**Module 2 of the COVID-19 Inquiry**

**First Witness Statement of Mark Lloyd, CBE**

**Chief Executive of the Local Government Association**

**9 February 2023**

**IN THE MATTER OF MODULE 2 OF**
**THE UK COVID-19 PUBLIC INQUIRY ("the Inquiry")**
**(REQUEST FOR EVIDENCE RULE 9 OF THE**
**INQUIRY RULES 2006**
**REFERENCE FOR REQUEST - -M2/R9/LGA/01**

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**WITNESS STATEMENT OF**
**MARK LLOYD, CBE**
**ON BEHALF OF**
**THE LOCAL GOVERNMENT ASSOCIATION**

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I, **Mark Lloyd**, say as follows –

## Introduction

### *Overview*

1. I am the Chief Executive (CE) of the Local Government Association (LGA) of 18 Smith Square, London, SW1P 3HW. I was appointed to this role in November 2015 after having previously worked in local government, latterly as a Chief Executive of Cambridgeshire County Council and before that Durham County Council. I am authorised by the LGA to make this statement on its behalf in relation to Module 2 of the Covid-19 Inquiry (the Inquiry).

2. I have already provided two witness statements in relation to Module 1 of the Inquiry, but this is my first statement in relation to Module 2 in which I understand that the Inquiry will consider and make recommendations about the UK's core political and administrative decision-making between early January 2020 and February 2022.

3. I understand that a particular focus of Module 2 is on the decisions taken by the Prime Minister and the Cabinet, between early January and late March 2020, when the first national lockdown was imposed. However, it is also clear from the Provisional Scope of Module 2, as published in August 2022, that this Module is not limited by that focus but is concerned to examine what happened between 2020 and 2022 on a wider basis, as indicated in the six numbered paragraphs of the Provisional Scope document. As I describe below local government in England was engaged with each of these headings.

4. It was therefore no surprise when, on 5 December 2022 Tim Suter, the Lead Solicitor for Module 2 of the Inquiry, wrote on behalf of Baroness Heather Hallett, the Inquiry Chair, to request a statement from the LGA outlining how it gathered the views of its members about the response to Covid-19, and details of the extent to which the LGA communicated those views to core political and administrative decision makers in the UK Government.

5. My statement is the LGA's response to this request. However, as before, I must again emphasise that, while I have broad oversight of the LGA's work, and was personally involved in the LGA's discussions with the Government during this period, I did not have first-hand contemporaneous knowledge of everything that was done by the LGA's

officers. In making this statement I have therefore both drawn on my own memory of this period and relied on information provided to me by the many LGA officers involved in its work over this period as well. My statement must therefore be read as representing a statement concerning the collective understanding and knowledge of the LGA in relation to the period January 2020-24 February 2022. The LGA's officers are highly professional, and it is my belief that they have again diligently and fairly reported to me the relevant information that I set out below.

6. The Inquiry knows well this was a period of intense activity within government at both national and local levels, in which decisions had to be taken swiftly and under considerable time pressure. LGA officers were as affected by this as were civil servants. This has had two consequences for this witness statement. First, it is almost impossible fully to reflect the pace of activity in a statement of readable length; secondly, a vast number of emails, notes, and other kinds of documents, were produced at the time, which this statement can only summarise. My lengthy statement can only give an overview of the LGA's work and engagement relevant to Module 2.

7. To make the material more accessible my witness statement is divided after this Introductory section, into the following Parts representing the headings in the Rule 9 request -

Part A - LGA's Structures, Roles, People and Processes
Part B – Cooperation and joint working between the LGA and UK Government (and the devolved administrations)
Part C – Public health communications and public confidence
Part D – The public health and coronavirus legislation and regulations

***The Department for Levelling Up, Housing and Communities (DLUHC) and the Ministry of Housing, Communities and Local Government (MHCLG)***

8. The government department most closely concerned with local government has been called the Department for Levelling Up, Housing and Communities (DLUHC), since September 2021. From January 2018 up till September 2021, and therefore during much of the period with which Module 2 is concerned, it was known as the Ministry of Housing, Communities and Local Government (MHCLG). Of course, the documents and emails, to and from the LGA and this Department, will bear a different name according to their chronology. I shall refer to the department by reference to its name at the relevant point in time.

### *Headlines document*

9. In preparing this witness statement, the LGA's officers and I have referred to a single 'headlines' document maintained by the LGA from the end March 2020, to capture key concerns and proposals from the sector. The LGA's Board and its Executive Advisory Board kept this under review to check that at each stage it was accurately reflecting councils' key concerns of the moment.

10. The document was used as the basis for the LGA's conversations with Government and it was updated frequently (often daily) as the LGA received more feedback from, and consulted with, member councils. It was also sometimes shared directly with officials (ML/01 - INQ000103780; ML/02 - INQ000103781; ML/03 - INQ000103782; ML/04 - INQ000103783; ML/05 - INQ000103784; ML/06 - INQ000103785; ML/07 - INQ000103786; ML/08 - INQ000103787; ML/09 - INQ000103788; ML/10 - INQ000103789 and ML/11 - INQ000103790).

11. Overall, it provides a contemporaneous reference for the key issues that the LGA was raising at any time during the period under consideration in Module 2.

### *Key points*

12. There are some key points that the LGA wishes to make concerning Government decision-making and the way in which the response to the Covid-19 pandemic was managed, and which it is aware are shared by local government.

13. Before making these points, I want to say that the LGA does fully recognise that the period covered by Module 2 was as challenging a period for good governance at all levels as any since 1945. The LGA recognises that it was a crisis period in which decisions had to be made quickly and communicated well, but it was also a period in which civil society at all levels, including local government, stepped up with a determined aim to make a positive contribution. The goodwill, experience and expertise of local government was there to be harnessed to the task of overcoming the COVID-19 virus from the very start.

#### *1 - Local government made a critical contribution to managing the path through the pandemic*

14. Local government played a critical role in the pandemic response. It can truly be said that, by working with the Government and partners in the NHS, with other public bodies

and the third and independent sectors, it made a major contribution to finding a path through this unprecedented, and rapidly changing, national emergency.1

15. Throughout the period from January 2020 to the summer of 2022, councils were the first port of call for the most vulnerable people or those otherwise in need of support or assurance, simply because they are uniquely placed at the heart of their communities and so closely involved in public service delivery. They were therefore at the very heart of this crisis, and in this role, councils demonstrated flexibility, innovation, resilience, and responsiveness. Most of all, they demonstrated their ability to respond to emergencies irrespective of scale.

16. In the view of the LGA, the response they provided amply demonstrates the importance of subsidiarity and localism, and the contribution that elected members and officers, rooted in their local communities, bring to civil society.

17. Councils were able to devise solutions that were effective "on the ground," precisely because they knew best how things could be made work in their communities. Many aspects of the response that were dictated from central government – from shielding, to test and trace, and volunteering schemes – demonstrated the problems in trying to design, control and manage from the centre, activities that required local responses to widely differing community-based challenges.

18. For this reason, the LGA invites the Inquiry to recognise, and to state clearly, that there can be no success in addressing an equivalent civil emergency, if local government, being most closely connected to local communities, is not fully engaged from the outset, as a committed and critically important partner.

19. Remote command and control from the capital will never work by itself because it will always lack the knowledge that local councils have about their areas. Rather, such civil contingencies require a partnership from the outset between central and local government, in which each side is willing to appreciate the special knowledge and abilities of the other.

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[1] The significance of the role local government is recognised by the Department for Levelling Up, Housing and Communities (DLUHC) in its draft COVID – 19 Playbook already disclosed to the Inquiry (CF/32 INQ000023174)) though this draft document does not yet refer to the Local Government Association or to Directors of Public Health as being key contacts. It will be clear from my statement that this is an omission and I hope that in due course this will be remedied.

20. My witness statement will say more about this aspect below, but there are three further points I wish to make now.

### *2 - Local government was able to act flexibly and take early decisive action*

21. First, local government's immediate response during the pandemic was decisive. Thus, within days and weeks, local authorities redesigned and reprioritised essential local services, suspending some services and introducing new operating models, with thousands of workers, working remotely and volunteering overnight, to change their roles temporarily to contribute to the emergency effort. Collaboration and mutual aid were key features of the public service response. The LGA considers that councils should be immensely proud of what they were able to achieve.

22. Councils introduced rapid service reform and transformation. They supported the wider public sector response and were relied upon to deliver under the most challenging of circumstances, responding to rapidly changing local and national priorities, plans, guidance, and regulations.

23. Councils had to restructure around essential services such as social services and 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, notably housing, schools, and social care. All this was achieved during the most challenging period public services have ever faced in modern times.

24. This involved many staff being redeployed and, in some instances, the limited furloughing of staff. The contribution of thousands of council workers has been widely recognised, and I would suggest that this Inquiry too would want to ensure that they are commended for their flexibility, compassion, and commitment to the communities they serve.

### *3 - There was a regrettable delay in central government's engagement with local government*

25. Next, while local government moved very quickly to make the changes needed to protect the population and services as far as possible, by contrast, there was an initial failure by central government to engage with local government on key issues and decisions, and so to benefit from councils understanding of their communities. This must not happen again.

26. This delay affected the design of schemes of very great importance to the community at large, for example, shielding the clinically extremely vulnerable and contract tracing, as well as to aspects of the legislation that was introduced and supporting guidance. I shall explain below how central government repeated this mistake on some later occasions when there were failures when devising policies, to consult and engage with local government, and so take advantage of councils' closeness to their communities.

27. Many aspects of the response – from shielding, to test and trace, and volunteering schemes – demonstrated the problems in trying to design, control and manage from the centre activities which must be delivered locally to community-based challenges. Over time, there was a broad transition to more localised (or at least locally influenced) approaches. Repeatedly, councils found that they were able to work far more effectively once central government began to engage with them either directly or through the LGA. Councils came up with optimal solutions because they knew how things would work in their widely differing communities.

### *4 - Communication and consultation with local government was not always timely*

28. Consistent concerns were raised with LGA 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. Local government was rarely a partner in co-designing the response to the pandemic, despite the extent to which it was critical in managing this. Moreover, 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.

29. Over time, engagement did improve. Regular meetings, convened by DLUHC, took place at officer level for instance, with representative council chief executives (sometimes referred to as the R9 group) who were brought in to play a leading role on contract tracing and to ensure govt central teams worked closely with councils.

30. At the political level, the Local Outbreak Plan Advisory Board (outlined in paragraph 75) established in late May 2020, improved this consultation and communication. In time, government departments established numerous working groups and arrangements to which they invited local government representatives or individuals. The LGA worked hard to coordinate input from the sector to ensure consistent

messages were fed into those discussions as far as possible. As a result, while this did not mean that Government took on board all the feedback from councils, local government's views were heard more consistently.

31. One example of a lack of communication and consultation with local government concerns the decisions to impose, amend or vary non pharmaceutical interventions (NPIs). This is discussed in some detail below. The LGA did not expect nor seek a role in deciding whether or when to impose such measures, yet it would have been helpful for local government to have been consulted, prior to implementation, so they could plan for how such decisions might play out within their local communities, how any negative impacts of them could be mitigated, and who should lead operational aspects of the response at local level.

32. Of course, I recognise that such decisions had to be taken at pace, yet the LGA believes centralised decisions (and the resulting outcomes) were poorer for the lack of local input.

### *5 - The rules for data sharing in an equivalent crisis require review*

33. At several places in this statement, I shall refer to the difficulties that local government had in making the best use of data to manage the consequences of the pandemic and to help find a way through it. The LGA fully respects the data principles that ordinarily apply but during the pandemic some easement of the rules on sharing data sets could have enabled swifter and more effective action by councils.

34. It is not for the LGA to describe exactly how this should be done but it urges the Inquiry to raise this issue with the Information Commissioner's office in order to have a better regulatory approach for the future.

### *6 - The crisis required good management of social care just as much as for the NHS*

35. A last key point concerns social care. During the period covered by Module 2 many issues arose about the treatment of those in social care. It was soon reported that adult social care settings were suffering severe problems from lack of PPE, cross-infection, and high morbidity. As councils have statutory responsibility for social care, the LGA was highly aware of these issues. As I describe below, the treatment of the social care sector was at times chaotic, with an overall governmental failure to recognise that those involved in this sector, whether as staff or care – recipients, were particularly vulnerable. This kind of chaos cannot be repeated. It is imperative in the view of the

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

## Part A - LGA's Structures, Roles, People and Processes

### *Outline*

36. The LGA is the collective voice of local government in England and supports the collective voice of local government in Wales to be equally heard.

37. The LGA was set up in 1997 as an unincorporated Association. In 2018, the LGA moved to a new structure as an unlimited company. Once all member councils had joined the new company, the former unincorporated Association was dissolved. Membership is voluntary and councils make their own decisions on whether to join.

38. The full membership of the LGA in England and Wales now comprises –

- All but two of the 333 principal councils in England (i.e., all but London Borough of Bromley and Leicestershire County Council), (ML/12- INQ000103791), and
- All the 22 principal Welsh councils through a corporate membership scheme with the Welsh LGA (WLGA), an independent organisation with its own business plan, priorities, and governance structure.

39. The LGA also has 31 Fire and Rescue Authorities; Fire, Police and Crime Commissioners from Essex, Northamptonshire, North Yorkshire, and Staffordshire; and National Parks Authorities, as associate members. The National Association of Local Councils (NALC), which is the membership body for Town and Parish councils, is a corporate member of the LGA.

40. In contrast to WLGA, neither the Convention of Scottish Local Authorities (COSLA) nor the Northern Ireland Local Government Association (NILGA) are members of the LGA. They are independent membership bodies representing the interest of local government in Northern Ireland and Scotland, respectively.

41. Sometimes the LGA will undertake joint work with the WLGA, COSLA and NILGA, particularly looking at issues such as the overall financial needs of local government

and workforce planning, but there is no formal relationship between the LGA and these bodies.

42. The LGA is funded through a combination of membership subscriptions, central government grants and contracts and commercial income including from a programme of conferences and events.

43. The LGA is a politically led though cross-party organisation, with the overall purpose to give local government a strong national voice that is credible with national government and across the political parties.

***Key structures***

44. To give a general understanding as to how the LGA worked during this period I need to explain its key structures in a little more detail. This will demonstrate how its cross-party approach is maintained and by what means the LGA engaged with the issues during this period.

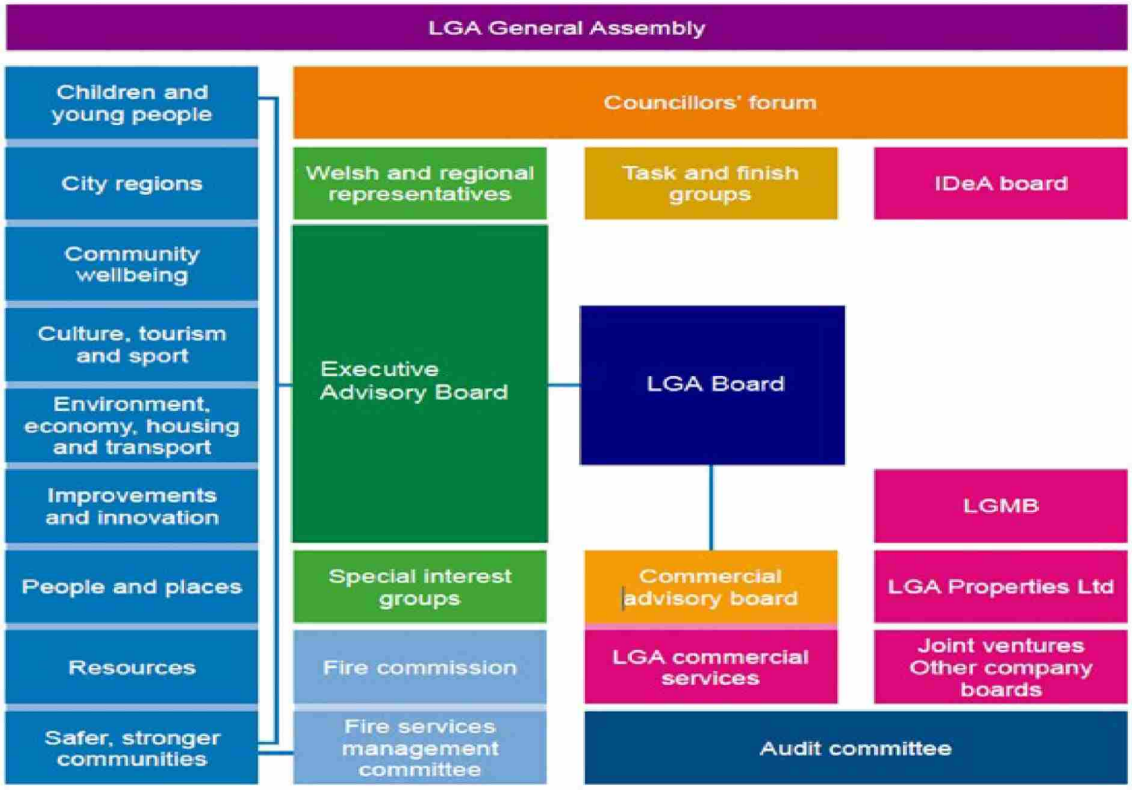
45. The LGA's Board of Directors is elected annually by the General Assembly, comprising representatives of all authorities in full membership of the LGA, and meets every six weeks.

46. The Chair, and Vice and Deputy Chairs of the Association are nominated annually by the LGA's four political groups (the Conservative, Labour, Liberal Democrats, and Independent Groups) and approved annually by the LGA General Assembly, comprising representatives of all authorities in full membership of the LGA. Together they form the LGA Board, which meets every six weeks. The Chair of the Association is nominated by the largest group.

47. The LGA operates through Boards -

- The LGA Executive Advisory Board comprises the members of the Leadership Board, the Chairs of the policy boards and representatives of Wales and the nine English regions. The County Councils Network (CCN), District Councils Network (DCN) and the Special Interest Group of Municipal Authorities (SIGOMA) also have a non-voting place, along with the chair of Local Partnerships.

- Policy Boards (which each have a Chair, Vice-Chair and two Deputy Chairs – one nominated by each group) are responsible for different aspects of the organisation's work, provide spokespeople on a range of issues relevant to their portfolios, and are responsible for the delivery of the business plan priorities. The table below sets out an organogram of the relationship between the Policy Boards (in blue to the left) and other structures of the LGA.




***The LGA's activities***

48. The LGA's activities relating to council service areas and their statutory duties and related policy issues, such as public health or emergency planning, can be broadly stated as follows -

- Acting as the national voice of local government, working with councils to promote and improve their activities;

- Providing the views of the LGA's members to government on national policies, guidance, legislation, or regulations;

- Acting as an interface between central and local government sharing information where this is necessary (for example, in relation to a specific issue or challenge);

- Developing guidance and other support materials (e.g., training programmes) for the LGA's members, including sharing good practice;

and

- Issuing media and other communications to provide information about the work of the LGA's members and to defend the reputation of local government.

***Relationships with government***

49. There is huge expertise within local government on issues that were so important during the Pandemic, such as social care, business continuity, education, and public health (including test and tracing). Local government officers deal with these kinds of issues on a regular basis at the local level and accordingly, while central government had to consider the overall picture, there was much essential information for that understanding that was there to be found in local government.

50. As the national membership body for councils, the LGA has long provided the bridge from local to central government and plays a well-regarded, non-partisan role advising and influencing government and helping both to shape policy and then deliver it, at the local level, as well as helping councils deliver the best services to their local communities.

***Covid-19 specific arrangements***

51. In March 2020, the LGA had the equivalent of 353 FTE, working across a variety of directorates including -

- Policy (covering a wide range of local government service/policy issues);

- Improvement support (designing and implementing the LGA's leadership offer, peer review programmes, regional team structures and providing bespoke / thematic support to councils);

- Grant funded programmes (particularly in relation to care and health improvement work);

and

- Corporate support (including the LGA's member services and political group offices as well as back-office functions).

### *Information gathering*

52. Through this work and the LGA's political structures (outlined in the diagram above), there are many channels through which the LGA gathered the views of its members to identify issues and represent councils' interests to other parties. These include -

- The LGA's formal governance structures, primarily policy boards and leadership structures (Exec Advisory Board, Leadership Board, Councillor Forum);

- Regular, more informal, meetings between political Group Leaders and the Chairman;

- Feedback from councillors into political group offices, and from *ad hoc* discussions between the LGA's senior politicians and party councillor colleagues;

- The LGA's participation in the regular 'R9' meetings between DLUHC, the LGA, London Councils and council chief executive representatives from each of the nine English regions; these meetings were originally constituted in January 2019 to help ensure an effective and timely two-way flow of information between central and local government on local EU exit preparations;

- Ongoing relationship management (for example, meetings, other contact, and correspondence) between the LGA's senior management team and member authorities;

- Feedback from LGA teams based in each of the English regions, which work closely with councils in their areas to understand current issues and emerging challenges;

- Relationships between policy officers and officers working in relevant council services, including through officer associations and professional bodies;

and

- Feedback gleaned through council, councillor, and officer participation in the LGA's improvement activity.

### *Redeployment*

53. From the middle of March 2020, as the country edged towards full lockdown, there were significant changes in the work the LGA undertook, with resources redeployed accordingly. There were two major drivers -

54. First, the huge number of policy issues and service challenges emerging for local government as existing services had to adapt to lockdown and social distancing, and new services (for example, protecting those people who are clinically extremely vulnerable) had to be developed, in both cases at considerable pace;

55. Secondly, for a short period much of the LGA's in-person improvement offer (such as corporate peer reviews) was paused; because councils were unable to dedicate the capacity to this at this time of crisis, the LGA's improvement support was refocused, and new virtual offers were developed.

56. For a period, virtually all the policy work undertaken by the LGA related to the impact of Covid-19 on council services and councils. There were extensive discussions between LGA officers and government leads on issues that do not all fall within scope of this module, as they do not directly relate to key decisions, but which nevertheless took a great deal of time and capacity to manage.

### *New structures*

57. While many of the emerging policy issues were picked up by existing policy leads, the extent of the new work, and the unprecedented level of queries from the LGA's members, meant that the LGA had to set up new structures for managing these. On 19 March 2020, the LGA's senior management team (SMT) agreed to establish an LGA Covid-19 programme. The programme reflected a need to ensure that the LGA's usual objectives to promote, support and improve local government had a targeted focus on Covid-19 related activity, and was intended to -

- Provide support to councils to

- meet the challenges of COVID-19 while maintaining business as usual to the extent that this is possible and/or appropriate, and
- plan for the medium term in light of the impacts of COVID-19;

- Lead and coordinate councils' liaison with Government and represent the interests of the sector;

- Support councils to support the country;

and

- Enable the LGA to maintain and develop its delivery of the above in the context of COVID-19.

### *The Programme Management Office*

58. A Programme Management Office (PMO) was established to support the achievement of these objectives, comprising administrative support and three senior staff working on a part time basis, reporting directly into the LGA's SMT. Several workstreams were established and within scope of the PMO, these were resourced by staff either performing in their usual roles or being redeployed from other areas.

59. These workstreams included -

- Financial costs and income losses for councils,
- Public health,
- Adult social care, Personal Protective Equipment (PPE) and testing,
- Community hubs, shielding, vulnerable people and convening the voluntary sector,
- Livelihoods,
- Children's services,
- Deaths management,
- Council governance and decision making,
- Councils' and contractors' workforce,

and

- Councils' supply chain, logistics, digital.

60. Other policy areas, such as regulation and enforcement activity, and domestic abuse, were managed through usual policy leads under a watching brief from the PMO.

### *Coronavirus case management system*

61. Alongside this, the LGA established a coronavirus enquiries email and case management system. This enabled it to capture and process the large number of enquiries and issues being received by the LGA and ensuring a timely response. It also enabled the LGA to use the information collected in this way to analyse the main issues being raised to aid the development of "Frequently Asked Questions" and thus keep the LGA's members up to date

62. Some idea of the scale of this work can be understood from the fact that between 17 March and 3 June 2020, the LGA received a total of 2,350 emails from councils, resulting in 1,883 cases. The most significant issues raised were as follows -

- Around a third of these emails sought guidance from government or more information/clarity,
- 15% concerned local government finance/benefits,
- A further 15% concerned adult social care,
- 13% concerned the local economy/businesses,
- 11% were about the council workforce and councillors,

and

- 10% raised housing/homelessness/planning.

(Other topics raised in emails amounted to less than 10% each.)

### *The LGA's COVID – 19 Hub*

63. The LGA also developed a dedicated web hub, which by the middle of May 2020 had achieved over 183,100 total page views. The website included frequently asked questions on different themes, examples of good practice, the remote meetings hub, LG Inform (the LGA's local area data benchmarking tool) reports on Covid-19 cases, guidance to councillors on the Covid-19 outbreak and their role (ML/13 - INQ000103792 and ML/14 - INQ000103793), and several Covid-19 related publications. The LGA also created an Adult Social Care hub, jointly managed by the LGA and Association of Directors of Adult Social Services (ADASS), to co-ordinate the response across adult social care and health partners, particularly with regards to hospital discharge, Care Act easements and the additional funding provided to social

care. The Hub circulated a regular e-bulletin aimed at collating and disseminating the May 2020 communications being issued by central Government during this period

64. Over 40 officers were redeployed into temporary placements supporting this response. Regular meetings were held of the Coronavirus task force group, comprising the organisation's senior management, corporate leadership team and lead officers for different areas of Covid-19 work.

### *Later developments*

65. The Covid-19 programme, and associated structures, ran as the LGA's response continued at scale until early June 2020, after which the programme and resourcing began to be scaled back into "business as usual" activity.

66. Although the organisation created new internal officer structures for managing the response to Covid-19, at the political level the LGA continued to operate through the normal governance structures detailed at paragraph 47 so that its members were able to understand and direct the organisation's work on Covid. However, between March-June 2020, in recognition of the unprecedented circumstances and their impact on councils, the frequency of the LGA Board meetings increased from 6-weekly to approximately 3-weekly. Group Leaders also met informally on a more frequent basis.

67. Similarly, the LGA continued to use the normal channels detailed in paragraph 47 to gather the views of the LGA's members about the UK Government's response to Covid, though the frequency and scale of contact with member councils escalated significantly during the early days of Covid-19 as reflected in the number of enquiries to the LGA's Coronavirus enquiries system.

68. The LGA engaged extensively with councils across all regions and provided support via its regional Principal Advisers and regional teams such that by the middle of May 2020, the organisation had –

- Contacted all member councils with information and provided direct support or advice to over 260 councils;

- Contributed to over 300 meetings with chief executives and regional groups since the middle of March 2020;

- Held regular discussions with Regional Member peers (councillors assigned by the LGA to lead on providing support to specific regions);

- Provided mentoring support to councillors that requested it;

and

- Held two regional webinars[2] on various COVID-19 related themes, each attended by over 70 councillors, and developed plans for more to take place in the weeks ahead.

69. Additionally, the LGA officers focused on specific workstreams, engaged with frontline council officers, with the aim of helping them to understand and feedback to Government, issues, and concerns about specific areas of activity.

70. To help its members to keep up to date with the rapid changes that were occurring, the LGA increased the frequency of its bulletin from its Chairman/Chief Executive to council leaders and chief executives, from weekly to daily. From mid-March 2020 bulletins were published seven days a week, reducing to five times a week (and occasional weekend bulletins when required) from early April 2020. The daily bulletin was gradually reduced in phases until 30 July 2021, when it returned to the normal weekly pattern. Alongside this, between April 2020 and August 2020, and periodically after this until August 2022, the LGA also introduced a daily bulletin for adult social care to keep that sector informed on relevant issues, including the interface between care and health services. Examples are exhibited. (ML/15 – INQ000103794; ML/16 - INQ000103795; ML/17 - INQ000103796; ML/18 - INQ000103797; ML/19 - INQ000103798; ML/20 - INQ000103799; ML/21 - INQ000103800; ML/22 - INQ000103801; ML/23 - INQ000103802; ML/24 - INQ000103803; ML/25 - INQ000103804; ML/26 - INQ000103805; ML/27 - INQ000103806; ML/28 - INQ000103807 and ML/29 - INQ000103808)

[2] This is up to May 2020. National webinars were held throughout the period.

### *LGA'S engagement with the Government*

71. Alongside its public facing work such as bulletins, Parliamentary briefings, and press releases, the LGA also communicated its members' and officers' views and insight to central government's political and administrative decision makers. Some of this occurred through formal scheduled meetings with agendas and minutes, but there were also many short notice informal meetings and discussions, at both the political and officer level, between organisations working at pace on a range of different issues.

72. At no stage during this period did the LGA seek to influence the Government's science led approach to making decisions about matters such as whether to impose lockdowns, social distancing requirements, or other restrictions. The LGA always recognised that this would have been inappropriate since it did not have access to the scientific evidence and expertise which was informing the Government's decisions. Instead, the LGA's focus was on the implications that these decisions would have for communities and local councils, and on what policy decisions local government would need to make to work effectively at the local level, for instance in relation to issues such as –

- the adequacy and management of resources,
- the use of data,
- notices to allow planning/training and reprioritisation of local resources,
- the need for reassurance over costs,

and

- getting appropriate clarification where decisions were unclear or seemed to have been only partly thought through.

73. This meant that the LGA had to engage regularly with Government to share concerns about impacts on the ground, to communicate the challenges for councils, and so to help the Government ensure its policies and approaches were understandable, practical, and thus made sense to local government and its local partner organisations. A key function of the LGA has always been to act as a conduit between central and local government, providing and distilling information from councils into government and vice versa; this role assumed even greater importance during the pandemic.

74. In summary, engagement included both bilateral discussions between the LGA and government representatives (often in ad hoc or quickly arranged meetings or

discussions) and forums or meetings involving government representatives, the LGA and council representatives, at both officer and political level. A broad summary of the mechanisms used to engage is set out below.

### *Political engagement*

75. Examples of the kinds[3] of political engagement that the LGA had or facilitated, included the following –

- Fairly regularly Ministers met with a group, informally known as the 'Leaders Group' consisting of the chairs of the different local government groupings (represented through LGA special interest groups), the London Councils, the LGA's political group leaders and the LGA's Chairman. This was the main engagement route in the earliest days of the pandemic.

- At the end of May 2020, the Local Outbreak Plan Advisory Board was established. This was chaired by the LGA Chairman, and from the local government side, it comprised council leaders, chief executives, directors of public health and a Director of Adult Social Services. Meetings of the Board were attended initially by the Public Health Minister, as well as officials from Department of Health and Social Care (DHSC), Public Health England (PHE), NHS England and the MHCLG. The Board originally met weekly, then fortnightly during summer 2020 and meetings became monthly in 2021. Its remit was to ensure that (1) that national policies for testing and contact tracing arrangements took full account of local government and wider local capability, and (2) there were effective local plans and coherent local arrangements for testing, contract tracing and tracking to manage local outbreaks, and providing support for those who needed it.

- Informal/private feedback and exchanges on a range of different issues between the LGA's Chairman and Government Ministers. These included Matt Hancock (Secretary of State for Health and Social Care (DHSC), Helen Whately (then Minister of State at DHSC), Jo Churchill (Parliamentary Under Secretary of State at DHSC), Robert Jenrick (then Secretary of State for Housing, Communities and Local Government), Luke Hall (then Parliamentary Under Secretary of State at the

[3] The list does not include the contact that council leaders may have had (indeed are likely to have had) otherwise have had with their local Members of Parliament.

Ministry for Housing, Communities and Local Government) and Emma Dean (then Special Adviser to the Secretary of State for Health and Social Care)

**Helen Whatley**
*Then Minister of State at the Department of Health and Social Care*

- March 2020 – Raise issue on decant from hospitals, need for health support, clinical supplies, handling equipment and forewarning. Also need for testing. Raised concerns regarding getting PPE for social care settings.
- March 2020 – raised difficulties with PPE and patients leaving hospital to care homes without test results.
- April 2020 – re extra funding, should be done via BCF

**Emma Dean**
*Then Special Adviser to the Secretary of State for the Department of Health and Social Care*

- Jan 2021 – warning regarding scams

**Jo Churchill**
*Then Parliamentary Under-Secretary at the Department of Health and Social Care*

- March 2020 – Discussions regarding LGA/Councils getting message out rewashing hands/hygiene etc, Covid Hub on LGA Website, Hierarchy needs, Clinical & Science led
- March 2020 numerous discussions regarding PPE and difficulties of extracting from NHS central Depot to LRFs, LRFs offered to pick up but refused by NHS. Eventually some PPE came out after more than a week.
- Regularly raised issue of lack of PPE in care settings

**Robert Jenrick**
*Then Secretary of State for Housing, Communities and Local Government*

- Discussion regarding Local Lockdowns in 2020/21 also remote meetings for councillors
- Mar 2020 – raised Hospital decant, shielding of vulnerable and poor quality of data being provided to councils
- Mar 2020 – raised issue of funding for extra workload etc by councils
- Mar 2020 – raised issue of homelessness and closure of hotels – request to enable a limited number of hotels to be left open
- Mar 2020 – raised lack of PPE for Social Care and other areas inc Police

- Mar 2020 - raised various suggestions to reduce burden on councils to enable delivery of frontline
- Mar 2020 – raised PPE availability again, shielding food support, lack of,
- April 2020 - Discussion around HWRCs, also issues around business grant distribution and additional bureaucracy being requested by Civil service, concerns regarding Clipper Service for PPE and potential delays
- April 2020 – Raised concerns regarding PPE
- June 2020 – Council funding, impact of loss fees/income
- Oct 2020 – Raised issues regarding localised lockdown in north, also potential enforcement/improvement notices for premises breaking Covid rules
- Oct 2020 – raised issues on building on Test and Track
- Oct 2020 – T&T, Shielding, Impact of students returning to university
- Nov 2020 – Need for clarity to end of lockdown, Clarity of guidance on leaving lockdowns and tier levels etc, need for isolation system that works, clarity on mass testing

**Luke Hall**
*Then Parliamentary Under-Secretary at the Department of Housing, Communities and Local Government*

- March 2020 – Discussion regarding rough sleepers and ongoing action to get rough sleepers off the street

**Matt Hancock**
*Then Secretary of State for Health and Social Care*

- July 2020 – Localisation of T&T.
- Informal political meetings between the Conservative Councillors Association, LGA and DLUHC politicians (involving the LGA Chairman and Conservative Group leader, chairs of the District and County Councils Networks, and Conservative lead at London Councils), also took place sporadically with Minister Luke Hall between January-November 2021 and irregularly with the Secretary of State after November 2021.

### *Webinars*

76. The LGA regularly provided a platform and opportunity for Government officials or Ministers to engage with all council chief executives or leaders through a series of webinars on key issues.

### *Officer engagement*

77. I shall explain LGA officer engagement with government officials on particular issues in some detail later in this statement. In outline this included –

- The local authority regional representatives (the R9 group) met with officials of the MCHLG and later DHLUC. From February 2020 the weekly meetings included Coronavirus as an agenda item. Meetings and emails between the group increased from the second half of March and were then ongoing during the height of the pandemic;

- Engagement between LGA policy leads and government leads on different issues, including from November 2020 the Covid-19 taskforce;

- Forums established to focus on specific themes, including but not limited to –

    - Shielding stakeholder engagement forum
    - Compliance working group
    - Local death management group
    - Beaches and tourism working group
    - Deaths management group
    - Safer working task groups, and

- The Local Authority Delivery Board, a Cabinet Office convened meeting with relevant government departments to look at the local authority-specific issues during the pandemic: the LGA first attended this meeting in February 2021.

### *LGA briefings*

78. Alongside regular meetings and discussions, the LGA developed briefings for, and submissions to, Government, on a range of different issues including on vulnerable people, enforcement activity, funding requirements. The LGA also developed a single headlines document to capture key concerns and proposals from the sector which the LGA shared routinely with officials and used as the basis for the LGA's conversations with Government and updated frequently (often daily) as the situation developed and the LGA received more feedback from and consulted the LGA's member councils. Copies of samples of the LGA's 'Headlines' documents during the specified period are being provided alongside this statement. (ML/01 - INQ000103780; ML/02 - INQ000103781; ML/03 - INQ000103782; ML/04 - INQ000103783; ML/05 -

INQ000103784; ML/06 - INQ000103785; ML/07 - INQ000103786; ML/08 - INQ000103787; ML/09 - INQ000103788; ML/10 - INQ000103789 and ML/11 - INQ000103790)

79. As detailed later, the LGA provided quantitative data, primarily on workforce issues, collected and analysed by the LGA's research team.

### *LGA work and engagement on social care*

#### *Social care challenges at the start of the pandemic*

80. At the beginning of the pandemic, the government faced challenges in the social care sector, including –

- A lack of operational experience and understanding of adult social care within government, and a lack of capacity within the social care directorate of DHSC. Adult social care includes information, commissioning and assessment functions by councils, provision of both CQC regulated and unregulated support, mainly through independent sector providers and the employment of Personal Assistants, and other functions such as supported housing. There are also many people paying for their own care and support who are not known to councils and who would need to be reached.

- A dispersed delivery model with 152 councils holding statutory responsibilities for delivery, and over 18,000 separate organisations providing support;

- A lack of real time data at a national level on issues such as bed availability, demand, workforce and infection control;

- In contrast to the NHS, there is a more diverse set of voices speaking on behalf of the social care sector, including local government, provider and employer representative organisations, unions, charities and campaigning groups and organisations and individuals representing the voice and views of people who draw on care and support;
- The social care sector was not afforded the same level of priority or engagement by Government as the NHS in the early stages of the pandemic; and

- The social care sector was already experiencing significant financial and workforce pressures as a result of more than a decade of austerity and Government cuts to councils' social care budgets.

81. The government's response to these challenges was to (among other things) significantly expand capacity in the social care directorate of the DHSC, setting up meetings to discuss immediate issues with the sector, and involving the sector in relevant workstreams. Whilst welcome in principle, additional capacity was not however on offer to the care sector, who had to juggle demands to join meetings by DHSC, usually at very short notice, with running a service under enormous pressure especially in the early months of the pandemic including managing PPE shortages, infection control, high mortality rates and staff sickness. These additional demands on a sector already under strain, placed huge pressure on all involved and meant in some cases that actions led to consequences that were too difficult to avoid: consultations and discussions sometimes happened too quickly to ensure that they fully informed policy development; it was somewhat haphazard who became involved; some meetings were too large for a meaningful and representative exchange of views; the rapid increase in capacity meant that there were many staff in the department with a limited understanding not only of social care but of how local government operates.

82. It took time for some in the department to understand that, unlike the NHS, social care does not operate under a centralised command and control model. Organisations like the LGA do not give instructions to councils, and councils can only instruct providers through their commissioning arrangements and contracts, not on an ad hoc basis. Councils were also aware of the immense pressure care providers were under and the need to take a collaborative approach of mutual aid and support in a period of unprecedented crisis for the sector.

83. It also took time for trust in these more collaborative ways of working together to develop and meant that at times government developed policies and guidance without sufficient early input from the sector, draft policies or guidance were shared for comment they required extensive modification or in some cases were issued without sufficient sector comment. Examples of this problem are the PPE use and infection control. In some areas this became less of an issue over time, in other areas it remained an issue.

### *Outline of LGA engagement*

84. The LGA's work to support social care during the pandemic was substantial. It already had a major programme of activity dedicated to supporting improvement in adult social care. The Inquiry will be aware already that the importance of safe, effective social care was amplified during the pandemic, that work on non-pharmaceutical interventions (NPIs) was very important. I discuss below how the LGA addressed this issue during the Module 2 period.

85. The starting point though is to note that the LGA has two main work-streams concerning adult social care. These are a policy function (in which, for some years, a small team has developed local government views on central government policy), and a support and improvement function (which has been delivered by the LGA in partnership with the Association of Directors of Social Services (ADASS) then as the Care and Health Improvement Programme (CHIP) now known as 'Partners in Care and Health (PCH)). CHIP played a major role in the LGA's response during the pandemic as I shall outline further now and refer to in greater detail below.

### *The Care and Health Improvement Programme (CHIP –now known as Partners in Care & Health)*

86. This function comprises some 30 staff most of whom have operational experience of social care delivery up to director level. CHIP is funded mostly by central government, with the aim of improving outcomes and value for money, chiefly by working with councils who have Adult Social Care (ASC) responsibilities. At an early stage during the Module 2 period, CHIP managers offered – without seeking extra resources – to re-prioritise some existing parts of the programme and to pivot it toward supporting government and other partners in the response to the pandemic.

87. CHIP sought the views of the sector by –

- Working with ADASS, for example attending meetings of ADASS regional chairs (representing Directors of adult social care in their region);

- Using the LGA's network of Care and Health Improvement Advisers to act as a conduit at a regional level between the CHIP central team, local councils and other key partners such as NHSE;

- By the end of March 2020, the CHIP had set up a provider forum, co-chaired by CHIP and the Care Provider Association (CPA) and supported by CHIP. This forum

initially met twice a week, but from September 2020 meetings were held weekly and these now continue meeting monthly. Seeking the voice of people who draw on care and support through contact with organisations such as Healthwatch, Carers UK, Age UK, Learning Disability England, and Think Local Act Personal;

- Using existing local government networks for intelligence on issues such as finance, commissioning, safeguarding, technology, and data/information;
- Seeking the views of elected members through its own Community and Wellbeing Board and lead members for each political group;
- Seeking the views of chief executives on social care matters through the regional Chief Executive leads on health and social care or through the R9;

and

- Asking senior advisers and others in CHIP to take on functional lead responsibilities for Covid-related support in addition to their normal improvement/support activity, to ensure coverage of the fullest possible range of topics, and to engage more fully with the sector.

88. CHIP engaged extensively with government as issues evolved. In the early weeks of the pandemic, this engagement was often fast moving, often taking place through quick discussions and email exchanges, rather than formal minuted meetings. CHIP Officers were able to respond to requests for comments and advice within a few hours on a range of topics listed below.

89. Chip Officers realised early on that councils were becoming overwhelmed by the volume of communications from central government the NHS, and others. This is one reason why the LGA established a Bulletin which collated and summarised all these communications in one place, so that busy officers and members in councils could more easily absorb this from a single, trusted source. Initially from April 2020, the Bulletin was published to councils daily, before eventually being reduced to twice a week, and then weekly.

## Part B – Cooperation and joint working between the LGA and UK Government (and the devolved administrations)

### *Introduction*

90. In this section of my statement, I summarise the LGA's engagement with the Government in the early months of 2020 as the pandemic developed, and subsequently from March 2020 to February 2022.

91. The LGA's engagement with the Government during this long period was complex and wide ranging and reflected what were the two main elements of local government's work at the time: (1) combatting the direct impacts of Covid-19 by working principally with the health protection and care services and (2) addressing both the pandemic's direct and indirect impacts and guiding recovery at the local level.

92. Inevitably, one of the major issues was lockdown and related measures to contain the spread of the virus. From the point at which lockdown was announced in March 2020, virtually all the LGA's engagement with different government departments related to lockdown's impact, the working from home instruction, and later, social distancing measures on council services and operations, including steps to mitigate impacts on individuals and communities.

93. I recognise that the Inquiry is not seeking details of the full range of the LGA's engagement with the Government on issues relating to the lockdown and related restrictions. My statement seeks only to highlight the key discussions from an LGA perspective, and to give a fuller narrative only on some distinct themes.

### *The developing response between January-March 2020*

94. In early 2020, the public health teams within councils were heavily involved in infection control and managing outbreaks of Covid-19. Nationally, the LGA's engagement at both the political and officer level, was also beginning, both through scheduled meetings and more informally.

95. By early January 2020, the world was watching events unfold in China following an outbreak of a virus then referred to as 'SARS-Cov-2'. It became apparent very quickly from reports, that this virus could transmit from person to person rapidly and cause severe illness in infected people, in some cases leading to death. Public health teams in local government are always alert to new disease threats and began to gear up following reports of the virus spreading in China. From a very early stage, councils

hosted quarantine hotels for those arriving from China. As the intensive work to tackle Covid-19 began, councils and their public health teams were in the eye of the local storm, fulfilling the role of professional and community leadership for health protection.

96. On the 10 January 2020, Public Health England (PHE) issued the first notice on the evolving situation in China. PHE also issued advice to travellers ahead of Chinese New Year.

97. On 20 January 2020, the LGA received updates on the evolving situation from PHE via their information cascade service. Locally, at this time, PHE Regional Teams hosted meetings with Directors of Public Health to inform them of the evolving situation. PHE said –

> *"...the risk to the UK population is very low and the risk to travellers to Wuhan is low, but the situation is under constant review. However, in line with our robust preparedness activities for emerging infections, we have issued clinical guidance for the detection and diagnosis of Wuhan Novel Coronavirus. There are no confirmed cases of this new infection in the UK."*
> See Novel coronavirus and avian flu: advice for travel to China ML/30 – INQ000103809)

98. On 23 January 2020, following an initial request from PHE to share with councils their briefing on the current situation in Wuhan, the LGA started what became regular communication from the LGA to Chief Executives and Leaders. The NHS Central Alerting System sent the first alert to Directors of Public Health working in local councils.

99. On 24 January 2020, the Chief Medical Officer, Chief Executive of NHS England, and the Head of the Infection Service wrote a joint letter to system leaders to inform partners of the evolving situation.

100. From 31 January 2020, the LGA attended as an observer, the first of regular, (initially fortnightly) situational update meetings with the Association of Directors of Public Health (ADPH) and Chief Medical Officer and Deputy Chief Medical Officer. The regular calls provided a space for ADPH, DHSC and PHE to share updates and discuss key issues.

101. On the 10 February, the LGA attended an introductory meeting with the Chief Medical Officer Professor Chris Whitty, and Deputy Chief Medical Officer Dr Jenny Harries. I attended as the Chief Executive of the LGA.

102. In early February 2020, the LGA was approached by Public Health England, looking to strengthen contact tracing capacity within local Health Protection Teams based in PHE Centres. PHE were seeking volunteers (such as school nurses, smoking support staff, infection control nurses, health champions) who would be able to talk to members of the public about health issues, and clinicians managing confirmed cases and contacts – for example, members of public health teams. The LGA along with PHE and ADPH co-signed a letter to Directors of Public Health seeking their help in identifying volunteers.

103. On 5 March 2020, the UK moved to the second stage of dealing with COVID-19 – from "containment" to the "delay" phase. The government asked anyone who showed certain symptoms to self-isolate for 7 days. People were asked to stay at home and avoid all but essential contact with others for 7 days from the point of displaying mild symptoms, to slow the spread of infection.

104. The LGA's meeting schedule for this period reflected the rapidly escalating picture, with Covid-19 related meetings increasing in frequency from the second half of February. Alongside general senior level engagement by LGA political and senior officers, there were specific issues discussions focusing on among other things, social care (through the DHSC's National Steering Group: Coronavirus meeting), food supply, emergency volunteering leave, data collection, death management (including local government's role in setting up temporary morgues) and others.

| ***Date*** | ***Meeting Title*** | ***Convening Department*** |
|---|---|---|
| 05/02/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 05/02/2020 | National Steering Group: Coronavirus | Department of Health and Social Care |
| 05/02/2020 | May 21 update | Cabinet Office |

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| 10/02/2020 | Professor Chris Whitty Chief Medical Officer for England, introductory Meeting | Chief Medical Officer's office |
| 11/02/2020 | Cross Whitehall meeting to discuss influx of GB nationals | Department for Levelling Up, Housing and Communities Resilience and Emergencies Division (DLUHC RED) |
| 12/02/2020 | National Steering Group: Coronavirus | Department of Health and Social Care |
| 13/02/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 13/02/2020 | Local Resilience Forums chairs call | Resilience and Emergencies Division |
| 18/02/2020 | Task & Finish Group: Coronavirus Advice | Department of Health and Social Care |
| 19/02/2020 | National Steering Group: Coronavirus | Department of Health and Social Care |
| 24/02/2020 | Beaches and Tourism Group | Ministry of Housing, Communities and Local Government |
| 26/02/2020 | National Steering Group: Coronavirus | Department of Health and Social Care |
| 27/02/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 04/03/2020 | National Steering Group: Coronavirus | Department of Health and Social Care |
| 05/03/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 06/03/2020 | Mark Lloyd and LGA colleagues-Coronavirus | Department of Health and Social Care |
| 06/03/2020 | National Social Care Coronavirus Planning Group | Department of Health and Social Care |
| 10/03/2020 | Mark Lloyd/Catherine Frances call | Ministry of Housing, Communities and Local Government |
| 10/03/2020 | Local Death Management Working Group | Local Government Association |
| 10/03/2020 | Task and Finish Group: Covid-19 Operational Guidance | Department of Health and Social Care |
| 11/03/2020 | Palliative and end of life care stakeholder group | National Health Service |
| 12/03/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 12/03/2020 | Palliative and end of life care stakeholder group | |
| 13/03/2020 | Regional leads call: Social Distancing | Ministry of Housing, Communities and Local Government |
| 15/03/2020 | Campaign discussion | Public Health England |

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| 16/03/2020 | Region 9/Local Government Association call re Coronavirus – telephone conference | |
| 16/03/2020 | Meeting with Rt Hon Robert Jenrick, Secretary of State | Ministry of Housing, Communities and Local Government |
| 16/03/2020 | Covid-19 Local Authority Waste Services – Contingency Planning – Call | Department for Environment, Food and Rural Affairs |
| 16/03/2020 | Local Death Management Task and Finish Group | Ministry of Housing, Communities and Local Government |
| 17/03/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 17/03/2020 | Update: Strategic workshop: Covid-19 – Industry and Government – food supply response | Department for Environment, Food and Rural Affairs |
| 17/03/2020 | COVID-19 stakeholder briefing | Department of Health and Social Care |
| 17/03/2020 | Association of Directors of Childrens Services Coronavirus update | Department for Education |
| 17/03/2020 | Delivery of Emergency Voluntary Leave | Department of Health and Social Care |
| 17/03/2020 | Department for Digital, Culture, Media and Sport libraries call – Coronavirus | Department for Digital, Culture, Media and Sport |
| 18/03/2020 | Department for Environment, Food and Rural Affairs Call Wednesday: Last mile delivery | Department for Environment, Food and Rural Affairs |
| 18/03/2020 | Meeting with Prime Minister, 10 Downing Street – Roundtable for Local Authorities to discuss preparedness for Covid-19 | No. 10 |
| 18/03/2020 | Regional leads call: Coronavirus catch up | Ministry of Housing, Communities and Local Government |
| 18/03/2020 | Urgent National Alliance for Children's Grief | |
| 18/03/2020 | Meeting Association of Directors of Childrens Services, Local Government Association, Department for Education Covid-19 | Department for Education |
| 18/03/2020 | Childcare in the event of school closures | Department for Education |
| 18/03/2020 | Response to Emergency Volunteering Leave Requirements | Consulting for Department of Health and Social Care |
| 18/03/2020 | Libraries – Covid 19 catch-up | Department for Digital, Culture, Media and Sport |

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| 19/03/2020 | Care Providers Roundtable | Ministry of Housing, Communities and Local Government |
| 19/03/2020 | Covid call with Alex Skinner Ministry of Housing, Communities and Local Government re covid funding announcement | Alex Skinner, Ministry of Housing, Communities and Local Government |
| 19/03/2020 | Covid-19 – Waste Planning and Responses Update Call | Department for Environment, Food and Rural Affairs |
| 19/03/2020 | Changes to Teleconference – Planning (roundtable) sounding board meeting | Local Government Association |
| 19/03/2020 | Task and Finish group – Adult Social Care workforce and Covid-19 | Department of Health and Social Care |
| 19/03/2020 | Data collection on coronavirus | National Health Service |
| 19/03/2020 | COVID 19 – Weekly Strategic Migration Partnership (SMP) Call | Home Office |
| 19/03/2020 | Early Years sector Covid-19 Response Group – initial meeting | Department for Education |
| 19/03/2020 | Adult Social Care arrivals and Covid-19 | Home Office |
| 19/03/2020 | Teleconference with representatives of adult social care users and carers – Helen Whately, Minister of State for Care | Department of Health and Social Care |
| 20/03/2020 | COVID bid Local Authority Public Health funding 0-19s | Local Government Association |
| 20/03/2020 | Teleconference on UK-wide communications on coronavirus | Ministry of Housing, Communities and Local Government |
| 20/03/2020 | Local Death Management (LDM) Task and Finish Group | Ministry of Housing, Communities and Local Government |
| 20/03/2020 | No 10 Roundtable for local authorities to discuss preparedness for Covid-19 | No. 10 |
| 20/03/2020 | Monitoring home care provision in the current crisis | Department of Health and Social Care |
| 20/03/2020 | National Alliance for Children's Grief call | Department of Health and Social Care |
| 20/03/2020 | Task and Finish Group on adult social care situation report (SITREP) for COVID19 – 2nd scoping meeting | Local Government Association |
| 20/03/2020 | Information from home care providers | |
| 20/03/2020 | Early Years (EY) Covid-19 response – local authority working group | Department for Education |
| 20/03/2020 | Local Authority role in certification of Emergency Voluntary Leave (EVL) | Department of Health and Social Care |

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| 20/03/2020 | Local Authority associations Department for Work and Pensions | Department for Work and Pensions |
| 22/03/2020 | National Steering Group: Coronavirus | |
| 23/03/2020 | Data on home care capacity and resilience | |
| 23/03/2020 | Capacity Tracker – SW/RH | |
| 23/03/2020 | Association of Directors of Childrens Services Coronavirus update | Department for Education |
| 23/03/2020 | Early Years (EY) sector COVID-19 Response Group | Department for Education |
| 23/03/2020 | UK Finance Proposals discussion | National Health Service |
| 23/03/2020 | Care Act Easement Guidance: Task and Finish Group | Department of Health and Social Care |
| 24/03/2020 | Regional leads call | Ministry of Housing, Communities and Local Government |
| 24/03/2020 | Follow-up food call | Ministry of Housing, Communities and Local Government |
| 24/03/2020 | Responding to the Corona Challenge | Department for Education |
| 24/03/2020 | Adult Social Care workforce and Covid 19 | Department of Health and Social Care |
| 24/03/2020 | Local Authority Parking Guidance for COVID 19 | British Parking Association |
| 24/03/2020 | Update from Department for Transport | Department for Transport |
| 24/03/2020 | Local Government Association partnership and coronavirus meeting | Association of Chief Executives |
| 24/03/2020 | Care Act Easement Guidance: Task and Finish Group sub-group | Department of Health and Social Care |
| 25/03/2020 | Chairman/Ian Hudspeth call with Rt Hon Matt Hancock – COVID update | Matt Hancock (Secretary of State) |
| 25/03/2020 | Modelling for Covid social care payment proposals | |
| 25/03/2020 | Call with Rt Hon Robert Jenrick | Ministry of Housing, Communities and Local Government |
| 25/03/2020 | Pricing Model for Care Homes and Domiciliary Care under Covid | |
| 25/03/2020 | Data and home care providers | |
| 25/03/2020 | Early Years (EY) Covid-19 response – local authority working group | Department for Education |
| 25/03/2020 | Department for Work and Pensions / Local Authority welfare steering group | Department for Work and Pensions |

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| 26/03/2020 | Health and Social Care Committee on coronavirus preparations – invited to give evidence | Health and Social Care Committee |
| 26/03/2020 | Local Government Finance Update Placeholder | Alex Skinner – Ministry of Housing, Communities and Local Government |
| 26/03/2020 | National Alliance for Children's Grief and provider issues | Local Government Association |
| 26/03/2020 | Association of Directors of Childrens Services Coronavirus update | Department for Education |
| 26/03/2020 | Administration of the Council Tax Hardship Fund | Ministry of Housing, Communities and Local Government |
| 26/03/2020 | Early Years (EY) sector COVID-19 Response Group | Department for Education |
| 26/03/2020 | COVID-19 short notice stakeholder forum | Youth Justice Board |
| 26/03/2020 | Call with Arts Minister regarding museums | Department for Digital, Culture, Media and Sport |
| 27/03/2020 | Chief Medical Officer Covid-19 briefing to Directors of Public Health (PS Lead: JH) | Department of Health and Social Care |
| 27/03/2020 | Local Death Management Task and Finish Group | Ministry of Housing, Communities and Local Government |
| 27/03/2020 | Task and Finish Group – Adult Social Care workforce and Covid-19 | Department of Health and Social Care |
| 27/03/2020 | National Alliance for Children's Grief | |
| 27/03/2020 | National and local volunteering join up | Ministry of Housing, Communities and Local Government |
| 27/03/2020 | Payment Solutions | National Health Service |
| 27/03/2020 | Monthly Catch Up (Local Government Association)/Children's Social Care (Department for Education) | Department for Education |
| 27/03/2020 | Local Government Association/Chief Cultural & Leisure Officers Association/Association of Chief Executives catch up | Association of Chief Executives |
| 27/03/2020 | Care Act Easement Guidance: Task and Finish Group | Department of Health and Social Care |
| 30/03/2020 | LGA and Care Quality Commission | Care Quality Commission |
| 30/03/2020 | Discussion re universal parking pass | Ministry of Housing, Communities and Local Government |
| 30/03/2020 | Food connect-up | National Health Service |

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| 30/03/2020 | Initial Chat on Prepaid Debit Card Solutions with Contis | National Health Service |
| 31/03/2020 | Local Government Association/Shielding Policy Team – Food Deliveries | Local Government Association |
| 31/03/2020 | Catch up on provider fee levels and discharge | |
| 31/03/2020 | Task and Finish Group – Adult Social Care workforce and covid-19 | Department of Health and Social Care |
| 31/03/2020 | Regular teleconference – Adult Social Care – MSC | Department of Health and Social Care |
| 31/03/2020 | Association of Directors of Childrens Services Coronavirus update | Department for Education |
| 31/03/2020 | External Stakeholder Liaison Group meeting | Youth Justice Board |
| 31/03/2020 | Call Ministry of Housing, Communities and Local Government Contact | Ministry of Housing, Communities and Local Government |
| 31/03/2020 | Ministerial meeting | Department for Digital, Culture, Media and Sport |
| 31/03/2020 | Sport England catch up | Sport England |
| 31/03/2020 | Local Government Association catch up call | Association of Chief Executives |
| 2020-03-? | COVID-19 and drugs/alcohol treatment group meeting | Public Health England |

***Government engagement with the LGA on Non-Pharmaceutical interventions (NPIs)***

105. To an extent the Government did discuss with the LGA and representatives of local government its decisions to impose, amend or withdraw NPIs, particularly over the course of the pandemic as engagement with local government became more systematic. I would not, however, characterise this engagement as consultation in the sense of seeking the LGA's view whether to impose such measures. As I have said earlier, the LGA did not have the scientific evidence or other expertise used to inform the complex decisions that the Government had to take regarding appropriate measures to implement. Instead, the LGA's engagement with Government focused on highlighting how such decisions were likely to impact at the local level and the wider issues which needed to be considered.

106. The LGA regularly provided advice and information to the Government on issues linked to the imposition of NPIs, including both insight into what councils would need to effectively operationalise some of the necessary action activities arising from

lockdown and other NPIs (for example, the shielding programme), as well as feedback from the LGA's member councils about local impacts and issues.

107. In the very early days of the pandemic, meaningful engagement between the Government and the LGA and local councils on the local impacts of key decisions was more limited than the LGA believes was merited. Engagement was often informal or ad hoc, or reliant on existing structures such as the 9 Regional Chief Executives (R9) MHCLG meetings originally established to input to the European Union (EU) exit work. Although engagement through these channels increased, this was usually to discuss decisions that had already been taken.

108. While recognising that some key decisions had to be made at pace, as the situation was escalating rapidly, it is the LGA's view that there was a lack of engagement with local government on the important decisions taken at the outset of the pandemic. This applied to the design of critical schemes, such as contact tracing and shielding, as well as aspects of the legislation that was introduced, and supporting guidance. The lack of local government input led to centralised, rather than localised, systems being developed, with poorer outcomes resulting from the lack of local input and subsequent delivery. Two examples of this are the shielding system and the approach to contact tracing.

### *Shielding*

109. There was a lack of co-design of shielding policies with local government, leading to a centralised contract for national food parcel deliveries to the clinically extremely vulnerable (CEV) population, with a national call centre responsible for contacting individuals identified as CEV. I set out in below why councils felt that this system failed to build on their expertise and knowledge of supporting their local communities, and some of the challenges arising from this.

### *Test and Trace – contact tracing*

110. There was a similar problem with contact tracing policies; this was a misfortune. The public health officers of local councils have long and deep experience of the need to and best methods for contact tracing. Public health management often requires this to happen when there are local outbreaks of communicable disease. The LGA considers that it is no exaggeration to say that this experience on contact tracing was

unparalleled.

111. For this reason, from the beginning of the pandemic and subsequent launch of NHS Test and Trace, the LGA consistently called on government to enable councils and their directors of public health to use their expertise and experience to play their full part in the national contact tracing effort. On the 24 April 2020, the LGA responded to the Government's coronavirus contact tracing strategy; Cllr Ian Hudspeth, Chairman of the LGA's Community Wellbeing Board, said in a press release –

> *"Any national plans by government to track and trace coronavirus needs to be complemented by making use of existing local knowledge and skills on the ground. Councils want to play their full part in the national effort to defeat this disease. Directors of Public Health working in councils, alongside a range of other local services such as environmental health, public health including sexual health services and infection control nurses already have the experience of testing and contact tracing in their communities. They have the necessary skills to work with government on this, to scale up the system at pace and shape this at a local level. Some of these workers may need to be supported by recent graduates, retired staff, trainees and other civil servants to help meet demand, monitor compliance with government advice and enforce health protection regulations. This extra demand on existing services would need to be met by additional resources and funding, if councils are to help test, trace and isolate those with COVID-19."*

See the LGA statement: coronavirus contact tracing strategy | Local Government Association) 24 April 2020 (ML/31 – INQ000103810),

112. Since Covid-19 can be spread before symptoms occur, or when no symptoms are present, case investigation and the ability to subsequently encourage and support cases and their contacts to self-isolate was vital. Councils' environmental health officers, trading standards officers, infection control nurses, and public health (including sexual health) services, already had prior understanding about how to handle such outbreaks and identify key contacts. What they needed from the outset from the national system was the necessary capacity, resources, and precise data on whom to reach, to help stop the spread of coronavirus.

113. So, it is regrettable that the NHS Test and Trace system in England was commissioned centrally and designed and created independently from local government in the initial stages of the pandemic. The LGA considers that this significantly impeded effective collaboration and communication with councils and slowed down the ability to speedily test trace and isolate people with the virus.

114. The approach in England contrasted with that in Wales, where national and local government collaborated and co-designed the contact tracing system from the start, whereas the LGA, and local government in England as a whole, were neither engaged nor involved in national plans for contact tracing until June 2020. As a result, some very precious time was lost

115. The structure of the NHS Test and Trace Service in England was opaque, and it was unclear where responsibility lay for different functions. As a result, it was challenging to direct requests or concerns to the right part of the system, or engage constructively in finding solutions, and responses were often slow.

116. The initial performance of the national contact tracing service was "mixed" with the then Prime Minister himself acknowledging he had hoped it would be better. However, by July 2020, over 100 councils had started to work in partnership with NHS Test and Trace to enhance the system by providing local contact tracing partnerships which combined national scale and data with local knowledge. As the approach became more locally targeted, the national service adjusted accordingly. The strength in councils delivering these services did not solely lie in their ability to reach people. They were also able to help them isolate through local support networks (many of which were established in the first wave to support vulnerable groups) which centrally led systems were far less able to tap into.

117. I need to make the point here that throughout the pandemic there was a difference in culture between local partners and some parts of national government. There was a tendency towards big announcements from central government (such as on mass testing) which were made prior to conducting meaningful dialogue both as to the merits and practicalities of implementation, and as to how local government could contribute to outcomes that were desired. The lack of understanding about the skills, knowledge and experience that exist in local councils too often resulted in that input

being overlooked or undervalued. Had there been better engagement, the LGA considers that there would have been a more effective response and better outcomes.

118. The LGA does recognise that over time, meaningful engagement did improve. Regular meetings took place at officer level with the nine regional representatives of local government (R9), convened via MHCLG. In early May 2020, ministers appointed Leeds City Council Chief Executive Tom Riordan to work on the contact tracing programme and to help to ensure the central teams worked closely with local councils. He was followed in this role by Dr Carolyn Wilkins, Chief Executive of Oldham Council. Both worked extremely closely with the LGA during their periods in the role.

119. From June 2020, the LGA also joined the Local Government Contact Tracing and Outbreak Management Design Working Group alongside ADPH, the Society of Local Authority Chief Executives (SOLACE), the Faculty of Public Health, the Association of Chief Environmental Health Officers, and the Chartered Institute of Environmental Health and Public Health England. This group was established by Public Health England when it was recognised that local government public health leads, and local government more generally, was missing from discussions.

120. At political level as I have already noted the Local Outbreak Plan Advisory Board, was established in May 2020.

121. Government departments established numerous working groups and other arrangements to which they invited local government representatives and the LGA, and the LGA worked hard to coordinate input from the sector to ensure consistent messages were fed into those discussions as far as possible. The list of regular engagement mechanisms developed as the pandemic progressed includes –

| ***First/Last Meeting Date*** | ***Meeting Title*** | ***Convening Department*** |
|---|---|---|
| 05/02/2020 – 22/03/2020 | National Steering Group: Coronavirus – with Local Government Association Children's Health and | Department of Health and Social Care |

| | | |
|---|---|---|
| | Improvement Programme (CHIP) Team | |
| 13/02/2020 – 09/02/2022 | Local Resilience Forum: Chairs Call | Department for Levelling Up, Housing and Communities Resilience and Emergencies Division (DLUHC RED) |
| 18/03/2020 – 24/04/2020 | National Alliance for Children's Grief (NACG) Call | Department of Health and Social Care/Local Government Association |
| 19/03/2020 – 29/05/2020 | Task and Finish Group – Adult Social Care Workforce and Covid-19 | Department of Health and Social Care |
| 24/03/2020 – 24/02/2022 | Regional Leads Call | Ministry of Housing, Communities and Local Government |
| 27/03/2020 – 01/10/2020 | Adult Social Care and Personal Protective Equipment Task and Finish Group | Department of Health and Social Care |
| 03/2020 – 16/09/2020 | COVID-19 and Drugs/Alcohol Treatment Group Meeting | Public Health England |
| 21/04/2020 – 23/11/2021 | Local Economic Recovery Group | |
| 22/04/2020 – 07/05/2020 | Local Government and Tracing Strategy | Public Health England |
| 23/04/2020 – 01/02/2022 | Stakeholder Call with Department for Education Officials/ Stakeholder Advisory Group Meeting | Department for Education |
| 29/04/2020 – 20/05/2021 | National Covid-19 Social Care Provider Issues Group | Local Government Association |
| 29/04/2020 – 09/12/2020 | Chief Medical Officer & Directors of Public Health Covid-19 briefing call | Association of Directors of Public Health |
| 12/05/2020 – 03/09/2020 | Local Government Contact Tracing and Outbreak Management Design Working Group | Public Health England |
| 22/05/2020 – 01/02/2022 | Local Outbreak Plan Advisory Board | Local Government Association |

| | | |
|---|---|---|
| 02/06/2020 – 15/06/2021 | Rough Sleeping Advisory Panel | Ministry of Housing, Communities and Local Government |
| 08/04/2020 – 26/01/2021 | Shielding Stakeholder Engagement Forum | Ministry of Housing, Communities and Local Government |
| 11/05/2020 – 21/09/2020 | Covid Vaccination Programme Board | Department of Health and Social Care |
| 01/06/2020 14/07/2021 | Beaches and rural tourism hotspots group/ Beaches and Tourism Group | Ministry of Housing, Communities and Local Government |
| 09/06/2020 – 21/07/2020 | Local Outbreak Plans – Good Practice Areas | Department of Health and Social Care |
| 19/06/2020 – 26/08/2020 | Social Care Sector Covid-19 Taskforce | Department of Health and Social Care |
| 14/07/2020 – 18/11/2020 | Local Lockdown Task and Finish Group | Ministry of Housing, Communities and Local Government |
| 27/08/2020 – 01/02/2022 | Ministry of Housing, Communities and Local Government/Local Authority Compliance Working Group | Ministry of Housing, Communities and Local Government |
| 21/09/2020 – 04/12/2020 | Test and Trace Support Payment – Implementation Working Group | Department of Health and Social Care |
| 11/11/2020 – 01/04/2021 | Retail and Local Authority Workshop/ Reopening Retail Working Group | Department for Business, Energy and Industrial Strategy Retail Team |
| 17/11/2020 – 28/04/2021 | Chief Executives Sounding Board (Test & Trace) | Solace |
| 07/01/2021 – 15/04/2021 | Resilience of May 2021 Polls Working Group | Cabinet Office |
| 08/01/2021 – 04/02/2022 | Policy & Ops Co-design Group | Department of Health and Social Care |
| 08/01/2021 – 10/12/2021 | Department of Health and Social Care/ Local Government Association/Association of Directors of Public Health fortnightly catch up | Department of Health and Social Care |

| | | |
|---|---|---|
| 13/01/2021 – 24/02/2021 | Self-Isolation Task and Finish Group | Ministry of Housing, Communities and Local Government |
| 13/01/2021 – 11/08/2021 | Local Government Delivery Board | Cabinet Office |
| 21/01/2021 – 26/08/2021 | Permanent Secretary Stakeholder Group | Department for Education |
| 25/01/2021 – 28/06/2021 | Vaccines Planning Meeting | Department of Health and Social Care |
| 18/02/2021 – 24/06/2021 | Meeting with Association of Directors of Public Health/Association of Directors of Childrens Services/Local Government Association/Solace | Department for Education |
| 16/04/2021 – 26/12/2021 | Association of Directors of Environment, Economy, Planning and Transport (ADEPT) Economic Recovery & Renewal Task Force | |
| 02/06/2021 – 18/02/2022 | Managed Quarantine Service Local Government Steering Group | Department of Health and Social Care |
| 06/01/2022 – 22/02/2022 | Vaccine Boosters Taskforce | Department of Health and Social Care |

122. A chronology of key meetings which the LGA was involved in between January 2020 and February 2022 were provided in a letter to the Inquiry dated 3rd March 2023. (ML/32 – INQ000114883).

123. While engagement did not always translate into the decisions local government wanted to see in all areas, there were clear benefits to the closer working with more localised approaches in areas such as shielding, and a greater understanding of what councils needed to deliver activities such as Covid compliance and enforcement work.

124. I am not aware of significant occasions when the UK Government's decisions regarding NPIs contradicted information provided by the LGA, since the LGA was not able to, and did not, comment on whether the Government was right to take these decisions. This was not the position in relation to individual or regional groupings of councils, who sometimes disagreed with decisions about whether to impose local

restrictions in their areas during the period of tiered restrictions, and actively sought to influence these decisions. This issue is considered later in this statement.

125. However, on several occasions, the LGA disagreed with the approach Government pursued in relation to the operational activity required because of the NPIs that were imposed. As noted above, the LGA argued in favour of more localised approaches to supporting the clinically extremely vulnerable cohort, and to contact tracing, than the Government initially implemented. The LGA also sought to influence legislation relating to the social distancing requirements that had been created, for example in relation to remote council meetings, or the powers available to councils to enforce social distancing measures.

126. In terms of engagement ahead of public announcements, there was considerable frustration across local government that neither the LGA nor councils had advance notice of decisions on amending, extending, or ending the use of NPIs, although this improved as time went on. Particularly, in the earlier phases of the pandemic, councils would typically only become aware of these decisions when they were announced at the evening press conferences. This created more issues for councils than would have been the case with some forewarning of how they would need to respond to key decisions and announcements.

127. Two of the key functions for local government during the pandemic were to implement many of the various NPIs introduced by Government, and to mitigate their effects, particularly for the more vulnerable members of their communities. The lack of notice of key decisions created challenges for councils. Thus, shortly following Government announcements, members of the public and businesses turned to their local councils for advice, guidance, and support. Because of the lack of forewarning this was often at a point when councils had no better information than was already in the public domain. The Government's decision to schedule regular press conferences/ announcements in the evening may have been understandable from a public communications perspective, but it exacerbated the challenge to councils when trying to access and source more detailed information to respond to queries.

128. The impact of this can be seen in the volume of queries the LGA received from member councils; around a third of the 1,883 cases dealt with by the LGA between 17 March and 3 June 2020 were seeking guidance from government or more information/clarity.

### *Data issues*

129. I have already stated that one of the most important roles the LGA played during Covid was to act as a conduit of, and filter for, information between councils and the Government. The LGA regularly fed soft intelligence and case studies into Government about the issues that councils were experiencing in their communities and then provided information and advice back to councils. However, due to the pressures on councils, formal data collection and detailed research was limited.

### *Data collection by the LGA*

130. There was, however, one set of local data that the LGA consistently provided to the Government to help inform the response to Covid-19. From early May 2020, the LGA's research team surveyed councils to collect data on their workforce capacity to deliver required services. In 2020, surveys were conducted fortnightly; this changed to monthly between January and August 2021, with two final quarterly surveys in October 2021 and January 2022.

131. The surveys covered some especially important issues for the management of local government generally during the pandemic and the capacity of local government to support the overall response to the pandemic (ML/33 – INQ000103811; ML/34 - INQ000103812; ML/35 - INQ000103813; ML/36 - INQ000103814; ML/37 - INQ000103815; ML/38 - INQ000103816; ML/39 - INQ000103817; ML/40 - INQ000103818; ML/41 - INQ000103819; ML/42 - INQ000103820; ML/43 - INQ000103821; ML/44 - INQ000103822; ML/45 - INQ000103823; ML/46 - INQ000103824; ML/47 - INQ000103825; ML/48 - INQ000103826; ML/49 - INQ000103827; ML/50 - INQ000103828; ML/51 - INQ000103829; ML/52 - INQ000103830; ML/53 - INQ000103831; ML/54 - INQ000103832; ML/55 - INQ000103833; ML/56 - INQ000103834; ML/57 - INQ000103835; ML/58 - INQ000103836). The surveys covered -

- Headcount,
- Death in service,
- Numbers of staff furloughed, redeployed or unavailable for work,
- Service disruption linked to staff availability,

and

- Access to PPE and Covid tests.

132. Separately, the LGA supported MHCLG's (and later DLUHC's) regular finance survey of councils, by encouraging councils to respond with any financial challenges that they were experiencing.

133. In early June 2020, I raised concerns at a senior level within MCHLG about the burden placed on councils by multiple onerous data requests. (ML/59 - INQ000103837). On social care issues specifically, I had concerns about the collection of data from councils. Prior to the pandemic, the government did not generally have a detailed and direct understanding of what was happening in the social care sector, because of several factors, including: (1) the dispersed nature of delivery through thousands of providers, (2) the infrequency of standard data collections from councils, and (3) the fact that the regulation of councils' adult social care functions had ended since 2010.

134. Government and in particular Helen Whateley MP, the Minister for Social Care, wished to change this early on during the pandemic. The CHIP sought to support this if it did not cut across councils' statutory responsibilities and did not impose undue new administrative burdens.

### *Capacity tracker*

135. In March 2020, the CHIP convened and initially chaired a group with membership of ADASS, the LGA, the Care Quality Commission (CQC), the DHSC and provider representatives; the group looked at options for data collection from social care providers, with the aim of these being to enhance Government's understanding of issues in frontline social care. After some discussion, it was agreed that an NHS tool called Capacity Tracker offered the most immediate and pragmatic means in the short term of getting a frequent data collection from providers up and running. This was agreed on the basis that it was expected that during 2020 there would be a proper review of how such data collection could be best continued.

136. The CQC set up an alternative mechanism for daily reporting by homecare providers and CHIP rapidly set up a secure system using LG Inform for councils to access in one output all data reported by providers. This is a good example of how government failed to understand the diversity and complexity of the care market and

that many providers have little or no "back office" support for non-care tasks as they do in the NHS

137. The CHIP handed over the chairing and convening of the group to the CQC but has continued to play an active role. The LGA and providers have been frustrated that two years later the agreed review of data reporting by social care providers had not yet been delivered by government. The absence of this review and continued reliance on what was expected to be a short term fix via Capacity Tracker, has meant that in some instances councils, both individually and on a regional basis, have either needed to continue their own data collections, which is an unwelcome extra burden for providers, or do not receive the market oversight information that they need to ensure that their functions in this area are properly discharged.

138. The CHIP, has, however, sought to ensure that councils continue to have prompt and usable access to this data and has done this through the LG Inform secure summary and regular summary reporting of the data it contains. The CHIP has also supported efforts to address information collection from councils, for example in reviews of the NHS Adult Social Care Outcomes Framework (ASCOF) and the replacement of Short and Long Term Support (SALT) annual statutory return to the Department of Health with a system which uses information about social care customers at an aggregated level.

***Data sharing issues***

139. I want also to take this opportunity to raise other wider points about data, not specifically related to the question of what data the LGA collected during the pandemic.

140. Although central government was required to make many decisions, and needed data to inform those, it should not be forgotten that local government was also required to undertake its own statutory role during this time. There were data issues which the LGA raised with Government during the pandemic which hindered councils' ability to undertake their role in the most effective way. These issues related to the difficulty councils had in accessing the data they needed, and the quality of some of the data that was made available. What is more, the issues were repeated several times during the pandemic, with the same problems being experienced even as new data sets were developed.

141. National bodies such as NHS England and, to an extent, PHE were slow to provide councils with local data, creating difficulties for councils in responding to the pandemic. During the containment phase, for example, councils were being told that there were positive cases in their areas but then they struggled to find out exactly who had tested positive or any further information about individuals with Covid. The quality of information they did get tended to be very variable.

142. During the pandemic crisis, councils needed this information to carry out their functions. Thus, they needed to know the identity of infected individuals so they could ascertain whether they needed support to self-isolate or because they had caring responsibilities; and they needed details such as whether the infected person had been in a workplace, so they could take the necessary action to minimise spread. Failure to receive this information impacted councils' ability both to support people and to contain the virus.

143. Similarly, as the virus spread, councils were trying to model the number of hospital beds that were needed, as part of public health healthcare responsibility Directors of Public Health (DPH) (which in broad terms requires them to provide advice to the NHS on public health related matters). Gathering information to inform local planning for a surge in infectious disease cases is a key role for DPH but they struggled to get information about cases and deaths, meaning that the information they could provide to hospitals took longer than it should.

144. It was only in July 2020, a full six months since councils had begun seeking information about cases in their areas, and following persistent lobbying by the LGA, that the Government announced that patient identifiable data would be provided daily to local public health teams in councils.

145. Challenges were also created by the quality of the data that councils received in relation to those who were clinically extremely vulnerable. A significant amount of local resource was devoted to cleansing the NHS data provided to councils via DLUHC, with numerous issues about the overlapping way in which the data was provided and the errors it contained. For example -

- One authority calculated that, in one cut of the data it received, 14 per cent of the data was incorrect in some way;

- Councils in general reported, that because data was provided in different formats (for example, changes in the order of columns or column headings in spreadsheets), it was not immediately useable but required time to combine it with the data or systems already set up;

and

- The address data was poor: none of the data used the Unique Property Reference Number (UPRN) available to all public sector organisations, and in some cases the address was so incomplete it only had a postcode.

146. Even later in the Module 2 period, when more local and granular data was being made available to authorities, there were still issues of accessibility. Central government often appeared to feel that data could not be shared with authorities as simple downloads, but that councils should be made to view it through dashboards or portals. This both delayed the speed with which the first cut of data was available (since time was wasted through adapting or setting up new dashboards); but also, it limited what authorities were able to do with the data (often they were not able to download it locally to use in reports or do local analysis).

147. It ought not need to be said that in an emergency such as this civil contingency easy accessibility to good and relevant data by councils was determinative in their ability to respond swiftly and effectively. So, these problems were significant, and I would urge the Inquiry to make recommendations in relation to data sharing and management should a future emergency of the same kind arise.

148. The LGA's Research and Data Manager maintained a contemporaneous log of data issues experienced during the pandemic, to identify lessons learnt on data for the future. (ML/60 - INQ000103838). The key recommendations arising from these reflections are -

- That government should extend the mandate to include the UPRN in new data systems so that it also includes existing systems which are key for crisis response, to ensure high quality addressing in the future (this would include, for example, the NHS's Personal Demographics Service).
- That a framework for future data sharing between central and local government is developed, for use in times of crisis response at least, so that purposes and data protection responsibilities are already clear, and which will

speed up data flow. This could be similar in nature to the Wales Accord on the Sharing of Personal Information (WASPI) which crosses health services, councils, emergency services, education providers and other organisations, and provides a common set of principles for the sharing of personal information and which greatly facilitated the Welsh Government's response during the pandemic.

***Opening and closure of schools***

149. From March 2020, councils played a vital role in working with schools in their areas as they moved to online teaching, while staying open for vulnerable children and the children of keyworkers. As the situation evolved the focus shifted to issues including -

- the distribution of laptops and tablets,
- planning for re-opening,
- the shape of an education recovery programme,
- exams,
- bubbles,
- PPE,
- testing arrangements,
- the use of facemasks,

and

- helping schools to interpret national guidance as it was published and then updated.

150. The LGA submitted written evidence to the House of Commons' Education Committee's inquiry in May 2020 into the impact of COVID-19 on education and children's services and which scrutinised how the Department for Education dealt with the initial impact of the pandemic (see the LGA submission to the House of Commons Education Committee Inquiry into the impact of COVID-19 on education and children's services (31 May 2020) (ML/61 - INQ000103839).

151. The LGA subsequently commissioned the Isos Partnership, an independent consultancy, to look at how councils had responded to the challenges in education and children's services during the pandemic. 'Better connected: how local education and children's services in England have responded to the Coronavirus pandemic.' (ML/62 - INQ000103840), was published in March 2021 and details the distinct stages and

focus of activity during the twelve months from March 2020-21, the factors that had shaped local areas' responses, the challenges, as well as the implications for children's services and education and lessons learned.

152. The report identified four phases to councils' response to the first year of the pandemic -

- *Phase 1: Initial response to lockdown* – this phase relates to the period between March and early April 2020, when the focus of local education and children's services was on managing the implications of the first national lockdown in England. Key activities that characterised local systems' responses during this period included (i) putting in place systems for keeping "eyes on" vulnerable children, and (ii) developing essential structures of system leadership, communications and partnership working.
- *Phase 2: Adapting to lockdown* – this phase relates to the period between May and mid-July 2020, when the focus of local systems was on adapting to the conditions of lockdown and planning for recovery. Key activities within local systems during this phase included (i) refining system-wide communications, (ii) addressing practical challenges, such as access to personal protective equipment (PPE) and IT devices, (iii) assessing risk to support the return to in-person teaching and support for families, and (iv) improving core systems relating to access to support.
- *Phase 3: "New normal"* – this phase relates to the period from September to mid-December 2020, when there was a return to in-person teaching and support for families, notwithstanding a month-long second national lockdown. Key activities during this phase included (i) putting plans and risk assessments developing during the previous period to the test of operating during and stemming the spread of the pandemic, (ii) responding to "bubbles bursting" when someone in a teaching bubble or team tested positive, and (iii) identifying and responding to children's and families' needs resulting from the first lockdown.
- *Phase 4: Return to lockdown* – this phase relates to the period from January 2021, when the third national lockdown in England was announced. While some of the restrictions introduced during this period were similar to those introduced in the first national lockdown, the focus of local education and children's services systems in this phase was on (i) delivering a robust offer of remote learning and

remote support for families, and (ii) balancing continuity of education and support for families with reducing opportunities for transmission.

153. At a national level, the LGA was invited to participate in calls led by the Department for Education (DfE) to discuss the impact of the pandemic on schools and education, including early education, from April 2020, alongside other representative bodies from local government and teaching. These meetings continued regularly throughout the pandemic, up to early February 2022 and were led by both officials and Ministers/the Secretary of State for Education. Discussions at these meetings reflected the key issues impacting schools and other educational settings from the initial closure to most children and young people, through to re-opening (and closure in January 2021), exams, funding, early years foundation stage regulations and the shape of an education recovery programme.

154. Meetings were used by the Department to test and discuss their plans for the various scenarios that developed between March 2020 and February 2022 as outlined above, as well as seek to answer any questions raised by attendees. The LGA was well-connected to the Department during the pandemic on education-related issues, both through regular meetings when the LGA could comment on the Department's plans, and also on an ad hoc basis where councils raised queries with the LGA and the LGA could share with officials for clarification.

155. As the Department planned for the re-opening of settings to all pupils on 8 March 2021 the LGA worked with officials to deliver a webinar, that took place on the 25 February 2021, for council officers and members to hear about those plans direct and to ask any questions/seek clarification.

156. There are several areas where the Department could have improved the way that it worked with the LGA and other local partners -

- In many instances throughout the pandemic when decisions needed to be taken and organisations including the LGA were consulted on incredibly tight timescales that made giving meaningful feedback challenging. Very little notice was given to schools about closure for example and as a result, schools and councils were waiting for guidance and in many instances had to develop their own arrangements locally.

- There was significant confusion in December 2020 and January 2021 when Covid cases continued to rise, resulting in the London Boroughs of Islington and Greenwich telling their schools to switch to remote learning and only backing down when threatened with legal action by the Department. Despite cases continuing to rise during December, the DfE continued to push ahead with plans to re-open schools in January, against the recommendations of local directors of public health and councils, and furthermore announced that schools would be tasked, at short notice, with setting up testing arrangements over the Christmas break. The fact that the Department went ahead with plans to reopen schools, despite these local recommendations, only to perform an almost immediate U-turn on 5 January by telling all schools to switch to remote learning as part of a national lockdown, significantly undermined relations with education leaders.

157. The LGA was consulted on Special Educational Needs and Disabilities and welcomed the Government's decision to use provisions set out in the Coronavirus Act 2020 to relax the duty on councils and their partners to secure special educational provision and health care provision in accordance with an Education, Health and Care Plan (EHCP). Under these arrangements, councils and their partners must use their 'reasonable endeavours' to secure the provision set out in an EHCP, meaning that a child or young person's provision as delivered may differ temporarily from what is set out in their EHCP.

### *Wider children's social care issues*

158. In the initial stage of the pandemic there were limited opportunities to influence the Government in relation to decisions being taken that would affect vulnerable children and young people. While regular meetings between officials and LGA officers were established relatively quickly with the Department, these often involved more general sharing of intelligence than opportunities to influence, and there were no equivalent meetings established at a political level. The LGA had little opportunity to comment on proposed changes to children's social care regulations, and where the LGA were able to comment on this or draft guidance, timescales were usually noticeably short (sometimes less than 24 hours) meaning the LGA were unable to seek meaningful input from the LGA's members.

159. There was some improvement as the pandemic progressed and there was more opportunity for more considered discussion, for example the LGA was positively engaged in discussions about which regulation amendments were to be extended after

original regulations lapsed on 25 September 2020. However, this was patchy, and engagement could appear tokenistic. the LGA would not describe any of its engagement with the Government on children's social care during the pandemic as co-production.

160. The LGA regularly raised concerns with the department about the impact of lockdown measures on children, for example the risks where children were not being seen regularly in school. For much of the pandemic, particularly at the start, it felt as if the needs of children were a second order consideration in much government policy and the LGA's members were keen for us to keep reiterating the fact that children, simply by virtue of their age, were vulnerable and the importance therefore of considering the unintended consequences of government policy on children.

161. This included, for example, the impact of NHS health visitors being redeployed, which meant that babies and new parents were not seen by services, despite the additional risks inherent in new parents being isolated from wider support networks due to lockdown rules. The Annual Report 2020 of the Child Safeguarding Practice Review Panel later noted (ML/63 - INQ000103841) that to keep babies safe -

> *"A key point of learning was that adaptations for COVID-safe practice in lockdown should maintain at least one face-to-face visit from a midwife and health visitor to families with new-borns."*

162. The following extract from the LGA's submission to the Education Committee's Covid-19 inquiry in May 2020 outlines an example of where the DfE either failed to engage with us or ignored what councils said (and - as highlighted in my earlier comments on data - ushered in significant additional burdens on councils at a point when they needed to be getting on with responding to the crisis) -

> *"...In order to achieve a level of oversight of work to protect children, the Department for Education (DfE) implemented a data collection from Directors of Children's Services and established Regional Education and Children's Teams (REACT) which are chaired by the Regional Schools Commissioner.*
>
> - *The DfE worked extensively with the Association of Directors of Children's Services (ADCS) on a proposed data collection, however the first collection sent out did not reflect this collaboration. This resulted in significant concern*

*from Directors due to the volume of data requested, duplication with other data collections and short timescales for response. This collection was subsequently withdrawn and replaced with a shorter collection following consultation with ADCS and the LGA.*

- *We recognise the need for Ministers to be reassured about the work being undertaken to protect vulnerable children and support a data collection that is both informative and proportionate. However, the LGA continue to have concerns about the amended data collection, in particular about the additional burden on already-stretched local authority teams and the lack of coordination with the data collection from schools.*
- *We have emphasised to the department that data received through this survey should not be used to make judgements about local authority performance or the vulnerability of children; rather, it should be one tool to support broader conversations and to help understand challenges facing local authorities. The data collection represents a significant increase in central oversight at an extremely challenging time for councils, and on its own it cannot reflect the complexity of child protection work. It is vital that the Department respects the professional judgement of Directors of Children's Services and their teams as they work to keep children safe and make sure they are not being diverted from this vital task.*
- *The terms of reference for the REACT project established to stated that the aim was to provide support to councils in their response to COVID-19, and to provide comprehensive briefings to Ministers on the support offer for children and young people, and to escalate risks and issues. It was also intended that the teams would help to streamline requests for information from councils by the DfE and Ofsted.*
- *Feedback from the LGA's regional children's improvement advisers has indicated significant variation in the implementation of the teams. In some areas, the teams have offered a helpful route to escalate issues and to solve issues. However, feedback more frequently is that the teams are an additional burden to accommodate and have thus far provided limited support. the LGA believe that these teams could have been more effective in helping councils to deliver support to vulnerable children and young people had councils played more of a role in establishing them and identifying the best ways to*

*link them in to existing regional structures. This includes regional sector-led improvement structures which already provide significant support to councils."*

***Business support grants***

163. The Small Business Grant Fund and Retail, Hospitality and Leisure Grant Fund were announced in the Budget on 11 March 2020, with the level of funding being rapidly increased in a statement by the chancellor on 17 March 2020. There were two initially distinct grants, both of which were intended to support businesses with their costs during Covid -

- £10,000 for those who pay no business rates due to 100 per cent small business rates relief,

  and

- £25,000 for businesses in the retail, hospitality, and leisure sectors with a rateable value of less than £51,000.

164. The LGA was not consulted on this decision, but once it was aware that the grants would be administered through councils it worked with officials of the Department for Business, Energy & Industrial Strategy (BEIS) to set up an advisory group aimed at influencing the implementation of the grants. Convened by BEIS and based upon an existing business rate group with some additions, the advisory group was made up of officers from the LGA, Chartered Institute of Public Finance and Accountancy (CIPFA), other local authority groupings, and relevant council officers including chairs of the local authority user groups for the software companies for business rate administration. The first of the meetings took place on 18 March 2020.

165. The initial priority was to get guidance out to councils and the working group commented on various drafts of the guidance. The guidance was first published on 24 March 2020 and revised several times.

166. The Advisory Group met regularly and reviewed issues and commented on updates to guidance. It remained in existence for 2020 and covered these grants and ones which were subsequently announced such as the Local Authority Discretionary Grant Fund and the Local Restrictions Support Grants. More formal governance arrangements were set up during 2021 and the LGA and some councils were invited to join a Programme Board. BEIS also published data on payments by council throughout the period.

167. I am aware that this area may be explored in more detail in later modules considering business and financial responses. For the purposes of this Module, and the focus on decision making and engagement, it seems to me to be relevant to say that issues arose which were like those highlighted in other areas, in terms of limited co-design and advance notification. It appeared that the schemes were conceived and announced by HM Treasury, then handed over to BEIS to implement; councils had no input into the design or scope of these schemes and found themselves waiting for guidance from government after schemes had been made public. Thereafter, the guidance which was given had to be revised several times.

***NPIs: Working from home, social distancing and face coverings***

168. Local government had a formal role to enforce several NPIs introduced to ensure social distancing and the use of face coverings. These included for example, measures in hospitality premises and the requirement for businesses to display signage about face coverings.[4] I have set out above how the LGA engaged specifically with the Government in relation to the legislation introducing measures such as social distancing and face coverings.

169. Beyond discussions about the technicalities of the legislation, the requirements, and their enforcement, the LGA's key role with regards to social distancing and using face coverings was mainly to disseminate any good practice and changes in legislation and advice from Government. This was particularly the case as the economy began to reopen over summer 2020, and the Government discussed with councils and other stakeholders the implications of reopening in a Covid secure way with a variety of different NPI requirements in place.

170. In late April and early May 2020, the LGA took part in a range of groups considering Safer Working Guidelines for different sectors to accompany the reopening of the economy. The LGA had access to and commented on the draft guidance developed by Ernst and Young on behalf of the Government. The LGA made several points back to government.

[4] Although the police were responsible for enforcing the requirement for individuals to wear face coverings.

171. Legislation made face coverings on public transport mandatory from 15 June 2020. The LGA was not consulted on this directly but issues of social distancing and protecting face coverings on public transport were discussed prior to this in the regular Department for Transport led Local Transport Restart Steering Group, to which the LGA had a standing invitation. Representatives both directly from councils, and from local authority representative groups, (such as the Urban Transport Group and the Association of Directors of Environment Planning and Transport) were also present along with operators. The Department sought information on face covering use in practice and how people were responding, together with views of operators. LGA's key involvement was to share good practice information through the LGA's networks and daily bulletins. This included signposting communications assets (signs and posters) to LGA member authorities.

172. A further area of joint work during this period was in relation to the Prime Minister's announcement on 10 May 2020 that from 13 May people would be able to go out as often as they wanted if social distancing rules were followed. The announcement coincided with a spell of hot weather and the Spring Bank Holiday, and this led to compliance issues at beaches and other tourist hotspots. These issues arose due to a lack of: (1) time for councils and partners to prepare for the easing of restrictions, (2) clear, consistent communications from government to the public concerning checks before travel, (3) guidance on acceptable behaviours, (4) guidance on the responsible use of beaches, (5) water safety messages, and (6) anticipation of a very significant influx of visitors.

173. Adhering to and enforcing social distancing was incredibly challenging given the numbers of visitors and overcrowding of beaches. There were also associated issues with litter, sanitation, parking, and anti-social behaviour alongside issues such as 'fly camping'. Some of these were direct consequences of easements which allowed the public to visit hotspots like beaches whilst other restrictions such as the ongoing closure of hospitality (apart from takeaways) and public toilet facilities remained in place.

174. The Inquiry may recall that in June a major incident was declared in Bournemouth after thousands of people descended on Bournemouth Christchurch and Poole council beaches. A multi-agency emergency response had to be activated to co-ordinate resources to tackle the issues.

175. From June 2020, the MHCLG engaged with the LGA and the LGA's coastal special interest group. A group consisting of LGA officers, senior council representatives, MHCLG, the Department for Environment Food and Rural Affairs (Defra) and the Department for Digital, Culture, Media & Sport (DCMS) was set up to discuss these issues and met between July – September 2020. A similar group was subsequently reconvened in February 2021 to discuss issues and concerns ahead of reopening in Spring 2021.

176. More broadly, the LGA worked with the Government during this period to highlight how councils could support their areas in the context of Covid. On 7 May 2020, the LGA wrote to the Minister Simon Clarke on what would help councils as leaders of place to support businesses and communities to emerge from the emergency measures (ML/64 - INQ000103842). The LGA presented papers on economic recovery themes to a series of ministerially chaired meetings -

- The LGA provided ministers with a paper for a public transport session (ML/65 - INQ000103843) with Baroness Vere on 27/05/20—this was an LGA paper;

- Members promoted a funding programme which was centred on suppliers (councils and MCAs) rather than providers (bus companies). DFT offered a later conversation – once the immediacy of the lockdown was addressed;

- The LGA tabled a paper on skills on 10/6/20 to a meeting with Gillian Keegan MP, then Minister for Skills, in attendance;

- The LGA presented a paper on employment and Skills (jointly agreed across core cities M9 and LGA). (ML/66 - INQ000103844) to Simon Clarke MP and Mims Davies MP on 24/6/20. Mims Davies had further discussions with the LGA Chairman on these issues;

- The LGA also provided Ministers with a paper on housing which was subsequently published; this was not discussed at a ministerial meeting;

and

- A paper on the visitor economy, prepared jointly with Core Cities, CCN, DCN, Key Cities and with input from M9 was presented to ministers at a meeting on 15 Jul 2020. (ML/67 - INQ000103845 and ML/68 - INQ000103846)

177. Between June 2020 and October 2020, the LGA worked in partnership with the sector to produce a range of policy recommendations on economic recovery across the following themes: labour market, employment, and skills; business communities, sectors, and innovation; urban recovery; and rural recovery. These recommendations were presented to the Local Economic Recovery group that was chaired by Emran Mian, Director General, in MHLGC. A summary of the recommendations and the Department's position on them is attached. (See ML/69 - INQ000103847)

***Border controls***

178. The managed quarantine service (MQS) was launched by the Department of Health and Social Care (DHSC) on 14 February 2021 with the aim to minimise the introduction of COVID-19 Variants of Concern (VOCs). All passengers who had been in a Red List country in the previous ten days were required to fly into a designated Red List airport and book a hotel quarantine package. Passengers were required to quarantine for ten days in a hotel and undertake tests on days two and eight, remaining for further ten days from the date of any positive test. Policy development was led by the Managed Quarantine and Borders Policy team within the DHSC.

179. The quick expansion of Red List of countries saw a rapid increase in the numbers of passengers required to undergo hotel quarantine, with over 11,000 people undertaking quarantine in hotels nationwide at any one time in May 2021.

180. Councils close to airports began to flag concerns to the LGA around hotel use in March 2021 via the R9 group of Chief Executives. The LGA shared feedback with the NHS Test & Trace Contain Team and to DHSC and MHCLG on the very significant pressures some areas were facing from the cumulative impact of increasing numbers of quarantine hotels and use of hotel facilities for asylum seekers and other purposes. Given councils' safeguarding and public health duties, the LGA stressed the need for advance consultation, better communication and for hotel procurement by different programmes to be better coordinated across government. The LGA also pressed for better data flow to councils, particularly around infection rates, to both allow for service planning and development and for public health reassurance.

181. The LGA also stressed the need for clarity of roles and responsibility around the safety and wellbeing of all hotel residents, particularly children whose parents or carers became ill and needed hospitalisation whilst quarantining and the need for specific provisions for children and young people travelling and then isolating unaccompanied.

182. This work led to the establishment of a Borders & Managed Quarantine Service MQS (Red List) Steering Group, involving the DHSC, MHCLG, Department for Education (DfE), the LGA, and council representatives. Issues which the LGA collated from views from Chief Executives and raised in advance of an MHCLG chaired first meeting on 21 April 2021 included -

- The need for clearer systems and standardised processes, especially as the red list expanded, including clarity on national responsibilities (given confusion over who was responsible for what) and notification of "home" authorities that their residents were accommodated in the hotel;
- The significant safeguarding, health and support needs of people in quarantine;
- The need for appropriate public communications to inform people, especially those returning from "amber" countries, what to expect both locally and nationally;
- The potential for councils to provide significant support for: (1) those in self-isolation, and (2) those discovered through contact tracing, to enable children and their families to quarantine at home;
- The requirement for sufficient resources to ensure a completely robust system that ensured compliance given the heightened risk from "red list" countries, with additional testing or incentives to reinforce that;
- The risk of confusion with responsibilities for unaccompanied asylum-seeking children, adult asylum seekers and British Nationals Overseas arriving from Hong Kong, and the need for these other significant pressures to be considered as they were already affecting the same councils and putting a strain on services and support locally;
- The important statutory duties relating to the protection and safeguarding unaccompanied citizen children, which needed to be prioritised, and pointing out that such children should not be accommodated in hotels alone, especially if they were under 16;

and

- The risk that large numbers of children were remaining overseas and potentially missing education, and a concomitant concern that the default position was to remove them from the school roll.

183. As noted, councils were aware of concerns from the rising incidence of infection from Red List countries, yet there were additional concerns around the safeguarding implications of children (mostly 16-17 year olds) quarantining in hotels alone. The LGA pressed for government to clarify the legal position and worked with councils to develop draft processes that could support children to quarantine appropriately at home to prevent lone children having to quarantine in hotels.

184. Though these were not taken up, this did lead to the development of a hotel specifically for lone children rather than children being placed in mixed use hotels. All staff had full Disclosure and Barring Service checks and social work support services were put in in place to support the children during the isolation period.

185. The MHCLG (and later DLUHC) maintained regular engagement with the LGA and councils via the weekly Steering Group from April 2021. This meant that the Government was much more aware of the pressures and issues local areas were experiencing and were able to take this into account in their programme development. Protocols were agreed around procurement, based on better data flow, via a series of working group with group representatives. An LGA member of staff with commercial experience was seconded into the DHSC team to assist with the interface with local areas. Issues arising from hotels gradually reduced and the collaborative approach was agreed to be an example of good practice. The Steering Group moved to fortnightly meetings late in 2021 and wound down in January 2022.

***Joint working with the devolved nations***

186. The LGA's primary focus during the pandemic was supporting English local authorities' emergency response and engaging with the UK Government and public service partners in that content. The Welsh Local Government Association (WLGA), Convention of Scottish Local Authorities and Northern Ireland Local Government Association were similarly focused on supporting their respective members' response to the pandemic.

187. The WLGA was represented on the LGA's Executive Advisory Board (through the WLGA's Deputy Leader) which met on a six-weekly cycle through the pandemic.

The local government response to the pandemic and relationship with the UK Government was a key topic of discussion, and the forum provided an opportunity to compare respective approaches and issues between England and Wales.

188. The four UK local government associations met twice during the pandemic through the UK Forum, on 7th August 2020 and 3rd June 2021, and the comparative approaches to the pandemic was a topic of discussion. The respective finance teams met regularly from May 2020, exchanging information on Covid income losses and their recovery, local government fiscal deficit forecasting and analysis, and sharing approaches to engagement with UK and Devolved governments. Officials from the four associations also met regularly throughout the pandemic through the National Association for Regional Employers, to discuss common matters of interest relating to workforce matters.

189. These forums provided opportunities to exchange information and compare approaches but did not agree common lines or joint documents for consideration by devolved or UK Governments. Governmental colleagues were not involved in these meetings.

***At risk and vulnerable groups***

190. From the point at which the UK first approached, and then entered, lockdown in March 2020, the LGA's Covid-19 work took account of a wide range of vulnerable groups, and the impact of the pandemic, and associated NPIs, on them. The LGA's broad aims were to ensure that, working with partners in the voluntary sector, councils were enabled to support people who needed it, and to keep councils up to date on the latest government advice and other resources to help people in vulnerable circumstances.

191. In many cases for example, the LGA's work on social care, mental health, children and young people, domestic abuse, and economically vulnerable people, this was effectively a continuation of existing policy work on vulnerable groups, considered through the lens of Covid, with vulnerable groups therefore identified through LGA officers' knowledge of different vulnerabilities and related services.

192. For example, in 2020, the LGA Community Wellbeing team had (as it still has), a policy stream focussed on 'people in vulnerable circumstances'. This included existing workstreams in mental health, learning disabilities and autistic people, unpaid

carers, loneliness and social isolation, older people, and dementia (including self-funded care and end of life care), suicide prevention and self-harm, supported housing and armed forces veterans. For areas of vulnerability with existing data sources (for example, recipients of social care services), it was possible to make broad estimates of those who may need support, and established networks and meetings were used to discuss the scale of need and share information.

193. However, the pandemic also created new vulnerabilities, for the cohort of people considered clinically extremely vulnerable to Covid and asked by the Government to shield. Councils had an important role in supporting this shielded group, and it was an area in which the LGA undertook a significant amount of work, not least because the centrally designed and managed system created numerous challenges for councils to deal with (ML/70 - INQ000103848 and ML/71 - INQ000103849). Alongside ensuring CEV people were able to access essential needs during these periods, a core part of the LGA's work was to support councils to support the mental wellbeing of people during a period of isolation, including the use of volunteers to help with basic needs such as people to talk to. The LGA shared guidance, captured case studies, and outlined key issues in national meetings with government and others.

194. From the outset of the pandemic, the LGA consistently highlighted a much wider group of people who would be vulnerable during the pandemic beyond the CEV group; either because of existing vulnerabilities, or because the circumstances of the pandemic made them vulnerable, for example for reasons concerned with financial resources or social isolation, or due to the disruption to the services they usually received.

195. In April 2020, the LGA produced a briefing for Government (ML/72 - INQ000103850) that set out this broader view of vulnerability, and emphasised that -

- Councils would be working to support a much wider group of vulnerable local residents than simply the shielded group;
- Councils were best placed to do so because of their deep and ingrained knowledge about their local communities;

and

- It would be more coherent for councils to be supported to help a range of vulnerable groups locally, rather than having a nationally led system for one

group alone, many of whom, beyond being clinically extremely vulnerable, were not vulnerable in other important ways, for example socially or financially.

196. Alongside this briefing, the LGA also produced guidance for councils on protecting vulnerable people during covid-19. (ML/73 - INQ000103852). This document sought to explain the different, often nationally led support mechanisms being developed for different groups, and the issues councils should consider in supporting a wide range of vulnerable groups.

197. The LGA did not explicitly consider issues of vulnerability in the context of the protected characteristics or the Equality Act 2010, although in practice the LGA's work covered various groups that could be defined by such protected characteristics, and I have no doubt that councils would have been well aware of the general obligation to comply with the Public Sector Equality Duty as set out in the 2010 Act.

198. Over time, the disproportionate impact of Covid-19 on certain groups became clearer as evidence became available showing the spread of illness and bereavement. The LGA itself did not monitor this, as the LGA did not have access to relevant data (and as noted above, councils themselves struggled to access vital data on local cases), although during the LGA's work with the Government and its agencies, the LGA were briefed on the emerging trends. The LGA did however, collect information and case studies about vulnerable groups from councils and the LGA's wider networks across the voluntary sector, which the LGA fed into Government.

199. An important element of work in relation to at risk and vulnerable groups was the design of schemes (including schemes involving volunteers) to provide support to people who needed it. I have already alluded to and discuss elsewhere the concerns about the lack of co-design and the flawed, nationally led approach, that initially characterised support for the CEV cohort.

200. There were similar trends in relation to nationally led volunteering schemes. The NHS created the Good Sam App and NHS Volunteer Responders scheme to support the CEV group. By the time the LGA was involved in discussions about the scheme, in mid-March 2020, it had largely been designed. Although the scheme attracted hundreds of thousands of volunteers, it proved to be fundamentally unsuited to what was needed on the frontline. Although councils could refer people needing assistance to NHS Volunteer Responders, the scheme could not be used to for many

of the tasks that were most needed. For instance, it could not be used to assign volunteers to assist with ongoing repeated tasks such as shopping or collecting medicines for an individual needing support, often precisely the kind of support that vulnerable people most required. So, many of the volunteers who put themselves forward were not assigned tasks through the scheme and anecdotal reports suggested large numbers left the system because they were not being used.

201. A system designed with input from local practitioners would have ensured a more locally led approach that built on existing local volunteering arrangements and ensured support could be managed locally in a way that suited local need. The LGA's clear and consistent advice to Government and NHS England, reflecting the view of councils and their partners, was that locally developed schemes would be more flexible and more appropriate to the needs of the CEV cohort, and would have been more effective in utilising local volunteers.

202. The scheme was also extended to support adult social care providers but there was almost no take up because the perception was that the scheme only applied to the NHS. This was something the LGA had warned might happen because of the scheme being named NHS voluntary responders.

### *The cohort of clinically extremely vulnerable (CEV) persons*

203. On the 22 March 2020, the Government advised that people defined as clinically extremely vulnerable (CEV) to Covid-19 should immediately shield themselves at home. Unlike the general population, who were permitted to leave the house once a day for specified purposes, the CEV cohort were advised not to leave the house for shopping or exercise.

204. DLUHC assumed overall policy lead for ensuring that the shielded group were supported to isolate at home, with other government departments taking the lead on different elements of the support package. For example, Defra led on food provision and the DWP on a national contact centre for the shielded group. Councils provided assistance at the local level, by distributing emergency food supplies in the early stages of shielding, contacting CEV people who had not been reached by the national contact center, and providing basic care and assistance for people who needed it.

205. In its February 2021 report 'Protecting and supporting the clinically extremely vulnerable during lockdown' (ML/74 - INQ000103853) (paragraph 10) the National Audit Office (NAO) noted that

> *'Government decided to use a centrally directed model of support for CEV people. Faced with an immediate need to ensure reliable access to food, medicines and care for an anticipated 1.5 million people, ministers quickly commissioned a centrally directed programme, led by MHCLG, to support vulnerable people. Government chose a centrally directed model with local support rather than a wholly local approach. It did so because of government concerns about shortages in local food supplies, supermarket capacity and after briefly consulting a small number of local authorities. Government did not attempt to systematically assess the capacity or willingness of local authorities to provide a more local model of support as a thorough assessment would have been difficult in the time available.'*

206. The main form of support envisaged was the provision of food parcels directly delivered to the CEV group, with councils available to provide basic care and other support requests locally. As the nationally let contract with two food wholesalers was expected to take some time to scale up, councils and Local Resilience Forums (LRFs) were tasked with distributing emergency food supplies to the shielded group.

207. Access to medicines was to be coordinated through NHS England and NHS Improvement using local pharmacies and the NHS Good Samaritans App.

208. The LGA and councils were not involved in discussions about the design of the overall support scheme but were brought into discussions at the point where the national food parcel concept had been developed and the Government was looking to engage the local level to establish local support hubs and coordinate emergency food drops. In the same February NAO report, it is noted (ML/74 - INQ000103853) that -

> '*MHCLG also expected local resilience forums to have a strategic coordination function in terms of keeping an overall view of demand and direction of supply of support. In reality, local resilience forums played a minor role focused on reporting progress to MHCLG.'*

209. This comment reflects a point made in the LGA's submission in Module 1 of the Covid Inquiry that government tended to default to assistance from LRFs on issues where single agencies (such as councils) would more naturally take the lead.

210. At the same time, despite having no control over the matter, the LGA began to be lobbied by food retailers and their representative bodies, unhappy that wholesale rather than retail businesses had secured the national contract for food parcel delivery.

211. During the emergency food drops, between the end of March and early April 2020, councils raised concerns about the quality of the food provided to the local hubs for distribution to the CEV group (ML/70 - INQ000103848). These comments were passed by the LGA to the government. The National Audit Office also noted in the same report (ML/74- INQ000103853) how councils were highly critical, citing -

> '*...food of poor nutritional value, seemingly random selections of provisions and catering-sized food and drink containers, which were impractical for individuals and difficult to repackage into food box portions.*'

There were reports of rotten food and, in one case, a council receiving just a consignment of fudge.

212. Although the department had not consulted councils in the initial design of the CEV support scheme, it significantly increased its engagement with councils from early April, initially through the R9 chief executives meeting but subsequently through the Shielding Stakeholder Engagement Forum (SEF), which included chief executive nominees from the nine English regions, as well as local operational leads. The SEF met at least fortnightly, and often on a weekly basis, outside the scheduled fortnightly slots, between April and June, LGA officers held additional regular bilateral discussions with the Government officials leading on shielding support, funding, and linked data issues, as well as on access to food.

213. During this period, there were many issues that councils and the LGA raised with the Government, thus -

- There were ongoing issues with the data provided to local councils to ensure they were aware of the CEV cohort in their areas and could provide support to them

as required. Councils received multiple data flows on the CEV group, including datasets from the NHS, from GPs and from the national contact centre set up to try to contact the CEV cohort to confirm any support needs (broadly, councils were notified where the contact centre made ten outgoing calls but could not reach the CEV individual). There were frequent changes to the format of data spreadsheets, meaning it took time to combine it with the previous data or systems that had already been set up.

- Data was not always provided in a timely way, particularly at the outset, with councils reporting delays in accessing the outbound call centre data. A significant amount of already over-stretched local resource had to be devoted to manual cleansing of the data before it could be used by councils, with real concern around the seeming lack of priority placed centrally on getting the data flow right given its importance.
- Data was also often overlapping. Thus, in one meeting, a council reported a single individual with 30 entries. Data was often incomplete, with gaps in information and an absence of contact details. It was also sometimes erroneous and out of date. As noted in the data section above, one authority noted that 14 per cent of the data it received in one tranche was incorrect in some way. Councils also reported contacting households where people had passed away but who had not been removed from data lists, causing obvious distress to grieving families.

214. Operationally, councils raised concerns about the complaints they were receiving from local residents about the food parcel scheme. There were numerous reports of individuals expecting but missing deliveries and conversely many who no longer required a food parcel found it hard to cancel them. There were ongoing concerns about the quality of the food being delivered, and the extent to which it meant dietary and cultural and religious needs, leaving councils to step in to fill the gaps.

215. Councils also noted that they were significantly more successful at contacting the CEV group than the national call centre, but the model remained centrally led. When councils also could not make phone contact, they moved to initiate door knocking approaches to ensure people were safe and accessing support.

216. Councils also raised concerns about the overall design of the scheme, highlighting that free food parcels were unnecessary for many CEV individuals who were not economically or otherwise vulnerable, and risked creating dependency

amongst some who had previously been self-sufficient in accessing and paying for food. Many of the CEV group just wanted access or signposting to support such as befriending, gardening, or dog-walking; something that was better arranged at a local than national level. A fundamental issue was that the dedicated approach to the CEV cohort ignored the reality that at the local level the shielded population was just one of many potentially vulnerable groups whom councils were supporting.

217. During April and May, the LGA and councils worked with the Government to support access to priority supermarket delivery slots for the CEV group, with welcome recognition that the emphasis of the scheme should be about facilitating access to food rather than providing it directly. There was local frustration that the NHS Volunteer Responder scheme, designed with support for the CEV in mind, could only map a single volunteer to the same person up to twice in a month, preventing volunteers from establishing arrangements to undertake a weekly shop. Councils sought access to the details of local volunteers registered with the scheme, alternatively they asked for them to be encouraged to sign up to local volunteer schemes where they could be utilized more effectively. Neither occurred.

218. During June and July, there was extensive work between the government, LGA and SEF about the model of future support to the CEV group, looking ahead to both the end of shielding and the possibility of future lockdowns, including at the local level. One driver for this work was the early experience in Leicester which, at one time, had been subject to more stringent restrictions than the rest of the country.

219. The LGA developed a paper on 'The future of the programme' for discussion at the Shielding Stakeholder Engagement Forum (SEF) on 7 July (ML/75 - INQ000103854), outlining a locally led model based upon the principles of a strength-based approach and self-sufficiency; minimizing deliveries; and aligning support between the vulnerable CEV cohort, non-shielding vulnerable and people who were vulnerable due to self-isolating. The LGA and councils on the SEF consistently argued that any future support to be provided to the shielded group should be delivered locally by councils, rather than through a return to the national programme of food deliveries, with a sector led support model in place to assist any councils struggling to deliver support to the shielded group.

220. Shielding formally ended on 31 July 2020; a government announcement was followed by letters to persons in the CEV cohort advising them that the advice to shield had been paused. In this case, the LGA was aware that this was the decision the Government had taken before the public announcement. However, councils and the LGA experienced regular issues with not having advance sight of the communications sent by the Government to the CEV cohort, despite requesting this. Councils also argued that they should be responsible for tailoring and distributing the communications sent to those in this cohort, highlighting the problems caused when generic national communications were sent to residents without local information that would have proactively answered any questions about the policy or signposted them to local support.

221. The LGA and councils welcomed the Government's decision to adopt a more localised model of support for the CEV group for future lockdowns. Although the original advice for the CEV group to shield was never fully reinstated, in November 2020 and from January 2021, the CEV group were advised to work from home and stay at home as much as possible, other than exercising and attending essential health appointments. During this period, councils were provided with funding per head of the CEV population to enable them to provide localised support for those who needed it.

222. Lessons were also learnt in relation to data and the interface with the shielded group. Although a more localised form of support was adopted, the Government created a new, national platform, the national shielding service system, through which CEV individuals could register their needs, and from which data was subsequently shared with councils.

223. In practice, significantly fewer numbers of the CEV group sought support from councils in the later lockdowns than during the first lockdown, reflecting the extensive work councils had done with local CEV residents as the shielding programme ended in summer 2020, to develop sustainable access routes to food, including routes which could endure in the event of future lockdowns or changes in guidance.

224. Over time, and particularly by the end of 2020 and early 2021, the Government increasingly used the SEF group to consider the support that could be provided to people self-isolating as well as to the CEV cohort. There were challenges in

coordinating the different Government teams looking at this issue across DLUHC, DHSC and DWP to ensure a joined-up discussion and coherent approach.

### *Homelessness and the 'Everyone In' initiative*

225. From March 2020, councils had a significant role in relation to protecting and supporting people with experience of homelessness during the COVID-19 pandemic. Under the "Everyone In" initiative, councils were required by the MCHLG to ensure that people sleeping rough or in unsuitable shared accommodation (I.e., hostels and night shelters) were relocated to suitable accommodation.

226. The LGA was in communication with MHCLG officials during the early stage of the pandemic in which the 'Everyone In' initiative was formulated and launched. Conversations and meetings took place between LGA officers and MHCLG homelessness officials as well as between LGA political leaders and ministers. However, this communication was not regular, and, given the fast-changing situation, was prompted largely by the LGA. The LGA was given an opportunity to comment on draft guidance intended to underpin the Everyone In approach, but there was limited collaboration with MHCLG beyond this, for example with regards to timescales. The guidance itself was not subsequently published.

227. In mid-March 2020, MHCLG published guidance for local commissioners, managers and hostel staff providing services for people experiencing homelessness, asking that managers separated residents into cohorts based on their covid-19 status and vulnerability and stating that local authorities should be prepared to meet the emergency needs of hostel providers.

228. The LGA was informed of this guidance (but had not had prior sight of it). In the days following the release of this guidance, the LGA heard several concerns from councils about implementing the guidance, including the availability of accommodation where people needed to be moved, and what was seen as a lack of detail and clarity in the guidance. The LGA raised these concerns with the Government.

229. There were also concerns that administrative requirements and timescales in the Homelessness Reduction Act 2017 remained in place. This created significant administrative pressure as well as creating concerns that councils would be subject to future judicial reviews. Local authorities requested guidance from government on

whether statutory duties would be superseded by emerging guidance relating to the COVID-19 response. The LGA escalated this request and discussed with MHCLG officials, but the requested guidance was not published.

230. Although the Government provided an initial tranche of funding to councils in March 2020 to support Everyone In, there were several challenges for councils to grapple with, including the Government's guidance to hotels, holiday accommodation, and park homes that they should close, impacting rough sleepers, homeless households accommodated by local authorities under statutory duties more broadly, and households living in these types of accommodation as their permanent residence. The LGA received intelligence on this from existing networks of senior homelessness officers in councils, and, alongside other organisations, escalated this intelligence to MHCLG officials.

231. Officials maintained lines of communication, which enabled the LGA to continue to escalate local intelligence, and the government also worked to issue revised guidance to hotels, hostels, Airbnbs and other short-term rental providers. However, local intelligence suggested that evictions had already taken place and would be difficult to reverse. Ultimately, a lack of engagement with councils and the LGA prior to the closure of hotels gave rise to negative consequences.

232. Issues arose when the Government did not include the LGA in critical communications to councils; one example was the letter sent by the Minister of State in the MHCLG Luke Hall to council chief executives on 26 March 2020 asking them to ensure that, where necessary, people experiencing homelessness were accommodated by 29 March.

233. This directive was accompanied by a short, check-list style guidance issued jointly by MHCLG, PHE, DHSC, and NHSE, which outlined a multi-agency approach to creating covid-care and covid-protect cohorts amongst the homeless population. The intention was to ensure that the initial checklist guidance was accompanied by fuller guidance. The LGA was given the opportunity to comment on this guidance by officials. However, this guidance was not issued as of April 2020, creating issues for council officers attempting to implement the shortened guidance, particularly as similar directives had not been issued from central departments to local agencies in relation to multi-agency working.

234. In May, the Minister Luke Hall issued a letter to councils asking them to utilise local discretion in supporting people experiencing homelessness, and to focus on vulnerable rough sleepers. This was seen by the sector as potentially signalling the end of the "Everyone in" approach. Support from MHCLG to councils to procure bed spaces also wound down from this stage. However, the letter's intention was somewhat unclear, and councils continued to accommodate people as per the Everyone In approach, with an additional 15,000 people accommodated between May and September. The LGA consistently pressed MHCLG for clarity, including writing to the Secretary of State, Robert Jenrick and Minister Luke Hall highlighting the LGA's key concerns around a lack of clarity from government.

235. Alongside political correspondence, there was regular engagement at official level; LGA officials met their MHCLG counterparts fortnightly, and in early June the LGA Chief Executive attended the Rough Sleeping Advisory Panel meeting. LGA officers also attended the local authority homelessness discussion group which, following the LGA's discussions with them highlighting council feedback and the need to engage, was set up by MHCLG to feed into the workstream on rough sleeping being led by Dame Louise Casey chair of the Government's Rough Sleeping Taskforce, which was tasked with ensuring the positive impact of getting rough sleepers into safe accommodation could be sustained in the longer-term.

236. In early June, the LGA chairman met with Dame Louise, again to raise key concerns around a lack of clarity from government. This was a period of significant uncertainty around councils' ability to continue to provide support to people accommodated under Everyone In, and communication from officials was fairly limited.

237. In August 2020, the LGA escalated concerns from homelessness officers in relation to the Next Steps Accommodation Programme via a letter to senior MHCLG officials. This included administrative concerns about the application process, as well as concerns about the design of the funding package itself. Councils were concerned that the structure of the funding prevented them from offering best practice approaches to supporting people with complex needs. They were also concerned that the funding would only cover a brief period, which created uncertainty around longer-term accommodation prospects. The structure of this funding reflected that of previous funding streams issued by MHCLG, which potentially reflected a lack of learning from previous feedback and a failure to subsequently engaged with local authorities.

238. From December 2020 to February 2021, the LGA subsequently worked with MHCLG to hold a series of "delivery and impact" panels with councils which had received Next Steps Accommodation Programme funding. The intention was to allow councils to share and challenge learning and practice.

239. 15,000 people had been accommodated under Everyone In as of June 2020: an undoubtedly impressive feat. Funding was made available from MHCLG for move-on accommodation for 6000 of these people. However, there were nevertheless some challenges with the joint working between local and central government on the programme, with long periods of uncertainty for councils about issues such as their legal position, transitioning away from the scheme and funding support. Ultimately, the scheme was not fully funded and its overall impact on the medium-term housing outcomes for those accommodated is unclear.

### *Management of social housing*

240. On wider housing issues, between March 2020-February 2021 the LGA engaged regularly with MHCLG as part of a stakeholder group looking at issues relating to the management of social housing – including repairs and maintenance work, evictions, allocations, and mutual exchanges of homes. Whilst not engaged with the development of relevant legislation, several key concerns raised and requests for clarity were reflected in the non-statutory guidance for landlords, tenants, and local authorities in the private and social rented sectors in the context of Coronavirus (COVID-19).

241. This included important clarity for local authorities and their contractors in relation to undertaking essential and non-essential repairs and maintenance in stock owned and managed by local authorities. This was supported by accompanying guidance produced by the Health and Safety Executive (HSE) on Gas Safety. Whilst the LGA was not sighted on the draft guidance before its first publication, it was subsequently updated a number of times during the pandemic to reflect changes in government guidance on lockdowns, and in response to further requests for clarity from the stakeholder group, which the LGA was part of.

### *Economically vulnerable and self-isolation*

242. The Government's social distancing requirements in response to the pandemic had significant implications for those on low incomes. It was not

immediately recognised how unprepared many households would be to cope with even a modest reduction in household income, and how, for example, having children at home might immediately increase living costs.

243. The LGA and councils had, prior to the pandemic, consistently warned about the need to address financial inclusion such as the freeze to the Local Housing Allowance rate and the removal of separately identified funding for local welfare. The LGA had also been highlighting the need for a more preventative and sustainable approach to financial inclusion through the LGA's work on Reshaping Financial Support. Following the outbreak of the pandemic, the Government had to rapidly develop measures to reduce financial hardship and economic vulnerability alongside many other immediate pressures.

244. The LGA worked on financial inclusion and poverty prevention with councils, partners, and Government departments, throughout the pandemic and into the current cost-of-living crisis. A wide range of pertinent indicators for financial hardship and economic vulnerability are brought together on LGInform, and the LGA have produced a wide range case studies and evidence from councils, e.g., the LGA's July 2020 Good Practice Guide on Delivering Financial Hardship Schemes (ML/76 - INQ000103855).

245. Perhaps understandably (given the challenges around online supermarket shopping and deliveries and the focus on the shielded CEV group) there was a considerable initial focus in the LGA's discussions with officials on access to food, which then led to a prevailing emphasis on 'food affordability' even when the challenge could have been more accurately framed as financial hardship. This led to DEFRA being put in the initial lead on what has ultimately become the Household Support Fund (now led more appropriately by DWP). DEFRA colleagues were open to learning from the LGA's existing work with councils on support for low-income households and engaged with us as quickly and effectively as they could, but their lack of knowledge and understanding of local government caused delays and misunderstandings that could perhaps have been avoided if Government had been more prepared to accept the vital existing role of councils in mitigating financial hardship, and the logic of aligning that support with support being delivered via the benefits system and the voluntary and community sector.

246. In the longer term DWP took over the lead for crisis support variously described as winter support grant, covid local support grant and household support fund and while challenges remained – due to the (often very) last minute, short-term nature of the funding - the existing frameworks of meetings and effective working relationships between LGA, councils and DWP officials meant that communications and decision-making improved. Will Quince MP was also open, well-informed, and collaborative as welfare minister, which led to several improvements in the way the department designed and delivered the Household Support Fund and aimed to mitigate the additional administrative burdens that were being placed on councils' revenues and benefits services.

247. An issue concerning holiday time support for children entitled to Free School Meals was conflated with wider issues around financial hardship, including for households without children. Shared responsibility and a lack of clear leadership between ministers in DfE, DEFRA, DWP and Number 10 (as well as HMT and Cabinet Office) led to inconsistent decision-making. Consequently, and despite the best efforts of civil servants, announcements on the timing and purpose of funding for councils to help residents with food and / or financial hardship were often last minute and contradictory.

248. As well as Household Support Fund and its predecessors, financial hardship was also a key feature of a number of other schemes that councils were asked to administer, including DLUHC's Hardship Fund (targeted at LCTS claimants) and DHSC's Test and Trace Support Payments, provided to certain people required to self-isolate.

249. Councils were required to give effect to many of these schemes with very minimal notice and rapid timescales for implementation. In all cases they entailed extensive and intensive collaboration between councils, LGA and Government officials, which often had to happen at pace after a public announcement had been made. They were also often subject to considerable shifts in policy. DWP Local Authority Partnership, Engagement and Delivery (LA-PED) colleagues in particular worked closely with the LGA and councils' revenues and benefits teams to support departments with less experience of working with local government, but regrettably they were also not always brought in at the earliest opportunity.

250. There was very little notice of the expectation that councils would administer these payments for example, with Test and Trace support payments, and from the outset there was a lack of clarity about whether the intent was primarily socioeconomic (to offset hardship caused through the inability to work), primarily health protection (through incentivising self-isolation) or both. The Local government sector's informed recommendations on this issue were sometimes not taken into account, for example Government initially resisted feedback from local public health experts on the need to incentivise young, single people (who saw themselves as being at minimal personal risk) to self-isolate even if they were not at risk of extreme financial hardship.

251. Government recognised the need to put in place a 'discretionary' component to the scheme, to meet the needs of people who did not meet the strict criteria (linked to benefits entitlement) of the core scheme. Although this was necessary, it quickly became clear that the initial fixed amount of £15m available nationally for discretionary support, and the proposed end to tall test and trace support payments in January 2021, was going to be inadequate in many places. Councils found themselves with restrictive guidance and a small pot of funding to provide discretionary support, set against significant demand. In addition, there was a widespread expectation amongst many statutory partners that councils could (and would) support a wider range of people not eligible for the main test and trace support scheme payments than either the guidance of funding allowed. As a consequence, councils found themselves dealing with high volumes of unsuccessful applications, all of which nonetheless had to be checked and managed.

252. Government knew that councils were not sufficiently funded but insisted (until a last-minute change announced at Christmas 2020/21) that they would not increase the amount available or extend the scheme beyond January. The increase in discretionary funding arguably came too late to meet the peak period of demand. Government also shifted rapidly from asking councils to implement tight eligibility criteria, including developing their own criteria for the discretionary pot, to suddenly asking councils to extend access to the payments much more widely. This caused several problems, including the need to quickly review and implement new local criteria, and exposed frontline staff to upset and anger from people who applied prior to the eligibility being widened. The decisions to extend the scheme were, again, taken late despite unambiguous evidence at the time of the impact of COVID – 19 prevalence and infection rates. Once the decision had been taken in early 2021 to

expand access to Test and Trace support, councils also came under pressure from HMT to minimise fraud and error checking to speed up payments.

253. Access to financial support for some vulnerable groups remained challenging throughout the pandemic. For example, there was considerable ambiguity in relation to councils' roles and responsibility around financial support for adults without care needs and with No Recourse to Public Funds, which is an issue that the LGA raised consistently with the Government.

### *Mental health and other vulnerabilities*

254. During the period, the LGA were members of existing Government led working groups for mental health (Mental Health Prevention and Promotion group - PHE), dementia (Dementia programme Board -DHSC), Autistic people (Autism Strategy Executive Group - DHSC) and the National Suicide Prevention Advisory Group (DHSC). These groups were used as a means of identifying the impact of NPIs on distinct groups of people. the LGA also were members of existing external groups that had Government representation and focussed on NPIs for people with mental health (the ADASS Mental Health network meeting - 90-minute call every month) and on End of life and palliative care (the Ambitions Partnership group).

255. From April 2020, the LGA attended the PHE Mental Health and Psychosocial External Reference Group, which led on a programme of work to address the mental health impact of COVID-19.

### *Domestic abuse*

256. As social distancing regulations and lockdown measures were put in place, councils and community safety partners raised concerns about support for domestic abuse victims. The Domestic Abuse Commissioner of England and Wales convened a weekly call, which the LGA, wider Government departments (i.e. the Home Office, the Department for Health and Social Care, the Department for Work and Pensions, the Ministry of Justice, the Department for Levelling Up, Housing and Communities and the Department for Education usually attended the call) and the domestic abuse support sector all joined to discuss how to best to provide urgent support to domestic abuse victims during the pandemic. The LGA worked with the domestic abuse support sector to produce guidance for councils, to help raise awareness of domestic abuse, and highlight that the stay-at-home messaging during lockdown did not apply in

emergency situations and domestic abuse support and refuges remained open and available.

257. Woman's Aid, Refuge and wider support helplines reported a substantial increase in demand for their services, often coinciding with the lockdown periods. The LGA worked with the sector, Home Office, and Ministry of Justice to help secure wider funding for the domestic abuse helplines, and the funding went towards increasing the capacity on phonelines and the live chat service to make them available on a 24-hour basis. The LGA also joined the Ministry of Justice's weekly Silver Command Call meeting which considered all aspects of victim support, from court closures through to the availability of Independent Domestic Violence Advisers during the pandemic.

### *Key areas in which central government engaged with the CHIP*

258. It is easier to describe this engagement in each area, since it could differ between them, and each area was significant of itself. The LGA list nine overall areas and will address each in turn. The nine overall areas are -

- General oversight and discussion across all areas
- Discharge from hospital
- Infection control in the sector
- PPE
- Vaccination
- Market/provider sustainability and continuity of support
- Workforce
- Emergency legislation/Care Act responsibilities
- Data

While some of these areas may not obviously seem to be within the scope of NPIs, they have been included because they had a direct bearing on whether NPIs were likely to be effective.

#### *General oversight and discussion*

259. Central government set up a National Steering Group on Coronavirus early on, in February 2020 which was co-chaired by the Director General for Adult Social Care within DHSC and by the President of the Association of Directors of Adult Social Services (ADASS). This was a large and inclusive group and attended by the LGA. It

swiftly became evident that there was too much going on for one group to maintain sufficient oversight, so functional workstreams were established as listed below. Other initiatives to keep some oversight were an early "task and finish" group with a more restricted yet representative membership, which in turn was superseded by a Task Group chaired by Sir David Pearson in June 2020, and then again by a winter steering group Omicron in December 2021. The LGA's experience overall was that it was challenging for central government to keep a meaningful overview and connection between so many areas of focus.

260. On 9 April 2020, Jonathan Marron Permanent Secretary for DHSC wrote to all DASSs. After a short paragraph thanking them for their efforts, he urged DASSs to communicate with all their local care providers including those only working with self-funders, to ensure that mutual aid arrangements were in place for them, and to make their own LRFs aware of these arrangements. The LGA was not copied into this letter. This prompted a letter in return dated 11 April 2020 from the ADASS President, assuring Jonathan Marron that DASSs were working tirelessly on these issues as well as many others, and going on to make some more general feedback about what government was doing that was helpful and unhelpful. A copy of the letter was shared with one LGA officer on 11 April to illustrate ADASS's general views, with which the LGA agreed.

261. At a ministerial level, the Minister for Social Care chaired a regular meeting, around every 6 weeks, with representatives from the social care sector including social care providers, councils, national voluntary organisations, and the CQC. The purpose of these meetings was that sector representatives could have a direct conversation with her and so that she could test views on relevant topics.

262. The Minister for Social Care also had about 5 informal meetings with the ADASS President, ADASS Chief Officer and LGA Director of Adult Social Care improvement which had a focus on how she might gain an evidence based overview of what was going on. These occurred between April and June 2020. The LGA sought to help her with this based on what councils currently did in terms of information.

### *Hospital discharge and care homes*

263. Because of a forecast influx of extremely ill people requiring hospitalisation, there was an early focus on clearing NHS beds to create additional capacity. Achieving

this was of course dependent on people being quickly and safely discharged to their home or into social care setting. Achieving these involved difficult judgements concerning when discharge would be timely, avoiding discharge into the wrong setting, and avoiding exposing people in care homes or other congregate settings to undue risk of infection.

264. There was no single group within which decisions about how to make these judgements were shared between central government (responsible overall), local government (responsible for social care) and the NHS (responsible for the hospitals) though early on there were a series of conversations involving these parties.

265. CHIP, with very limited time to comment fully on drafts of government guidance, was able to contribute to an extent. On the 18 February 2020 the LGA flagged up the need to avoid filling up care homes with people rapidly discharged from hospital due to the vulnerability of residents (ML/77 - INQ000103856). The LGA commented on first draft guidance shared on 18 March and published on 19 March 2020 (ML/78 - INQ000103857 and ML/79 - INQ000103858) and later commented on revised guidance though within a very tight timetable; the draft was shared at 20:15 on the 26 March 2020 with deadline for comments by 10:30 the next day. The LGA pointed out that this guidance did not fully recognise the realities of care home settings and did not specify how Discharge to Assess (as NHS/Government policies) should work (ML/80 - INQ000103859).

266. The LGA also commented on the idea that care home fee uplifts should be linked to a willingness to accept people being discharged from hospital., saying that while best endeavours to accept people was reasonable, "what we would not want is locally this being made a formal condition of the uplift with a threat that it is removed if providers allegedly refuse to accept a new customer." (ML/80 - INQ000103859)

267. The LGA also contributed to this fast developing area of policy by attending a meeting at No10 with the Prime Minister, Secretary of State for DHSC, Secretary of State for MCHLG, and the Minister for Social Care on the 18 March 2020 (ML/81 - INQ000190710 and ML/82 - INQ000190713). Foremost, on the meeting's agenda was the issue of hospital capacity and the discharge of patients into local community care. Ministers addressed the government's key priority to make available an additional 30,000 hospital beds, primarily through patient discharge into social care settings, and

requested the co-operation of local government. Ministers outlined that support would be made available from central government, including the imminent provision of personal protective equipment (PPE) for adult social care providers. Also discussed at this meeting was shielding policy for the clinically vulnerable, mobilisation of volunteers, dispatch of PPE, and testing, among other items.

268. Once the guidance appeared, the CHIP worked with the NHS and DHSC to maximise local understanding, for example through webinars in mid to late March 2020. A further example is a summary of all the service requirements for hospital discharge drawn together on 30 April 2020 by the LGA and ADASS and distributed to all DASSs (ML/83 - INQ000103860).

269. The CHIP continued to work with central government and the NHS to ensure understanding of policies such as Discharge to Assess (set out in the Guidance published on the 19 March 2020) (ML/78 – INQ000103857) and on initiatives such as "designated premises" which offered a means for Covid positive people to leave hospital without immediately going into care homes and posing an infection risk (ML/84 - INQ000103861).

### *Infection control*

270. There were several significant issues about infection control; these included: (1) the risk of infection when visiting into care homes, (2) the consequences of isolation and grouping of residents deemed an infection risk, (3) cross-infection from staff movement between different settings of care, (4) the care environment, and (4) grant – aiding providers with funds to implement infection control measures.

271. The CHIP was involved in these discussions with central government, providers, the NHS, and sources of expertise such as PHE. As well as engaging with the development and implementation of central policies, the LGA also sought to support local interpretation, for example the role of DPH in advising care homes. This was a difficult balance in that policy needed to allow for local circumstances and yet providers and relatives might sometimes complain that there was unjustified or unexplained local variation.

272. In the LGA's view, early iterations of draft guidance suffered from a lack of understanding of how social care actually operated on the ground, leading to providers

being confused about what it meant or saying that it was practically undeliverable. An example of an early iteration, and our same day response, is attached. Government gained better understanding over time from listening to councils and providers, with an example of a further draft of guidance discussed with providers and facilitated by the LGA on 26 March 2020 (ML/85 - INQ000103862).

273. The LGA with other partners supported shared understanding of guidance in this area, for example in delivering webinars such as one on infection control in care homes (ML/86 - INQ000103863).

### *Personal protective equipment (PPE)*

274. The timely and appropriate provision of adequate PPE was a significant challenge. Key issues for the social care sector were: (1) advice on its use, (2) how to pay for it, (3) matching demand to supply and (4) distribution channels once government had accepted responsibility for this.

275. The LGA devoted significant staff capacity to engaging with the Government's PPE workstream, council social care and procurement leads, Local Resilience Forums and care providers. Four LGA officers were seconded into the PPE workstream to try to smooth the distribution of PPE to the local social care system.

276. The LGA's work on PPE included the following -

- Attending a DHSC PPE task and finish group which operated during the main stages of the pandemic;

- Working at the request of the Minister for Social Care, over a 48-hour period in April 2020, with social care providers, to cost the impact of the government's policies and guidance on PPE; the costs involved surprised some, and caused government to decide to absorb the unpredictable costs and provide PPE free to social care providers;

- Responding to issues and queries reported by councils, businesses, and care providers and providing frequently asked questions on the LGA website;

- When invited to do so, commenting on and shaping, DHSC guidance and communications,[5] to ensure they reflected the reality for councils and care providers; early on, this Guidance lacked provider input and as a result suffered from a lack of understanding of the practicalities of implementation in social care settings; as time went on, this improved, with greater openness to an exchange of views about guidance and policy formulation; this is therefore a good example of how the provider forum supported by LGA/CHIP helped such dialogue;

- Communicating key messages regarding PPE to local authorities in a timely manner;

and

- From April to mid-May 2020, providing daily (and subsequently weekly) summaries to DHSC of issues reported to the LGA.

277. The greatest challenges with PPE concerned the shortage of suitable PPE for those that needed it, and the difficulty in procuring it given the surge in global demand.

278. The Pandemic Influenza Preparedness Programme (PIPP) held stocks of PPE for use in an influenza pandemic. The strategic purpose of this stockpile was to provide PPE for health and care workers in England and for the devolved administrations. It included PPE physically stored in a warehouse, plus 'just in time' contracts to enable Public Health England (PHE) to buy PPE in the event of a pandemic. In the event, these arrangements did not come close to providing the volume of PPE required (ML/87 - INQ000103864).

279. There were other PPE challenges, beyond the problem of significant shortages; both the LGA, councils and LRF partners found the initial stages of the pandemic to be chaotic, with confusing and inconsistent messaging and communication from Government and civil servants. A first point concerned where PPE was to be accessed because pre-existing plans for the distribution of PPE were not adhered to and this caused great confusion.

[5] This was usually at very short notice.

280. The LGA understands that during swine flu, PPE had been distributed locally via Upper Tier councils (counties and unitary authorities; social care authorities). It is aware that in August 2016, a paper (ML/88 - INQ000103865 and ML/89 - INQ000103866) had been circulated to LRF contacts by the Government seeking views on a proposed approach to the distribution of disposable facemasks: the paper recommended that distribution should be via Upper Tier councils.

281. The LGA believes that this approach was tested during Operation Cygnus and following that, Public Health England sought contacts within Upper Tier councils for the purpose of arranging delivery of facemasks if or when an influenza pandemic occurred. Following Operation Cygnus to which I referred in my first witness statement for Module 1, the then Department of Health (DH) had established a protocol with regard to the distribution of single-use protective Facemasks from Public Health England's stockpile to the social care workforce in the event of a flu pandemic.

282. This protocol which I understand was tested with the Local Resilience Forums provided for Upper Tier local authorities to take responsibility for storage and onward distribution of such masks to staff by setting up distribution points in their local areas (see email dated 07 December 2016 from Caroline Prudames (née Pease) (ML/88 – INQ000103865 and ML/89 - INQ000103866) in the DH's Local Authority Insight and Sector-led Improvement. It is noteworthy that in this email Ms Prudames pointed out that LRFs were not able to say who the contact person within Unitary Authorities should be and was seeking that information direct.

283. Council emergency planners have advised the LGA that consequently, ahead of the Covid-19 pandemic, the broad expectation was that distribution of facemasks to social care staff, as and when necessary, would be undertaken via Upper Tier councils. However, it is not clear that beyond the request for council contacts, Upper Tier councils were ever given any further details or assumptions to enable them to make more detailed logistical planning at the local level.

284. The expectation that upper tier authorities would play a role in the distribution to social care staff of facemasks from the national stockpile persisted in the early days of the pandemic. However, at short notice the LRF route was introduced; this had not been included within pandemic plans and had not previously been suggested as the route through which PPE would be distributed, presumably not least given the lack of direct links between social care and LRFs identified in the Department of Health's email

to chief executives of December 2016. While the change may have had limited impact on LRFs aligned with the boundary of a single Upper Tier authority, for other LRF areas this change meant a markedly different distribution footprint to what had previously proposed and expected.

285. It is important to emphasise that LRF partners pivoted to quickly establish distribution arrangements, and that ultimately, the fact the national stockpile did not come close to meeting what was required was the dominating issue in the early stages of the pandemic rather than how what was available was distributed. However, the seemingly last minute decision to announce distribution PPE to social care via LRFs meant that new arrangements had to be urgently established at the local level, in particular new communication channels required between LRFs and social care services (with which the CHIP assisted). These arrangements were subsequently in place much longer than intended, as this initially temporary arrangement ultimately extended for five months.

286. The LGA was also particularly concerned that the NHS was being prioritised over social care in terms of access to PPE, and that there was a lack of understanding in government about the range and diversity of adult social care workers who would need access to PPE.

287. In the first few weeks of the pandemic, there was confusion over how to access PPE, the official route for providers to request it, the role of the National Supply Distribution Response (NSDR), and what should be done when it could not deliver PPE. There were a number of reports of councils or providers being told by the NSDR and their recommended providers that the PPE was for NHS only. This advice was corrected by DHSC and call operators were provided with training, however councils and providers reported that they had lost trust in the NSDR. In late March, the LGA and the ADASS wrote to the Secretary of State highlighting that

> *"...we continue to receive daily reports from colleagues that essential supplies are not getting through to the social care front-line. Furthermore, national reporting that equipment has been delivered to providers on the CQC-registered list does not tally with colleagues' experience on the ground."*
> (ML/90 - INQ000103867)

288. In late March/early April 2020, the Government announced that supplies of PPE would be managed through the Clipper logistics PPE portal system. The initial timeline was that this would be available 6 April 2020 however, the launch of this was frequently delayed and ultimately it did not go live until June 2020, and then only with a phased approach to new users with very limited quantities of stock. (ML/91 - INQ000191912) It took further months to be able to allow access across councils and care providers and to provide adequate stock quantities. The communication around this portal system was inconsistent with regular updates being vague on realistic timescales and intermediate processes.

289. In the interim, it was agreed in early April 2020 that LRFs would be responsible for taking delivery of PPE drops and managing the distribution of this locally. The LRF solution was intended to be in place for two weeks but ended up operating until September 2020.

290. The recipients of LRF distributed PPE were intended to be social care and other critical local services e.g., prisons, funeral directors etc, rather than the NHS, which was being supplied separately, but in practice there was some provision to the NHS to avoid local NHS users running out of PPE altogether.

291. LRFs report that they had extremely short notice of being told that they would be tasked with the distribution of PPE, with the first drop due within 72 hours of the announcement. The short notice meant local areas had extremely limited time to identify a delivery point and set up a distribution system, including processes for dealing with queries and requests from people who had heard about PPE and wanted to access some. With pandemic planning based upon the assumption of a DHSC stockpile of PPE, LRFs had to develop local plans and logistics' arrangements from scratch. This accounted for a significant amount of capacity for several months. In many areas, a single agency such as the council or fire service largely took responsibility for the bulk of the work.

292. There was also some frustration that in tasking LRFs with this role, the government tended to engage with LRF chairs and secretariats, rather than with the chairs or representatives of the local Strategic Co-ordinating Groups (SCGs) responsible for managing the operational response. In some areas the LRF chair and SCG chair may have been the same person, or if not, there was coordination between them, however this was not always so, causing added problems. This reflected the

government's tendency during the crisis to default to LRFs despite their lack of operational capacity or functions. I have already highlighted in the LGA's response to Module 1 of the Inquiry that this was seen by the LGA as being a mistake.

293. Some places noted frustration that care providers were told to contact LRFs for PPE before any had arrived or even before LRFs had been told to expect calls and were not set up to manage them. The LGA supported the process through facilitating a discussion with LRFs and then supporting providers in contacting LRFs/councils should they need to.

294. There were issues with stock levels in the early days of the LRF provision, with ongoing local concerns about running out of PPE; although the drops helped, demand outweighed supply. Drops of PPE were perceived to be erratic and often short notice, with uncertainty about the timing and quantity of individual drops to LRFs.

- There were also sometimes issues with the quality of the stock; sometimes this was out of date although assurances were given about its use, at other points it was dusty and dirty from storage. Occasionally, supplies included kit that simply was not fit for purpose, such as builders' dust masks.

- In April 2020, the LGA summarised the position in terms of social care access to PPE as follows - (ML/92 - INQ000103868)

  *'For councils and care providers, the current arrangements for accessing PPE are not fit for purpose and are failing to provide what is needed on the frontline. It is vital that the arrangements set out in the adult social care plan [*the DHSC's action plan for the pandemic*] and associated guidance are urgently translated to the reality on the ground.*

  *We have heard numerous reports from councils about how this is affecting their ability to care for their communities. One council reported their delivery of PPE was delayed by over a day last weekend, and when they received it, it was only 40 per cent of what they were promised. Another council area reported how its discharge system fell over one day because of a lack of PPE supplies in local care homes.*

*Another council noted how, given the change in guidance meaning we are in a 'period of sustained transmission', care staff should wear eye protection, a fluid repellent mask, gloves and an apron - and this must be changed between contacts. This council has done some scenario planning and found that in a medium sized care home, this would use 10,000 pairs of gloves in a day. This has huge implications for PPE stocks. '*

295. Council procurement teams turned their focus to purchase PPE on behalf of care homes, schools and LRFs when it became clear that it was not always possible to rely on the LRF drops. I am informed that Essex, one of the councils in the LGA's PPE group, had an office in China and was able to help with visiting PPE factories to ensure quality. Essex made an offer to councils to join up and 23 councils did so to procure PPE from China.

296. At the time, the LGA heard reports from councils of some PPE purchased from abroad for social care being stopped and seized at customs with an explanation that it was going to the NHS (ML/93 - INQ000103869). Through our LGA facilitated procurement network, councils were able to share good practice and information about stock availability. The network was a place for consultation and continuous engagement between central and local government on future PPE supply with officials from DHSC, DfE and MHCLG involved.

297. In May/June 2020, the position gradually improved as more PPE came on the market, and the Clipper solution eventually went live. The system went live in May but only with a small number of providers, within geographically targeted areas, for instance as of 8 May 2020 there were 1,371 care homes invited in total to the portal which is significantly smaller than the sector which is approximately 18,000 providers. By November 2020 there were still concerns from the sector about the ability of the portal to supply the sectors Covid-19 PPE needs with ongoing limitations on the quantity of PPE that providers could order. DHSC created a PPE group which helped with communications with organisations managing the LRF drops. There were however further issues with communication when schools were advised in Department for Education guidance to contact LRFs for PPE, despite other government departments, and LRFs, being clear that the LRF stock was primarily for social care. Guidance was subsequently clarified to outline that schools unable to access PPE should contact their local authority, with councils asked to support schools in accessing

local PPE markets and available stock locally, including through coordinating the redistribution of available supplies between settings according to priority needs.

298. An ongoing issue throughout was the application and understanding of guidance for the social care sector. Initial guidance in the early stage of the pandemic was focused on clinical settings and procedures within the NHS, which left the social care sector unclear about how to apply these to non-clinical settings. A number of queries came to the LGA from councils and providers about how to interpret guidance, however we clearly communicated that we were unable to provide advice on the appropriate use of PPE. Even once guidance came out there was continued frustration, particularly from providers, where the guidance did not clearly understand the role of social care. This did improve gradually but ongoing comments within the DHSC PPE Task and Finish Group made it clear that the sector found the guidance slow to be released and was not always helpful for the sector to understand infection control and PPE requirements.

### *Vaccination*

299. The key issues on which the CHIP, with others in the sector, engaged with central government were -

- Initial comment on the priority groups which the Joint Committee for Vaccinations and Immunisations (JCVI) identified at the end of 2020. Group 1 was for the residents of care homes and their carers. Group 2 was for frontline health and care staff. The term “group” was later replaced by “cohort.” Unpaid carers were within group 6.
- How to identify social care workers within cohort 2
- Ascertaining how they gained access to vaccinations,
- Dealing with areas of lower take up within this group,
- How to identify unpaid carers within cohort 6.
- Giving effect to the policy of vaccination as a condition of deployment (VCOD),

and

- Appling the booster programme from early 2022.

300. In general, central government engaged well with the LGA/CHIP on these issues; vaccination became an issue somewhat later during the pandemic when government had greater capacity and more mechanisms for local engagement.

301. I understand that vaccination is to be dealt with in a future module, and so I will limit my discussion of the LGA's views on these engagement issues

### *Market sustainability and continuity of support*

302. It was critical that the financial viability of providers and sustainability of the social care market was kept under review during the pandemic. Central govt accepted this.

303. CHIP supported this process through -

- Establishing and supporting a provider forum which met frequently and where central government could engage with providers on a range of topics;
- Advising on what reasonable measures councils could take to address early threats to viability, such as cash flow;
- Working with government and providers to find mechanisms for central government funding to reach providers via councils, for example through the Infection Control Funds;
- Working with providers and government to seek solutions to other issues such as access to affordable insurance for providers;
- Working with councils and government to deliver a major review of market sustainability in the autumn of 2020, including the range of measures that councils would typically take to maintain continuity of support in the event of a provider leaving the market. Alongside this review the LGA/CHIP also inputted to other government commissioned exercises such as Exercise SWIFT (September 2020) and a review by Mckinsey of care home viability;

and

- Advising government on the financial position of councils and the potential impact on them of any policies designed to address market sustainability.

304. In general, there was a balanced and reasonable dialogue between local government, providers, and central government on these issues. However, the LGA's efforts to find reasonable solutions were hampered by a degree of government mistrust of the extent to which councils knew how their local markets operated and passing on any central funding to providers, in part due to providers finding and presenting alleged examples of this not working. This level of mistrust in turn sometimes led to over

engineered grant conditions which placed an onerous financial risk on councils if every pound could not be accounted for in the detail.

***Workforce***

305. Government correctly identified early on that its efforts to respond to the pandemic were highly dependent on a social care workforce which already faced challenges such as levels of pay, support and recognition, and access to training. The pandemic added further issues to these, such as staff safety from infection, what was reasonable to ask for in terms of not working in more than one setting, how staff should be treated when sick or Covid positive, and sheer burnout. Government established a task and finish group early on to address workforce issues, and through CHIP the LGA played a full part in this.

306. Our broad observation is that the pandemic brought this workforce to national attention in a new way, and that there was an opportunity to demonstrate how it was valued and supported. Government made efforts in this direction, through for example seeking to ensure that staff were paid when absent from work due to being Covid positive, addressing the lack of PPE, and by late 2021 recognising the need to address recruitment and retention issues.

307. However, these efforts were only partially successful, in part because this workforce works across thousands of providers and lacks the same degree of centralised control, professional organisation, pay and reward and unionisation as NHS staff. The social care workforce therefore constantly operated under the shadow of the NHS, and when government talked about "the NHS and social care" it was at most variable how much attention the latter received. The experience of many social care workers was that the expectations of them simply did not match the support, protection and reward offered, and this has led to unprecedented levels of vacancies in the sector.

308. The role of the CHIP was to advise government through the experience of councils primarily as commissioners of support rather than direct employers of this workforce, but the LGA did flag up issues over capacity within social work and occupational therapy being two major aspects of the councils' own workforce.

***Local restrictions***

309. The LGA was not involved in decisions about which areas should be placed into which tier and did not seek to influence these. The LGA's work in this area was to

reflect some of the concerns the LGA were hearing from councils, for example about the support available to areas in local lockdown; the need for councils to be able to access the local level data that was informing the Government's decisions; highlighting local concerns that publication of local infection rates was unhelpful and becoming a disincentive to increased levels of testing, with greater testing leading to spikes in numbers that risked leading to local lockdowns and impacts on the local economy; and reflecting concern about the language of 'areas of intervention'.

*310.* Local areas subject to tiering decisions did, however, seek to influence those decisions and raised concerns both publicly and privately about the decisions and the approach to making them. Many councils expressed a sense of a very top-down approach and things being 'done to' areas rather than in discussion with them, and a concern that some of the decisions ignored the specific challenges in certain areas around over-crowded housing, inter-generational housing, and the difficulties in enabling self-isolation to contain the virus. The LGA's regional principal advisers engaged closely with councils in their areas that had been placed into higher tiers and therefore faced greater restrictions.

*311.* Councils in some areas were frustrated by the decisions about which tier to place them in, either because they felt that epidemiological data did not justify them, or because they were concerned about the cumulative economic and social harm being done to their areas by prolonged periods of lockdown. It was well publicised at the time that there were disputes between some regional leaders and the Government regarding tier decisions and the funding to support these areas. the LGA are also aware that councils and leaders in other areas complained to DLUHC about their tier allocation and sought meetings with the Department to present their case for switching tier, which in at least one case the relevant LGA regional principal adviser attended as an observer; however, no change was made because of the meeting.

*312.* The LGA did not undertake any specific lessons learnt exercises in respect of the tiering system and local restrictions. However, the LGA called for a clear framework to help councils understand going forward the factors that would lead to areas changing tier (in either direction). Additionally, as part of the LGA's ongoing work to feedback issues on the ground, the LGA highlighted some of the challenges arising from the tiering system, for example the impact when people from higher tier areas travelled to neighbouring lower tiers to socialise (ML/94 - INQ000190716; ML/07 - INQ000103786 and ML/95 - INQ000115353). This often impacted smaller, more rural

areas which were in lower tiers; for example, Herefordshire reported large numbers of visitors to the local night-time economy when other parts of the West Midlands were in higher tiers and subject to more restrictions on hospitality.

## Part C – Public health communications and public confidence

313. The public are not the LGA's primary audience for the majority of the LGA's communications. While the LGA does use national, trade and social media to outline some of the LGA's key messaging, its primary audience tends to be its members and key stakeholders such as government, Parliamentarians, and partner organisations.

314. Therefore, although the LGA did engage in some work to amplify public health messaging through the LGA's national media and social media activity, the LGA's core communications activity during Covid-19 was not based on promoting messages to the public. Instead, the LGA's Communications Directorate's main activities in relation to Covid-19, linked to that of the wider organisation, were -

- Producing daily bulletins to member authorities summarising the LGA's work with central government in relation to COVID-19, as well as the dissemination of relevant information and updates;
- Liaison with communications leads in central government departments (including MHCLG, Cabinet Office, DfT, DHSC) to disseminate relevant information to council communications teams through the Commsnet bulletin; this is a subscriber bulletin emailed to all council communications teams in England (there are currently around 4,000 recipients) which the LGA uses to share updates from the LGA, alongside information and good practice and assets from other stakeholders such as central government. It is usually sent weekly but went out more frequently during the pandemic as the LGA chief executive bulletin was also included in it;
- Raising with relevant communications leads in government departments the issues raised by council communications teams;
- COVID-19 webinars for councils and councillors;
- Creation of a coronavirus web hub, which included service information, FAQs, guidance, and support for people in their roles (councillors and officers);

- Briefings for parliamentarians and stakeholders covering parliamentary debates (including on Covid-19 related legislation and regulations) as well as select committee submissions;

and

- National media and social media activity to amplify central government public health messages and to communicate LGA lobbying.

315. Throughout the pandemic, the LGA liaised with government departments, NHS England, and PHE to help disseminate COVID-19 government produced communications materials to council communications teams. These were disseminated through the Commsnet bulletin (ML/96 - INQ000190711; ML/97 - INQ000190712; ML/98 - INQ000190714; ML/99 - INQ000190715 and ML/100 - INQ000191911). The government was keen for councils to amplify national public health messages at the local level.

316. Providing good, clear communication was an important part of local government's role during the pandemic. In the early days of the outbreak, local directors of public health, leaders and chief executives spent a lot of time engaging with the media on television and radio. Effective communication and the provision of information was crucial. All councils amplified central government public health messages throughout the pandemic, although individual councils were responsible for their own communications, and this was not coordinated by the LGA.

317. As noted, communications materials developed by the Government were shared through LGA bulletins to allow councils to use them through their own channels. The Cabinet Office held a weekly briefing for council communications leads to ensure council communicators had access to the latest coronavirus campaign materials, and to ensure there was a consistency to public health messaging across central and local government – particularly during periods where restrictions were in place.

318. However, councils also ran tailored local campaigns to ensure messages resonated with their communities – whilst ensuring that overall messaging was consistent with the national approach. This was particularly powerful during the vaccine rollout, when councils could use their local knowledge to engage with parts of the community which were less responsive to central government campaigns. The LGA assisted councils through webinars where different authorities shared examples

from campaigns, and through the LGA's website where the LGA hosted hundreds of examples of good local practice.

319. The LGA also established a COVID-19 communications hub (ML/101 - INQ000103870) on its website which aimed to support councils to plan for and think strategically about communications and engagement during the pandemic. It provided practical guidance and advice, building on the lessons learned since March 2020.

320. The LGA met with communications colleagues in central government throughout the pandemic to share information and the LGA's approaches. Key government departments presented at all of the LGA COVID-19 communications webinars and MHCLG used examples of council good practice from the LGA website in its own communications, including bulletins and press releases.

321. The LGA's Communications Directorate directly engaged with central government departments in the following areas -

- Vaccine deployment communications: This was a weekly meeting coordinated by NHS England to discuss communications around the vaccine roll-out.

  The first meeting took place on 17 December 2020 and continued until 15 April 2021. Represented at the meetings were: NHS England, MHCLG, DHSC, the LGA and the Association of Directors of Public Health. Matt Nicholls (head of communications improvement) and Paul Ogden (senior policy adviser) attended from the LGA.

  The purpose of the meetings was for central government departments, NHS England, and local government to share information regarding the rollout of the vaccine. This included updates on vaccine communications activity from central government, the LGA and ADPH raising any issues/concerns from councils and collaboration in areas such as webinars for local government communicators. This was not a decision-making forum.

  The LGA's communications channels (website, bulletins, social media) were also used to amplify messages about the vaccine rollout and to share relevant materials with councils.

- Attending weekly COVID-19 briefing: The Cabinet Office ran weekly online briefings for heads of communications in councils. These involved updates on the

latest COVID guidance, campaigns, and national advice. The LGA attended these meetings, but they were led by the Cabinet Office.

- *Ad hoc* liaison with government departments: During the first lockdown in 2020, the then Director of Communications would sometimes be contacted on an *ad hoc* basis by senior communicators in government departments. On occasions the Director would also raise communications-related issues with government, for example there was a frustration in the first lockdown with the tendency for announcements to be made in the daily 5pm press conference before the details or guidance relating to a policy had been made available to councils.

322. The decision to introduce local restrictions in some parts of the country was taken centrally and communicated via gov.uk and relevant press conferences. Where local restrictions were introduced and announced by government, councils used their own communications channels to ensure residents were notified of the decision.

323. In terms of informing residents, most councils had the latest information and helpline numbers on the front page of their website, and it was clear which tier they were in and what restrictions were relevant. It is fairly common practice at some point during any crisis or emergency for DLUHC civil servants to begin to review council websites to check whether they include what the Government considers to be appropriate information; where DLUHC considered that they did not (for example, information about the opening hours of recycling centres or funeral attendance policies, or Covid information suitably prominent on their front pages, all of which were highlighted) this would typically be flagged with the LGA and swiftly addressed. Council one stop shops/telephone lines also took lots of calls and dealt with numerous queries.

324. Councils ensured that the information they were promoting was available in other languages and formats and be shared as is standard for local public health and health promotion work. Some parts of a local community will only engage with information in their own languages. During the vaccine rollout, councils used the translations that were produced as government documents but supplemented these with additional translations as needed, generally, there was less need in rural areas for translated materials. Leaflets translated into different languages worked effectively.

325. The Cabinet Office also translated its national campaign publications into various languages and made these available via the coronavirus pages on the Public

Health England website for councils to use via their own channels. The LGA also ran webinars on the impact of COVID-19 on different ethnic groups.

326. In terms of the effectiveness of public health messaging, the LGA commissioned research regarding the effectiveness of communications and engagement during the vaccine rollout. This involved interviews with heads/directors of communications in local government and was funded through what was then known as the LGA's CHIP (ML/102 - INQ000103871).

327. In the LGA's regular resident satisfaction polling, the LGA included a question in the October 2020 survey which asked the following question-

> *Who do you think is best placed to decide what restrictions are needed to control the spread of coronavirus in your local area?*
>
> Local government 64%
>
> Central government 34%
>
> Do not know 3%
>
> Base (all respondents) 1001

(ML/103 - INQ000103872),

328. We are also aware that the Cabinet Office undertook behavioural insight work to help understand the most impactful messaging for ensuring compliance with social distancing and other NPI requirements. This was presented to council compliance leads.

## Part D – The public health and coronavirus legislation and regulations

329. There was a mixed picture across the LGA regarding consultation on the Coronavirus Act 2020 and the initial related regulations introduced in March 2020. While the LGA did not have any engagement with Government departments on the broad public health measures and associated regulations, despite councils being central to the public health response and the enforcement of many of the measures, the LGA did have engagement with the Government in relation to specific measures that impacted councils, including sight of the draft Bill and linked regulations. The LGA

also briefed Parliamentarians on the Bill. I will therefore deal with distinct areas separately in the sections below.

***Council meetings***

330. On the 16 March 2020, the Prime Minister announced that everyone should stop non-essential contact with others and to stop all unnecessary travel and to start working from home where possible. Following this announcement, the LGA received queries from councils about the implications of this announcement on issues such as-

- The Local Government Act 1972 requirement for councillors to be in physically present in person when taking decisions; and
- The holding of By-Elections and upcoming local council elections, Neighbourhood Plans and Mayoral Police and Crime Commission elections;

and asking whether amending legislation would be passed to -

- Allow for virtual Council/FRA/Police and crime panels appeals and committee meetings to be held;
- Relax the quorum for council meetings for the duration of the restrictions;
- Relax requirements on decision-making in Local Enterprise Partnerships (LEPs) National Assurance Frameworks to cope with potentially diminishing numbers of LEP members well enough to participate in decision making and to expand the ability of LEP officers to make decisions;
- Remove temporarily the six-month rule in section 85 Local Government Act 1972, that councillors who do not attend council meetings for a continuous period of 6 months without seeking dispensation automatically lose their seat;
- Cancel upcoming By-Elections, Neighbour Plans Referendum, and Local Elections Mayoral Police and crime Commission schedule to take place in May 2021; and
- Relax restrictions on the use of personal data in the Representation of the People (England and Wales) Regulations 2001 to allow mapping of the location of over-70s to provide essential support without risk of prosecution.

331. As the days progressed, the LGA received more queries and calls for emergency legislation on a host of issues relating to councils' statutory responsibilities.

332. The LGA wrote to DLUHC sending them queries as they were being raised by the LGA's members and calling for emergency amending legislation. These concerns and requests were also raised at meetings between LGA, council Monitoring Officers, and DLUHC.

333. DLUHC officials were understanding of the LGA's members' concerns, providing assurances that emergency legislation would be brought forward to address the issues and agreeing to include appropriate provisions in a draft Emergency Covid Bill. Some of the LGA's queries were passed to appropriate government departments such as DfE, DHSC and the Cabinet Office.

334. The LGA was consulted on the draft emergency Coronavirus Bill prior to its passing and also on the meetings regulations. The LGA Legal Team was sent the draft Emergency Coronavirus Bill for comments which the LGA reviewed and consulted council Monitoring Officers on for their comments. All comments were collated and sent to DLUHC on 20 and 23 March 2022. Whilst the Bill had provisions on elections there was no provision to deal with virtual meetings. Monitoring officers also identified the absence of provisions dealing with a host of issues that the LGA had passed on to DLUHC from the LGA's members.

335. Amendments were made to the Bill to address some of the LGA's concerns for example a new clause relating to council meetings and on elections relating to casual vacancies. Others, the LGA were told would be addressed in regulations. The LGA asked for early sight of the draft meetings regulations to consider and provide comments in consultation with the LGA's members Monitoring officers.

336. MCHLG officials sent me the near draft final meetings regulations as chief executive, following a telephone conversation between us on 30 March 2020, with an offer of a meeting on the same day to talk through any points. In addition to the LGA's own comments, the LGA consulted Monitoring Officers and collated and submitted their views to MHCLG on regulations.

337. Not all the LGA's comments were taken on board in the meetings regulations. However, in an email of 2 April 2020 DLUHC provided detail on how the regulations responded to the LGA's contributions, where other provisions such as meetings to consider schools admissions, and exclusion appeals, were being considered and a

promise to update us on regulations relating to electoral matters under the Coronavirus Act.

***Care Act easements***

338. The LGA/CHIP gave advice to government in this area, especially regarding the need for any easements for the Care Act, and how best to enable this to happen.

339. In March 2020, the LGA was approached by the Department of Health and Social Care (DHSC) to help input into the drafting of guidance on 'Care Act easements' as well as a 'core script' that summarised the main features of the guidance.

340. Along with other partners such as ADASS, the LGA initially supported the notion of easements being needed. The LGA recognised that there was gap between the need for social care (which continued and if anything increased) and the capacity to assess for and meet these needs. This was caused by difficulties in carrying out Care Act assessments and in then sourcing sufficient capacity in the social care sector to provide support in accordance with assessed needs. The LGA's experience was that government listened to advice from us and others.

341. The easements were created under section 15 of and schedule 12 to the Coronavirus Act 2020 to ensure the best possible care and support for people who drew on it (or might need to draw on it) during the pandemic. The easements enabled councils to streamline certain processes (e.g., assessments, care reviews, and care planning) and prioritise care and support so that the most urgent needs were met. The LGA was not the only stakeholder engaged in this work. Other organisations included: the Association of Retirement Community Operators, the UK Homecare Association, the National Care Forum, Think Local Act Personal, Carers UK, Mencap and the Care Quality Commission.

342. A task and finish group, chaired by DHSC, was created to oversee the development of the guidance, and accompanying products. An invitation to the group's first meeting on 23 March was sent on 20 March. This followed an email from DHSC alerting partners to the necessary work and a request for support and input.

343. Following the first meeting of the group, the LGA and ADASS had concerns that the draft developed by DHSC officials reflected their lack of experience and expertise in social care, particularly in relation to the Care Act, and also did not reflect

the full range of queries on easements that the LGA was receiving from councils and other sector partners. The LGA and ADASS subsequently assumed responsibility for drafting several sections of the guidance, working at pace on the relevant sections of the guidance, plus the accompanying core script, thus helping to enable publication of the material by 31 March. While the draft was based on the brief from Government and ultimately signed off by them, the input from the LGA and ADASS ensured that it was understandable and implementable by councils.

344. Most councils did not formally use easements; where they were used formally councils faced criticisms around due process such as consultation. It was unfortunate that there was an under-managed process whereby government put into the public domain the names of those councils which first enacted easements, without telling them, leading to a level of concern from service users and very public criticism, which could have been at least mitigated. The LGA therefore supported a review of the ongoing need for these easements and the eventual decision that they be discontinued: this review was helpfully supported by a piece of work from ADASS.

345. Within the context of statutory duties, CHIP safeguarding colleagues worked with the social care sector, and the DHSC policy leads, to address safeguarding issues arising from the impact of the pandemic and advised Safeguarding Adults Boards and DASS on appropriate actions and responses.

346. The LGA produced a briefing on the Covid-19 Care Act easements (ML/104 - INQ000103873), as part of a wider tranche of guidance documents on Covid related matters and social care.

***Compliance and enforcement: legislative and wider issues***

347. From March 2020, councils had a key role in relation to compliance with and enforcement of the coronavirus legislation and regulations, a role that was shared with the police. Broadly, councils focused on the enforcement of regulations applying to businesses and organisations; for example, whether businesses were permitted to be open; mandatory 'covid secure' changes to how they operated (particularly in hospitality settings) and requirements for signage relating to face masks; whereas the police enforced the regulations as they applied to individuals, for example, the requirement to wear face masks, restrictions on meeting with other households / gatherings etc.

348. In the early months of the pandemic, the LGA had virtually no engagement with the DHSC and the MHCLG In relation to the coronavirus legislation and regulations and local enforcement issues. The LGA was neither asked to contribute to decision making, nor consulted or sighted on the regulations that councils would be expected to enforce. The LGA had some telephone discussions with officers at the Office for Product Safety and Standards (part of the Department for Business, Energy and Industrial Strategy) which as a team with direct local regulatory experience used to liaising with council regulators assumed the role of providing some limited guidance and template notices for councils to use in implementing the legislation and regulations. These discussions covered early confusion about authorised officers under the legislation and the businesses within scope of the restrictions, but there was no direct contact with the Government departments responsible for introducing the legislation/regulations and for local government.

349. In late April, May, and June 2020, as noted, the LGA engaged with Government as part of stakeholder groups looking at a range of issues linked to reopening from lockdown, for example the resumption of work undertaken in people's homes, and issues connected with travel to coastal and other tourist hotspots.

350. Discussions with the Government, principally MHCLG but also DHSC, stepped up from July 2020. By this stage, the LGA and councils had begun to flag to the Government the pressures experienced by local regulatory teams involved in the response to Covid, particularly on environmental health capacity, which was supporting infection control work as well as compliance and enforcement activity.

351. From July 2020 until the end of the pandemic, as the LGA's meeting schedule shows, there was regular engagement and meetings with the Government, including bilateral meetings between the LGA and government and working groups involving both the LGA and representatives from councils. This was assisted by the comparative stability of the officers working on compliance and enforcement issues within MHCLG and to a lesser extent DHSC, many of whom remained in their posts for six-twelve months; in contrast to the churn in officials that was often seen in other areas.

352. However, although there was regular engagement from July, the pattern of lack of engagement with the LGA on the development of legislation/controls initially continued, leading to avoidable challenges with the suite of new regulations that were introduced during Autumn 2020. The period from September 2020 - January 2021 was

characterised by frequently changing regulations, as new controls and the tier system were introduced, creating challenges for council regulators in repeatedly digesting and enforcing new sets of controls.

353. It is important to stress that the lack of engagement here related not to the question whether to introduce specific controls for example, requiring customers to register QR codes when they visited a hospitality premises, or in relation to self-isolation, but the workability of the controls enacted to achieve these policies.

354. One example was the introduction of new regulations that in two-tier areas could only be enforced legally by county councils, rather than district councils, though it would be the district council's officers who undertook other compliance work with relevant businesses and were already heavily involved in local compliance work. For the first nine months of the pandemic, there were various instances of regulations being introduced without consideration of which tier of council should oversee them, and the LGA had to request that Government amend its definition of councils in Covid regulations more than once – mistakes that would have been preventable had the LGA had even a brief opportunity to review draft regulations in advance.

355. Another issue concerned the LGA and councils not having sight of draft regulations before they were laid and typically made, as regulations often came into force almost instantaneously. Councils had virtually no time to understand and prepare for new regulations before businesses and the public became aware of them and began seeking guidance/an interpretation of them. This made councils' compliance and public information work much harder, and this was compounded by frequent discrepancies between what was in the regulations and what was in the accompanying Government guidance, creating expectations about councils being able to stop certain activities that were not, in fact, prohibited under the legislation.

356. In general, the LGA believe that the LGA and councils could have helped to reduce some of the implementation and enforcement challenges had they had the opportunity to comment on draft legislation and highlight some of the potential pitfalls of unclear terms and likely loopholes. Council frontline officers have considerable expertise in enforcement issues but for a long time, the opportunity to draw on this expertise, however briefly, was missed.

357. The Covid secure regulations got into some tricky interpretational issues including the definition of a substantial meal, or table service and while it may not have been possible to avoid these altogether, engaging with local enforcers on the detail and operability of some of the regulations may have reduced some of the challenges. Moreover, given that the period from September 2020 - January 2021 was characterised by frequently changing regulations, as new controls and the tier system were introduced, anything that could have helped to reduce the challenges for councils of having to repeatedly digest and enforce new sets of controls would have been helpful.

358. The paper 'What councils need to support enforcement – Sept 2020' (ML/105 - INQ000103874 and ML/106 - INQ000103875), is a briefing the LGA produced for officials in MHCLG and provides a good summary of the issues at that time.

359. One area of legislation where the LGA lobbied very actively was for the introduction of Coronavirus improvement and restriction notices. Following the reopening of premises in summer 2020, there was some confusion as to which legislation should be used by councils to promote and enforce safe practices (including social distancing measures) in businesses and venues. There were conflicting views on whether health and safety legislation could be used for this purpose. There was also a clear view among local enforcement officers that the powers within the legislation were unsuited to a pandemic, with improvement notices issued to businesses having a 21-day time frame, and the HSE making clear it is view that the threshold for issuing prohibition notices (which would immediately close an unsafe business) would not be met by such Covid-19 improvement and restriction notices.

360. As the number of Covid regulations overseen by councils began to increase and change regularly over summer and Autumn 2020 covering which businesses could remain open in which areas, how hospitality businesses had to adapt to remain open, contract tracing, self-isolation etc, enforcement measures were initially in the form of Fixed Penalty Notices (FPNs) for non-compliance. While useful when paid, FPNs can become burdensome if businesses do not pay them, at which point councils are required to take businesses to court.

361. The main power that had been created for councils at that time, the Local Authority Powers Regulations (No.3 'direction' regs), provided powers for councils to close premises or prohibit certain activities. The No.3 directions had been introduced following concerns raised by the LGA and others in local government about the powers available to councils under the Public Health (Control of Diseases) Act 1984 and Health Protection (Local Authority Powers) Regulations 2010, which required councils to seek approval from Magistrates Courts to mandate steps to comply with public health directions if someone did not voluntarily comply with them. The LGA did not see the regulations prior to them being introduced, however, once the directions powers had been introduced, the Government was assiduous about regularly engaging with the LGA and councils more widely about whether these temporary powers should be extended beyond their initial timescale.

362. While the No.3 directions' powers removed the requirement for councils to seek court approval, they were still widely perceived to have high thresholds for enactment, required consultation with directors of public health or one of their team and were not well suited for lower-level infringements of the type that councils were typically seeing. The directions were a significantly more onerous process than the LGA felt was required for frontline regulatory officers looking to mandate specific improvements or take rapid action where premises were not safe; as the LGA noted they are able to do so under various pieces of legislation for business-as-usual circumstances.

363. The LGA therefore successfully lobbied Government (ML/107 – INQ000103876 and ML/108 - INQ000103877), for the introduction of coronavirus improvement and prohibition notices which councils could issue to require urgent changes to the operation of a business to ensure covid secure measures were implemented; and the power to close businesses down if these steps were not quickly taken. Coronavirus improvement and restriction notices were announced in October 2020, replicating powers that had already been introduced in Wales.

364. From late 2020, MHCLG and later DLUHC maintained regular engagement with the LGA and councils via the compliance working group, involving other departments such as DHSC on specific issues as required. This meant that the Government was much better sighted on the challenges and issues councils experienced in local compliance and enforcement work and were able to take this into account in their policy development, work to develop guidance, decision making and planning for reopening although this still did not mean that the LGA consistently had

sight of draft regulations before they were laid. There was a sense that as the LGA moved through the phased reopening steps in Spring 2021, the number of compliance issues had significantly reduced, although this may have been due to experience in managing the issues as much as the greater engagement.

365. The final area where the LGA engaged with DLUHC in relation to local compliance and enforcement work was on the development of vaccine certification and passes. Again, this is an issue where the LGA did not take a view on the merits of introducing vaccine certificates, but worked with local councils to highlight compliance and enforcement issues for government to consider if a decision was taken to implement them. In contrast to previous Covid work, there was a long lead in time for discussions on this issue ahead of a decision being taken, and even a public consultation, although the final design of the scheme did not take on board a great deal of the feedback from local council enforcement officers.

366. The LGA did not engage with local police forces on the need for local enforcement measures, although the LGA are aware that there was regular engagement between councils and their local forces about approaches to enforcement and elevated levels of joint working (although some later frustration at the perception that the police had stopped enforcing regulations on issues such as face coverings).

367. The LGA had some limited engagement with the National Police Chiefs Council on enforcement issues, in relation to an early issue with the regulations and the collection/distribution of income from Fixed Penalty Notices (FPN) issued under the Coronavirus Act and associated regulations. The drafting of the regulations meant that any Fixed Penalty Notice income collected by the Police under the Coronavirus regulations had to be transferred to councils. The Government appointed ACRO[6] to oversee the collection of the fines and distribute the funds to the relevant local authorities, however ACRO were not mentioned in the first iteration of regulations and could not accept the funds until subsequent regulations were laid.

368. It is not clear whether it was consciously intended that FPN income should go solely to councils. The LGA's understanding at the time was that the Government had simply copied sections from other legislation relating to anti-social behaviour powers

[6] ACRO stands for the Association of Chief Police Officers (ACPO) Criminal Records Office. It is a national police unit hosted by Hampshire Police.

without understanding the implications for where the funding would need to be directed. As was the case in relation to other issues with Covid-19 regulations such as which councils could enforce different controls the LGA's perception was that the regulations were being developed and drafted by Departments and officials with limited understanding of local government and no prior experience of enforcement, leading to mistakes and implementation challenges.

369. To seek to address the problem that ACRO were not mentioned in the legislation, the Home Office called on the LGA to sign a national agency agreement on behalf of all local authorities for ACRO to act on their behalf and collect and process the fixed penalty sums. However, the LGA did not have the systems to take this forward, and the LGA looked to facilitate alternative methods for ACRO to agree individual arrangements with local authorities.

370. The regulations also specified that the amount of the FPNs escalated if they were not paid within 14 days following the date of the notice, but local authorities were not set-up to receive the payments, which led to several public queries to police forces and councils about payments, allied with press interest about the number of fines that had been paid.

371. With each iteration of Coronavirus restrictions, the scope of the fixed penalty notice changed, and the fines also significantly increased, introduction of £10,000 fines without an appeal process initially included in the regulations. When several cases relating to the fines were being considered by the courts, some councils became reluctant to receive the funds, as they were concerned the FPN policy would be reversed.

372. Over a period of several months across 2020-21, a considerable amount of time and capacity was expended trying to resolve an issue that could have been avoided had the initial draft regulations been shared with the LGA or councils for comment, enabling us to identify the issue of how FPN income should be collected and distributed.

***Funerals and coronavirus legislation***

373. In April and May 2020, the LGA received numerous queries from councils regarding the number of attendees at funerals. The LGA encouraged Government to strengthen the guidance around not delaying funerals and to clarify their position on

funeral attendance. This led to Public Health England publishing much needed guidance on managing funerals during the pandemic and emphasising the importance of social distancing at funerals. The LGA emphasised the importance of local decisions on appropriate social distancing for funerals, based on the capacity at individual crematoria chapels.

374. In October 2020, the LGA provided feedback on the Government's changes to the Health Protection Regulations 2020 on managing a funeral, which were updated to allow covid positive attendees being to attend a funeral. There were concerns that the change in regulations might have a potential impact on staff and mourners' safety. The LGA pushed for further guidance to be published to help councils maintain funeral provision, and for the guidance to be tested and developed with councils themselves. the LGA also argued that consideration should be given to new burdens funding to reflect the costs incurred by councils because of new guidance.

375. In November 2020, the LGA provided feedback on the Government's draft guidance following changes to the regulations, setting out how to arrange or manage a funeral at this time, with reference to Covid positive people being allowed to attend funerals. The LGA also raised issues around the practicalities of Covid positive attendees and the potential impact on other mourners including how this would interact with track and trace, and the risks to clinically extremely vulnerable people. The LGA sought clarity on the separate roles of councils, mourners, and funeral directors in upholding the guidance. The LGA stated the importance of ensuring that Covid positive people were facilitated to attend in other ways, if possible, and to attended only where that could not be done.

376. In May 2021, the LGA was asked to provide feedback on the Government's updated short guidance on "Arranging or Attending a Funeral". The guidance outlined the relaxation of funeral attendance numbers; previously these had been set at 30 but in future venues would be able to apply limits based on the individual premises. The LGA said that there needed to be clear guidance that: 1) restrictions on funeral attendance would be likely to remain due to venues limiting attendance to the maximum number allowed while maintaining social distancing in line with Government policy; and 2) the remaining cap of 30 people attending commemorative events also needed to be explained appropriately.

I, Mark Lloyd, declare that the contents of this my statement are true and accurate to the best of my knowledge and belief,

Signed Personal Data

Dated … 26 May 2023…