



**THE LOCAL
GOVERNMENT
ASSOCIATION**

IN THE MATTER OF

**MODULE 2 OF
THE COVID – 19 INQUIRY**

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**OPENING STATEMENT OF
THE LOCAL GOVERNMENT ASSOCIATION**

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Introduction

As in Module 1 of this Inquiry, I represent the interests of the Local Government Association in this Module, scrutinising when the pandemic was at its height.

The LGA applied to become a Core Participant -

- Because it represents the collected voice of local government, with over 99% of the English principal local authorities,

and

- Because Councils played a major role in bringing the country through the pandemic.

During Module 1 it was widely acknowledged that preparedness and resilience plans for a pandemic were ill-focussed and inadequate.

The task for this Module

In this Module the Inquiry will look at

- How those preparations - that had been made - were actually deployed,
- and
- How government at all levels, made policy and delivered it operationally.

What is clear so far

Some things are already quite clear –

- Policy decisions had to be made very quickly and then revisited as events unfolded,
- Central government did not always utilise all the sources of advice and information, sometimes because of disorganisation.

Of course, the LGA recognises that -

- decisions had to be made,
- and
- hindsight does not easily capture the pressure of the moment.

Once made, good communication was critical, but – in such times - difficult.

The LGA emphasises though that these tasks were not for central government alone; whatever policies were announced centrally they had to be delivered locally.

If Central Government policy-making ignored the need for partnership with Local Government, delivery was likely to flounder.

The most important issues for the LGA

These short points contextualise the most important issues for Local Government.

In summary, these concern -

- Subsidiarity in decision-making,
 - Local Tiering and local lockdowns,
 - Key national decision making regarding adult social care and care at home,
 - Test, trace and isolate,
- and
- Data sharing between central and local government.

Why are these so important?

To answer that, I need only sketch some of the roles LA officers (and elected members) had throughout this period -

- Social workers continued to support those already drawing on their support,
- Social care commissioners continued to work closely with care provider partners to ensure people had access to the services they needed,
- Public health teams controlled outbreaks,
- Emergency planners organised the local response,

- Revenue and benefit teams administered business support grants,
- Customer service teams contacted millions of clinically extremely vulnerable people,
- Bereavement services supported relatives in the most stressful of circumstances,
- Employees across the council delivered emergency food parcels.

More could be said about roles like environmental health, health visitors, and refuse workers, who kept the usual services running as normal, and the hundreds of thousands of employees who were redeployed either to frontline COVID response roles.

The local government response

The LGA very much hopes that the Inquiry will recognise that - from the very start - the goodwill, experience and expertise of local government was there to be harnessed to the task of overcoming the COVID-19 virus.

Mobilisation occurred well, with everyone determined to make a positive contribution.

Thousands of workers volunteered overnight, to change roles temporarily to contribute to the emergency effort.

Very quickly – both unilaterally and where necessary in response to the national emergency legislation - local authorities -

- Redesigned and reprioritised essential local services,
- and
- Suspended some services and introduced new operating models,

The LGA's Chief Executive's two witness statements set out this work and that of the LGA in this mobilisation. It is happy that those witness

statements should be published as soon as the Inquiry thinks is appropriate.

This evidence shows how Councils were able to devise solutions that were effective “on the ground,” precisely because they knew best how things could be made to work in their communities.

They restructured around essential services to deliver novel support services such as shielding, supporting vaccination roll-out and the rapid distribution of business support, while ensuring the continued delivery of critical core council services.

This flexible and engaged response of local authorities demonstrates -

- The great importance of subsidiarity and localism,
and also
- The contribution that elected members and officers, rooted in their local communities, bring to civil society.

Six key points of focus

I will now emphasise a few key points important both for the public and to provide focus for this Module.

1. The full engagement of local government

The LGA invites the Inquiry to recognise explicitly that there could not have been any success in addressing this emergency, if local government had not been fully engaged from the outset, as a committed and critically important partner.

In fact, so much more could have been done.

For instance, it was regrettable that the NHS Test and Trace system in England was commissioned centrally and designed and created independently from local government.

The LGA considers that this significantly impeded effective collaboration and

slowed down the ability to speedily test, trace and isolate people with the virus.

2. The flexibility of local government

The LGA asks you to note how local government was able to act flexibly and take early decisive action. Officers reacted positively to requests to change their roles and patterns with little notice, consultation or discussion."

3. Delay in engagement

There were problems - at least in the early stages - when there was a regrettable delay in central government's engagement with local government and so to benefit from councils' understanding of their communities.

- This delay affected the design of schemes of very great importance to the community at large, for example, shielding the clinically extremely vulnerable and contact tracing, as well as to aspects of the legislation that was introduced and supporting guidance.
- Consistent concerns were raised with LGA by its member councils from an operational perspective about the steps government took in terms of the timeliness of decision making and communication to councils, funding and workforce issues. Over time, engagement did improve.
- Many aspects of the response demonstrated the problems in trying to design, control and manage from the centre activities which must be delivered to tackle local challenges.
- Communication and consultation with local government was not always timely.
- Local government was not often enough a partner in co-designing the response to the pandemic, despite its critical role in managing this.
- Particularly at the beginning, the disconnect between national policy formation and its local implementation, meant that councils spent much effort trying to stitch together different elements of the pandemic response on issues such as PPE, volunteering, and test and trace.

The LGA acknowledges the pressure on civil servants and government politicians but it does not excuse this.

4. Tier system and lockdown issues

Government's introduction of 'checkerboard' tier systems and the localised lockdowns approach was confusing.

- Its top-down approach inadequately considered local challenges such as overcrowded housing or inter-generational living.
- There were also communication issues; in some areas local leaders learnt about new restrictions merely hours before the public.
- Councils sometimes even had to support residents in multiple different tiers within their local area.
- This kind of confusion about rules and engagement led to an increasing sense of inequality.

5. Data issues

there is no doubt that the crisis required the best use of all available data.

This issue is of great importance since it was relevant at so many levels -

- from the implications of the infection rates for particular groups
- to the identification of the clinically vulnerable during lock down.

It is highly likely that initial delays in providing LAs with quality granular data meant that the pandemic response was not as effective as it might have been.

These delays were particularly impactful in areas such as supporting the

clinically extremely vulnerable, test and trace, and vaccination rates.

The LGA is clear that the rules for data sharing in an equivalent crisis require review.

Efficiency requires greater data harmonisation, with timely access across for all national public health agencies and other data generating institutions, a code of conduct for data producers and data users and an acceptance that Local Authorities routinely use personally identifiable data professionally and safely, and can be trusted to do so.

So the LGA is pleased to see the expert evidence from Gavin Freeguard. It hopes his contribution can help the Inquiry to see what needed to be done and how this could be achieved.

6. Issues with Social Care, both at home and in Care Homes

During the pandemic, many issues arose about the treatment of those in social care.

In normal times, careful consideration, prioritisation and planning for care homes and domiciliary care is critical. This was equally true – if not more so – during the pandemic.

Yet while such a mutual relationship seems to have operated between Government and the NHS, the relationship between central and local government, in respect of the responsibilities for social care, was in no sense comparable. In short it seems Central Government did not really know how to address the 18000 providers and 150 local authorities concerned.

Thus -

- Adult social care settings suffered severe problems from lack of PPE, cross-infection, and high morbidity.
- The arrangements for the funding, organisation and deployment of PPE for social care were far slower for social care than for the NHS.
- Consideration and treatment of the social care sector was at times late

and piecemeal, with an overall governmental failure to offer those involved in this sector, whether staff or care recipients, equality of esteem with the NHS.

The LGA urges the Inquiry to highlight the importance - in any future similar crisis -of addressing the needs of, and risks in, the social care sector, on a basis of equality with its approach to the NHS.

Protecting those in social care must never be an afterthought but is a matter of absolutely equal priority.

ROBIN ALLEN KC
Cloisters

25 September 2023