



THE
LOCAL
GOVERNMENT
ASSOCIATION

AND

THE
WELSH LOCAL
GOVERNMENT
ASSOCIATION

IN THE MATTER OF

MODULE 1 OF THE COVID – 19 INQUIRY

--

WRITTEN CLOSING SUBMISSIONS

FOR

THE LGA AND WLGA

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Introduction

Context

1. These are the written closing submissions on behalf of the Local Government Association (LGA) and the Welsh Local Government Association (WLGA), which are both Core Participants in this Module 1 of the COVID – 19 Inquiry.
2. They follow on from, and supplement, the submissions already made in Opening, and orally in Closing on the 19th of July 2023 (oral Closing), and are intended to complement –
 - the oral Opening statement made on the Associations' behalf,
 - the separate witness statements of their two Chief Executives,
 - their joint witness statement and the Survey attached to it,
 - and
 - the oral evidence of the two Chief Executives.

Local Government's roles in finding a path through any pandemic.

3. The Inquiry will need to be clear in its report as to what roles Central Government, the Devolved Administrations ("DAs"), the NHS and Local Government can, and should play, to bring civil society through the next pandemic. The overarching aim must be to secure the best working relationships and to allocate operational tasks to the bodies most competent to deliver the desired outcomes in the most efficient way.

4. In this Module, the Inquiry will be particularly concerned to make recommendations about planning for another pandemic, and these will, and should, have implications also for how the UK plans for similar and other types of national emergency. It is submitted that the Survey provides a strong evidential basis for the Associations' submissions, and so will help greatly in the formulation of appropriate recommendations.
5. Others will have made submissions about their bodies' engagement with this process. As to the role of Local Government, it is submitted that in any future similar crisis, Local Government officers will be called on again, just as they were in this crisis.
6. Mark Lloyd, Chief Executive of the LGA emphasised this point in his oral evidence, pointing out that there are a series of phases to such crises, in each of which councils had to take responsibility, and would have to do again, by reason of the range of their statutory duties, expertise, and experience. The responsibilities are to –
 - (1) **Find and trace** those actually or potentially affected by the pandemic or particularly vulnerable during its continuance,
 - (2) **Stop** the spread of the virus, in steps such as assisting with quarantine, helping to maintain social distancing, enforcing lockdowns, and creating vaccine centres,
 - (3) **Support and care** -
 - for those who are particularly frail or vulnerable,
 - providing adult social care,
 - looking after families when schools are closed, or they are otherwise in need, and
 - at death doing what they can to provide a dignified departure from this world,
 - (4) **Maintain** as much of ordinary life as possible, including administering business loans to help keep business going during the period of greatest virulence, and in due course,
 - (5) **Help** with the process of recovery of civil society.

7. If these tasks are to be undertaken optimally, it is obvious therefore that there will have to be a full and comprehensive engagement with Local Authorities in England and Wales, in all stages and parts of the process of planning by Central Government and the DAs for future pandemics.¹
8. It will not be enough to have such engagement *only* with the Local Resilience Fora (LRFs), because unless Local Authorities are directly engaged there would not even be the pretence of a comprehensive and useful plan.
9. While these submissions focus mostly on the roles of councils, it is also submitted that the two Associations, the LGA and the WLGA, – with their almost comprehensive membership² – should also be kept fully aware of, and engaged in, the relevant discussions and communications with councils. The Inquiry is asked to note that -
 - The two Associations have the most comprehensive expert knowledge of the way in which local government works in each nation;
 - They are looked to by their members to provide information, advice and guidance;
 - and
 - They are in continual dialogue both with Central Government and the Welsh Government on many matters and thereafter with their members.
10. They stand ready to play their part in the future.

Three overarching points

11. In oral Closing three overarching points were made –

¹ And indeed Scotland and Northern Ireland.

² 315 of the 317 English principal councils are in membership of the LGA, and all unitary local authorities IN Wales are in membership of the WLGA. This accounts for almost all the council Category 1 Responders under the Civil Contingencies Act 2004.

- 1 - *We must learn from the failures in preparing for Covid to design a better approach to pandemic planning and to ensure that Local Government is at the core of all future resilience planning.*
- 2 - *In this process Local Government must be treated as a trusted and equal partner by Central Government.*
- 3 - *Local Government preparedness, and - particularly – resilience, have been impacted by austerity, but this cannot be allowed to occur again.*

12. These written submissions further develop these points, emphasising the planning for the role played by Local Government officers during the pandemic, the constraints on the effectiveness of that planning, and the steps which it is submitted should be taken for the future.

The Survey

Summary

13. At the request of this Inquiry, the LGA and WLGA Surveyed all local authorities in England and Wales. All 353 councils responded. As noted, the results of this Survey were submitted as an attachment to the joint statement by the two Chief Executives of the two Associations, which statement also contained a summary of key points emerging from the Survey.

14. The Associations emphasise that the Survey shows that councils did what was expected of them to prepare in line with the Government's risk assessment and pandemic planning. Thus, by January 2020, the majority of authorities' risk assessments and local risk registers included a reference to an influenza-like pandemic. In England, 93% of councils had references, while in Wales the proportion was 82%. More than nine out of ten authorities had a specific emergency plan relevant to an influenza-like pandemic in place.

15. In general, special consideration in emergency plans had been given to vulnerable people. Just under four-fifths of English and Welsh authorities had done this recently by January 2020, and an even higher proportion had done it in the previous one to five years.

16. A high proportion of authorities reported having a systematic and continuous process for development and iteration of their emergency plans. Nine out of ten English and Welsh authorities had undertaken that in the previous one to five years, while four-fifths had done so even more recently.
17. Around half of councils (52% in England and 45% in Wales) had undertaken training and exercising relevant to an influenza-like pandemic just before January 2020. More (around seven in ten) had undertaken it in the 1-5 years before then.
18. Almost all respondents thought that, as a Category 1 Responder, their authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework.
19. More than four-fifths of respondents (82% in England and 86% in Wales) considered that, in January 2020, they were not adequately funded for an emergency.
20. Nearly nine out of ten English and Welsh respondents (87% for both) agreed that their authority's preparations by January 2020 meant that it was able to adapt and respond well to COVID-19. Of these, 25% of English and 5% of Welsh authorities strongly agreed.
21. Authorities were asked whether their emergency plans and risk assessments in place in January 2020 had considered the risk factors and potential impacts on the groups of people with a range of protected and other characteristics. In England, the characteristics most considered in plans were, people living in care homes (79%), homeless and vulnerably housed people (78%) and clinically vulnerable people (77%). In Wales, these groups were also most likely to have been considered, but the corresponding percentages were in all cases lower.

Local government emergency preparedness structures

22. While the Associations do not have a complete picture as to how the emergency planning teams in *all* councils are located, structured or interact with their local LRF, the Survey shows that -

- The structures for delivering emergency preparedness services vary between councils, and there is significant variation in how council geographies align with LRF footprints;
- Local emergency preparedness structures were generally functioning well, with over 90% of councils reporting they were compliant with their Civil Contingencies Act 2004 (CCA 2004) duties; emergency plans were in place and regularly reviewed, training and exercising was taking place and there were good relationships across LRFs;
- Yet, expenditure on emergency planning will have been reduced due to reductions in central funding for local services, and this will have impacted the proactive work councils were able to undertake in this area.

23. Emergency planning was funded through general council budgets; expenditure on emergency planning fell from £55m in 2009/10 to £34.5m in 2018/9.

24. Despite this, councils continued to focus on core activities such as emergency plans, business continuity, testing and exercising. The LGA Survey shows councils had emergency plans, they were undertaking training etc; 9/10 councils thought that effective corporate emergency planning and response capability positively impacted their readiness.

25. It does though, inevitably, mean that if there was a focus on one key issue (such as Operation Yellowhammer), there was far more limited capacity to focus on other issues. It would also have meant that there was less capacity for some of the more proactive work councils could have done (as happened in other service areas with similar cuts), e.g., providing business continuity advice to businesses etc.

26. The Associations know that emergency planning may be undertaken as part of a council's corporate or resources function; it can also sometimes be undertaken within councils' public health, or public protection and resilience sections.

27. It is also clear that larger councils often lead emergency planning services on behalf of others, providing a county-wide service, while some other joint LA services/functions operate across the footprints of more than one LRF. An example is the Greater Manchester

civil contingencies unit.

28. In Wales, Local authorities currently group together and align along police force boundaries, and form LRF regions. In some areas in England, the fit between local government structures and LRF footprints – also along police boundaries - is also quite neat as for instance in Lincolnshire. However, in other areas the fit with local authorities is more complex, as for instance in the Thames Valley. Senior council officers may chair the LRF (and/or SCG as appropriate) and council officers will participate in LRF working groups.

Pandemic emergency planning exercises and institutional learning

29. The Survey also showed that councils and LRFs were undertaking training and exercising in the period before 2020 (88% of councils reported training/exercising of staff with LRFs 1-5 years before 2020); 67% reported training and exercising relevant to an influenza like pandemic.

30. The LRFs had already taken part in various exercises prior to 2020, including -

- Exercise Winter Willow in 2007. The largest emergency exercise since the cold war involving over 5,000 people to test whether it could cope in the event of a flu epidemic in Britain. The LGA was fully engaged in the planning and execution of the exercise.
- Ebola - The majority of the LRFs in the country held exercises during 2014-15 to test the readiness of the Ebola plans in the UK; the first real test since the reforms introduced in 2013 in relation to the delivery of public health.

31. By contrast when Exercise Cygnus at a UK level took place in 2016, only 8 LRFs took part (London, Kent, Hertfordshire, Leicestershire, Northamptonshire, South Yorkshire, Essex, Merseyside and when Exercise Alice 2016, occurred neither the Associations nor local authorities were informed. It is unacceptable that this should have occurred since local authorities had significant public health and social care responsibilities by that time, yet neither Public Health England nor the then Chief Medical Officer engaged with local authorities or the LGA in respect of the exercise.

32. Further the findings/reports from Exercise Alice and the UK level Exercise Cygnus were not shared with the LGA, and this is consistent with a more general picture that emergency planners have reported to the Associations. Central Government resilience planners have not been routinely sharing learning from major national exercises with all partners, and similarly there are no systematic processes in place for sharing useful learning from local testing and exercising. What is needed is a systematic process for sharing learning across all local authorities. Both Associations have a key role here.

33. This is why –

- Local emergency planners have called for a testing and exercising programme with national exercises, planned 18 months to 2 years in advance, to enable them to synchronise local tests and exercises with national plans.
- It is vital that major national health protection exercises involve the DPHs, councils and the LGA as well as LRFs and national organisations and that outcomes are widely shared.

34. More generally, some government capacity should be targeted on systematically sharing the learning from local and national exercises; local emergency planners feel that this is currently not well captured.

The principle of subsidiarity in emergency preparedness

35. All these points emanate from two central facts about the nature of governance in the UK –

- Local Authorities are closer to their communities than Central Government, and
- This is a great strength, which for optimal preparedness and resilience, must be recognised and utilised to the full in the next stage of pandemic planning.

36. These points about governance are closely linked to the principle of subsidiarity - that decisions should be taken at the lowest appropriate level, with co-ordination at the highest necessary level.

37. The Associations emphasise the importance they and their members attach to the principle and its implications for emergency preparedness. It is right that local responders including Local Authorities should be the building block of response for an emergency of any scale.

38. In theory this is already recognised: see paragraph 1.3 (iii) of the Cabinet Office guide, Responding to emergencies: The UK Central Government response - Concept of Operations (UK Concept of Operations) (INQ000036475). However, there is a difference between theory and practice; currently there is an inconsistent approach to this principle. Notwithstanding the principle is explicitly recognised in this document, and local responders do manage local plans and responders, there remains a 'top-down' approach to civil resilience. In short, Local Government (and other local responders) do not always feel like equal or trusted partners in designing responses to national risks and emergencies.

39. For instances –

- Risk assessment processes have not always felt collaborative;
- There has been secrecy about some tests/exercises and the outcomes of them thus neither Association knew anything about Exercise Alice or the 22 recommendations that fed from the UK level Operation Cygnus;
- Key information that would have enabled them to plan, has not always been shared;
- Local partners are not always involved in the design of key policies or decisions.

40. Accordingly, the Associations submit that, if this principle is to be given its full and proper effect, councils, other local category one responders, and the LRFs, must be seen, and treated as, trusted equal partners in resilience. That means that information must be routinely shared with them, and that there must be a collaborative approach to risk assessment, designing plans and responses.

41. During Operation Yellowhammer, and more recently (e.g., when there were discussions about the risk of energy shortages during winter 2022-23) there have been numerous instances of planning assumptions being shared by Central Government as a named

document with one single member of an LRF, without permission to share with senior officers of LRF component members. This undermines partnership working and is not acceptable. There needs to be more openness about planning assumptions, and councils and other local partners should be fully able to input into the design of plans and responses. Sometimes this has happened but not consistently. During the period January 2020 – Summer 2022, where this occurred, the outcomes were much better.

42. There is a further point about this principle. Thus, when a major incident occurs in a local area, there can also be a great deal of national oversight. This can sometimes prove to be a distraction to an effective response. Having to spend a significant proportion of time managing visits from Government or other VIPs, or responding to central information requests, when local partners are seeking to manage an emergency response, is not always welcome or helpful. This requires much more dialogue between the different levels to ensure a level of central engagement that is consistent with the operational and democratic roles of each.

Trust between Central Government, the Devolved Administration in Wales, and Local Authorities

Overview

43. Closely linked to the issue of subsidiarity is the issue of trust between Central Government and the Welsh Devolved Administration (DA) and Local Authorities. It is no less important and has been emphasised at every stage when the voice of local government has been heard in this Module. The Associations wish to re-emphasise this again, though there is a difference of emphasis as between England and Wales.
44. The relationship between Welsh DA and Welsh local authorities is viewed more positively in Wales, though the WLGA would emphasise that to maintain and enhance relationships even further would continue to add value to planning and preparation.
45. As for the LGA and England, it is well-recognised that we live in a very centralised state, with power perhaps more centralised than in any other developed country. So, despite the principle of subsidiarity set out in the emergency planning Concept of Operations, the fact is that local authorities operate in a centralist system that is generally 'top-down'. This has significant adverse consequences.

46. Too often, Central Government doesn't understand the role of local government, what it does and what its capability is, meaning that it can be overlooked – as was often seen during the pandemic, perhaps most notably with the decision to set up a new nationally led test and trace system that failed to build on local expertise.
47. The mindset is too often to assume that Central Government is better placed and more competent to lead or develop new policies on issues where there should be an understanding of and trust in the role of local government.
48. It is of course accepted that there are many resilience issues that Central Government should lead on, and which councils may not need to contribute to. Yet councils have vital local insight and experience that should be utilised on issues impacting local areas.
49. There have also been issues with local partners not always having access to the same information as Central Government. During the planning for a no-deal EU exit for example some LRFs had to battle to get access to centrally held data and planning assumptions about traffic issues for their areas. This was completely inappropriate and was demonstrative of the problem of trust.

Interaction, engagement and communication with national government and the Welsh DA with respect to emergency planning

50. The Inquiry has already seen that there is a complex picture of engagement between local and national bodies in terms of engagement on emergency planning and specific risks, which relies on join up at both the local and national level. This has definitely not worked as well as it should have, and it is submitted that the Inquiry should make recommendations for its improvement.
51. It is submitted that what is needed are systematic processes – and statutory duties for Central Government – that embed an approach of communication and collaboration with local partners in terms of preparation and response to national emergencies with local impacts.
52. At the local level, there has often been frustration at the extent to which Central Government and to a lesser degree, the Welsh DA, have been willing to share information with and involve local partners in developing plans for a range of scenarios; or bring them

into decision making on issues that have key impacts for local areas.

53. While there has been and is some engagement between the Cabinet Office resilience functions (now split between COBR and the Resilience Directorate) and LRFs, most engagement has been and is between Central Government and local partners on emergency planning issues will be via the LRF and the Department for Levelling up, Housing and Communities (DLUHC) resilience division (RED) route.
54. However, the Associations are not aware of routine engagement between DLUHC and *councils* on emergency planning issues. Where there is a close overlap between the council and LRF structures (where for instance a council hosts the LRF secretariat or the LRF and council footprints are closely aligned), engagement between RED and LRFs will broadly equate to engaging with the council; in other areas, council emergency planners can feel disconnected from discussions.
55. DLUHC's engagement team do have regular engagement with the R9 chief executives³ and these provide a route for senior council officer input on key issues, including emergencies/emergency planning issues as required. Separately, lead government departments will engage with councils in response to the risks they own, (for instance, DHSC on pandemic planning, the Department for Environment, Food & Rural Affairs (DEFRA) on flood risks). This may involve emergency planners or may go straight to local service leads.
56. Yet, failing to share critical planning information, or sharing it on a strictly limited basis has been a key frustration for local responders. During Operation Yellowhammer, and in relation to energy supply risks last year, planning assumptions were shared with named individuals in LRFs, with guidance that they could not be shared widely, limiting their usefulness. Some port areas planning for a no deal Brexit had to battle to access Highways England traffic forecasts for their areas.
57. As seen in the early stages of Covid, councils and local partners are not always consulted on key response decisions, leading to poorer outcomes and higher costs (e.g., creation of NHS test and trace, early shielding decisions).

³ These are meetings between DLUHC, the LGA, London Councils and council chief executive representatives from each of the nine English regions.

58. The LGA's own engagement with Central Government on emergency planning and specific risks has been variable; sometimes the Government has involved it, at other points it has not.
59. The WLGA confirms its commitment to engage with the findings of the recent independent external review commissioned by Welsh Government, in light of the Transfer of Functions Order (2018), to inform the direction and delivery of civil contingencies in Wales. The WLGA keenly awaits consultation on the recommendations of the independent review commissioned by Welsh Government as referred to by the First Minister and other previous witnesses. Government action on the review needs to address the whole system, and specifically democratic oversight of plans and preparedness at national and local levels.
60. The WLGA can bring constructive challenge to the Government response to the review to ensure that a simplified and effective system in which local authorities can play their part – both as strategic planners in civil contingencies work and as effective responders in the event of an emergency - is achieved.

Local risk assessment and emergency planning for a pandemic

61. It is not that local government did not deserve to be trusted. As already highlighted, the Survey undertaken jointly by the Associations highlighted the state of play, showing that –
- 94% of councils thought they were compliant with statutory duties under the CCA 2004 and wider legislative framework;
 - 93% of councils' risk assessment referenced an influenza like pandemic;
 - More than 9/10 had a specific emergency plan relevant to an influenza like pandemic in place by January 2020;
 - 9/10 councils were systematically reviewing their emergency plans;
 - Around 7/10 councils had undertaken training/exercising relevant to flu-like pandemic in the 5 years to 2020; other councils had been involved in other training and exercises.

62. The Survey shows that councils had done what was expected of them to prepare in line with the Government's risk assessment and pandemic planning. So, it is truly remarkable, that councils and their local partners displayed the agility and expertise to enable them to respond effectively since the pandemic, to which councils had to respond, was different to the one that had been planned for.
63. Councils' emergency plans for an influenza like pandemic did not include plans for wholesale school or business closures or lockdown. Some councils in England report having been specifically told there would be no lockdowns during local exercises with regional health leads.
64. Overall council emergency planners tell the Associations that risk assessment processes are generally a 'top-down' process. Central government completes a national risk assessment which local partners then work with to develop a local risk assessment – with limited discussion or collaboration about shared risks, capabilities and the split of responsibilities and what local areas need to focus on.
65. There can be challenges with both secrecy about the assessment, the length of it, and the fact the methodology/process changes regularly. Local areas have sometimes been hampered in their own planning by not being able to access detailed information about risks and/or planning assumptions.
66. Local partners would like to see a more collaborative approach, with the local level seen as a trusted partner to engage and share information with (the LGA has called for a duty on government to share information with local partners).
67. These are significant reasons why council emergency planners have called for a more collaborative approach to risk assessment, rather than a 'top-down' one. Councils have often felt 'done to' during the pandemic and left to deal with the consequences of poor communication of decisions, and in some cases poor decisions themselves.

Assurance of local emergency plans

68. Perhaps one way that this can be improved is by an enhanced system of assurance of local emergency plans. The Associations recognise that post Covid, there will be a desire for greater assurance of emergency plans, as set out in the UK Government Resilience

Framework. This must apply to central activity as much as local work; any new system must be proportionate and designed between local/Central Government to maximum effectiveness and minimise burdens.

69. The Associations are not aware of any formal systematic external oversight that is conducted specifically in relation to either councils' emergency planning or their resilience functions – in England or Wales –, (such as might have been done by the Audit Commission before its abolition) or to the work of the LRFs.
70. Central Government did undertake a national capability Survey, but this ended in 2017. The Associations are aware that the RED team within DLUHC engages with, and is believed to make informal assessments of, LRFs, but any such assessment is not routinely fed back, so that standards can be maintained or improved.
71. It is also known that the RED team has also occasionally commissioned independent external assessments of readiness (e.g., for Operation Yellowhammer and also it is believed subsequently for Covid) although any reports of such assessment have not been published.
72. After the Grenfell Tower fire, the Cabinet Office explored developing a peer review programme for LRFs (as well as plans for a surge task force), but these were not taken forward because no funding was made available.
73. Instead, the resilience standards were developed to provide a tool for LRFs to benchmark and assess their work. Councils and LRFs will have their own arrangements for developing, maintaining and assuring plans.⁴ Some infrequent LRF peer reviews took place. An [audit of LHRPs preparedness in 2017](#) took place in England at the request of the Health Select Committee (INQ000187928). The focus was on a range of incidents that required a multi-agency response to protect the public's health. All 36 LHRPs in England replied. Overall assurance levels were reported as fair. The Wales Audit Office had reviewed overall arrangements in Wales some years earlier and made recommendations for greater resilience in the whole system.
74. Otherwise, the Associations are not aware of any formal or national oversight to assure

⁴ Following Grenfell, councils in London commissioned a major peer review programme to review councils' resilience capability.

local emergency plans, although the UK Govt Resilience Framework signals an intention for stronger accountability and assurance across LRFs.

75. The Framework proposes a new Chief Resilience Office accountable to executive local leaders which will provide mechanisms for local communities to hold local leaders to account for driving resilience. The Government is considering the means for stronger assurance of LRFs' collective delivery, including auditable frameworks and building assessment of resilience into the inspection and audit regimes of individual responders. LGA officers are engaging on this but to date there is limited further detail.
76. The Associations continue to believe that a peer review process for LRFs, combined with democratic accountability, could provide an appropriate and proportionate balance between external input and local oversight, though it is recognised that a lack of assurance of local plans was not mentioned as a key issue in the challenges in responding to Covid - 19.

The Civil Contingencies Act 2004, Guidance, and local emergency preparedness

77. The Inquiry will undoubtedly look at the question whether there should be changes to the Civil Contingencies Act 2004 (CCA 2004).

Overview

78. While the Associations do not call for any *major* changes to the Civil Contingencies Act 2004 - they consider the Act's provisions, as they relate to local structures and emergency preparedness are broadly well understood and embedded at local level – nonetheless there are some matters that do need to be addressed.
79. First, there is a pressing need for the involvement of democratically accountable officials in local resilience work. The Act and guidance should be construed and, if necessary, amended so as to allow for their involvement in the demands that Central Government and the Welsh Government may make on LRFs and other responders.
80. Provided it is accepted that local councils are to be treated as trusted, equal, partners in a shared endeavour to plan for and respond to the crises that the country will face in the years to come, the Associations would wish to work with Central Government, the Welsh

DA and other partners to build on the learning identified by this Inquiry to make sure this happens.

81. To this end the LGA is already engaging with Central Government as it takes forward the UK Government Resilience Framework, although the detail of how this will change local structures/processes remains high level; and as submitted earlier, the WLGA looks forward to working with the Welsh Government in taking forward their review of civil contingencies arrangements in Wales.

82. It has submitted evidence to the 2021 post implementation review of the CCA 2004, and to the national resilience strategy call for evidence in 2021. It has set out various issues and ways in which the Act could be strengthened among these are the following points -

- Democratically elected local councillors were not referenced in the Act or formally part of local resilience structures.
- The CCA 2004 is about preparedness and response; rather than building resilience, which should be an equal focus.
- There has been some concern that not all parts of Government have fully understood that LRFs are a statutory planning process rather than bodies in their own right.
- There had been and this continues an increasing tendency to ask more of LRFs (during Yellowhammer, and subsequently), going beyond the role set out in the Act and guidance.
- We also raised concerns about Government not always sharing information with local partners.

83. To an extent, these points have been picked up in the [UK Government Resilience Framework](#) though the Framework does not yet have much detail so there is a need to work through with government what it covers and how the points made there should be developed.

84. Moreover, currently the relevant Guidance is neither easy to find, streamlined nor up to date, and neither is reflective of current structures nor thinking. So, there is much further work to be done in this respect.

Should there be a regional level to the LRF system?

85. Another question that has been asked is whether matters would be improved with a regional level to the LRF system. In fact, there is already a reasonable amount of regional/sub-regional LRF collaboration taking place anyway, especially in Wales, with many areas used to working on these footprints on other issues. The WLGA is clear that Wales does not need any new regional tier, since the LRFs already operate on large geographical footprints. However, the Associations consider that there may be a value to having some capacity to support regional collaboration by different LRFs, provided that this is a bottom-up system that works for LRFs rather than simply a regional tier or recreation of the Government Officers that's simply about government monitoring LRFs.

It is important, however, that in bolstering LRF capacity at whatever local, regional or sub-regional level that it is not forgotten that ultimately it is individual category one responders who have the powers, duties and operational capability to plan for and respond to events.

Is there a need for greater funding for the LRF system?

86. Another question that has been raised in the course of this Module concerns the issue whether there is a need for a different approach to funding the LRF system. It is indeed correct that in recent years, the Government has made greater demands on LRFs than envisaged in the Act, for example during Operation Yellowhammer and the Covid response.
87. As a result, during Yellowhammer, for the first time, Central Government began to provide funding for LRFs. Funding was provided to LRFs also for Covid-19, in England, but not in Wales. Since then, funding has been provided in an LRF funding pilot (2021-22, £7.5m) and for an LRF innovation programme which will run for 3 years, in England. So, it is certainly helpful that funding is being provided for LRFs given the growing demands on them. However Central Government has said this should be alongside rather than instead of local funding for LRFs.

88. More and clearer funding is welcomed and is necessary, though the Inquiry must not lose sight of the fact that LRFs are not binding entities in themselves. It is the members of each LRF that have the powers and operational capability to lead planning and local responses, and work in collaboration, and it is they that must be adequately funded to enable them to meet their complementary responsibilities.

Was there sufficient consultation with Local Authorities and the Associations on the CCA 2004 Guidance?

89. As set out in the two witness statements, the CCA 2004 is supplemented by Guidance. The LGA has not been lobbying for an update to this emergency planning guidance, though as said in its response to the national resilience strategy that Guidance should reflect current structures and expectations, which by that stage it did not.
90. A refresh of the Guidance should be developed collaboratively with local partners. Crucially, there needs to be less of it, what there is should always be kept up-to-date and all in one place, and so be easily accessible.

Funding of civil contingencies at a local level

91. It should be obvious that civil contingencies work needs to be properly resourced. Yet there is no dedicated central funding for council emergency planning work, and prior to Operation Yellowhammer, there was no central funding for LRFs. This needs to be addressed. It is not sufficient that it should be simply a matter of Central Government discretion but there should be amendments to legislation and/or guidance to entrench a new relationship.
92. Emergency planning has been funded through general council resources, with no dedicated funding. With councils losing £16bn core funding from Government (£60 pence out of every £1 the Government previously provided to spend on local services), net current expenditure on emergency planning by councils fell from £55m in 2009-10 to £34.8m in 2018-19 (before rising to £47m in 2019-20, most likely due to Operation Yellowhammer and Covid).
93. Anecdotal discussions with council emergency planning leads suggest staffing in councils roughly halved during this period. Inevitably, this level of cuts impacts the amount of

emergency planning work councils can undertake.

94. This has inevitably meant that if there was a focus on one key issue (e.g., Operation Yellowhammer), there was very limited capacity to focus on other issues. It would also have meant that there was less capacity for some of the more proactive work councils could have done (as happened in other service areas with similar cuts), e.g., providing business continuity advice to businesses etc.
95. Councils' ability to respond to emergencies extends far beyond emergency planning structures, however, and key services also saw funding reductions and challenges in the decade before Covid. There was a real terms £700m cut to public health funding in England between 2015-2020, with greater cuts in more deprived areas, and new funding for adult social care has not met growing demand, leading to a funding gap of £6bn.
96. While funding for LRFs is welcome, it is important that Government recognises the need for LRF partner organisations to be appropriately funded too, including in their emergency planning functions. Councils and their category one responder organisations bear the legal obligations of the Civil Contingencies Act 2004 and will be the organisations taking decisions and responding to emergencies.
97. The Associations would advocate councils being adequately funded overall rather than a return to a complex map of ring-fenced funding for emergency planning and other services.

Austerity and local government finance

98. The previous points are free-standing, but they can and should also be seen in the context of the limits placed on local government by austerity.
99. The LGA has referenced two figures that highlight the scale of the reduction in local government funding before 2020. Between 2010-2020, there was a reduction of almost 60p in every £1, to core *government* funding to councils in England. This figure excludes council tax. Taking into account council tax, over the same period, local government's planned core funding and overall spending power fell by 26%.
100. Either measure constitutes a significant reduction, as Catherine Frances noted in her

evidence⁵. Cuts of this level inevitably impacted councils' capacity to plan, prepare, resource and respond to an emergency – and their overall organisational resilience.

101. Local authorities in Wales have been setting reductive budgets, due to real-terms reductions in the financial block allocated to local government in Wales, for a number of years. All services have had to re-prioritise their activities and make cost efficiencies.

102. Over the period from 2009-10 to 2019-20 core local government funding reduced by around £1bn in real terms. Many of the smaller local government services which play a role prevention or response, will have been subject to year-on-year cost pressures and reductions in budgets with a compound effect on overall capacity.

103. While almost all councils reporting that they were compliant with their core duties under the CCA 2004, it is unrealistic to expect local government to be as strong in its response to an emergency as it would have been, had investment been maintained or increased before the pandemic.

104. Furthermore, key services such as social care went into the pandemic already under great pressure and with reduced resilience.

Council Panflu preparedness plans: their relevance to COVID - 19

The foundational problem

105. While the Survey has indicated that councils were ready to respond to a pandemic, with plans in place and tested/exercised, the Inquiry has heard already that the national risk assessments and processes directed them towards planning solely for an influenza

⁵ The 60p in the pound is an estimate produced by the LGA, showing the real term reduction in core government funding to councils from 2010/11 to 2019/20. The 26% figure, used by the National Audit Office, shows changes to spending power as whole; and while government funding fell in this period, council tax increased. Both calculations use the same data, but the NAO figure just uses a wider definition of funding, as well as some small technical differences in calculation. The two figures are complementary as they outline that council funding from government fell by 60% from 2010/11 to 2019/20 in real terms. Once changes in council tax income are included, councils saw a 26% real terms reduction in core funding over this period.

type pandemic. In short, councils had prepared for a pandemic that was different to the one that emerged.

106. Neither national nor local plans referred to lockdown or wholesale school/business closures, meaning that when Covid hit, the plans were wrong or irrelevant and had to be redone. Nevertheless, councils and their local partners responded with agility and expertise to respond effectively despite this.

107. Services that were key to readiness and response (emergency planning and public health) had experience significant cuts prior to 2020. While there is no evidence to suggest this reduced readiness, it would clearly have impacted capacity; more relevant work could have been done had cuts not occurred.

108. Beyond emergency planning, other council teams are vital to a response of the scale of Covid-19. However, the impact of reduced funding also meant that the size and resilience of key services had significantly reduced over the preceding decade.

109. Looking further into the Associations' Survey it will be seen that –

- 94% of councils thought they were compliant with statutory duties under the CCA 2004 and wider legislative framework.
- 93% of councils' risk assessment referenced an influenza like pandemic.
- More than 9/10 had a specific emergency plan relevant to an influenza like pandemic in place by January 2020.
- 9/10 councils were systematically reviewing their emergency plans.
- Around 7/10 councils had undertaken training/exercising relevant to flu-like pandemic in the 5 years to 2020 (85% of Upper Tier councils); other councils had been involved in other training and exercises.

110. The Survey highlights a range of specific factors that contributed to councils' overall state of readiness, including those that helped (good LRF relationships, effective corporate emergency planning and overall business management processes) and hindered

(pandemic preparation not anticipating the nature of the challenges caused by Covid, with full lockdown never anticipated as a reasonable worst-case scenario).

111. Yet Councils had been impacted by significant cuts to government funding in the decade before Covid hit. Councils lost £16bn core funding from Government (£60 pence out of every £1 the Government previously provided to spend on local services), net current expenditure on emergency planning fell by around 35% and the public health grant was cut by £700m in real terms. So, its room for manoeuvre was heavily constrained. (We do have comparable figures for Wales so this needs to be an England only point).

The National Security Risk Assessment and Local Risk Assessment

112. Local risk assessments are heavily influenced by the National Security Risk Assessment and that LRFs and local agencies plan for the risks set out in the various iterations of the Cabinet Office's National Risk Register since first released in August 2008.
113. Emergency planners in councils and LRFs have highlighted to the LGA a number of concerns with risk assessment processes, suggesting that the process does not significantly assist an area's ability to respond to an issue.
114. It has been noted that the secrecy and length of the NSRA makes it challenging to draw down from. More fundamentally, there are concerns that local risk assessment takes place in isolation from national risk assessment and planning, leading to a lack of clarity about the national capability that would be available to support local areas in relation to nationwide risks that will affect all areas equally.
115. It has been suggested that a more joined up national and local process considering shared risks and capability would be an improvement and that rather than treating all types of risks in the same way, in the risk assessment process, efforts would be better focused on a closer assessment of more localised risks, with a more generic approach to national risks that are not locality specific.
116. It has also been suggested that risk assessment processes could be strengthened through bringing together evidence from previous incidents and responses to help understand what has been required and what has worked. It was also felt that there is scope to work across LRFs, rather than simply within them, on how risks would impact

similar areas in diverse LRFs, understanding common consequences and undertaking capability analysis; but that as a general principle, structures are not geared towards cross-LRF information sharing and learning.

Inequalities and vulnerabilities and the local emergency planning processes

117. Planning for inequalities and vulnerabilities in the context of a civil contingency is a complicated matter. Emergency planners have emphasised that as vulnerability varies between different emergencies, it is impossible to fully map out; what is key is being able to dynamically identify vulnerability and convene the right council services such as public health teams, which are already considering vulnerabilities in the work that they do.
118. Nonetheless the Associations' Survey of English and Welsh councils for the Inquiry showed that around four fifths of councils had given consideration to vulnerable people in their emergency plans.
119. Vulnerabilities were perhaps most often thought about in the context of physical disruption to local communities, such as people being displaced from their homes due to flooding and how councils and LRFs would support parts of the population who might need particular assistance.
120. In particular, there was a focus on health vulnerabilities, or groups who were vulnerable due to their age, for example the elderly and children. The Survey showed that more than three quarters of English councils had considered people in care homes, the homeless/vulnerably housed, and clinically vulnerable people.
121. There was also consideration of different groups in the context of communications, in terms of how you reach different parts of the community and ensure messaging reaches people.
122. What seems to have been less explicit in emergency plans was for councils and LRFs to think about for instance socio-economic inequality and other vulnerabilities in the context of emergency planning. That had not been suggested in the Government's guidance on humanitarian assistance. The [British Red Cross's People Power in emergencies](#) report (Nov 2019) (INQ000080819) noted that only 30% of plans defined vulnerable people, and that they focused on older people, children and individuals with

disabilities, rather than commonly mentioning poverty or other factors.

123. So, the Associations agree with the comment of Bruce Mann in his expert report that the resilience framework needs to be more people/less process focused, with support and guidance for LRFs about what this means in practice and how local planning needs to change.

The voluntary and community sector (VCS) and emergency preparedness

124. Of course, good and appropriate engagement between councils and LRFs and the voluntary and community sector (VCS) has been and will continue to be very important.

125. Before the pandemic, there was a mixed picture concerning local engagement with the voluntary and community sector (VCS). In 2019, the [British Red Cross's People Power in emergencies](#) (INQ000080819) report suggested that although LRFs had worked hard to involve the VCS in their plans, they could do more and there was an inconsistent picture on engagement. However, the Associations believe that LRFs, councils, VCS and Central Government would agree now that local engagement has increased significantly during and since Covid-19.

126. The Survey indicated high levels (around 90%) of local engagement with stakeholders including the VCS. It is likely that at this point, effective joint working with the VCS may have been more embedded in those areas with previous experience of emergency responses, e.g., where there had been flooding or other incidents, than in some other areas.

127. Also, how councils engaged with the VCS would have looked different in different local areas. Some LRFs have VCS representatives on their own executive; others may have had a dedicated VCS working group or 'cell'. Some had contracts directly with the British Red Cross to provide support; others may have worked with the local VCS. We would generally expect the VCS to be involved in local testing and exercising; something that can be enhanced with the well planned programme of national testing and exercising that we would like to see going forward.

128. Overall, Covid has highlighted the role the VCS can play in emergencies and moved relationships on. This has been enhanced by the work of the VCS emergencies partnership; and by the fact that LRFs have now received dedicated pilot/innovation

funding which has helped resource more community/VCS focused work.

129. It is believed that VCS engagement with LRFs is now far more consistent nationally, although this continues to be strengthened.

Impact of EU Exit

130. A further issue discussed in the oral part of the Inquiry concerns the impact of Brexit. The impact of preparations for a no-deal EU exit have been much discussed in the course of this Module.

131. The Associations recognise that there was a real need to support Operation Yellowhammer so as to plan appropriately for the consequences of no deal EU exit. However, they also assert that this planning clearly had an impact on local resilience work and capacity prior to 2020, in particular during 2018-19. Focusing on Operation Yellowhammer meant there was limited or no capacity to focus on other issues.

132. As the Inquiry has heard in other evidence sessions, Central Government resilience activity work was focused on Yellowhammer during this period. As local resilience work tends to be largely responsive to national work, this became an issue for LRFs and their members. In short, the meetings government was holding and the issues it wanted to discuss with councils, were generally about Yellowhammer – there weren't other initiatives coming out of government for councils to react to at the local level.

133. Thus, prolonged activity on one issue, such as Yellowhammer, will reduce the capacity of Local Authorities to address routine activity, such as reviewing plans, testing and training, on other issues, meaning work on Panflu or other issues would have been deferred. Moreover, Council emergency planning teams and LRF secretariats are not generally big teams.

134. It was noteworthy that Oliver Dowden's evidence suggested that Central Government recruited an additional 15,000 civil servants to support Yellowhammer. Yet, although for the first time, some limited funding was made available to LRFs, particularly in areas expecting the greatest impacts, councils did not remotely get the same level of additional resource to support their work on Yellowhammer.

135. Yellowhammer didn't just impact emergency planners in councils – there was a wider impact on e.g., social care teams, corporate staff, senior council officers who were pulled into planning a response.

136. It should be noted that although Yellowhammer meant that work on issues relating to pandemic flu were deferred, some local officers have said that Operation Yellowhammer preparations helped strengthen local cross agency planning and relationships, which helped the response to Covid. However, this was by no means a universal view.

Adult social care pandemic influenza (panflu) preparedness

137. It is understood that a future Module will address adult social care specifically, so at this stage the Associations make three limited submissions.

138. First, the fact that councils included social care in their preparation for pandemic flu, does not mean that social care was resilient, because years of pressure on social care funding had severely compromised this resilience.

139. It is very widely accepted that at the start of the pandemic Adult Social Care was in a financially unstable position with serious consequences emanating from years of underfunding. The Inquiry should be very clear about this in the course of this Module even though it may need to be explored further in the later Module on Social Care.

140. Secondly, no doubt, the Inquiry will consider what the Survey says about social care readiness in relation to flu pandemic planning and what were the requirements in government guidance. The following points emerge from the Survey and the evidence –

- 97% of councils with social care responsibilities had a panflu plan in the ten years prior to January 2020.
- Ahead of the pandemic, an ADASS Survey in 2017 indicated a high level of awareness about the issue and that LRFs were generally preparing well.
- Key issues identified included being able to identify vulnerable people in a community, knowing about population sickness levels, voluntary sector capacity,

resilience and flexibility of the provider market. ADASS shared this Survey and report with its own membership in 2018, and the findings were shared with Government.

- A workshop on pandemic flu preparedness run by the Care Provider Alliance in January 2018, attended by DHSC officials among others, also identified key issues as being PPE, access to fuel, demand from hospitals being overwhelmed, and staff being fearful of coming to work. Government produced guidance drawing on this work, but we are unclear as to when and how it was published.

141. Lastly, the LGA cannot reconcile the comments of Matt Hancock MP, the former Secretary of State for Health in his evidence with their understanding of council social care teams' preparedness for pandemic flu.

142. The Inquiry has heard evidence from Matt Hancock MP on the 27th June 2023. Two things that he said require to be addressed in this written submission, because they are indicative of the issues of subsidiarity, trust and Central Government knowledge, discussed above –

- His comment that -

"For instance, how many care homes are operating right now in the UK? That was a fact that we did not know at that time."

and

- His assertion that Helen Whately MP - Minister of State at the DHSC could only get hold of 2 flu plans from councils in England. She was not called to give evidence, and this was therefore hearsay evidence before the Inquiry which has been roundly challenged already in the course of the oral Closing.

143. The position, as the Associations see it, is as follows.

144. As to the first point, the Inquiry is referred to the evidence of Ian Trenholm, Chief Executive of the Care Quality Commission, dated the 26th July 2023 which completely

refutes the suggestion that the Department did not know about the numbers of Adult Care Homes.

145. As to the second point, in 2010 DHSC asked local authorities for their plans, and it was verified that 99% of Directors of Adult Social Services (DASSs) said there were plans in place. DHSC did not ask for plans, to the knowledge of the Associations, on any other occasion, prior to 2020. Therefore, it is simply not known where this reference to “only 2 plans” comes from. It is noted that an ADASS Survey and report done in 2017 does make reference to two particular plans (Derbyshire and Southampton), but the identification of two specific two plans by name does not indicate that these were the only plans in existence.

146. In fact, the LGA evidence for this inquiry suggests that almost all (9/10) social care councils had panflu emergency plans in place in the ten years prior to 2020. Moreover, in Wales, the majority of care homes are owned and run privately. Local authorities commission services through them and insist on contractual standards which include business continuity arrangements to be in place. All care homes are regulated by the Care Inspectorate Wales and is a source of information on quality and extent of provision across Wales.

Lessons learned so far

147. The Inquiry may find it useful, at the outset, to have a summary of the lessons that it is submitted should be learned in so far as they apply to planning for future pandemics –

- The role of democratically elected councillors should be reflected in the Civil Contingencies Act 2004 so as to enhance accountability and ensure local democratic input and oversight.
- As a whole the UK needs to plan for emergencies much better, and, looking at different types of risks, ensure we are planning for a range of different scenarios, rather than a single type of scenario.
- External challenge to plans and assessments must include those that come from local government and the frontline of public health, as well as elsewhere/other independent experts.

- There needs to be systematic engagement with local government and wider local partners, with a trusting and collaborative approach to risk assessment, information sharing and planning for issues that impact at the local level – backed up by legal duties on the Government as well as councils.
- Allied to this, there needs to be a clear understanding by Central Government of local government's role in health protection, and an appreciation of the contribution that councils make in this field, and how the system fits with LRFs and the Civil Contingencies Act 2004.
- ✱ Overall, there needs to be a greater understanding of each system players' roles and responsibilities, levers and powers.
- Local government needs to be fully engaged in testing and exercising, with lessons learnt shared routinely and widely, as part of a structured national approach to exercising with adequate lead in times for local partners.
- There needs to be comprehensive guidance on how local areas should take into account a much broader definition of vulnerability, as well as protected characteristics, in emergency planning.
- Councils need to be adequately resourced to fulfil the obligations that are asked of them.

148. In oral Opening 13 points for the future were made on behalf of each Association. Nothing in the course of the Inquiry has diminished their importance. They are set out again in Appendix to this submission.

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Cloisters

2 August 2023

APPENDIX – 2 X 13 POINTS

The LGA

Mark Lloyd, the LGA's Chief Executive said in his witness statement, that there was a need for –

(1)	Improved democratic engagement with Local Resilience Forums.
(2)	Amendment of the Civil Contingencies Act and delegated legislation to ensure that it is more aligned to the issue of resilience.
(3)	Specific obligations on Central Government on sharing critical planning information with Local Government.
(4)	Much greater emphasis on the importance of preparing for the implications for social care in the context of a pandemic.
(5)	Greater discussion of health protection in the preparations for a pandemic – including all forms of NPI - and their different consequences for breaking infections, while maintaining business continuity and civil society.
(6)	Greater understanding of the different roles of health protection obligations of councils and the more general role of LRFs.
(7)	Better collection of guidance information into one place.
(8)	Less secrecy and a more collaborative approach to risk assessments.
(9)	Greater focus on local issues in risk assessments.
(10)	More systemised account of protected characteristics in emergency plans and guidance on this.

(11)	More work on public awareness campaigns.
(12)	Distinct data sharing plans to enable Local Government to act effectively and swiftly.
(13)	Planning for vulnerable persons and guidance on what this means in practice.

The WLGA

Chris Llewelyn the WLGA's Chief Executive mentioned many of the same issues though with some refinements. He highlighted the following WLGA recommendations for Wales -

(1)	Protocols and agreements for consistent inter-governmental planning and co-decision-making on a pan-UK scale should be made as part of the Devolution Settlement.
(2)	Advance planning for Welsh LAs having to manage different approaches being taken by the devolved and Central Governments, and to avoid the confusion and tensions that can occur in cross-border areas.
(3)	Linking closely with the LGAs point [3], there must be much better and fuller direct interaction between Central Government and Welsh LAs, where policy directions are UK-wide and not devolved, to enable immediate and consistent responsive action at the local level.
(4)	Contingency arrangements are needed for the urgent deployment of (pre-trained and appropriately skilled) officers into emergency command and advisory roles. This should include civil servants in UK and Welsh Government, and also Local Government and emergency services officers within LRF partnership and Local Government structures.

(5)	Contingency arrangements are also necessary for the passing of immediate and comprehensive legislation and guidance, with draft modular laws and statutory instruments/guidance held in reserve, at both UK and Wales levels.
(6)	There is a need for reserve stocks at scale, and for robust supply chains, for the provision of specialist medical equipment and goods such as PPE (with specifications reviewed regularly to ensure compatibility for emerging viruses).
(7)	Resilient emergency planning is necessary for the expansion of NHS facilities and services to be able to co-manage the demands of a pandemic alongside critical and lifesaving NHS services not related to the pandemic.
(8)	Reserve capacity, public sector workforce redeployment plans, and logistical support/call-on contracts are necessary to stand-up key support services such as mass testing, Test and Trace, and mass vaccinations.
(9)	There should be plans, resources and flexibilities for the full recovery of public services which might not be able to resume in meeting their statutory/performance standards and targets for some time, post-pandemic.
(10)	Again, related to the above and also to LGA point [11] communication plans where there are differences of legal or administrative approach is essential and should be planned for in advance.
(11)	Also, like point [10] for the LGA, the WLGA emphasises the need for a more systemised approach to taking account of protected characteristics in emergency plans.
(12)	The Welsh Government should have more freedom in deciding its reserve levels for LAs and overall provision for greater emergency funding is essential if other services are not to be cut back.
(13)	There should be specific planning undertaken for the procurement for medical equipment for use within Wales.