

# Covid-19: Solace key messages and learnings

This document aims to capture the overarching views of Solace's Policy Board, representing Solace's membership of about 1,600 local government officers including nearly 300 Chief Executives, about some of the key learnings from the Covid-19 pandemic. Due to the very nature of their roles, our members offer a unique perspective on how policies interact in place and operate on the ground and therefore were at the forefront of the response to the Coronavirus crisis.

# Overview

- The Covid-19 pandemic was an unprecedented global event which had a major societal and economic impact on local communities right across the country, and served to **further expose**, **and in many cases exacerbate**, **inequalities both between and within localities** as well as having a disproportionate impact on some of the most vulnerable.
- Responding to a rapidly evolving global disease meant central and local government, along with other public and private sector partners, had to act and learn in real-time so **it was inevitable that everything did not work as planned or expected**.
- However, it is important we reflect and learn from the events and actions we took individually and collectively, nationally and locally – to ensure that, as a country, we are far better prepared, and much more resilient, to deal with any future crises.

# Key messages/learnings

# Think local at all times

- Local government, with its unique role as leader of place, was at the heart of the UK state's response but it was not always involved in designing, developing, or deciding on policies which would impact locally, often to the detriment of communities and the country as a whole.
- Councils, and local authority chief executives in particular, played a crucial role in convening and galvanising other local public service partners, as well as private and third sector organisations, to address issues as they arose and bring together disparate funding streams in a place.
- The more central and local government co-designed and co-produced policies during the height of the pandemic, the more effective the implementation and outcomes. While this more collaborative and successful approach has been continued for engagement and partnership working in health and social care in particular, central government could and should do even more as a matter of routine to engage with local government at an earlier





stage across all strands of public policy that impact on the people and places we serve and ensure effective delivery on the ground.

- While initial collaboration with the NHS did not work well, it demonstrated **the importance of parity of esteem across an interdependent health and care system** that social care is given equal weight to health within that system and that this is crucial to any future public health emergency response. This is clearly and regrettably not the case at the moment.
- Given their effectiveness at responding to the pandemic local leaders officers as well as elected members demonstrated that central Government should listen to them more and trust them more with greater control of funding and decision-making powers.

#### Align announcements and minimise the use of funding pots

- While the total package of funding support from central government was vital and very welcome, the timing and delivery of much of that financial assistance was suboptimal. Major announcements would often be made by Ministers nationally – often at the end of the working day/in the media overnight – only for crucial guidance and details that would enable schemes to be delivered locally to be issued at a much later date. This in turn placed substantial pressure on local authorities to distribute funding at a speed that was simply not possible and led to eroded trust with residents and/or the local business community who grew frustrated at delays to delivery.
- While understandable to an extent, the drip feed of individual funding pots for specific schemes was also an inefficient and less effective way to address many of the issues Government was seeking to solve. A single Covid management fund provided to all councils would have been much more efficient and effective.
- A truly sufficient and sustainably funded local government sector would have been far better placed to swiftly respond to issues and deliver many of the schemes Government developed but better tailored to local circumstances e.g. business support grants.
- And given the crucial role of local government in responding to the pandemic, and the sector's irreplaceable role in catalysing growth and supporting the lives of citizens, it is clear that councils will also have a pivotal role in restoring and repairing the impacts of the pandemic on our social, environmental, and economic fabric.

#### We need to start preparing for the next crisis now

 The Coronavirus crisis has shown the central importance of prevention and early intervention so we should invest more significantly in social infrastructure, with a specific focus on community-led prevention and early intervention initiatives, to help build short term and long-term community resilience. For decades, the UK public sector has not done enough to invest upstream and tackle challenges before they happen, or before chains of causation are



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triggered, leading to poor outcomes for individuals and higher demand for expensive public services.

- Government should also work with the sector to develop a long term workforce strategy for local government, similar to that for teachers, nurses, and civil servants, which seeks to address both short- and longer-term recruitment and retention challenges. As crises, like the Covid-19 pandemic, often have a disproportionate impact on the most vulnerable it is imperative that this overarching strategy should include a workforce diversity and inclusion plan to help places develop a skilled workforce which better reflects the communities they serve; in turn helping to address inequalities and disparities at a local level right across the country.
- If another major national or global crisis were to strike now, local government would be far less resilient compared to the start of the pandemic in 2020. This is due to ongoing budget constraints placing further demand on services and pressure on workforces at a time when councils are struggling to recruit and retain the workers they need to deliver normal services let alone respond to a major event.
- Government should, as a matter of routine, provide councils with truly sustainable multiyear funding settlements that will enable them to not only better plan how services can be delivered and transformed but will also allow them to create contingencies for when – because it is 'when', not 'if' – the next crisis occurs.

# **General points**

- Responding to a rapidly evolving global pandemic, especially in the earliest days, weeks and months, was extremely difficult for everyone central and local government, health and other public sector partners, local economies, but our communities too.
- The pandemic further exposed, and in many cases exacerbated, inequalities both between and within localities, and had a disproportionate impact on some of the most vulnerable in society.
- Local government was at the heart of the UK state's response and was responsible for a huge variety of issues including, but not limited to:
  - contact tracing
  - testing
  - homelessness
  - vaccination
  - enforcement of new Covid laws
  - PPE procurement

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- shielding
- communications and engagement with residents across the country
- mortuary services
- care home support
- payments to business and individuals
- recovery.
- In all of these areas, councils made a positive contribution to the pandemic response and were involved in partnership working at the national, regional and local levels. Throughout the pandemic local government played a significant and irreplaceable role in ensuring effective delivery on the ground while supporting our communities through the pandemic. These achievements demonstrated the flexibility, agility, and reach of the sector.
- Councils, and local authority chief executives in particular, played a crucial and unique role in convening and galvanising other local public service partners, as well as private and third sector organisations, to address issues as they arose and bring together disparate funding streams in a place.
- Public health teams were also at the core of advice giving and coordination of services to support communities.
- Initial collaboration with the NHS did not work well. Local authorities were quick to mobilise certain schemes (e.g. prescription deliveries) but this was often followed by a parallel NHS programme addressing the same issue. The result was inconsistencies, confusion and unnecessary duplication.
- But all levels of local government and our health partners rose to the challenge of this national emergency with local officials and politicians, in particular, going above and beyond to continue delivering vital services to support citizens and businesses in the communities they serve despite operating in circumstances which made it much harder to do so.
- Balancing the overall harms of different responses/measures on population health, the
  economy, and society in general was not easy, but in all of our discussions with
  Government we made the case for councils to have the right tools and resources to do the
  job and strived to ensure that Government announcements were aligned to local needs.
- There was dissatisfaction across the local government sector with the quality and efficacy of the information and guidance coming from central Government and the timeliness of its publication although this improved as time went on.
- There was often interdepartmental lack of join up at the Whitehall level, such as between DLUHC and DCMS around who was responsible for leisure centre viability issues. This resulted in issues falling through the cracks, and as a result, local services suffered.

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- Despite the significant challenges, central and local government learned as we went along, and the **joint work between central and local partners improved** as it needed to.
- As the response to the pandemic became quite rightly more localised, the resources to support this shift sometimes did not follow sufficiently. Funding was delivered sub-optimally, with an explosion of small funding pots being publicly announced sometimes catching government departments and local authorities unawares as details trickled out weeks later, often changing, and sometimes followed by other announcements. These delays in developing detailed guidance often made it look like problems implementing schemes rested with local authorities, while business support grant schemes piled pressure on finance teams to get money out of the door and ask questions later. In some cases (e.g. Small Business Grant Fund, Covid Additional Relief Fund) support was poorly targeted and delays in the development of tools to help support local authorities increased the risk of fraud and error at substantial cost to the public purse.
- Bureaucratic reporting and post-assurance reviews developed after schemes had closed and reliance on local authorities to develop discretionary schemes to mitigate the inadequacies in main schemes, or provide more cost-effective support than a national scheme, added unhelpfully to council workloads often requiring a massive disruptive shift of resources.
- However, the more central and local government co-designed and co-produced, the more
  effective the implementation and outcomes. This more collaborative and successful
  approach has been continued for engagement and partnership working in health and social
  care in particular. That said, central government could do even more to engage with local
  government at an earlier stage across all strands of public policy that impact on the
  people and places we serve.

# **Covid-19 pandemic learnings**

- The default approach to pandemic response and decision-making started at a national level and only gradually became more localised during the course of the Coronavirus crisis. In some cases this meant **the initial pandemic response was not as effective as it could have been and was not tailored to local circumstances**.
- Central government could have made better use of local government capacity, especially initially, which may reflect in part a lack of understanding in Westminster and Whitehall of the unique role of councils.
- The Government's procurement process for securing critical personal protective equipment (PPE) neglected local expertise. All over the country local businesses with directly relevant expertise in procuring PPE and who could have helped were often overlooked, frequently

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at the expense of companies with no track record in this sphere, which made UKPLC more vulnerable to global supply chain issues and slowed down distribution.

- There were occasions when **national decision making extended unnecessarily beyond 'what' needed to be done to 'how' it needed to be done**. This led to less effective implementation.
- The nature of a pandemic is that it affects different areas differently. It is therefore crucial local areas have the powers to make their own decisions about how best to tackle the circumstances they are facing. It is unhelpful when these decisions are undercut by national diktat (e.g. school closures). Although decision making was highly pressured and time critical, engagement with local government early in deliberations, greater involvement in the design and delivery of major national programmes (e.g. testing and contact tracing), and longer lead in times would have helped to make implementation in communities far more effective and achieve the desired outcomes. Local place-based leaders played a vital role in responding to the pandemic and helped to deliver better outcomes demonstrating they should be listened to and trusted more with greater control of funding and decision-making powers.
- The pandemic reminded us that integrated cross government working between different Whitehall departments better enables system working at the local level.
- Some regional and sub-regional emergency response structures are aligned to economic or community geography rather than health geography. It will be important to **think about the spatial coverage of responses to different types of emergency** in the future.
- It is important to align economic incentives to support the behaviour we are encouraging in our communities e.g. the limited funding and strict eligibility criteria attached to the self-isolation payments scheme meant that it had too small an impact on too few people and therefore its goal of ensuring people who tested positive for Covid-19 stayed at home was not delivered.
- Systems of real-time national, local, and horizontal data sharing are key to informing any emergency response.
- Moving forward, Government needs to understand that **councils hold lots of quality information on their communities/vulnerable groups that can strengthen targeted support** in any future health emergency response.

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- The importance of parity of esteem across an interdependent health and care system that social care is given equal weight to health within that system – is crucial to any future public health emergency response. This is clearly not the case at the moment.
- The UKs initial handling of the Covid-19 outbreak was far from a success, so it is important
  we learn the lessons from lockdowns (and any delays to their announcements), the impact
  of closing borders/limiting foreign travel, discharging patients from hospital in to care
  homes and the support/protections in place for residents and staff. More 'protections' and
  better communications for staff need to be considered e.g. care home, home care, and
  refuse and transport workers including, but not limited to:
  - Advice on protecting residents e.g. masks, PPE, regular washing of hands
  - Visitors to care homes and protocols
  - Vaccinations
  - Admission and discharge protocols from hospitals and the community
- There are serious concerns in the sector around the under resourcing of local health protection teams (HPT) that, while the front and centre of any response, are fast disappearing due to budget pressures risking health security capability.
- Looking forward, we should learn how to continue harnessing the power of mobilising civic society because a huge amount of volunteer capacity built throughout the pandemic has been reduced, in part due to the cost-of-living crisis with many volunteers moving back into paid employment.
- We should also seek to learn the lessons on what went well, and what did not, in relation to the 'Everybody In' homelessness scheme.

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