



RESPONSE TO THE HOUSE OF LORDS PUBLIC SERVICES COMMITTEE INQUIRY ON 'PUBLIC SERVICES: LESSONS FROM CORONAVIRUS'

The inquiry examined what the experience of the coronavirus outbreak can tell us about the future role, priorities and shape of public services. The inquiry focuses on four key areas: the integration of services; inequalities in access and outcome; the relationship between local and national services; and the role of civil society—the private sector, charities, volunteers and community groups—during coronavirus.

Submission date: 29 June 2020

What have been the main areas of public service success and failure during the Covid-19 outbreak?

- One of the main areas of public service success has been collaboration at the local level. This has not just involved positive collaboration between local public services – such as local authorities, NHS Trusts and emergency services – but has also seen these bodies work in closer partnership with businesses and local voluntary and community organisations.¹ Clearly the extent of collaboration varies across England, as local authorities that were already building strong relationships with their communities before the pandemic have been able to harness the skills and energy of the new mutual aid groups more effectively than those that were not.²
- Another main area of success was the rapid adoption of technology and successful migration of public services online.³ Eddie Copeland, Director of the London Office of Technology and Innovation, wrote that digital and IT teams in London borough councils enabled “massive remote working on a scale never previously experienced” as part of their response to the COVID-19 outbreak.⁴
- In contrast, one of the main areas of failure has been the apparent reluctance of national government and public service bodies to collaborate and share data with their regional and local counterparts. A case in point is the UK’s test-and-trace system, which the UK Government decided in early May to centralise and outsource to the Department for Health and Social Care (DHSC) and two private call centre operators respectively. By the end of May, after senior local government figures pointed out that local authorities have experience testing-and-tracing people with diseases such as hepatitis and HIV, and that countries such as Germany were already implementing a successful localised approach to test-and-trace for COVID-19, the UK Government

¹ For examples, see: Local Trust and NLGN. (June 2020). [How is COVID-19 changing the relationship between communities and public services?](#)

² Forthcoming research by NLGN on mutual aid groups.

³ Ibid for examples.

⁴ Copeland, E. (April 2020). [Beyond the crisis: How might local government build a positive legacy after Covid?](#)

relented and involved local authorities more in the system.⁵ But the seeming unwillingness of national government to work with local government from the outset created unnecessary delay to the development of a system that is intended to save lives.

- Another key failure is that local government is now staring at a COVID-19-shaped financial black hole. At the start of lockdown, the UK Government promised to meet all expenditure incurred by local authorities in their response to COVID-19. In May, the Secretary of State for Housing, Communities and Local Government rowed back on this promise, insisting instead that local authorities would only be reimbursed for costs arising from tasks that the UK Government had asked them to deliver. As well as going above and beyond what the UK Government asked of them to keep their communities safe, local authorities are also expecting drastic loss in income across the board (from lower council tax and business rates receipts to no income from, for example, leisure centres and car parking charges during lockdown). Although the UK Government has provided local authorities with £3.2bn in two tranches to aid their responses to COVID-19, this is nowhere near enough to cover the £9bn - £13bn shortfall the local government sector is expecting this year because of COVID-19.⁶ If local authorities are struggling to fulfil even their statutory requirements, local responses to help people and places recover from the negative impacts of lockdown will be seriously curtailed, not to mention local responses to any future second wave of COVID-19.

Did resource problems or capacity issues limit the ability of public services to respond to the crisis? Are there lessons to be learnt from the pandemic on how resources can be better allocated and public service resilience improved?

- Capacity did not become as big an issue as it might have been because public services, voluntary and community groups and

⁵ NLGN's Chair, Prof Donna Hall, was one of the senior figures who spoke out. See: Hall, D. (5 May 2020). '[Snubbing local expertise in favour of private Covid-19 tracing is a disaster](#)'. The Guardian.

⁶ Calkin, S. (7 May 2020). '[Why the government doesn't get councils' Covid funding woes](#)'. Local Government Chronicle.

members of the public supported each other to cover the roles of people who were self-isolating. In local authorities, some members of staff were redeployed to other departments to support the frontline response to the pandemic and the delivery of essential services.⁷ Other public service employees were redeployed to help community groups meet growing demand for their services and distribute food parcels to people in need.⁸ Some local authorities helped connect unemployed members of the public with employers and VCSE organisations in urgent need of staff, and others set up campaigns to ask residents to volunteer for basic care roles if key workers are in self-isolation.⁹

- Resource problems will limit the ability of public services to develop plans to recover from this crisis and respond to future COVID-19 outbreaks. The Secretary of State for Housing, Communities and Local Government pledged in March to support local authorities to do ‘whatever is necessary’ in response to the pandemic, but rowed back on this commitment in May by declaring that local authorities will only be reimbursed for performing tasks requested by the UK Government.¹⁰ This U-turn reveals an underappreciation of, or a lack of care for, the wider expenditure and loss of income local authorities have experienced during lockdown. Local authorities are now coming to terms with a triple whammy of financial difficulties: a decade of ‘austerity’ cuts serving as a weak starting point to strategically managing a major crisis; immediate outlays to respond to the pandemic emergency, lockdown and spikes in demand following lockdown; and loss of income from services closed or operating below capacity during lockdown, as well as reduced council tax and business rates receipts in the medium term. If the UK Government does not support the sector to meet its expected £9bn – £13bn shortfall,

⁷ Examples are presented in [a Twitter thread](#) by the Local Government Association (8 April 2020).

⁸ Two examples: [Newark & Sherwood District Council](#) redeployed two members of staff to assist a community kitchen (30 March 2020). [County Durham and Darlington Fire and Rescue Service](#) helped a community café deliver food parcels to vulnerable residents in Durham (14 May 2020).

⁹ Two examples: [Stockport Council](#) set up a jobs match website to connect employers across the borough who have urgent temporary or permanent vacancies with applicants who are immediately available and in need of employment (March 2020). [Staffordshire County Council](#) launched an ‘iCare’ campaign to ask for volunteers to help with personal care tasks if needed (27 March 2020).

¹⁰ Ball, J. (20 May 2020). [“Whatever it takes”: Has the government broken its promises to local councils?](#). New Statesman.

many local authorities will struggle to respond as effectively to a second wave of COVID-19 as they did to the first.

- The UK Government's approach to financial support for local authorities during the pandemic comes in stark contrast to their approach to financial support for the NHS. This has seen the Chancellor of the Exchequer pledge that "whatever resources our NHS needs to cope with coronavirus – it will get" in the March 2020 Budget and the UK Government write off £13.4 billion of historic NHS debt at the start of the 2020/21 financial year.¹¹
- There are two lessons from the pandemic for public service resources and resilience. First, local authorities that are building strong egalitarian partnerships with communities are better placed to cope with capacity issues in future COVID-19 waves and pandemics. Second, local government requires a secure long-term funding settlement to remain sustainable in its current form. The UK Government's growing tendency to fund local authorities with random one-off short-term single-issue funding pots does not aid local strategic planning and takes resources away from local authorities by requiring them to bid for the money and report on how it is used. The proliferation of one-off central funding programmes for local authorities is currently the subject of an inquiry by the National Audit Office.¹²
- Public service resilience at the local level can only be secured for the long term if local authorities receive a multi-year funding settlement that allows them to plan strategically and make the best decisions for their residents and area while stepping outside central government's shadow. There are also growing calls in the local government sector for local authorities to be given the flexibility to balance budgets over multiple years, which would give them some breathing space to recover from the financial impact of COVID-19 without resorting to section 114 notices. This is something the Chancellor of the Exchequer can already enable at the national level, but is currently not allowed at the local level.

¹¹ HM Treasury. (11 March 2020). [Budget Speech 2020](#). Department of Health and Social Care. (last updated 9 April 2020). [NHS to benefit from £13.4 billion debt write-off](#).

¹² Peters, D. (27 January 2020). ['NAO to probe one-off Government funding pots'](#). The MJ.

Why have some public services been able to achieve goals within a much shorter timeframe than typically would have been expected before the Covid-19 outbreak – for example, the increase in NHS capacity? What lessons can be learnt?

- Some local authorities that were able to achieve goals in a short timeframe did so because they engaged positively with communities and the newly emerging mutual aid groups. Many understood that the flexibility and responsiveness that characterise mutual aid groups would be crucial to being able to reach everyone in need. These local authorities opened lines of communications early, tried to work out how to be facilitative (for example, by helping them with admin, safeguarding, GDPR, and good hygiene in order not to spread the virus), and saw the value in getting out of the way so that communities could help each other rather than have their enthusiasm and sense of altruism dulled by micro-management.
- The experience of local authorities that engaged less positively with communities also proves this point. Some local authorities engaged much less positively with mutual aid groups – some ignored them; others tried to take them over (thus, predictably crushing them); and several used them as a crutch to lean on rather than treated them as partners.¹³ One local authority reflected that if they were to start the lockdown again, they would do a lot of things differently in terms of engaging with these groups, and that “they’ve learned a lot in a very short period of time”. If working more collaboratively with communities is a lesson that all public services can take from this period, it will aid resilience in the longer-term and help build more cohesive local responses to the post-lockdown recovery.
- Many local authorities within NLGN’s network cite organisational culture as a significant factor in enabling a rapid response. Responding to the public health emergency gave local authorities a clarity of purpose and clear sense of mission. In many instances,

¹³ Forthcoming research by NLGN on mutual aid groups.

these helped to break down siloes and enable collaborative working to identify and respond to need. The speed and scale of action required often involved officers adopting a new role – for example, library staff switching to setting up a food distribution hub – and in many cases a huge degree of autonomy to frontline staff was permitted, going against a more traditional slow sign-off process within a hierarchy of decision-making. There is much to learn from the positives of culture and permission to innovate and apply beyond the crisis.

Has the delivery of public services changed as a result of coronavirus? For example, have any services adopted new methods of meeting people's needs in response to the outbreak? What lessons can be learnt from innovation during coronavirus?

- Yes, local authorities used digital tools to adapt service delivery in numerous ways. Examples include:
 - Adapting existing services to online platforms. For example, Hertfordshire County Council offered some sexual health services online so that people could continue to access them during the pandemic.¹⁴
 - Supporting a more preventative approach to service delivery. Some councils, such as Kingston Council, made courses and services publicly available and free of charge online so that people not in receipt of formal care could help themselves if they were feeling low.¹⁵
 - Developing new uses for technology to aid pandemic planning and delivery of essential support. For example, Sutton Council worked with ViaVan to adapt their demand-responsive bus service technology so that it could help volunteer drivers deliver food parcels to vulnerable residents more efficiently.¹⁶

¹⁴ [Tweet](#) by Hertfordshire County Council (25 April 2020).

¹⁵ [Tweet](#) by Kingston Council (24 April 2020).

¹⁶ Sutton Council. (2 June 2020). ['Borough's most vulnerable supported by Sutton Council's use of delivery and transport software by ViaVan'](#).

- The main lesson from the different methods of public service delivery developed during the lockdown period is that collaboration is key to resilience and success. The centralisation of the management of a crisis response, at any level of government, leads to bottlenecks, mistakes and leadership vacuums. That is not to say that collaborative responses never result in mistakes, but good collaboration between public services, businesses, charities and communities can resolve mistakes more quickly because there are multiple leaders in the system rather than one single point of command-and-control.

How effectively have different public services shared data during the outbreak?

- During strict lockdown in March and April, local authorities struggled to access lists of shielded individuals and information on people who needed additional support (such as welfare assistance) even though local authorities were responsible for supporting them.²¹ Local authorities reported to NLGN that CCGs did not share data with them until late April, at which point they were given different lists and had to spend precious time trying to reconcile them. Subsequent announcements by Government Ministers on the easing of lockdown restrictions for shielded groups were not shared with local primary care officials in advance.
- Data is still not being shared effectively about new cases at local levels. For example, data on the identity of people testing positive for COVID-19 is not being shared with local systems, so it is impossible for local GPs, councils, hospitals and communities to respond effectively and know where local clusters of cases are forming.²²
- A lack of available and consistent data makes it hard for local areas to plan and coordinate their response. It has placed added difficulty on an already difficult situation, requiring local public services to operate in the dark trying to protect people's lives and livelihoods in an unprecedented locked-down environment.

²¹ Downey, A. (27 April 2020). *'Failure of NHS to share Covid-19 data 'exasperating', council chief says'*. Digital Health.

²² Garside, J. et al. (23 June 2020). *'Whitehall not sharing Covid-19 data on local outbreaks, say councils'*. The Guardian.

- Some more localised efforts have broken down data-sharing barriers – for example, the Information Governance Group for London set up a data-sharing agreement for boroughs in only a few days on children who rely on free school meals.²³ Hackney Council used Unique Property Reference Numbers (UPRNs) to compare datasets and service records to build a “single picture” of vulnerability in the borough – gathering information on people’s names, addresses and what makes them vulnerable in one place – to aid the borough’s response to the pandemic.²⁴ The ten councils in the Greater Manchester Combined Authority area shared a dashboard of information on which care homes are reporting problems, such as COVID-19 outbreaks and shortages in personal protective equipment, so that other parts of the local health and social care system could step in to help.²⁵
- A lesson from this period is for public services at all levels to commit to better data collaboration. There are opportunities for places, particularly cities and city regions, to adopt new data standards and invest in common approaches and tools for information governance. Again, however, another lesson is that national public services should trust and utilise the capacity within local systems much better and share data from the outset.

Did public services have the digital skills and technology necessary to respond to the crisis? Can you provide examples of services that were able to innovate with digital technology during lockdown? How can these changes be integrated in the future?

- There are plenty of examples where local authorities used digital technology differently to respond to the crisis and deliver public services in lockdown – see the answer to Question 6 for case studies. Local authorities such as Manchester City Council trained residents with few digital skills in basic Internet tasks so

²³ Copeland, E. (April 2020). *‘Beyond the crisis: How might local government build a positive legacy after Covid?’*

²⁴ Hackney Council. (20 March 2020). *COVID-19 Analysis: Beginning to understand the impact on our vulnerable residents.*

²⁵ Williams, J. (23 April 2020). *‘Greater Manchester has created the first ‘black alert’ system for care homes.’* Manchester Evening News.

that they were able to access online services, read information about COVID-19 and connect with friends and family via video conferencing platforms during lockdown.²⁶

- Local authorities have invested much time and resource in developing flexible working and hot-desking policies during the austerity years, and this investment has served them well during lockdown as most office-based staff were able to continue working from home.
- There is a question mark over whether the digital innovation seen in this pandemic will be able to continue and progress if local authorities are in financial difficulty. In some areas, data analysts were among the first to be made redundant in the early austerity years as statutory service budgets were prioritised, but local authorities have been employing data analysts again in recent years. If local authorities are to maintain digital services and address digital exclusion, they need secure and sustainable funding to run programmes and retain the skills of ICT professionals and data analysts.

Have public services been effective in identifying and meeting the needs of vulnerable groups during the Covid-19 outbreak? For example, were services able to identify vulnerable children during lockdown to ensure that they were attending school or receiving support from statutory services? How have adults with complex needs been supported?

- Local public services and partners have worked above and beyond to meet the needs of vulnerable groups during the pandemic, but there is a limit to what they can achieve when relevant data is difficult to access (see answer to question 7) and the usual referral systems are locked down. For example, many referrals into children's social care come through schools.

²⁶ Manchester City Council. (22 May 2020). [Vulnerable residents to get digital help through Manchester Community Response Hub](#).

- Although local authorities have developed initiatives to support vulnerable children and young people who are already on their radar and worked with partners to provide electronic equipment to children in digital poverty so that they can continue their studies,²⁷ referrals to children's services have fallen during the lockdown period. This is because organisations that make a high proportion of the referrals, such as schools, colleges and youth groups, have largely been closed since the end of March. Evidence is emerging that local authorities are already experiencing a spike in referrals to and demand for children's services, and this will be an ongoing challenge for local authorities as lockdown restrictions continue to be lifted.²⁸

- Local authorities have implemented their own initiatives to support adults with complex needs during the pandemic. This has led to some good news stories and good practice, such as:
 - Adapting usual services to comply with social distancing requirements: The Cambridgeshire County Council Sensory Service Team developed new ways to complete rehab and provide support to people with sensory impairments depending on the needs of the individual. These include setting up calls and video calls and talking them through daily tasks.²⁹

 - Communicating differently: In partnership with Bradford Talking Media, Bradford Council published a series of easier-to-read guides on its website to provide more accessible information on COVID-19 for people with learning disabilities.³⁰

 - Developing new services: Essex County Council commissioned a new service, 'Stay Connected', to help vulnerable adults stay physically and mentally active during the COVID-19 outbreak with personalised support.³¹

²⁷ Examples: [Darlington Borough Council](#) organised Letterbox Club educational packs that were distributed to more than 150 looked-after children during lockdown. [Camden Council](#) launched a new scheme to help schoolchildren without digital devices to access online learning during lockdown.

²⁸ Brand, P. (23 June 2020). '[Exclusive: 50% rise in children referred to care during coronavirus pandemic.](#)' ITV News.

²⁹ Cambridgeshire County Council. (2020). [Sensory Service finds new ways to provide support to sensory impaired people throughout Coronavirus.](#)

³⁰ Bradford Council. (June 2020). [Bradford Council supporting residents with Learning Disabilities as lockdown eases.](#)

³¹ Essex County Council. (8 April 2020). [New service to support vulnerable adults.](#)

- Sharing examples of good practice between local authorities in the coming weeks and months will mean that approaches such as the case studies above will be adopted more widely in any future crisis.

Are there lessons to be learnt for reducing inequalities from the new approaches adopted by services during the Covid-19 outbreak?

- Inequalities are not evenly spread across all parts of the country, and so are not best met by a ‘one-size-fits-all’ national strategy. For example, although nationally more men than women seem to have died from COVID-19, in Sunderland there have been more women than men die, an area with one of the highest death rates.³² There needs to be greater recognition that health inequalities are highly localised and have persisted despite the NHS’s universal health services. Wider determinants are also key, so service approaches that address individuals’ wider wellness rather than just illness are important.
- Collaboration with communities is crucial to enable public services to understand the root causes of inequalities and co-develop solutions. During lockdown, Birmingham City Council and Lewisham Council announced a joint inquiry into health inequalities experienced by Black African and Caribbean communities in their areas.³³ The review was prompted by the impact of COVID-19 on BAME communities, but will examine health inequalities faced by Black African and Caribbean people more broadly and develop an evidence-led approach to addressing the issue.
- Communication is the cornerstone of successful collaboration. One lesson public service organisations should learn from the pandemic is that they are more agile and flexible than many would have previously believed – the rapid transfer of services to digital platforms is a case in point. They should take inspiration from this period to develop new two-way communication plans

³² NLGN. (17 June 2020). [“The crisis put our transformation programme on steroids” – Sarah Reed, Sunderland City Council.](#)

³³ Lewisham Council. (6 May 2020). [Lewisham launches ambitious research partnership to explore health inequalities.](#)

with so-called 'hard-to-reach' groups. Birmingham City Council has already started this by developing a communication and engagement campaign to further support BAME, disabled and LGBT communities across the city during the pandemic.³⁴ The campaign will see the council work with a wide range of partner organisations to understand specific issues around COVID-19 faced by particular BAME, disabled and LGBT communities and use effective and appropriate culturally sensitive methods to send them public health messages. Inequalities will only be reduced if public service organisations go to communities (rather than expect them to go to the organisations), listen to them and involve them in service design and delivery.

What does the experience of public services during the outbreak tell us about services' ability to collaborate to provide "person-centred care"?

- The experience tells us that communities need to be part of the collaboration. Public services officers tend to think in terms of organisational remits – they have responsibility for x, whereas a colleague in a different department knows more about y. On the other hand, communities think more about the needs of the person and are uninterested in organisational siloes. During the COVID-19 outbreak, many public service employees have worked outside their usual institutional setting and more closely with communities on the frontline, which has helped shift their mindsets towards more of a 'whole person' approach. The lesson is that public services collaborating with communities is an 'innovation' that should become more normalised and widespread to continue progressing person-centred as opposed to system-led care.

³⁴ Birmingham City Council. (4 June 2020). [Birmingham City Council develop communication campaign to support disadvantaged communities.](#)

How well did central and local government, and national and local services, work together to coordinate public services during the outbreak? For example, how effectively have national and local agencies shared data?

- Although NLGN has provided detail and examples on national/local data-sharing in answers to questions 1, 3 and 7, we wish to re-emphasise that national agencies did not share data well with local counterparts during the pandemic. Rushing the Coronavirus Act through Parliament, rather than deploying the existing Civil Contingencies Act, gave the UK Government more powers to respond to the crisis but did not define a role for local government.³⁵ This has been the basis for an over-centralised and excessively top-down national response, where the UK Government has instructed local authorities on what they should be doing but ignored local authorities' early warnings on care homes and requests for more data-sharing. A leaked Whitehall review on Local Resilience Forums (LRFs) revealed that LRFs were deeply frustrated by the UK Government's uncommunicative and controlling approach to the COVID-19 response, with the report noting that: "Due to paucity of information and intelligence, LRFs feel isolated from national decision-making and [are] unable to effectively plan and strategise [their] response."³⁶
- The seemingly dysfunctional relationship between various national bodies – such as the Cabinet, the Ministry for Housing, Communities and Local Government (MHCLG), DHSC, NHS England and Public Health England – did not help. It was not clear to local authorities who was in charge of the COVID-19 response at the national level and who was part of decision-making. Fragmentation at national level has consequences for local authorities, as they often have direct responsibility for delivering national decisions (such as measures to ease lockdown). They are

³⁵ Studdert, J. (22 May 2020). *'England's over-centralisation isn't just a governance issue now – it's a public health emergency'*. Inlogov.

³⁶ Butler, P. (15 May 2020). *'Emergency teams condemn government's 'controlling' approach to crisis'*. The Guardian.

not part of the decisions and have not often been informed of the imminent announcement of decisions.

- To give one example of the discord this creates: some councils, such as Southend-on-Sea Borough Council, had been running ‘Don’t visit...’ campaigns for weeks to discourage people from visiting the area’s beaches and parks, only for their message to be unexpectedly undermined in early May by a national government announcement that people in England would be allowed to drive anywhere in the country to exercise and sunbathe (provided that they followed social distancing rules).

Can you provide any examples of how public services worked effectively with a local community to meet the unique needs of the people in the area (i.e. taking a “place-based approach” to delivering services) during the Covid-19 outbreak?

- Many of the case studies featured in this document illustrate place-based approaches that have been led by local authorities and communities in different parts of the country. Plymouth City Council’s ‘Good Neighbours Scheme’ is a particularly good example as it matches volunteers with a range of VCSE organisations according to the formers’ skills and the latter’s needs.³⁷ Another example is Coventry City Council’s crowdfunding scheme to support culture and sports businesses adversely affected by the COVID-19 outbreak and protect the sectors ahead of Coventry’s inaugural year as UK City of Culture in 2021.³⁸

³⁷ Plymouth City Council. (2020). [The Plymouth Good Neighbours Scheme](#).

³⁸ Crowdfunder. (2020). [Crowdfund Coventry](#).

Would local communities benefit from public services focusing on prevention, as opposed to prioritising harm mitigation? Were some local areas able to reduce harm during coronavirus by having prevention-focused public health strategies in place, for example on obesity, substance abuse or mental health?

- Yes, some local authorities were able to put in place prevention-focused strategies from which communities benefited. The move to digital service delivery was especially important to enable this. Kingston Council is one of many local authorities that made well-being courses and/or exercise classes available online and free of charge for anyone to access, not just those people who receive formal care.³⁹ During Mental Health Awareness Week in May, some local authorities and partners launched mental health campaigns and made resources available online to help residents cope with loneliness in self-isolation.⁴⁰
- Many local authorities set up a dedicated helpline for residents to call if they needed any form of advice or support.⁴¹ This enabled local authorities to identify some people in need before their need became more acute and grew in complexity. St Albans District Council and The Counselling Foundation also launched a free helpline for staff and volunteers of community groups in recognition of the emotional pressures they face by responding to COVID-19.⁴² Staffed by trained counsellors, the helpline is providing a confidential space where volunteers can share their experience and access support if they need it.

³⁹ [Tweet](#) by Kingston Council (24 April 2020).

⁴⁰ For example: Cambridgeshire County Council. (2020). [Wellbeing plan launched as part of 'Now We're Talking' mental health campaign](#).

⁴¹ For example: Kent County Council. (5 April 2020). [KENT TOGETHER – Helpline launched by Kent County Council](#).

⁴² The Counselling Foundation. (19 May 2020). [Free helpline: Recognising kindness – St Albans volunteers](#).

What lessons might be learnt about the role of charities, volunteers and the community sector from the crisis? Can you provide examples of public services collaborating in new ways with the voluntary sector during lockdown? How could the sectors be better integrated into local systems going forward?

- Camden Council developed a new approach that built on their existing strong relationships with the VCSE sector to expand early help and break down institutional siloes to gain a holistic view of individuals' needs. The local authority co-developed 'Beacon', which is a multi-agency platform bringing together knowledge from local authorities, the NHS and voluntary and community organisations to present a single view of a person's needs and the information required to meet those needs (such as food allergies if the person needs food parcels).⁴³
- The lesson public services have learnt is that charities, voluntary organisations and communities have played a crucial role in local COVID-19 responses, particularly when local authorities have taken a step back and let them lead their own projects (with financial support, in some cases - most local authorities set up their own grant schemes to fund projects to respond to COVID-19 led by charities and the VCSE sector.)⁴⁴ Having been so instrumental to the response to the crisis, charities, voluntary organisations and communities should be closely engaged in post-lockdown recovery planning, and this presents a real opportunity for local authorities to continue developing their partnership and involving them in other services. Local authorities that missed a trick by not working as effectively with charities and the VCSE sector during lockdown should learn from the good practice of their counterparts across the country and start building bridges.

⁴³ Beacon [homepage](#).

⁴⁴ For example: Croydon Council. (2020). [Council launches fund to strengthen community COVID-19 response](#).