

costs from the demands created by COVID-19 as well as a significant loss of income. Whilst the new money is of course positive, it is not enough. In relation to adult social care, councils have sought to support and protect care providers' financial resilience in the face of significant additional costs posed by COVID-19. Recent new analysis jointly commissioned by LGA and ADASS suggests that providers will face additional cost pressures of more than £6.6 billion between April and September 2020. The bulk of this stems from PPE and workforce pressures^{vi}.

- 5.4. The crisis has shown the importance of involving councils in the design of policies and giving them the freedom to adapt these for their local areas. From the point that those most vulnerable to COVID-19 were advised to self-isolate, councils have worked at pace to rapidly establish distribution networks to support those who were unable to access food because they were unable to shop or were in food insecurity. This has involved working closely with their local voluntary and community groups, as well as local businesses and suppliers, so that the new services reflect the needs of the local communities' councils serve. In contrast, while councils have been involved in the development of the programme to support those individuals who have been advised they need to be shielded from COVID-19, the top down nature of the system that has been implemented has meant the approach has been less efficient than it would have been if it had been co-designed with councils. Delays in passing local authorities data or keeping them informed in a timely way of changes in policy and the inability of councils to report delivery failures or requests to cancel food parcels, have meant councils have expended considerable resources and time to resolve issues that could have been addressed had they been more closely involved in designing the shielding programme. In addition, data requests of councils have been too often focused from local authorities' perspective on having the information to fill forms instead of delivering better outcomes for individuals and communities.
- 5.5. Councils responded efficiently and effectively to enhance crisis and safety net support to people facing financial hardship or economic vulnerability, with many of them reconfiguring services and partnerships with local partners within days to set up emergency food and financial support. Government acted quickly to put some additional funding in place through the 'hardship fund'.^{vii} While councils welcomed the opportunity to support some low-income households with reductions in their council tax liability, most identified that the funding was not sufficient

to provide additional discretionary support. The LGA worked closely with a range of councils and colleagues in Defra and MHCLG to evidence the vital work that councils do in providing a local safety net. Based on this evidence, Defra have since agreed to provide an additional £63 million for councils to provide short-term support to those who are struggling to afford essentials. As identified above, in some cases councils' local efforts have been complicated by a lack of clarity around the extent and remit of national initiatives - for example food parcels and inefficient data-sharing. The impacts on many low income or economically vulnerable households are likely to be felt for some time to come. The LGA has long called-for the local safety net to be properly recognised and adequately resourced. Short-term funding is helpful, but it is vital that this is put on a more sustainable footing. Councils are best placed to recognise and respond to the complex challenges' households face as we move towards recovery.

- 5.6. Overall local authorities have proved remarkably resilient in terms of workforce capacity. Staff have been redeployed and, in many areas, new staff have been recruited but this should not obscure the issues local authorities face due to shortages of some key professions. The LGA has been able to develop support for councils needing more social workers in the immediate present to address existing need but there are concerns about the shortages of environmental health and related specialists who are heavily called upon during a public health emergency. The prolonged nature of the COVID-19 situation has exacerbated this issue as it fundamentally tests the resilience of staff in key areas.

6. Did workforce pressures preceding the crisis, such as difficulties in the recruitment or retention of workers, limit the ability of public services to meet people's needs during the lockdown? How effectively, if at all, have these issues been addressed during the Covid-19 outbreak? Do public services require a new approach to staff wellbeing?

- 6.1. The Skills for Care 'State of the Adult Social Care Sector and Workforce' report^{viii} provides a comprehensive analysis of the adult social care workforce in England. A summary of its key findings from October 2019 show:
 - 6.1.1. The estimated turnover rate of directly employed staff working in the adult social care sector was 30.8 per cent, equivalent to approximately 440,000 leavers over the year.