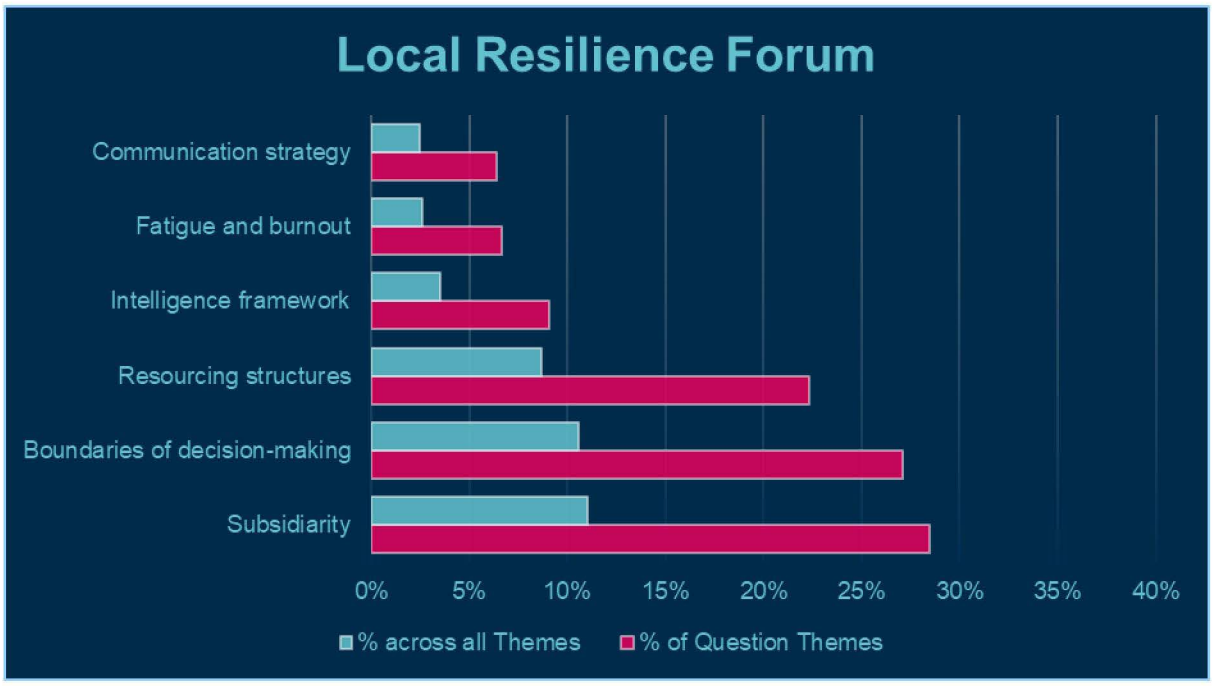
Table Representing Theme Structure: Appendix One

Table one below maps the themes generated during the coding of each section to the overall themes/subthemes reported in the main report

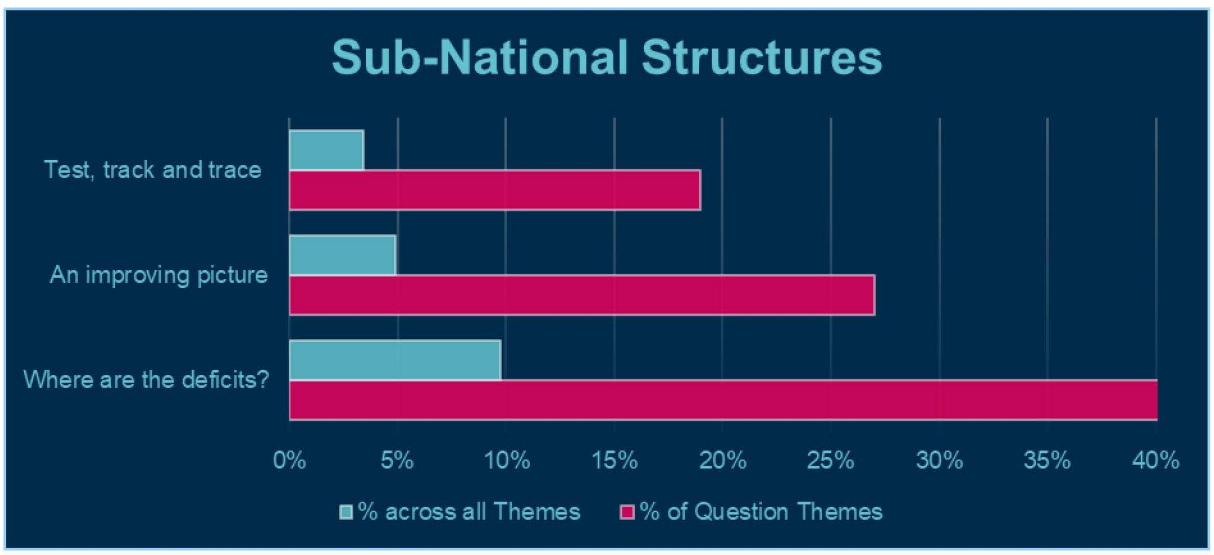
Overall Theme	Subtheme	Theme generated in section (Local/ Regional/National/Challenging winter/Legacy contribution/Personal reflections)
Content of Communication Strategy	Defining the Strategy to Communicate	S1 - 1 LRF - Communication strategy S1 - 2 Sub-national - Where are the deficits? S1 - 3 National - Communication S1 - 4 Challenging winter - Communication S1 - 5 Legacy contribution - Communication
	Lack of Clarity	S2 - 2 Sub-national - Where are the deficits? S2 - 3 National - Guidance S2 - 3 National - Voluntary Sector
Decision-Making, Boundaries, Blockers and Tensions	Boundaries of Integrating Structures	S1 - 2 Sub-national - An improving picture S2 - 1 LRF - Decision-making, boundaries, blockers and tensions S2 - 3 National - Integration across structures S2 - 6 Personal reflections - Command and control S3 - 3 National - Local-National Working S3 - 4 Challenging winter - multi-agency working
	Boundaries of Wiring and Footprints	
	Boundaries of Local Decisions	
Subsidiarity	National Impact on local Measures	S1 - 3 National - Regional working S1 - 3 National - National Structures S1 - 4 Challenging winter - National S1 - 6 Personal reflections - Accountability S1 - 6 Personal reflections - Organisational resilience
	Value of Local Decisions	S2 - 1 LRF - Subsidiarity S2 - 3 National - Relationships S2 - 3 National - Representation

Overall Theme	Subtheme	Theme generated in section (Local/ Regional/National/Concurrent/ Forward Look/Personal Reflections)
Planning for Longevity	Intelligence Framework	S1 - 1 LRF - Intelligence framework S1 - 2 Sub-national - Where are the deficits? S1 - 5 Legacy contribution - Limited intelligence to inform
	New Beneficial Ways of Working	S2 - 3 National - IT S2 - 4 Challenging winter - Reflecting on previous experiences S2 - 5 Legacy contribution - Local structures S2 - 5 Legacy contribution - New ways of beneficial working S2 - 6 Personal reflections - Long game S2 - 6 Personal reflections - Personal pride
	Preparedness / Training	S3 - 4 Challenging winter - Planning S3 - 6 Personal reflections - Preparedness/ training
	Resources Needed	S4 - 1 LRF - Resourcing structures S4 - 2 Sub-national - Test, track and trace S4 - 2 Sub-national - Where are the deficits? S4 - 3 National - Preparedness/training S4 - 3 National - Resources S4 - 3 National - Testing and Tracing S4 - 3 National - Voluntary Sector S4 - 4 Challenging winter - Capacity S4 - 4 Challenging winter - Resources S4 - 4 Challenging winter - Vaccinations S4 - 5 Legacy contribution - Resources needed S4 - 6 Personal reflections - Voluntary Sector
Strategy for Psychological Impacts	Fatigue and Burnout	S1 - 1 LRF - Fatigue and burnout S1 - 4 Challenging winter - Workforce S1 - 5 Legacy contribution - Fatigue and burnout S1 - 6 Personal reflections - Fatigue and burnout S1 - 6 Personal reflections - Impacts on family
	Mental Health Strategic Needs	S2 - 3 National - Data/Information sharing S2 - 4 Challenging winter - Learning lessons S2 - 4 Challenging winter - Young people S2 - 5 Legacy contribution - Community & society not enough S2 - 5 Legacy contribution - Lack of governance of MH S2 - 5 Legacy contribution - MH leadership fragmented S2 - 5 Legacy contribution - MH not prioritised S2 - 5 Legacy contribution - MH Strategy needed S2 - 6 Personal reflections - Impact on family

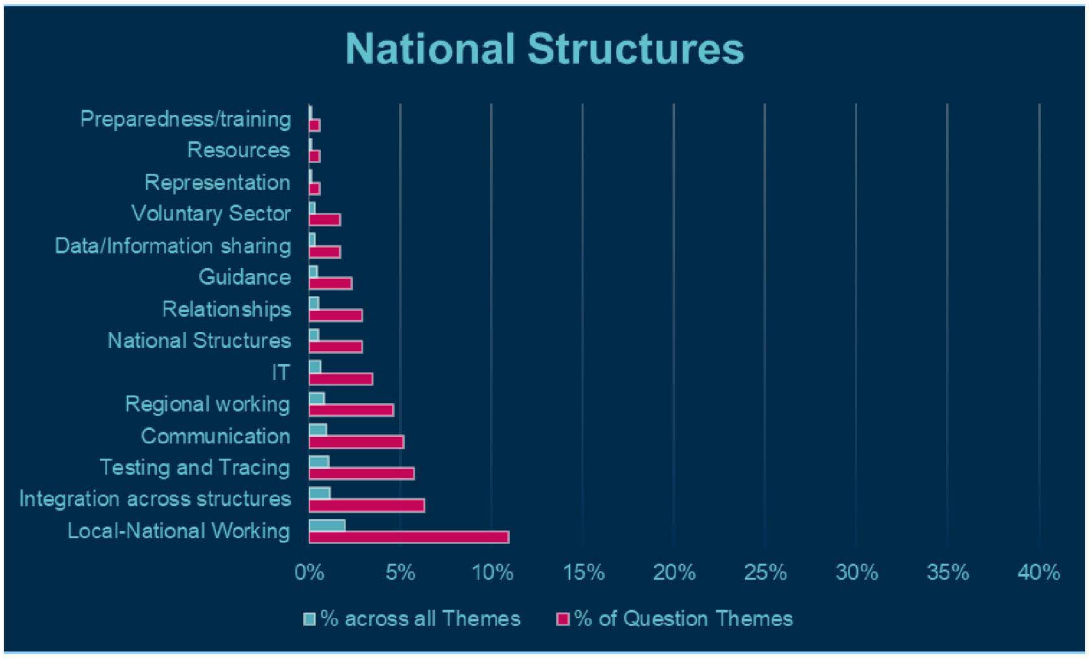
Graphs Showing the Percentages of Codes Contributing to Subthemes and their Main Themes by Question Set: Appendix Two



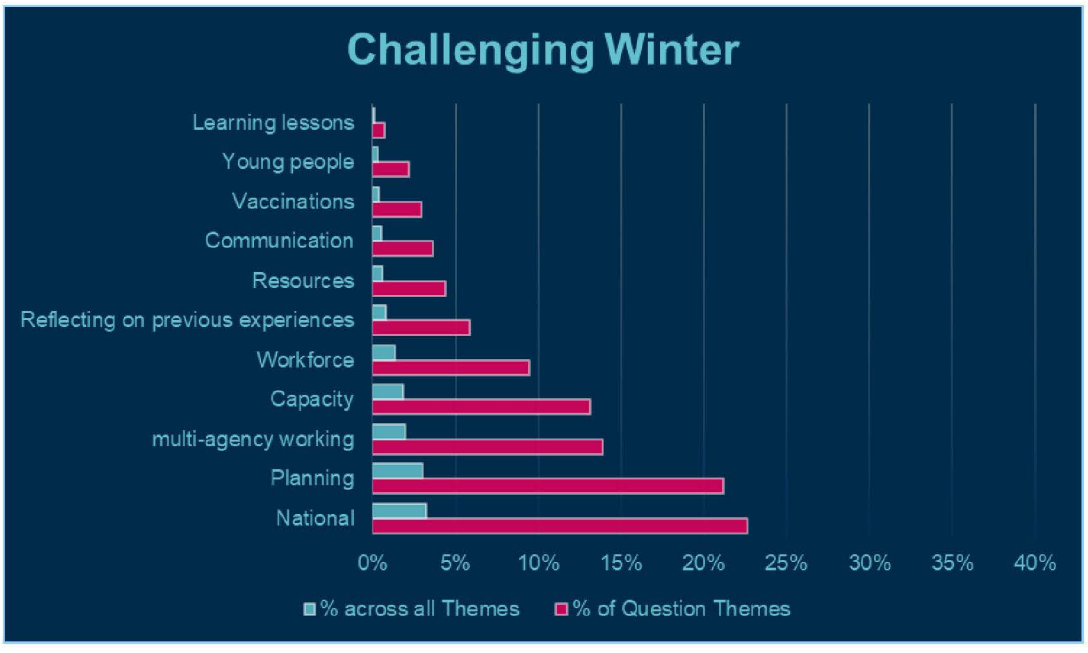
Appendix Figure 1: Theme percentages for Section 1 - Activity within your Local Resilience Forum



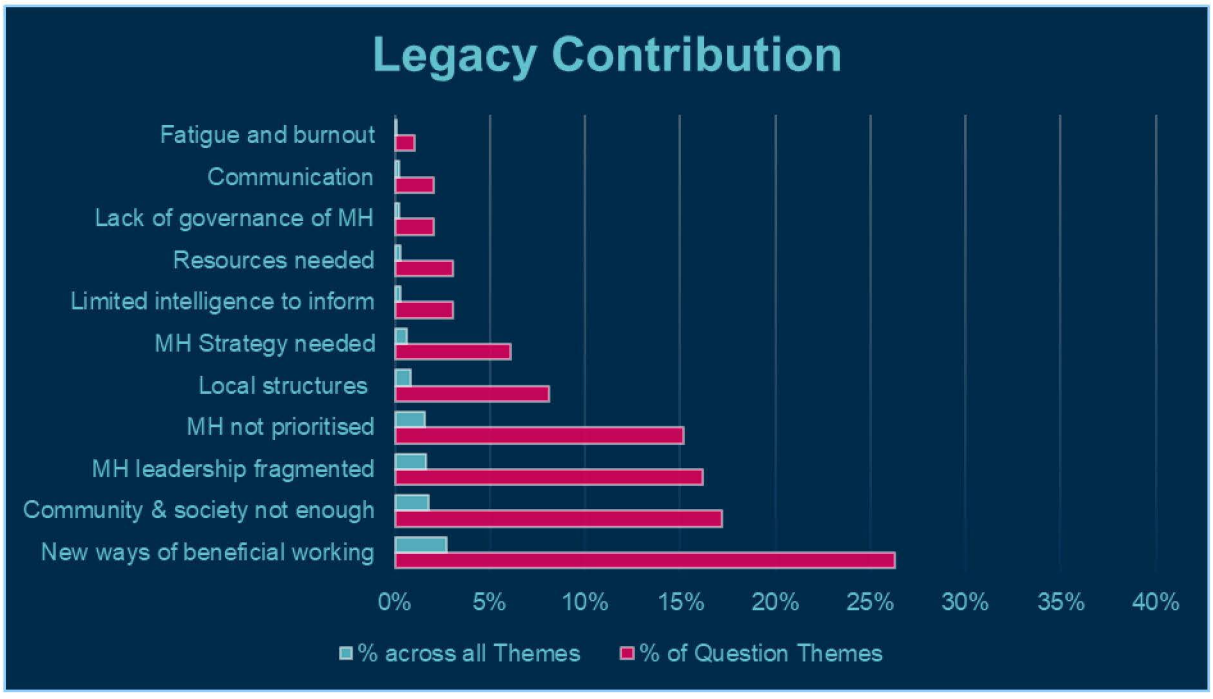
Appendix Figure 2: Theme percentages for Section 2 – Sub-national Structures



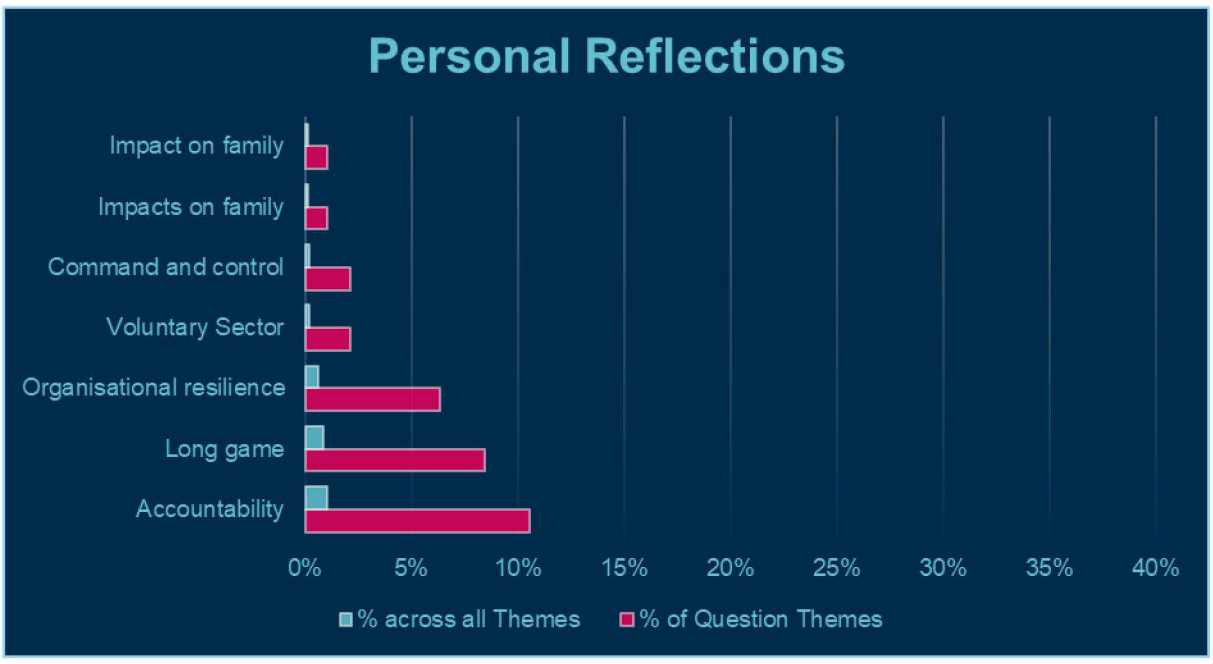
Appendix Figure 3: Theme percentages for Section 3 - National



Appendix Figure 4: Theme percentages for Section 4 – Challenging Winter

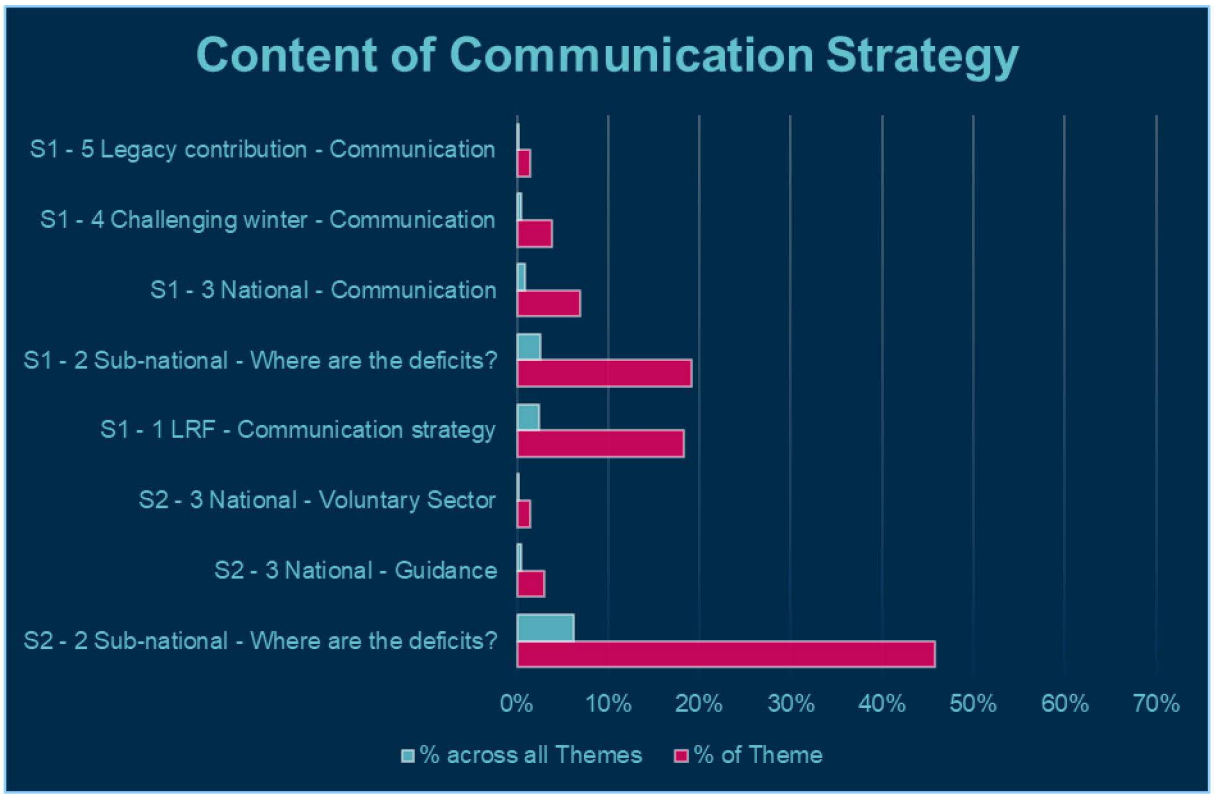


Appendix Figure 5: Theme percentages for Section 5 – Legacy Contribution

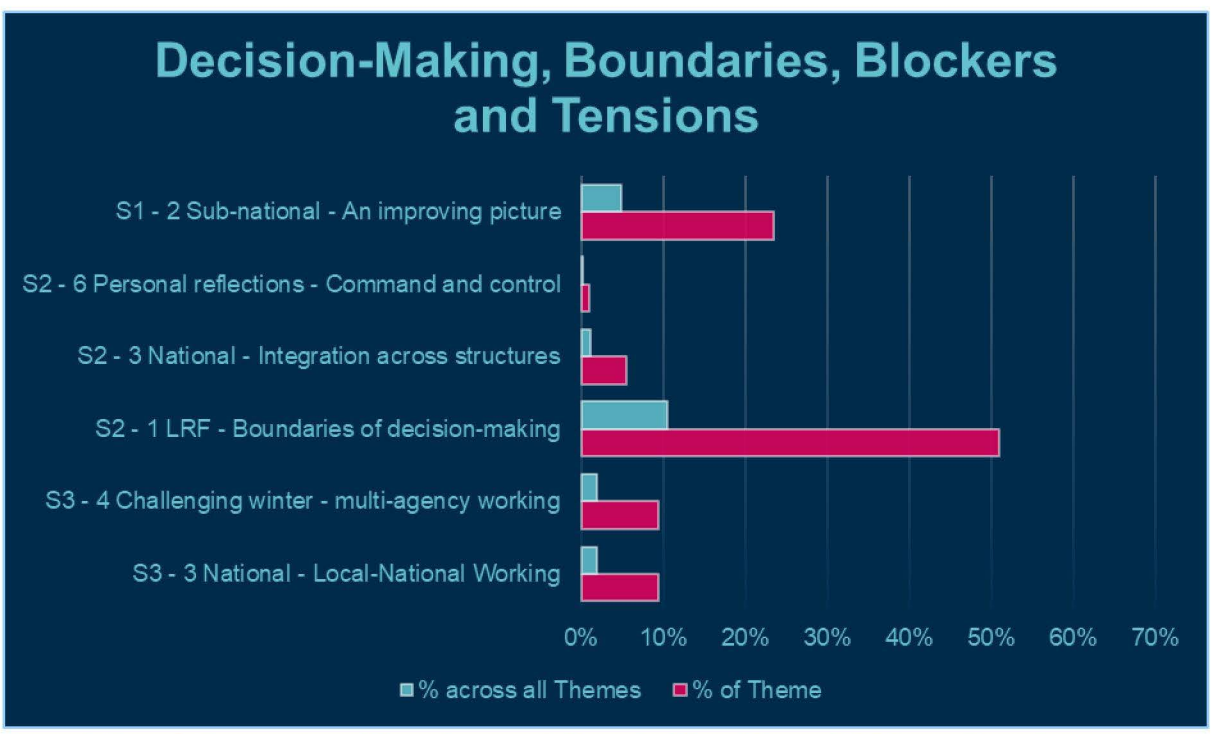


Appendix Figure 6: Theme percentages for Section 6 - Personal Reflections & Insights

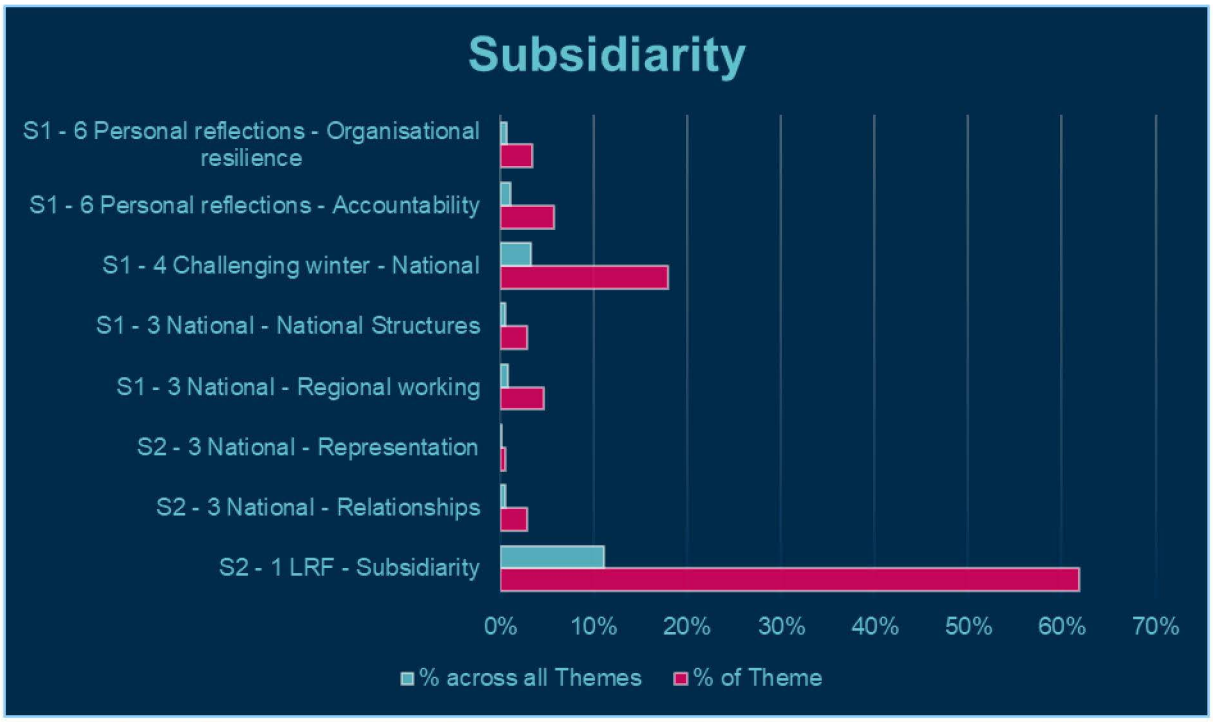
Graphs Showing the Percentages of Codes Contributing to Subthemes and their Main Themes by report findings: Appendix Three



Appendix Figure 7. The percentage of the codes generated for each of the subthemes (S1-S2 as per Appendix Table 1) in the overall issue of Content of Communication Strategy (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

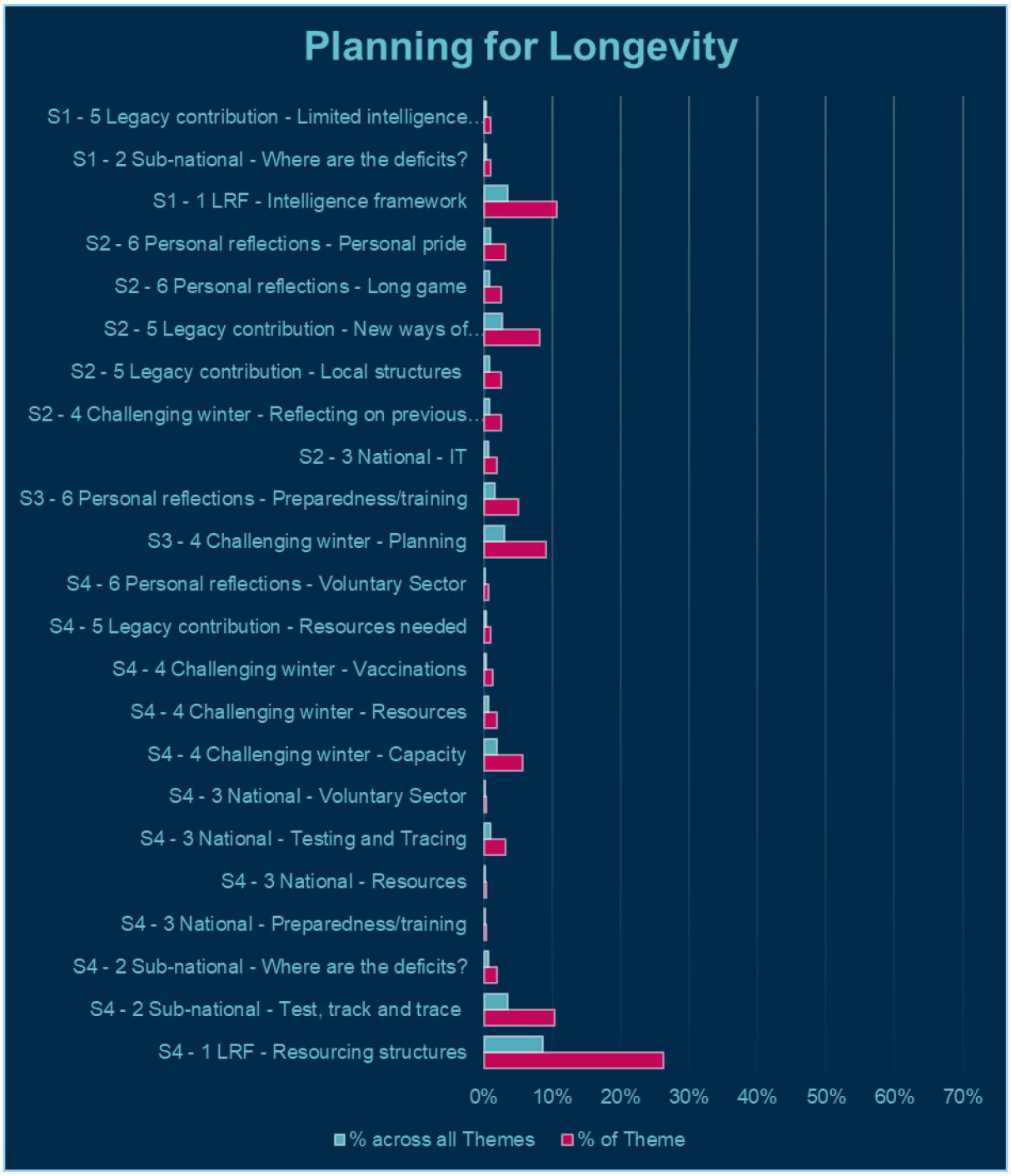


Appendix Figure 8. The percentage of the codes generated for each of the subthemes (S1-S3 as per Appendix Table 1) in the overall issue of Boundaries blockers and tensions (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).



Appendix Figure 9. The percentage of the codes generated for each of the subthemes (S1-S2 as per Appendix Table 1) in the overall issue of Subsidiarity (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

Appendix Figure 11. The percentage of the codes generated for each of the subthemes (S1-S2 as per Appendix Table 1) in the overall issue of Strategy for Psychological Impacts (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).



Appendix Figure 10. The percentage of the codes generated for each of the subthemes (S1-S4 as per Appendix Table 1) in the overall issue of Planning for Longevity (% of Theme), and as a percentage of the total codes generated across all themes (% across all Themes).

C19 National Foresight Group Integrated Review Submission:
Appendix Four

Integrated Review Contributions:

Analysis from Third 10kV Rapid Review

C19 National Foresight Group

Dr Rowena Hill

Rich Pickford

Shaun West

September 2020

Contents

Context

This report presents an analysis of the dataset focussed on the Integrated Review question 'What are the key steps the UK should take to maximise its resilience to natural hazards and malicious threats? How can we build a whole of society approach to tackle these challenges?'. This data was collected on Wednesday 16 September 2020 from over 160 delegates as part of the third 10kV rapid review commissioned by the C19 National Foresight Group, using the 10kV Cloud methodology. The data within this question set was analysed by the author in a quick time period, and submitted to the Integrated Review following the review team requesting the inclusion of this question to create a joint, collaborative submission from the resilience community. A full and detailed analysis of the rest of the 10kV data will be produced is still underway and these initial emergent themes will evolve. The author used thematic analysis to analyse the data.

Findings

There are eight main findings from this analysis.

- **What is Resilience**
- **What is the Role of the Community**
- **Layers of Structure to Achieve Resilience**
- **Accountability and Governance**
- **Legal Status and Government Understanding Expectations/ Tasking**
- **Ability to Resolve Resource Needs**
- **Review of Legislative Framework**
- **Involvement of Other Stakeholders**

What is Resilience?

The first discussion was defining what resilience is and what needs to encompass and be include in the discussion and framing of the Integrated Review. This focuses on two aspects, how wide should the definition and associated activities be and how do we define risks to which we are trying to be resilient.

The first discussion focused on how wide the definition and associated activities of resilience should be. This included a holistic view of resilience, the wide range of activities that needs to be included in its consideration. This ranged from a more traditional approach (risk assessment, planning, response and recovery and then management of an emergency), through to a fully integrated approach involving reducing and managing risk through urban planning policy and design of community lifestyle.

"Resilience is not just about the response to an emergency, but the LRF, collectively through its members, necessarily focusses on the risk assessment, planning, response and recovery to an emergency."

"It may be that a combination of LRF 'resilience delivery' and response coordination via Local Authorities is a more effective model, similar to other jurisdictions where a Mayor is responsible for the emergency response."

"Civil contingencies does not equal resilience. Get the doctrine right and it would be a good start."

"A dispersed living and working model would make the UK more resilient. Putting all of our economic eggs in a metropolitan basket will not help us to adapt to future climate or health challenges."

The second discussion focused on the definition of risks that we should develop our resilience approaches around. These mostly focused on the methodology of establishing risks. There was support for the NSRA, which defines risks at national level and then disaggregates those down to a local level for planning and mitigation to take place, and in contrast there was also the view that risks need to be identified in each community and then aggregated up to formulate the national picture of risk and resilience. An aspect discussed about any system of risk assessment was the consistency of approach and support available to facilitate that consistency.

"We welcome a review to the role of Defence in civilian resilience and response and also support a review of the National Security Risk Assessment and associated planning assumptions in order to inform a more consistent approaching to planning."

"What is the LRF these days? We need to answer this question, review the CCA and simplify some of the process such as risk assessments."

"Resilience needs to built from the ground level up not the other way round."

"The NSRA should include a set of tools, including a risk assessment template, ranking matrix and reporting, so that for the country as a whole we have a consistent approach and local residents can better understand risk and be informed about the available measures in their locality."

"It should also focus on capability, as most risks have reasonably well understood common consequences or impacts."

"The LRF is keen to see changes to the way the national risk assessments are handled locally. In a traditional risk assessment model, LRFs have few measures available to improve the risk picture, as essentially it simply reproduces the national assessment with a little local slant. A better approach would be to focus more on the common consequences, so that it is immaterial what incident has occurred, a capability to deal with the consequences in in place. The level of capability would be a matter of debate nationally and locally, led through the National Security Risk Assessment (NSRA), but for LRFs it would be easier to work to a common goal such as a set level of fuel stock, or a capability to deal with a certain number of fatalities, or evacuees, rather than debating the likelihood and impact of a given hazard."

What is the Role of the Community?

The role of the community in resilience was discussed within the data. This includes the overall desired involvement of citizens in resilience, as well as what is needed to achieve that level of involvement and the extent to the collaboration with the public. This ranges from asserting that community involvement should not be used to increase the perceived level of resilience cheaply, through the way in which community education should be used to start skilling up community members about resilience.

"The whole society approach doesn't mean we get resilience on the cheap, but that all citizens feel involved in some direct, but coordinated way."

"The legislation should focus more on a whole society, humanitarian style response, which would enable a more citizen centred approach."

"Resilience starts with the young, and in our view should be firmly part of the national curriculum. This should include discussion of risk, self-reliance, helping others (first aid, lifesaving, using defibrillators etc.), as well as topics of global importance such as climate, poverty etc. Much of this may already be covered in best practice, but a national programme would provide a more informed generation and the gateway to any new civil protection body or to charities involved in humanitarian work. A national first aid qualification could be introduced as part of a driving test."

"The public should also be made more aware of the national risk picture, and a revised risk assessment model might improve this awareness."

"Agree, the communities are part of the answer."

"Individuals need to understand the need to be self-resilient and the role they have to play in building resilient cohesive communities."

"Redefine the definition of, and stakeholders in, resilience to form a coherent long term, multi-channel education/information programme on personal and community resilience that includes individuals, families, communities, voluntary / third sector and business community and delivers behavioural change to fundamentally increase the resilience of the country. A potential solution to reducing calls upon finite resources that are more resilient to the risks, hazards and shocks of emergencies including natural hazards and malicious threats is to ensure that people and communities are better prepared and are resourced accordingly. Furthermore, this is best undertaken nationally recognising the need for generational shift in order to change understanding, attitude and compliance."

"The UK should work together with their communities and try to properly understand their needs and resilience capabilities. Communities and response communities like and need to be informed especially in the world of virtual and social media. Don't keep people in the dark unless absolutely necessary, dare to share, and don't patronise our communities."

Layers of Structure to Achieve Resilience

There was discussion of the layers of structures needed to achieve a more resilient community. These mostly focussed on regional layers and national structures needing to be reformed. A small number called for a structure which sits above the LRFs that could commit resources. Most of the discussion of this theme was the need for a regional structure.

"It has no real influence on matters of policy which affect the UK as a whole, and largely reacts to the circumstances it finds itself in."

"A single entity with power to commit resource to resilience is now needed. This entity should be able to take a UK view on matters that may be beyond a single LRF capability, or where a national approach may be needed, e.g. resilience mortuaries, or warning and informing systems. Currently, many resources are limited to single agency, where that agency may have a specific responsibility, but do not form part of a whole system approach."

"In the LRF's view, national and regional structures are most in need of review, as these will be the enablers for any local effort."

"Enhancement of coordination between all agencies is required. Clear understood decision making and hierarchy would aid future responses. An ability to utilise each Agencies strength while ensuring duplication of effort is limited."

"There is a balance between national and local decision making; we need stronger discussions between the national/central and local levels (e.g. Test)."

"Not wanting to reinvent the wheel but we would support the review of a regional resilience form approach as this previously worked, especially at a strategic level and for large regional organisations, there is an opportunity for greater levels of regional collaboration in terms of training and exercising, notwithstanding some local risks will need to be managed at a local level but this could deliver efficiencies without compromising quality, this has been proven throughout Covid in the for of the ResCG."

"A resilient UK is created by building resilient communities at the local level. The building blocks for this are around local communities eg flood wardens and Parish response plans. Then the LRFs at the Local 2nd tier authority level. The LRFs need to be structured, empowered (statutory responsibility) and funded to deliver effectively. I also think there should be a regional level to provide the greater resilience and co-ordination across several LRFs to support an effective response."

Accountability and Governance

Discussions of the accountability and how to support this focussed at two different levels. The smaller discussion considered the government responsibilities and where the different aspects of resilience sat across government was considered. Concluding that a single government department should hold the resilience portfolio in totality, so that silo working and conflicting information was reduced.

"Streamline the UK Government structure for resilience; Review the governance of resilience within government departments in order to co-locate doctrine and operational delivery within in a single department. Remove a structural separation between departments, in order to increase speed and ownership of the whole resilience agenda and puts policy and delivery within a single unit."

A related discussion focussed on the need to increase the accountability of LRFs, this is through increasing multi-agency working and also through using standards which could be mapped and measured.

"We need to utilise this opportunity to ensure that owing forward there is a common approach from organisations that make up the LRF to adopt a joint approach especially when setting up systems and technology. How may organisations were set up to use Teams from the start, how many could respond to the need for home working etc. Now we know the issues we need to act and move forward with joint planning and regular exercising, including involving organisations that are cross border, or may not make up the immediate cat 1."

"We've all bolstered the entity that we call the LRF, despite it almost existing as a virtual thing, and we've done so much. Imagine what you could do with the smallest addition of people and money and a tweak to some parts of the CCA to deliver some 'musts' rather than 'shoulds'."

"Notwithstanding the release of the resilience standards, We would support formal standards being applied to LRF performance and delivery of planning and response that can be assured in a similar way to that of the NHS EPRR arrangements."

"The CCA needs to be overhauled with more responsibility on all responders to undertake meaningful joint risk assessment and planning.

- *Or just more accountability for what they should already be doing - the standards are there some agencies have fully adopted others haven't even read them and rely on others to carry them through. Until LRF members are inspected as Cat 1/2 providers and there are tangible consequences / rewards reference their commitment we wont raise the bar.*
- *Professionalise the profession!"*

"Information sharing: If LRFs are to continue to provide the range of additional coordinated activities which were placed upon them during Brexit and Covid-19, there needs to be earlier and fuller information sharing from the national level to the local level in order to allow time for multiagency planning and preparedness. LRFs often find out changes in policy direction at the same time as the public – from BBC News. This impedes an effective multiagency response. When shared, sharing of national information with only 3 nominated individuals per LRF with a requirement not to onward share the information is unhelpful to multiagency planning. There is a balance between national and local decision making."

Legal Status and Government Understanding Expectations/Tasking

The legal status of LRFs was discussed frequently with wide support for this. This sat within a wider discussion of how the government expectations of LRF responsibilities has increased and the tasking given

to LRFs has spanned outside of their current legal boundaries and status.

"In the LRFs view, the first key step is the reformulation of legislation so that it reflects the desired resilience outcomes. The current situation, where the LRF has no legal status, relies on collaborative working, which is largely satisfactory in response, but does not allow for a forward thinking view in planning for resilience."

"There should be a formal review of legality of the LRF in terms of decision making and accountability, we would support a recommendation to formalise the role of the LRFs - the significant of an effective LRF in both planning and response has been proven time and time again but they don't have any statutory standing. We would welcome a National funding model for LRFs to ensure consistency, if LRFs are to become a legal entity then they should be funded centrally and not via pass through funding from individual organisations, we believe LRFs need to be legislated, well governed and strategically directed to a higher level then is currently the case, which is driven by risk, threat and intelligence."

Ability to Resolve Resource Needs

Resource discussions included the requirement and essential need for a consistent funding stream to the LRFs and also the ability for LRFs to influence national initiatives. Both are pivotal to achieve horizon scanning, planning and resilience mitigation is achieved, rather than reactive response as an operation of resilience. Without resources being appropriately provisioned, the latter activities of resilience is the only available option.

"Plus a properly funded civil protection framework on a national level i.e. CCU's or enough funding for LRF's secretariats to enable consistent and permanent solutions to an ever evolving and problematic subject matter (climate change will cast more and more issues going forward)."

"Organisations need to have the ability to move from BAU to a response phase at the drop of the hat, this was difficult with the resource implications that various organisations have, along with the restrictions imposed by different locations, ICT capabilities etc."

"Commit resources or set the expectation of the commitment of resources by the partners in resilience to ensure the necessary collective activities to deliver a UK resilience infrastructure can be maintained. Modernise the legislation and accompanying documents in order to reflect changing Government behaviour, changes made to organisational structures at local, regional and national level, to reflect new risks and threats and to the status of other legislation passed since 2004."

"Review the suite of legislation and guidance that underpins UK resilience activity and commit the resources in order for it to tackle future challenges."

Review of Legislative Framework

A review of the legislative framework surrounding civil contingencies was called for, predominantly to align with and keep pace with how the LRFs have been operating, outside of their legal, funding, resource boundaries, in order to deliver governmental requests and ministerial asks.

"In the LRFs view, the first key step is the reformulation of legislation so that it reflects the desired resilience outcomes. The current situation, where the LRF has no legal status, relies on collaborative working, which is largely satisfactory in response, but does not allow for a forward thinking view in planning for resilience."

"Review the suite of legislation and guidance that underpins UK resilience activity and commit the resources in order for it to tackle future challenges. The central legislation for resilience in the UK is the Civil Contingencies Act 2004. It is underpinned by non-statutory guidance, doctrine, strategy and advice which is now out of date as far as how different parts of Government uses and perceives Local Resilience Forums (LRF), which the Act established. Furthermore, commit resources."

Involvement of other Stakeholders

The military was referred to by a small number of contributions and focussed on how that could be developed to include more standardised MACA requests or streamline the typical ways that the military have become involved in the civic response.

"There should be an acceptance that military capabilities should be brought to bear more readily. Indeed, some capabilities should be made formal military offerings, for example the logistics expertise that enables a field hospital to be established, could be adapted to have a standing emergency mortuary capability, that is fully formed, trained and exercised, so that local responders can rely on a given capability. This means that the job is done once for the whole country, and LRFs do not have to take an individual approach (often to varying standards)…In terms of policy this would mean augmentation of military personnel, or as mentioned, a civil defence department with these national capabilities."

"There was also a brief discussion of the involvement of the Voluntary Community Sector (VCS) in the current and future structures. On the whole it was viewed that there should be increased working with the VCS and role clarification."

"The development of national level VCS resilience structures is moving forward thanks to the leadership of NAVCA and BRC. It still feels slow and disjointed however and somewhat remote from local VCS organisations working in this field. A small amount of additional funding has been provided to bridge the gaps between national and local, however, more focus needs to be placed on how to prepare local charities to respond quickly and effectively, with clarity over their roles."

"Consideration should be given to the formal support of other bodies such as RNLI, mountain and lowland rescue teams etc., as again, they provide a direct link to communities and do not, as a matter of course, receive direct government funding."

Summary

The analysis of this data covers eight main findings from the analysis of data within the third 10kV rapid review. We hope this is helpful to inform the resilience considerations of the wider Integrated Review.

Contact Dr Rowena Hill for further information on this report:
rowena.hill@ntu.ac.uk

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Nottingham Trent University