

1. *Witness Name: Will Garton*
2. *Statement No. 1*
3. *Exhibits: WG/001 – WG/433*
4. *Dated: 25/04/25*

UK COVID-19 INQUIRY

WITNESS STATEMENT OF WILL GARTON MODULE 7

I, **WILL GARTON**, of the Ministry of Housing, Communities and Local Government, 2 Marsham Street, London, SW1P 4DF, will say as follows:

1. I am Director General for Local Government, Growth and Communities, a post which I have held since January 2025, although I have been a Director General in the department since March 2022. I have been responsible for the Department's Covid-19 Inquiry Unit since January 2025. I am duly authorised to make this witness statement in response to the Module 7 Rule 9 Request dated 25 July 2024.
2. Unless otherwise stated, the facts contained in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from the sources to which I refer and are true to the best of my information and belief. Privilege is not waived in any privileged document or communication which is referred to in this statement.
3. I have been assisted in preparing this statement by senior officials and their teams, as well as the knowledge of the Department's Covid-19 Inquiry Unit. Whilst I do not have direct personal knowledge of all the Department's Covid-19 response activity in relation to the various matters in scope for the Module 7 period of 1 January 2020 to 28 June 2022, I am satisfied that I am able to provide accurate evidence to assist the Inquiry with the entire period covered by the Rule 9 request to the best of my understanding.
4. References in this witness statement are exhibits in the form (X/X – INQ/000000).
5. On 8 July 2024, the newly appointed Deputy Prime Minister and Secretary of State ("**SoS**") Angela Rayner announced that the Department would be reverting to its former name: The Ministry of

Housing, Communities and Local Government (“**MHCLG**”). MHCLG (and its predecessor forms) is referred to as “**the Department**” throughout.

6. This witness statement is structured as follows:

- a. Introductory Points
- b. Departmental role and responsibilities
- c. Actions between 1 January 2020 and 28 June 2022
 - i. Shielding
 - ii. Business Closures
 - iii. Local lockdowns
 - iv. National tiering approach and discussions in relation to local areas entering the very high level of restrictions (Tier 3)
 - v. Keyworker Testing Prioritisation
 - vi. MHCLG activity to support development of the TTI System
 - vii. The Community Testing Programme
 - viii. Community Champions
 - ix. The Workplace Testing Programme
 - x. Funding for Testing in High-Risk Settings after the Universal Testing Offer had ended
 - xi. Contact Tracing
 - xii. The Contain Framework & Local Outbreak Management
 - xiii. Contain Outbreak Management Fund
 - xiv. Test and Trace Support Payment Scheme
 - xv. Practical Support for Self-Isolation
 - xvi. Self-Isolation & Employer Compliance
 - xvii. Critical Workforce Reasonable Excuse Scheme
 - xviii. Resilience and Recovery Directorate
 - xix. Managed Quarantine Service
 - xx. Homelessness and Rough Sleeping
 - xxi. Adult Social Care
 - xxii. Guidance and Public Health Communications
- d. Lessons Learned

7. This witness statement also includes the following annexes:

- i. Annex A, which contains an alphabetical glossary of acronyms appearing in this witness statement.
- ii. Annex B, which contains a list and details relating to lessons learned as requested by the Inquiry.
- iii. Annex C, which contains a list and details relating to key reports as requested by the Inquiry.

A. INTRODUCTORY POINTS

8. I note that the focus of Module 7 is on Test, Trace and Isolate (“TTI”) in the period 1 January 2020 to 28 June 2022 and that the Inquiry has provisionally identified five issues which will be explored within Module 7:

Issue 1: *“The test, trace and isolate policies and strategies developed and deployed, taking into account modelling, capacity of the systems throughout the pandemic and the rationale, appropriateness and data available for the decisions of the UK and devolved administrations and wider border policy considerations.”*

Issue 2: *“The availability, use and effectiveness of different test, trace and isolate technologies, policies and strategies including lateral flow and PCR tests, testing for variants, digital contact tracing and other testing techniques.”*

Issue 3: *“The structure of the test, trace and isolate system and the key bodies involved in decision making in the UK and Devolved Administrations. It will include the efficacy and impact of the models adopted, the use of the private sector and other institutions and the cost.”*

Issue 4: *“Enforcement of testing, tracing and isolation procedures and factors influencing compliance, such as the adequacy of and trust in messaging, financial and practical support to those required to isolate and the availability and use of data in decision making.”*

Issue 5: *“The preservation of infrastructure, capacity and research to improve and develop test, trace and isolate schemes for future pandemics.”*

9. By way of initial comment, I note that the Department’s role in the matters identified above was limited to issues 1, 3 and 4.
10. The Department did not play a lead role in national decision making on TTI. The Department did have responsibility for workstreams which interacted with and supported the government’s TTI policies, such as Community Champions, Homelessness and Rough Sleeping and management of the shielding programme. The Department also supported local authorities (“LAs”) and its sectors in regard to TTI policy, representing their views and feedback to influence national policy

making, such as on key worker testing prioritisation, and asymptomatic testing programmes such as community and workplace testing.

11. The Department did not hold responsibility for the design, content, strategy or monitoring of public health messaging in relation to TTI. The Department's role was to help facilitate the dissemination of this messaging produced by other government departments ("**OGDs**") and raise awareness and access to this messaging at the local level through various engagement forums. These engagement forums are explained in more detail in Section C below.

Vulnerabilities and inequalities

12. Where vulnerabilities and inequalities were considered in the Department's work in scope of Module 7, including carrying out the Public Sector Equality Duty ("**PSED**"), these are included within the statement, for example at paragraph 72 for shielding. As referenced, the Department did not have a role in national decision making for TTI. Equality impact assessments for national decisions on TTI would be the responsibility of the lead department, which may have sought additional information from this Department where they considered it relevant to the decision.
13. The Department had several key programmes which interact with vulnerabilities and inequalities, including its work on Disproportionately Impacted Groups ("**DIGs**") (paragraphs 152-158), Community Champions (paragraphs 159-180) and Homelessness and Rough Sleeping ("**HRS**") (paragraphs 315-332).

Data

14. References to the Department's role regarding the collection of data, or raising and addressing issues with data, are included as relevant throughout the statement.
15. One of the Department's key data contributions in the period was the Local Resilience Forum ("**LRF**") dashboard, established in March 2020. This allowed LRFs to report emerging issues, and in June 2020, integrated Test and Trace data to support dissemination to the local tier. I highlight more information on the dashboard in paragraphs 301-308.

B. DEPARTMENTAL ROLE AND RESPONSIBILITIES

16. As of January 2020, the Department was responsible for the following areas in England, as relevant for the Module 7 scope;
 - i. Local Government – stewardship; local government finance; local government engagement;

- ii. Homelessness and Rough Sleeping;
- iii. Faith, Integration and Communities.

17. The Department also shared joint competency for Local Resilience with the Cabinet Office (“CO”). This joint competency was overseen through the Resilience Capabilities Programme Board, managed by the Cabinet Office and overseen by National Security Council resilience governance arrangements.
18. The Civil Contingencies Act 2004 (“CCA 2004”) and the Civil Contingency Act (Contingency Planning) Regulations 2005 establish a framework for emergency preparedness in the UK. The statutory responsibility for civil contingency planning falls to Category 1 responders (those organisations one would expect to see responding to emergencies such as the blue light services and Local Authorities) and Category 2 responders (organisations that are called upon in some emergencies or who have an important supporting role, such as utilities and telecoms providers). Within the framework of the CCA 2004, which is led and owned by Cabinet Office, Category 1 and 2 responders in specific localities come together through 38 Local Resilience Forum (“LRF”) partnerships across England. LRFs support co-ordination and co-operation between responders in planning for emergencies at the local level, meeting at least twice a year to provide multi-agency strategic direction, in line with local and national risk assessments. LRFs are not legal entities and do not have powers to direct their members, but the CCA 2004 provides that responders, acting through LRFs, have a collective responsibility to plan, prepare and communicate in a multi-agency environment.
19. Further detail on the Department’s Resilience and Recovery Directorate is outlined from paragraph 281.
20. Following the onset of the Covid-19 pandemic, in the period covered by this witness statement, the Department additionally assumed responsibility for aspects of:
 - The Shielding Programme;
 - Business closures.

Local government stewardship

21. The Department does not supervise LAs in the exercise of their functions but has an overarching stewardship role of LAs in England. It should be noted, however, that in specific circumstances the Department can intervene, including through the appointment of Commissioners who can exercise LA functions. There are no relevant instances of this covered within this witness statement.

22. The Department holds two key functions which support local government, as relevant to this Module: Local Government Finance and Local Government Engagement.

Local Government Finance

23. With regard to the scope of Module 7, the Department did not provide specific funding for TTI, but did provide funding for related programmes such as for Community Champions and HRS. The Department of Health and Social Care (“**DHSC**”) was responsible for allocating specific funding to LAs to allow them to respond to new requests from the government in relation to TTI activity.
24. The Department is responsible for funding LAs via the local government finance settlement. The local government finance settlement is an annual determination which distributes core resources to LAs consisting of grants, retained business rates and council tax.
25. It should be noted that responsibility for service delivery remains with departments outside MHCLG. Certain funding streams, and national policy direction, for specific areas of policy are the responsibility of the individual government departments with lead responsibility for those areas. During the Covid-19 response some departments supported local government on the policy areas in which they lead, by providing additional ringfenced funding. One example which is most relevant to this module is the Contain Outbreak Management Fund, a ringfenced fund led by DHSC which distributed over £3bn to LAs across 2020/21 and 2021/22. This funding aimed to help LAs reduce the spread of Covid-19, manage local outbreaks and support local public health. MHCLG supported DHSC with the administration of this fund due to its links with local government. I highlight more information on the Contain Outbreak Management Fund (“**COMF**”) in paragraphs 223-233.
26. During the pandemic, the Department did provide additional unringfenced funding to support LAs with Covid-19-related costs (separate to the local government finance settlement). In 2020/21 and 2021/22 respectively, MHCLG provided £4.5bn and £1.55bn. LAs were able to spend this how they saw fit to meet local spending pressures. While the Department did not require LAs to spend this funding to meet the costs of TTI activity, the Department understands some LAs took the decision to use the unringfenced funding to cover the costs of testing, contact tracing and outbreak planning.

Local Government Engagement

27. The Department has established networks in which to engage and communicate with local government. The Department has local government regional relationship teams who manage relationships with chief executives (“**CEXs**”) and other LA officers. The Department has regular

engagement with local government sector bodies including the Local Government Association (“**LGA**”), the Society of Local Authority Chief Executives, the County Councils Network, and the District Councils Network, alongside ad-hoc day-to-day engagement as required. The Department has a range of engagement channels for LAs, including (but not limited to) a daily email bulletin which goes to over 7,000 subscribers, emails and letters to LA leaders and chief executives and bespoke Minister or senior-led meetings. Where LAs raise issues within these forums for which other government departments are the policy lead, the engagement team will feed this back. This does not replace the relationships other government departments will have with LAs. Other departments will lead on engagement with LAs for policy areas in which they have responsibility, however, the MHCLG Local Government Engagement team may provide advice and support where necessary.

28. During the pandemic the Department used its pre-established engagement framework to engage and communicate with local government, including through; the daily bulletins providing updates to recipients across the sector, a dedicated web page, regular webinars and political roundtables with senior leaders, and meetings with LA chief executives. This allowed cross-Government access (at Ministerial and Senior official level) to LAs, and access by LA leaders to central Government. As already noted, the engagement framework did not replace relationships other departments already had with their own LA contacts. Relationship Managers in the Local Government Engagement team shared emerging local intelligence they were picking up from discussions with LAs, with officials across Government. In addition to these channels, the Department set up bespoke working groups to work through specific operational or policy challenges.
29. New structures were also put in place elsewhere in Government which improved other departments’ understanding of LAs. For example, the CO Covid-19 Taskforce set up a central LA Delivery board with representation from this Department, Department for Environment, Food and Rural Affairs (“**DEFRA**”), Department for Business, Energy and Industrial Strategy (“**BEIS**”) (now replaced by the Department for Energy Security and Net Zero, Department for Science, Innovation and Technology, and Department for Business and Trade (“**DBT**”), DHSC, Her Majesty’s Treasury (“**HMT**”) (now His Majesty’s Treasury), Ministry of Defence (“**MOD**”), Department for Transport, Department for Education (“**DfE**”), Home Office, Department for Digital, Culture, Media & Sport (“**DCMS**”), CO, and local government representatives. The first meeting took place on 13 January 2021, and the board set out a coherent picture of the requests being made of LAs in relation to Covid-19, to support LAs to prioritise resources. One of the priorities of

the group was to assess and advise on recommendations to address delivery challenges and prioritisation across key programmes such as community testing (WG/001 - INQ000115179 - DLUHC000718754).

C. ACTIONS BETWEEN 1 JANUARY 2020 AND 28 JUNE 2022

30. During the pandemic, the Department played both a leading and supporting role in programmes and workstreams within the scope of Module 7.
31. The Department led on several programmes that interacted with and supported the Government's Test, Trace and Isolate aims. This included work to limit the risk of Covid-19 to those that were homeless and rough sleeping, and the establishment of the Community Champions programme, which aimed to increase community engagement with public health messaging, particularly with hard to reach communities.
32. Additionally, although DHSC was the lead for shielding policy, the Department acted as a programme manager for the shielding programme, managing the relationships with LAs. The Department was also brought in to support DHSC on establishing a practical support framework for those self-isolating. After the framework had been developed and implemented, DHSC took on full responsibility for this work.
33. The areas in which the Department provided support are wide-ranging. The Department played a particular role in engaging DHSC and UK Health Security Agency ("**UKHSA**") on testing policy, representing the views of LAs and other MHCLG sectors.
34. Through its established local government engagement networks, and other bespoke forums, the Department collated local intelligence and feedback from LAs on Covid-19 Test and Trace policy. The Department would feed this back to the lead department(s). Similarly, the Department's Resilience and Recovery Directorate ("**RED**") worked closely with LRFs and provided support where issues were raised, feeding local intelligence back into central government.
35. The workstreams below provide more detailed information on how the Department contributed to Test, Trace and Isolate and the scope of Module 7.

Shielding

36. As the Inquiry will be aware, the objective of the shielding programme was to minimise mortality and severe illness among those who were clinically extremely vulnerable ("**CEV**") by providing them with public health guidance and support to stay at home and avoid all non-essential contact.

The Department's role was to coordinate the programme overall and manage the relationship with LAs in respect of the programme.

37. The clinical decision to introduce shielding was taken in light of advice from the Scientific Advisory Group for Emergencies ("**SAGE**") and detailed proposals from DHSC. This decision was not taken by this Department. Once the decision had been made, this Department took on responsibility for managing the shielding programme. The Department took on this central coordination role because of the significant role of LAs both as delivery partners and as holders of existing statutory functions related to supporting vulnerable people. The shielding 'package' was for individuals in England only, with information being shared with the Devolved Administrations.
38. There were several other departments involved in delivering this work, with notable roles set out below:
 - DHSC was responsible for the process of identifying CEV individuals, evaluating the health impact of shielding and issuing clinical advice;
 - DEFRA managed the contract with the food suppliers and the relationship with supermarkets, as they had existing relationships with the food industry;
 - Department for Work and Pensions ("**DWP**") managed the contact centres, due to their relevant experience in managing such operations;
 - Government Digital Service ("**GDS**") led the design and implementation of the online registration system, as Government's expert organisation for digital services.
39. Progress in setting up the shielding programme was overseen by the Health Ministerial Implementation Group ("**HMIG**") where SoS, on behalf of the Department, gave regular updates on the progress of setting up the programme.
40. From the Department's perspective, the key dates in the set-up of the shielding programme are as follows:
 - On 10 March 2020 there was a Cabinet Office Briefing Room (Officials) ("**COBR(O)**") meeting attended by Catherine Frances, the Director General for Local Government and Public Services in the Department, at which containment measures and protecting those aged over 65 was discussed (WG/002 - INQ000531312 - DLUHC008343577).
 - On 11 March 2020, the Department started to consider policy options on how vulnerable people more at risk to Covid-19 might be supported through a prolonged period of isolation at home.

- On 12 March 2020, the first of a series of cross-Government meetings took place to discuss shielding and agree some immediate actions and next steps. After this initial meeting, Catherine Frances commissioned departments to provide information to map out the likely challenges of Covid-19 for the cohort of very high-risk people, should they be advised to self-isolate for a prolonged period (WG/003 - INQ000531314 - DLUHC000044416), (WG/004 - INQ000531315 - DLUHC000044417).
 - Returns from departments across government contributed to the development of initial policy on shielding to be presented at Cabinet Office Briefing Room (“**COBR**”) the following week.
 - On 16 March 2020 there was a Cabinet Office Briefing Room (Ministerial) (“**COBR(M)**”) meeting attended by the SoS, where a package of interventions to reduce the peak of the epidemic, such as self-isolation for the vulnerable were discussed (WG/005 - INQ000531318 - DLUHC001689132).
 - On 18 March 2020 there was an HMIG meeting at which SoS’s shielding model (which included arrangements to provide groceries to those shielding) was presented by Catherine Frances (WG/006 - INQ000224116 - DLUHC000667385).
 - On 20 March 2020 there was a further HMIG meeting where the Department also discussed the Shielding Programme Model (WG/007 - INQ000055940 - DLUHC006323880).
 - On 21 March 2020 the decision, taken by No. 10 to ask CEV individuals to remain at home, was announced by SoS, and the Shielding Programme was launched (WG/008 - INQ000086747 - DLUHC000039737).
 - On 24 March 2020, there was a further HMIG meeting at which SoS updated the Group on the final preparations for the shielding package (WG/009 - INQ000521007 - DLUHC000667387). On the same date, shielding guidance was emailed to LAs and LRFs (WG/010 - INQ000090777 - DLUHC000667388). From this point on, there were daily cross-Government meetings organised with the relevant Directors General of each department.
41. After the launch of the programme, the Department continued to coordinate and manage the relationship with LAs on behalf of all the engaged Central Government departments. This coordination role meant that the Department was responsible for making sure the different parts of the shielding programme, delivered by many different departments, came together in support of the overall goal of providing support to individuals who were defined as CEV to Covid-19.

42. The Department established the Shielding Stakeholder Engagement Forum (“SEF”) on 8 April 2020, to seek insights from LAs, who were best placed to understand issues arising in their area, and particularly needs of individuals that were not being met (WG/011 - INQ000531323 - DLUHC001543677). The SEF consisted of chief executives and senior officers representing the 9 regions of England. The Forum focused on:
- Working to improve shielding support for individuals who were identified as CEV through joint working;
 - The establishment of a Regional Engagement team in late April 2020, providing a named contact in the Department for each LA;
 - Providing the Department with feedback on how the system was working.
43. A systematic log of much of the evidence the Department considered was created to identify trends (WG/012 - INQ000531524 - DLUHC000054710). This includes media reports; feedback from LAs; issues raised in correspondence; stakeholder engagement; and research. During the time period covered by this witness statement, there were nine key areas of decision making in which the Department was involved and the evidence gathered above fed into this. I deal with these nine areas of decision making below by addressing each separately, although there is some chronological overlap. These areas are:
- The decision to end the Core Support Offer of Food Boxes and Medicines;
 - Support for localised shielding in areas of extended lockdown;
 - Move to a Local Delivery Model for Support for Shielding;
 - A tiered approach to guidance for CEV individuals linked to local alert levels;
 - The activation of national shielding;
 - The introduction of Tier 4;
 - Covid-19 (Risk Stratification) classification;
 - The future scope of shielding support and contingency; and
 - Shielding support and contingency shut down.

The decision to end the Core Support Offer of Food Boxes and Medicines

44. In June 2020, the Deputy Chief Medical Officer (“**DCMO**”) (the appointed clinical lead for shielding) concluded that it was appropriate to relax shielding guidance. The Department was not involved in this decision.
45. On 22 June 2020, following the Prime Minister’s agreement with clinical advice on which DHSC led, a letter was issued to all CEV individuals in England by the Department and DHSC announcing the forthcoming pause of shielding.
46. The Department’s SoS (Robert Jenrick) considered advice on the approach to winding down the support made available, consisting of: the imposition of a deadline of 17 July 2020 for CEV individuals to register new requests for support (food boxes, priority supermarket status, free delivery of medicines and care) to enable them to access support up until 31 July 2020; signposting to other sources of support, e.g. supermarket priority slots, access to support from the National Health Service (“**NHS**”) Volunteer Responder Scheme and LAs; and notifying CEV individuals several times and sufficiently in advance of support being wound down to allow them time to prepare.
47. On 31 July 2020, in line with the Government announcement of 6 July 2020, the national advice to shield and the associated support programme (of free food boxes, medicine delivery and help with care) ceased.

Support for localised shielding in areas of extended lockdown

48. On advice of the DCMO, DHSC decided to take a more targeted approach to shielding advice at LA level, in areas where incidence and transmission rates continued to be of particular concern. Decisions on which areas in local lockdown required targeted shielding were taken by the DCMO, and the Department played a role in the following locations; (i) Luton, (ii) Leicester and Leicestershire, and (iii) Blackburn with Darwen. The Department’s role related to securing additional funding to allow local lockdown areas to continue with shielding arrangements, and liaising with those areas affected to ensure they were ready to provide appropriate support to individuals who remained subject to the advice.
49. In discussion with the LAs involved, the Department agreed to provide funding to deliver support at a local level and worked closely with them to ensure a suitable support offer (WG/013 - INQ000104680 - DLUHC000667272), (WG/014 - INQ000531388 - DLUHC006891478). The approach taken provided evidence to inform the development of a locally led model for the future. LAs’ reported spend fed into future funding allocations for shielding, informing a funding formula which was agreed with HMT to cover shielding support for future local areas where it was needed.

Further information in relation to the Department's role in local lockdowns is set out in the relevant section below.

Move to a Local Delivery Model for Support for Shielding

50. In June 2020, Cabinet considered a Cabinet Office paper on what the support offer for CEV individuals should look like over the next 12 months. It was agreed that the Department would retain overall oversight of the programme.
51. Insight from LAs was critical in developing the local support offer, and guidance to LAs on their support offer was jointly developed with the sector. Over the summer of 2020, the Department established a project board and two 'task and finish groups' – one on local lockdowns and one on data - to design a local support offer for those shielding, in particular drawing on learning from "wave one" and local shielding support, as described above. The local lockdown group was co-chaired with the Chief Executive from Halton Borough Council (WG/015 - INQ000104740 - DLUHC000667273).
52. On 6 August 2020, the COVID-O agreed the need to continue providing support for those who may be asked to shield again in future and made the decision to move towards a targeted local delivery model for shielding services and to ensure this could be scaled up in the event of a larger wave. The Department prepared a business case for this support model which I exhibit as (WG/016 - INQ000104681 - DLUHC000667274).
53. On 13 October 2020, updated guidance was published by UKHSA and DHSC, and a new LA Shielding Framework was issued (WG/017 - INQ000137036 - DLUHC000128456). The framework was a live document, co-designed with LAs (including those that trialled the local model) and updated following feedback and national changes. A self-assessment tool was sent to LAs on 16 October 2020, to understand their readiness to stand up shielding support and inform any targeted support that was needed (WG/018 - INQ000104677 - DLUHC000667277). The framework also included a Supermarket Offer Toolkit, which provided information on the policies and pricing of supermarket deliveries, to enable LAs to help vulnerable people access food in a way that best met their needs (WG/019 - INQ000104739 - DLUHC000667279).
54. The new National Shielding Support System website ("**NSSS**") launched on 21 October 2020. The NSSS enabled CEV individuals to request access to priority supermarket food delivery slots and basic care support from their LA. The system matched data with NHS Digital's Shielded Patient List ("**SPL**") and shared information with participating supermarkets and LAs so that

people on the SPL could be offered priority supermarket delivery slots and/or be put in touch with their LA for other support needed.

A tiered approach to guidance for CEV individuals linked to local alert levels.

55. On 1 October 2020, SoS (Robert Jenrick) attended a COVID-O meeting, where DHSC presented a paper recommending that Government introduce tiered protective advice for CEV individuals, linked to proposed Local Alert Levels. Ministers agreed that full shielding should not be reintroduced and that the approach to protecting the most clinically vulnerable should be revised. On 5 October 2020, COVID-O Ministers agreed to DHSC proposals for the new tiering framework.
56. On 9 October 2020, COVID-O considered the support offer and link to Tier 3 restrictions. This included a recommendation from the Department that, in the event that people were advised to resume shielding and follow the most restrictive measures at Local Alert Level 3+, the Government would ask LAs to contact those previously in receipt of support and new additions to the SPL, triage their needs, and ensure they were able to access core support as needed. The Department also recommended asking LAs to provide a basic safety net for those CEV people without alternative means of support, with funding for LAs in Tier 3 to be agreed with HMT. Ministers agreed to the proposals for providing support to CEV people, reflecting the new tiering approach.
57. On 16 October 2020, DHSC issued a letter to LAs informing them about changes to the Contain Outbreak Management Fund, which included reference to funding LAs for supporting individuals who were shielding. This was followed by a letter on 2 November 2020 from the Department to LAs with further details of funding available, amounting to £14.60 per CEV individual on the Shielded Patient List (WG/020 - INQ000104706 - DLUHC000667280).

The activation of national shielding

58. On or around 31 October 2020, on the basis of DCMO advice, COVID-O decided that new advice for CEV individuals would be introduced nationally from 5 November 2020 in line with the November 2020 National Restrictions. This advice involved CEV individuals being strongly advised to work from home and if they could not do so, then they should not attend work, as well as being advised not to go to shops or pharmacies. This guidance was circulated in a joint letter dated 4 November 2020 from the DHSC and the Department (WG/021 - INQ000137034 - DLUHC000128413).
59. On 18 November 2020, the Department published Version 2 of the LA Shielding Framework, (WG/022 - INQ000137035 - DLUHC000128434) which reflected updated clinical guidance to CEV

individuals and what was expected of LAs to support individuals during the November 2020 National Restrictions. This version took on board feedback via the Shielding Stakeholder Engagement Forum and nine regional briefings with LAs.

60. On 3 December 2020, the Department shared Version 3 of the LA Shielding Framework (WG/023 - INQ000137037 - DLUHC000128489) with LAs to reflect the return to the tiered system.
61. In line with the LA Shielding Framework, support for CEV individuals was arranged nationally and delivered locally. On 21 December 2020, shielding advice was updated on gov.uk, explaining that letters would be issued to all those affected by the new shielding rules for Tier 4 areas. This letter was signed off by the Department's SoS and DHSC's SoS and advised CEV individuals to take extra measures to protect themselves, including staying at home as much as possible and strongly advising them to work from home if they could; if they could not, they should not attend work. The same letter was reissued to CEV individuals as more areas were added to Tier 4 (WG/024 - INQ000137038 - DLUHC000128516). The advice was to remain in place until 21 February 2021; this period was later extended to 31 March 2021.
62. On 4 January 2021, the Prime Minister announced a national lockdown and the re-introduction of shielding nationally from 5 January 2021.

The Introduction of Tier 4

63. At meetings in the evening of 18 December 2020 and in the morning of 19 December 2020, COVID-O took the decision to introduce a new Tier 4: "stay at home" alert level. SoS (Robert Jenrick) was present at both meetings.
64. On 19 December 2020, the DCMO advised on the re-introduction of shielding in Tier 4 areas for the period of 20 December 2020 to 18 January 2021 (originally) and later extended to 31 March 2021. The advice from the DCMO was for shielding guidance to be akin to the measures in place during November 2020 National Restrictions.
65. On 23 December 2020 Version 4 of the LA Shielding Framework (WG/025 - INQ000137039 - DLUHC000128542) was introduced by the Department covering guidance and expectations for support to CEV individuals at Tier 3 and Tier 4 and when shielding guidance is in place, and the Department wrote to LAs to re-introduce their local shielding support offer in areas where CEV individuals were advised to shield (WG/026 - INQ000137040 - DLUHC000128569) (WG/027 - INQ000531424 - DLUHC000128575).

66. This Department provided updated guidance to Tier 4 LAs on 30 December 2020 letting them know that shielding would be re-introduced in those areas and would remain in effect until at least 1 February 2021 (WG/028 - INQ000137041 - DLUHC000128588) (WG/029 - INQ000531425 - DLUHC000128589) (WG/030 - INQ000531426 - DLUHC000128590). LAs were asked to deploy a contact strategy appropriate for their area, prioritising those CEV individuals in receipt of support during the November 2020 National Restrictions and ensuring that communications reflected the latest national advice and were accessible and in line with Equality Act 2010 duties.

Covid-19 (Risk Stratification) classification

67. Beginning in late summer 2020, a New and Emerging Respiratory Virus Threats Advisory Group research team led by Oxford University developed a data-driven, predictive risk model, to better understand the cumulative risk for individuals of hospitalisation and death from Covid-19 taking into account wider factors such as age, ethnicity and BMI. This formed the basis of a new QCOVID classification. QCOVID considered full patient medical history to assess vulnerability more accurately to Covid-19. This new classification was predicted to add 1.9 million CEV individuals to the SPL.
68. The Department anticipated that this new classification could cause significant pressures on its support offer and on 2 February 2021 carried out a public sector equality duty assessment (WG/031 - INQ000531441 - DLUHC000045510). Overall, the assessment found that while the impact on the support offer carried a small risk of adversely or disproportionately impacting some individuals with protected characteristics, it was believed that the Department's mitigations would continue to be effective in managing these, including as QCOVID was rolled out.
69. These mitigations included:
- A new registration system, which allowed CEV individuals to register for support on an HMG-hosted platform and provide data to LAs on those in their area;
 - An initial self-assessment exercise (conducted the previous year) to allow LAs to understand their readiness and inform our prioritisation of support;
 - Engaging closely with delivery partners – including supermarkets, councils and volunteer organisations – to identify and monitor risks as QCOVID rolled out;
 - Publishing and iterating frameworks for LAs– with updates on 3 December 2020 (V3) and on 23 December 2020 (V4) - for the support that should be provided in areas where shielding is reintroduced to support LA planning;

- Collecting outcomes and funding data from LAs, and triangulating this with other sources of data, such as data from the NSSS and registration survey to test whether a satisfactory level of support was being delivered in all areas; and
 - A 'ladder of interventions' in place if needed to support LAs which were identified as having difficulty in providing support.
70. On 3 February 2021, COVID-O made the decision to approve the addition of 1.9 million individuals to the SPL, based on a recommendation from DHSC (WG/032 - INQ000092320 - DLUHC000602923) (WG/033 - INQ000059789 - DLUHC007292086).
71. On 17 February 2021, Version 4 of the LA Shielding Framework was updated (WG/034 - INQ000137042 - DLUHC000128617) further to cover the application of the QCovid model. Subsequently on 17 March 2021, Version 5 (the final version) of the LA Shielding Framework was published to reflect the national pause of shielding advice (WG/035 - INQ000137043 - DLUHC000128414).

The future scope of shielding support and contingency

72. In May 2021, the Department and DHSC were considering options for a contingency support model. The model would retain capacity to introduce shielding guidance as a tool to protect CEV individuals in the case of a significant local outbreak or a dangerous new Variant of Concern, potentially through to Spring 2022 (WG/036 - INQ000531472 - DLUHC007998452). The Department carried out a PSED to consider any potential impacts of a contingency support model on people with protected characteristics, as set out in the Equality Act 2010 (WG/037 - INQ000531466 - DLUHC000045484). The Department considered that there were effective mitigations in place to identify any issues and reduce the risk of resulting unequal impacts on individuals with protected characteristics. Examples of mitigations included (i) a new registration system, which allowed CEV individuals to register for support on an HMG-hosted platform and provide data to LAs on CEVs within their area and (ii) the publishing and iterating frameworks for LAs to outline expectations for the support that should be provided in areas where shielding is reintroduced to support LAs' planning.
73. At a COVID-O meeting on 18 May 2021, attended by Minister for Housing and Rough Sleeping, Eddie Hughes, it was agreed that a contingency support model for shielding would be retained until March 2022, subject to a review in August 2021. In practice this meant: retaining links with LAs with a contingency funding model to be agreed with HMT in case it was needed; retaining the ability to utilise the National Shielding Support System website should it be needed; and

retaining data and readiness within LAs and supermarkets to facilitate provision of support should it be needed in future (including additional support from LAs and priority access to supermarket delivery slots). This decision was based on a joint paper from the Department and DHSC with the clinical context signed off by the Chief Medical Officer's ("CMO") office (WG/038 - INQ000137044 - DLUHC000128420).

Shielding support and contingency shut down

74. At the contingency support model review point in August 2021, the Department carried out another PSED assessment to consider the impact of ending the SPL and associated Shielding Programme, including ensuring the right mitigations were in place to avoid unequal impacts on individuals with protected characteristics.
75. The assessment did not identify any disproportionate impacts on protected groups from shutting down shielding and identified some positives around increased clarity on the end of the programme (WG/039 - INQ000531486 - DLUHC000045487). Mitigations included ongoing communications and engagement with stakeholders such as the NHS, GPs and LAs to monitor and identify risks and providing guidance to enable signposting and information to CEV individuals and those with health conditions.
76. Subsequently, the Department and DHSC supplied a joint paper (WG/040 - INQ000137045 - DLUHC000128421) to a COVID-O meeting on 6 September 2021, attended by Minister for Housing, Chris Pincher, where the decision was made to end shielding advice permanently and shut down the contingency support model. DHSC with support from the CMO's office led on the clinical advice to support this decision.
77. At this meeting, it was agreed that the Department would work with DHSC, DWP and other relevant departments, to inform the 3.7 million people on the SPL that they would no longer be identified as CEV and that shielding policy was being stood down.
78. The Department also advised the COVID-O meeting on 6 September 2021 that delivery partners would be required to delete data – in effect removing the ability to reinstate priority supermarket delivery slots; that the Department should instruct LAs to stand down their operational readiness; and that the government funding commitments for LAs to service shielding should end.
79. The Department worked with GDS on advising on the relative risks and benefits to Government of shutting down the National Shielding Support System. The change in clinical context and the fact that by this stage vulnerability to Covid-19 had changed meant that the existing data and support model would no longer be fit for purpose even in a worst-case scenario. On this basis,

and as there were significant risks associated with holding and moving large volumes of people's sensitive data, the Department advised the GDS to delete the personal identifiable information recorded on the National Shielding Support System.

80. In line with the decision made at the COVID-O meeting on 6 September 2021, the SPL and associated Shielding Programme as a contingency support offer was stood down on 15 September 2021. DHSC published a press release stating that the requirement for shielding guidance for people previously considered to be CEV was coming to an end.
81. In early December 2021, officials from Cabinet Office and DHSC contacted the Department to say that they were working on options to stand up a new shielding-type service as a contingency. On 6 December the Department informed the CO that it was not anticipating any further work on shielding, as COVID-O had taken the decision in September to stand it down and subsequently the Department had disbanded its shielding team, and it would be for DHSC to take forward any new service development (WG/041 - INQ000531492 - DLUHC003381543). This position was considered and confirmed by Director General Catherine Frances on 8 December 2021.
82. At a meeting on 13 December 2021, Councillor James Jamieson, head of the LGA, asked Kemi Badenoch, minister in the Department at the time, to approach DHSC with a request to enable LAs to retain NHS data on vulnerable adults who shielded during the pandemic (WG/042 - INQ000531495 - DLUHC003381607). Subsequently, officials from the Department spoke to colleagues at NHS Digital and were informed that they would be extending the permission period for LAs to retain legacy SPL data to March 2022 (WG/043 - INQ000531497 - DLUHC005667359).
83. From 7 December 2021, Cabinet Office discussed with DHSC and the Department what policy options to stand up shielding or a similar service could be feasible (WG/044 - INQ000531493 - DLUHC003381586), (WG/045 - INQ000531494 - DLUHC003381587). On 20 December 2021, officials from the Department met with CO, HMT and DHSC to discuss policy options of either reintroducing shielding for a sub-set of former CEV people or strengthening stay at home guidance for people who had not received a booster vaccination, for a short period to commence on 26 December 2021 until mid-January 2022 (WG/046 - INQ000531498 - DLUHC003419111). On 21 December, the Department received an update from the Covid-19 Taskforce in the CO that they were working to activate an approach agreed by UKHSA and Chief Medical Officers ("CMOs"); to focus on communications, prioritisation of appropriate treatment and pre-visit testing, rather than standing up shielding once again (WG/047 - INQ000531500 - DLUHC005670149). The same day, officials provided an update for SoS (Michael Gove), to note the Department's

position that DHSC were best placed to lead on shielding and stay at home policies (WG/048 - INQ000531501 - DLUHC001541819).

Shielding data and communications

84. The shielding programme was dependent upon the NHS Digital led SPL for England. The SPL included patients registered for healthcare in England and identified nationally using the clinical methodology, as well as patients routinely identified as at high risk by their General Practice or hospital specialist.
85. Analysts in the Department and the DWP explored the welfare benefits profile of the SPL cohort to better understand the number and breakdown of those across the SPL cohort in receipt of benefits. This work was sensitive, and only aggregated data was shared with policy officials at Cabinet Office and HMT.
86. The Office of National Statistics and DHSC conducted regular surveys about shielding behaviour of a sample of the SPL. These were very important for the Department and all other departments to understand and estimate the scale of need, and the experiences of shielding during the first and second tranches.
87. In terms of public health communications, DHSC led on communications with CEV individuals, but this Department gave input to ensure that the support offer was being described clearly and accurately.
88. In line with the Public Sector Equality Duty, the Department worked to build evidence of the characteristics of the shielding population, and consider equalities impacts during major changes of the programme. The Department gathered evidence and undertook equalities impact assessments to inform policymaking at key points in the programme, such as the decision to pause shielding and associated support at the end of July 2020, and the introduction of a locally delivered model. Ministers were, for example, advised on 7 October 2020 that a local model could increase risk that CEV individuals with protected characteristics could not access support if funding proved to be insufficient. The document outlined a number of mitigations to prevent this, including publishing a local framework and new central registration scheme.

Business Closures

89. On 20 March 2020, the Prime Minister tasked the Department (through SoS) with leading on premises closure, including the categorisation of organisations and determining which would be required to close in order to reduce transmission and facilitate isolation from the virus. The

Department was commissioned because it had an existing understanding of business categorisation and policy responsibility for commercial properties and planning.

90. The Department suggested that closures (and related stay at home policy) should be guidance, rather than regulations. However, the Prime Minister made the decision to impose closure regulations, and subsequently to create an official enforcement scheme using environmental health and other LA officers. While a London only lockdown was considered initially by No.10, a national lockdown was announced on 23 March 2020. The lockdown was underpinned by renewed Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (SI/2020/350), made under the Public Health (Control of Disease) Act 1984 which came into force on 26 March 2020, enforcing lockdown, with penalties for non-compliance, and requiring people to stay at home unless they had a reasonable excuse. The question of the best primary vehicle for emergency legislation continued to be considered up until 23 March 2020.
91. Closure regulations were drafted by the Government's Statutory Instrument Hub, under instruction from this Department's officials. The regulations were laid by DHSC, as DHSC SoS held powers under the 1984 Public Health Act. As this Department had started the policy work, and DHSC required capacity support in Bill management and policy instruction, this Department took responsibility, having both the appropriate expertise and knowledge given its already established role around business categorisation.
92. The Department led on drafting and managing the necessary secondary legislation ("Bill Management") agreeing policy detail and producing gov.uk guidance on business and venue closures.
93. As the lead on Bill Management, the Department worked closely with DHSC to produce the necessary supporting documentation during this period. This Department's role included drafting explanatory memoranda, impact assessments, PSED assessments, and all associated parliamentary documentation. The Department also led on drafting of the signing submission, which was signed by DHSC Ministers. DHSC officials supported this process by inputting epidemiological data into the submissions, and leading drafting on the NHS Act and Family Duty annexes. Department officials also played a lead role in preparing and supporting DHSC Ministers in parliamentary activity related to the Regulations.
94. Policy detail was primarily based on steers from Cabinet Office relating to the strategic parameters of the regulatory change. The Department then played a key role in brokering agreements on policy detail across a number of departments including any necessary amendments required within upcoming legislation.

95. The Department was responsible for drafting, issuing, and maintaining public guidance for businesses and other affected venues that set out the detail of the closures and restrictions. In addition to this, whilst not responsible for enforcement, this Department took on responsibility in relation to overseeing the accuracy of guidance for enforcement officials produced by the Police and Office of Products Safety and Standards.
96. More information about the timeline on closures is below:
- Concerns about the outbreak, numbers and potential spread in London escalated quickly in March 2020. On 17 March 2020, the Cabinet Office commissioned the Department (and other Government departments) for advice on recommended measures to reduce the transmission of Covid-19, should a London specific lockdown be required (WG/049 - INQ000531319 - DLUHC003172986). The Department was not asked to advise on whether a lockdown should occur and did not provide public health advice on this subject. The Cities and Local Growth Unit's London Team (a team managed jointly by BEIS and this Department) coordinated and provided advice for the Prime Minister on the impact of London specific measures, including the economic impact of a lockdown and coordinating input from other Government departments on departmental-specific impacts, including on education and transport (WG/050 - INQ000090762 - DLUHC000667323).
 - On 19 March 2020, the Department provided advice to inform Cabinet discussions pertaining to the closing of non-essential retail if the Prime Minister took the decision to lock down London (WG/051 - INQ000224115 - DLUHC000667299). This included advice on practical measures; closure of non-essential services, and the categorisation of businesses (including the definition of non-essential retail); public messaging and international comparisons.
 - By 20 March 2020, consideration shifted to national closure of non-essential retail and related services. The Department provided substantive policy advice to the Cabinet Office on the transferability of the London approach (WG/052 - INQ000090763 - DLUHC000667334). The Cabinet Office team then reworked this into a formal note to be discussed at a COBR meeting on 20 March 2020. The decision for the temporary closure of hospitality and entertainment premises and the urge for essential travel only was made by the Prime Minister. Against initial advice from officials, the Prime Minister wanted the closures to be regulatory, rather than in guidance, given concerns that guidance would be seen as 'optional', and it was agreed that in England and Wales the closures would be enforced by powers taken by the Secretary of State for Health under the Public Health Act 1984. On 21 March 2020, the Health Protection (Coronavirus, Business Closure) (England) Regulations 2020 (SI/2020/ 327) under the 1984

Act went into effect. This came after the Prime Minister's 16 March 2020 statement stating that people must stay at home.

- On 22 March 2020, this Department, with support from the Home Office, submitted advice on enforcement options to the Cabinet Office for a HMIG (attended by Minister for Regional Growth and Local Government Simon Clarke) (WG/053 - INQ000055925 - DLUHC000667359).
- On 23 March 2020, the Cabinet Office commissioned further advice on the closure of all non-essential retail; libraries; outdoor leisure facilities; communal places within parks and places of worship (except for funerals); and enforcement mechanisms, for a COBR(M) meeting to take place the same day (WG/054 - INQ000090764 - DLUHC000667346). The advice was led by this Department with support from BEIS, DCMS and DEFRA and elaborated on the Department's earlier work on drafting a closures list as requested by the Prime Minister. It included which businesses should close along with specific exceptions and the legal basis for compliance including a recommendation that the Coronavirus Bill be used to enforce new measures. This was recommended as the Bill would provide officials more time for communication and to make additional changes, if necessary, in addition to giving enforcement bodies such as the police more notice (WG/054 - INQ000090764 - DLUHC000667346).
- This advice was shared with Cabinet Office prior to the COBR(M) meeting at 5pm on 23 March 2020 (which was attended by this Department's SoS). I attach the briefing for this meeting (WG/055 - INQ000090771 - DLUHC000667382). A Cabinet Office paper prepared for the meeting proposed that closures be enforced using the Public Health Act. The Prime Minister agreed with the recommendations made in this paper to put in place more stringent measures to boost social distancing across the country (including enforcement mechanisms). The Department led on the gov.uk guidance (WG/056 - INQ000090766 - DLUHC000667376).
- On 26 March 2020, renewed Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (SI/2020/350) legislation under the 1984 Act came into being, enforcing lockdown, with penalties for non-compliance, and requiring people to stay at home unless they had a reasonable excuse. These revoked and replaced the earlier business closure regulations made on 21 March 2020. The regulations were iterated and replaced several times.

Periodic easing of national closures restrictions

97. From May 2020 the Department was responsible for the implementation of decisions taken centrally to progressively ease restrictions across England from May 2020, and then move towards local outbreak management from July 2020, through a series of regular review points.
98. The following list includes headline descriptions for the changes made:
- 21 April 2020: in light of the requirement to follow the 21-day review of the Regulations, the Department provided significant input into the decision not to make any changes to existing restrictions and that the restrictions would remain in place for at least three more weeks.
 - 13 May 2020: amendments were made to enable access to key services, such as recycling centres, and for key workers to utilise hotels as required (WG/057 - INQ000104667 - DLUHC000667294).
 - 1 June 2020: gatherings of up to 6 people from different households outdoors were permitted, as were outdoor markets (WG/058 - INQ000104678 - DLUHC000667295).
 - 15 June 2020: visits for those at the end of life, giving birth, in hospital, hospices and care homes were relaxed, and non-essential retail reopened (WG/059 - INQ000104669 - DLUHC000667296).
 - 4 July 2020: a number of important leisure establishments including food and drink establishments and holiday accommodation were permitted to reopen, as well as places of worship (WG/060 - INQ000104670 - DLUHC000667297).
 - 11 and 13 July 2020: further relaxations allowed the reopening of outdoor swimming pools and other services such as nail salons (WG/061 - INQ000109544 - DLUHC009873250).
 - 25 July 2020: further relaxations to reopen indoor pools and indoor fitness venues (WG/062 - INQ000233897 - DLUHC007029816).
 - 14 August 2020: regulations were made to reopen indoor theatres, bowling alleys and soft play areas (WG/063 - INQ000104675 - DLUHC000667301).

Local lockdowns

99. On 29 June 2020, DHSC SoS announced that the UK's first local lockdown would be applied in Leicester and parts of Leicestershire. On 4 July 2020, the local lockdown came into force, the same day as most national lockdown restrictions were lifted. Further local lockdowns were applied in a number of areas in the following weeks.

100. During this period, the Department worked with DHSC in agreeing and supporting the laying of a number of local lockdown Regulations. Responsibilities were often shared on an ad hoc basis, with close cross-departmental collaboration.
101. These Regulations were revoked once the Covid-19 Alert Level Tiers strategy was introduced on 14 October 2020.
102. On 5 August 2020 SoS (Robert Jenrick) commissioned Dame Mary Ney to carry out a rapid stocktake of lessons learnt and good practice in the management of local Covid-19 outbreaks with a focus on the experience in Leicester City and Leicestershire. This was submitted to the Department on 21 August 2020 and published on 14 September 2020 (WG/064 - INQ000104719 - DLUHC000667302). The report was used by the Department to feed its learning points into work on engagement with LAs and diverse communities and to consider how best to secure compliance with local regulatory regimes. Further information relating to this report is set out in Annex B, item 7.
103. The Department's Closures team was stood down on 2 October 2020 after which DHSC formally assumed full responsibility in relation to Public Health Regulations (WG/065 - INQ000104703 - DLUHC000667269).

National tiering approach and discussions in relation to local areas entering the very high level of restrictions (Tier 3)

104. On 12 October 2020 the Prime Minister made a statement which introduced a three Tier system of local Covid-19 Alert Levels in England - set at medium, high, and very high. The announcement asked local leaders in areas rated 'very high' to work with Government to introduce the restrictions in return for more support for local test and trace; more funding for local enforcement activity; the offer of help from the armed services; and a job support scheme announced by the Chancellor.
105. The role and approach of the Department in relation to tiering restrictions evolved during October 2020. From 14 October 2020 onwards, most of the country was placed in the least restrictive medium level (Tier 1).
106. Initially, the Department provided support to the Cabinet Office Covid-19 Taskforce and DHSC to ensure that decision making took appropriate account of the needs and impacts for a small number of LAs in areas of concern. This primarily focused around the level of financial and non-financial support that would be provided when entering very high (Tier 3) restrictions. The

Department also fed local intelligence gathered through its coordination and engagement role with LAs.

107. Decisions on which areas were to enter Tier 3 were taken at COVID-O based on recommendations from DHSC's GOLD structure. The Department played a supporting role to the Cabinet Office Covid-19 Taskforce and DHSC on discussions with places expected to enter very high (or Tier 3) restrictions. Exact Departmental roles and responsibilities necessarily evolved and were set out in a draft checklist (WG/066 - INQ000236605 - DLUHC000667303).
108. On 16 October 2020, the Cabinet Secretary wrote to the Permanent Secretary for this Department, to say that SoS (Robert Jenrick) would become the lead Cabinet Minister in discussions with local areas' leaders, where it had been decided that they should enter the Tier 3 (also known as "LCAL 3"), (WG/067 - INQ000104714 - DLUHC000667304). Formal decisions on which areas were to enter Tier 3 continued to be made at COVID (O) meetings based on advice provided by DHSC and the Joint Biosecurity Centre ("JBC"). Once a decision was made the Department's SoS (Robert Jenrick) or a member of the Department's Ministerial team chaired discussions with the local tier to discuss next steps. Meetings were typically attended by representatives from DHSC, HMT and the Covid-19 taskforce.
109. There were other ongoing conversations with local areas, until this initial approach to tiering ended with a return to a national lockdown on 5 November 2020.

Keyworker Testing Prioritisation

110. As testing for Covid-19 became available, DHSC began to establish a priority list of which keyworkers should receive testing as a priority. The Department fed in views and made representations about what keyworkers should be on the priority list.
111. An action from a Cabinet Office C-19 Strategy (O) meeting on 27 March 2020 asked all Departments to feedback to DHSC on a proposed testing priority tiering of key workers ahead of a GPSMIG meeting to be held on Monday 30 March (WG/068 - INQ000593812 - DLUHC000163123) (WG/069 - INQ000309991 DLUHC000163126).
112. The Department fed back some initial comments to DHSC on 28 March 2020, highlighting its support for parity between the care sector and the NHS, but also whether there should be a blanket prioritisation for all NHS and care staff noting some will have less contact with vulnerable cohorts (WG/070 - INQ000593814 - DLUHC000162341). Department officials shared further feedback in a briefing for Minister Pincher ahead of the GPSMIG meeting on 30 March 2020. This stated that the Department agreed that social care and NHS workers should have equal top

priority, that other care and outreach workers such as homelessness and hostel workers should be in the priority 2 group, and that other sectors critical to public health and safety but not involved in direct care (such as refuse workers) should be added to the priority 3 group (WG/071 - INQ000593815 - DLUHC000092159).

113. On 3 April 2020, DHSC formally commissioned OGDs to offer views on the prioritisation of key worker categories for testing. There was a finite number of tests available to be allocated to keyworkers, and DHSC wanted to target these to the most critical workers who, following a negative test, could return to work from self-isolation and support the delivery of essential services.
114. Following this commission, the Department made further representations regarding workforces within its remit who they thought should be prioritised in the early round of testing. These representations were made at pace at the time. I am aware that there were some emails at the time, (WG/072 - INQ000593816 - DLUHC000128266) (WG/073 - INQ000593821 - DLUHC000130507) and I infer that there were also verbal discussions between officials from the Department and DHSC, though I do not have direct knowledge of these. These representations included:
 - Workforces that were directly supporting the extremely vulnerable (outside of statutory services) such as rough sleepers and those who were suffering domestic abuse, including domestic abuse personnel, particularly those running refuges.
 - Funeral industry workers and those involved in death management particularly as the industry was already experiencing staffing issues and it is not an industry where alternatives, for example temporary workers, can easily be drafted. (WG/074 - INQ000457349 - DLUHC000128267) (WG/075 - INQ000593818 - DLUHC000128269).
115. The Department also provided some specific data relating to homelessness and rough sleeping services, to help DHSC better understand the demand for testing across these sectors (WG/076 - INQ000531322 - DLUHC000162053). The Department noted that the workforce size was approximately 22,500 people, and that approximately 75% of the workforce were estimated to be required onsite and could not work from home.
116. The model for the prioritisation and allocation of tests was discussed at a HMIG meeting on 9 April 2020 (WG/077 - INQ000593820 - DLUHC001525122) (WG/078 - INQ000083645 - DLUHC000011013) where the outline approach on expanding keyworker testing was agreed (WG/079 - INQ000531325 - DLUHC000022891). A briefing was provided to the SoS (Robert Jenrick) ahead of the meeting (WG/080 - INQ000531324 - DLUHC000003100). This noted

suggested speaking points for the SoS, reflecting MHCLG interests in testing of social care workers, and also the Department's view that the second priority category should include homeless hostel workers.

117. The finalised HMIG priority worker list for testing, which reflected the discussion at the HMIG meeting, was circulated by Cabinet Office on 15 April 2020 (WG/081 - INQ000091338 - DLUHC000166944). After the list was circulated, officials from the Department made further representations to DHSC on the need for explicit inclusion of domestic abuse sector workers, as they would not automatically be included in any of the proposed categories (WG/082 - INQ000531346 - DLUHC006967713).
118. The final HMG list incorporated the Department's suggestions for inclusion, for example: adult and children's social care and services, staff and voluntary workers in residential care settings for rough sleepers, domestic abuse sector workers and voluntary sector organisations providing substance misuse treatment.
119. On 15 April 2020, DHSC published the priority key worker list on gov.uk, noting that testing was being rolled out to different sectors in a phased approach. The publication also stated that a home test kit was being developed that could be delivered to someone's door so they could test themselves, and their family, as required without leaving the house.

MHCLG activity to support development of the TTI System

120. The Department provided support to DHSC and UKHSA on the development of the TTI system, including representing the views of LAs regarding their role in local outbreak management, and escalating emerging issues, including on data. The Department worked with DHSC to raise the data needs of LAs and shared feedback gathered through engagement with LRFs and with local government.
121. At the start of the Covid-19 outbreak, Public Health England ("**PHE**") was responsible for carrying out test and trace activities. From April 2020 DHSC began to scale up testing and tracing capacity in England, before bringing together the four areas of pandemic response, known as test, trace, contain and enable into a single national programme, establishing the new NHS Test and Trace Service ("**NHST&T**") in May 2020.
122. From May 2020 NHST&T led on the overall Test, Trace and Isolate (TTI) system, working in conjunction with; (i) PHE which had responsibility for public health advice, and; (ii) LAs in England, which led local outbreak planning. As part of the Department's responsibilities in relation to local government finance, the Department supported DHSC on the conditions and allocation of funding

to LAs to support TTI and local outbreak management activity (WG/083 - INQ000531381 - DLUHC005868487).

123. The Department did not make key decisions in relation to TTI but had a supporting role to ensure local government needs were considered, and to ensure Central Government understood what local partners needed to deliver their responsibilities in respect of TTI and outbreak management activity. The Department's typical role and methods in engaging local partners is set out at paragraphs 21-29. This engagement framework did not replace relationships other departments already had with their own LA contacts. Relationship Managers in the Department's Local Government Engagement team shared emerging local intelligence they were picking up from discussions with LAs, with officials across Government. OGDs lead on engagement with LAs for policy areas in which they have responsibility, however, the Department's Local Government Engagement team may provide advice and support where necessary, as highlighted in paragraph 27. Additional supporting activity and engagement, such as attending the Steering Group, is outlined below.
124. The Department regularly attended a cross Whitehall Test and Trace Steering group meeting and in June 2020 set up an internal team to manage this engagement. Between June 2020 and October 2020, the Department provided support to DHSC in relation to policy advice, feeding into the Test and Trace Steering group meetings, providing feedback and advocating for the needs of the local tier. For example, at a meeting on 12 June 2020 the Department offered to provide support on working through local support packages that may be needed along side local containment measures (WG/084 - INQ000252909 - DLUHC006366717).
125. As the TTI system was established, the Department worked with DHSC to raise the data needs of LAs. Some local level data was provided to LAs via the LRF Dashboard, as set out in paragraphs 301-308 of this witness statement, however LAs frequently escalated concerns to the Department around having limited and unreliable access to Covid-19 test and trace data. Examples of this engagement with DHSC are set out below.
126. On 1 May 2020 the Department shared feedback with DHSC, gathered through engagement with LRFs and with local government, which included concerns about elements of test and trace that were not working locally, and of policy developments being shared too late. The Department was seeking a structured approach to feeding local intelligence into Central Government and put forward proposals on structures that could be put in place and could support co-design of programmes (WG/085 - INQ000531355 - DLUHC001521747). In response, DHSC confirmed that it had established a new team to develop the strategy and delivery model for test and trace activity

to ensure that all the functions suggested by the Department were woven together into a coherent programme, and that the feedback from the Department would factor into its thinking (WG/086 - INQ000531361 - DLUHC000834955). The Department does not hold any further evidence on the implementation of the Department's feedback. I exhibit a log that sets out the types of issues raised by LRFs at the time. The log was produced by officials from this Department and whilst not shared with DHSC, would have been used to inform officials' engagement with them (WG/087 - INQ000593822 - DLUHC001521026). Issues raised included:

- Issues with LAs and local delivery partners getting access to testing data for their areas;
- A lack of clarity around the remit of local government in delivering testing, and where responsibilities sat between national and local government; and
- LRFs reported issues around instructions from central government on engaging with the public and blocking of local testing communication strategies.

127. The Department continued to engage with local government and advocate for their needs in relation to TTI. On 6 May 2020 Department officials shared local concerns with SoS (Robert Jenrick) as part of a briefing ahead of a Cabinet meeting. These concerns included:

- The need for a strong and complementary local element to the national test and trace model. Developing an integrated approach would have ensured the national offer had community support especially for those who needed to self-isolate.
- The need for clarity from DHSC about the role of the local tier in the design and delivery of test and trace.
- A concern that Adult Social Care staff were struggling to access testing, placing pressure on services, and a need for a clearer approach to the prioritisation and allocation of tests to those working in Adult Social Care.
- The need to communicate granular data on testing at a local level, including to local leaders and Directors of Public Health (WG/088 - INQ000531360 - DLUHC002793649).

128. Following a call with a group of LA CEXs on 7 May 2020, the Department agreed to chair a call with CEXs, LRF leads and DHSC on 13 May 2020, to discuss system design challenges related to test and trace. At this meeting LAs continued to raise the need for additional data. This included data on positive cases by postcode, to help local leaders understand who was being tested and to identify the specific community hotspots where case levels were increasing, so that they could act proactively to manage potential outbreaks (WG/089 - INQ000531368 - DLUHC004768678). DHSC took several actions from this meeting, including to share a note on the next steps for data

flows to local partners with the Department and LA CEXs, and to test guidance on testing within care homes with two LAs before publication. DHSC also acknowledged the need to engage the local tier in the design and delivery of local testing, including on:

- The creation of new test centres and mobilisation of mobile units in consultation with LAs; and
- Engaging LAs on local mechanisms to ensure access to testing for vulnerable and BAME communities.

129. On data, DHSC noted they had shared data with PHE to be shared with local protection teams, were committed to responding to ad hoc data requests, and were aiming to align data sharing across pillars to provide a comprehensive data picture (WG/090 - INQ000593823 - DLUHC004768677).
130. On 26 May 2020 and 28 May 2020, the Department made a request to NHST&T for additional testing data, broken down by the testing channel, patient demographic, and postcode of those being tested (requests 1 & 2). The Department requested this data so it could be included in the existing Covid-19 LRF dashboard, which would allow LRFs and LAs to understand their testing performance and help inform their local response (WG/091 - INQ000531377 - DLUHC005039370) (WG/092 - INQ000593824 - DLUHC004511746). I provide further information on the LRF dashboard below at paragraphs 301-308. On 28 May 2020 the Department also requested additional data sets from DHSC which included data on testing capacity (request 3), and data relating to testing carried out in care homes (request 4) (WG/093 - INQ000593825 - DLUHC002876707). NHST&T acknowledged requests 1 & 2 by email on 30 May 2020 (WG/094 - INQ000593826 - DLUHC002873624).
131. On 1 June 2020 Department officials escalated these requests with DHSC SoS's private office via email. (WG/095 - INQ000531379 - DLUHC003315869). Department officials expressed difficulties in obtaining this additional data noting that DHSC had not responded to previous requests. Department officials also raised that whilst NHS Digital had agreed to produce a LA dashboard, which showed the number of tests and positive cases over time as well as the number of Covid19-related 111/999 calls by LA, this only provided a portion of the data that had been requested (requests 1&2). In response, on 2 June 2020, DHSC acknowledged the additional requests (3 & 4) by email and confirmed that the additional data sets on testing capacity by channel and demography were due to be included in a non-public reporting service launching later that week, which the Department would be granted direct access to. DHSC also confirmed that it was unable to provide the additional data on testing in care homes (request 4), stating that

the data was not currently available. The Department holds no evidence to demonstrate why the data was unavailable at the time.

132. In respect of care home data, on 4 June 2020, the Office for Statistics Regulation (“OSR”) published an article on the impact of Covid-19 on the care home sector. The OSR recommended further work which should be done by producers of statistics to understand the impact on those in care settings across the UK (WG/096 - INQ000531543 - DLUHC009882306). On 16 July 2020, DHSC published a statistical note with the latest figures on testing for social care staff, their household members and residents of care homes. The note also acknowledged the data limitations and that work was being undertaken to improve the quality of the data (WG/097 - INQ000531544 - DLUHC009882305).
133. On 6 June 2020, DHSC contacted the Department to request support in sending a letter to LA chief executives, LRFs and Directors of Public Health, to provide details of the new data dashboard to monitor outbreaks in their areas. The dashboard was developed by DHSC, NHS Digital and NHSX. The letter provided colleagues in local government, Directors of Public Health and Clinical Commissioning Groups details on how to access the data dashboard. The letter is dated 8 June 2020 and Department sent it to LA CEXs on 9 June 2020 (WG/098 - INQ000531380 - DLUHC004773098) (WG/099 - INQ000593827 - DLUHC003315283). The dashboard allowed LAs and Directors of Public Health to view anonymised data, including data on the total number of tests conducted and positive tests including a rolling average. Data was combined from 3 sources: NHS Digital’s Covid-19 National Testing Programme database, consolidated data covering the National Testing Programme on gov.uk, and 111/999 data about the rate of calls to these services relating to Covid-19.
134. Despite the launch of the LA dashboard, the Department raised concerns with SoS that there were a significant number of gaps in the data which LAs required in order to respond to the Covid-19 outbreak. This work culminated in advice being sent to SoS (Robert Jenrick) on 24 June 2020 setting out the additional data requirements of the local tier. The advice set out concerns around the current lack of data being provided to LAs and how this was limiting the ability of local officers and Directors of Public Health from appropriately understanding the Covid-19 outbreak both in their area and nationally. In particular, local officers had not received sufficient test and trace data to understand the performance of LAs against key metrics or had not received data at a granular enough level for Directors of Public Health to understand the characteristics of the outbreak in their community. This advice recommended that SoS (Robert Jenrick) escalate the issue with DHSC, including an option to send a letter to DHSC SoS (Matt Hancock) (WG/100 -

INQ000104738 - DLUHC000667319). The draft letter included a breakdown of testing data requirements, including requests from Directors of Public Health, LRFs and LAs. A draft version of the letter was shared with DHSC officials which resulted in further progress being made and by 30 June 2020 the Department had gained access to data around testing, Covid-19 cases and contact tracing at LA-level. Evidence suggests that SoS (Robert Jenrick) also escalated the issue with DHSC SoS (Matt Hancock) at a ministerial meeting on 1 July 2020, however the Department holds no further evidence of the outcome of this conversation (WG/101 - INQ000531385 - DLUHC003164867).

135. Discussions also continued between the Department and DHSC officials to work through the challenges and top priorities on data (WG/102 - INQ000531384 - DLUHC002873626). Following these discussions the Department continued to work with DHSC to resolve issues and on 3 July 2020 officials provided an update to Simon Clarke, Local Government Minister, on what data had been made available to LAs and Directors of Public Health (WG/103 - INQ000531386 - DLUHC003320715). Directors of Public Health were at that point receiving postcode-level data for positive cases in their region, with a breakdown by sex, age, ethnicity and occupation. Some further work was undertaken with DHSC to ensure the Department had access to relevant data systems going forwards (WG/104 - INQ000593830 - DLUHC010172076) (WG/105 - INQ000593832 - DLUHC010172077). As DHSC's data quality and collection improved over time, access continued to be shared with the Department, enabling officials to have a better understanding of the dynamics of the pandemic in local areas, including in relation to TTI.

The Community Testing Programme

136. The Department had a supporting role in the development of asymptomatic Covid-19 testing policies, representing the views of LAs and escalating issues raised by LAs on delivery.
137. In November 2020, as part of the development of the Winter Plan the Government began to explore options to expand Covid-19 testing, which included proposals to deliver asymptomatic testing through LAs. As with other elements of the Winter Plan the Department was not responsible for decisions on the Community Testing Programme and the lead departments were DHSC and NHS Test & Trace. The Department's role was to ensure DHSC understood the challenges LAs faced in the delivery of testing, and their views on proposed testing programmes.
138. On 12 November 2020, officials from the Department facilitated a teleconference with Regional Chief Executives representing the 9 regions of England that included an item on proposals for delivering testing at mass across local communities, led by DHSC. At this meeting CEXs

expressed that local areas would like to be involved in the design of the approach to community testing (WG/106 - INQ000531414 - DLUHC003160393). Feedback from the CEXs included, but was not limited to: concerns that other activities relating to concurrent winter pressures would need to be paused due to capacity constraints; concerns around compliance, in particular reaching communities that were already reluctant to engage with testing; and questions around whether mass community testing should be prioritised, or whether different delivery models could be deployed in urban and rural areas in recognition of divergent demographics and geographies. They had asked for central government to clarify the objective of mass community testing and the role of national versus local to be clearly laid out; the view of the CEXs was that there needed to be collaboration between the two with clear responsibilities for policy, strategy and delivery (WG/107 - INQ000531413 - DLUHC000811675).

139. Based on this feedback from the CEXs, across 18 November 2020 and 19 November 2020, the Department held calls with 30 LAs across Yorkshire and the Humber, the North East and the North West to understand the challenges and appetite for whole population testing. LAs highlighted several different challenges around the delivery of mass community testing. Feedback from LAs included, but was not limited to, the need to consider the feasibility of implementing mass testing around other areas of action being taken to control outbreaks, and concerns around capacity to do both. Some LAs also expressed an interest in large scale targeted testing rather than whole population testing, to accelerate the delivery of local outbreak plans where there were the greatest gains to be made. I exhibit two examples of feedback collected from LAs in relation to mass community testing (WG/108 - INQ000593842 - DLUHC003502040) (WG/109 - INQ000531529 - DLUHC009247681).
140. On 18 November 2020, COVID-O met to consider DHSC proposals for the expansion of testing capacity. DHSC's initial proposal was based on exploring the potential to scale up the city of Liverpool pilot of 'whole population testing' which would involve an offer to areas with the highest prevalence of Covid-19 in December 2020 and January 2021 for a programme of repeat testing over up to eight weeks (WG/110 - INQ000090921 - DLUHC000601853). The Department's officials' briefing for SoS (Robert Jenrick) for this meeting focused on LA challenges, including prioritisation and capacity issues, and for additional consideration to be given to people sleeping rough (WG/111 - INQ000137080 - DLUHC000601842). COVID-O agreed that DHSC should work with the Department to investigate adding homeless shelter and outreach support workers to the priority list for test allocations (WG/112 - INQ000090938 - DLUHC000601838). To the best of the

Department's knowledge, the Department does not hold any further evidence on how this action was taken forward.

141. On 20 November 2020, feedback from the calls with LAs informed a submission to the SoS (Robert Jenrick) ahead of two separate meetings regarding next steps on community testing. These were (i) a meeting between SoS (Robert Jenrick) and DHSC Second Permanent Secretary (Shona Dunn) and; (ii) a COVID-O meeting scheduled for 21 November 2020. The submission highlighted that of the LAs that the Department had engaged; most did not see the benefit in wide scale 'whole population testing' but would welcome assistance and support to deliver targeted testing at scale that focused on specific hard to reach communities or locations – either where prevalence was higher or those people who would not come forward for testing voluntarily (WG/113 - INQ000137081 - DLUHC000128511) (WG/114 - INQ000531418 - DLUHC000601859).
142. On 21 November 2020, COVID-O met to agree plans for the Community Testing programme. Briefing for the SoS (Robert Jenrick) for the meeting set out that following the engagement calls of 18 and 19 November 2020, the majority of LAs would support targeted testing, but expressed concerns about carrying out 'whole population testing' (WG/115 - INQ000137082 - DLUHC000128514). COVID-O agreed that the CO Covid-19 Taskforce would work with NHS Test and Trace to revise the proposals for community testing.
143. On 22 November 2020, a Cabinet meeting to discuss next steps on the Covid-19 response took place. Briefing for SoS (Robert Jenrick) set out a number of issues that needed clarifying to enable LAs to carry out community testing in their areas. These included (i) clarification on funding and incentivisation; (ii) clarification on whether CEV individuals were in scope and the implications of this; and (iii) clarification on the support for and requests to be made of LAs (WG/116 - INQ000137083 - DLUHC000128517). While we have not been able to locate a readout from this meeting, we also exhibit a paper provided by the CO Covid-19 Taskforce (WG/117 - **INQ000071819** - DLUHC000766001).
144. On 23 November 2020, the Prime Minister made an oral statement to Parliament on the Covid-19 Winter Plan, which included announcing the launch of the Community Testing programme, involving an initial six-week surge of rapid lateral flow testing to LAs in tier 3 areas of England. After the initial offer prioritising LAs based on the Tier System, the programme was extended to all English LAs from 10 January 2021 (WG/118 - INQ000531530 - DLUHC009247682).
145. On 25 November 2020, DHSC shared the draft prospectus for the Community Testing programme with the Department for comments. Officials from the Department fed back comments to DHSC

and DfE, who were coordinating the prospectus, later that day. These comments reiterated some of the issues raised in the earlier briefing for SoS (Robert Jenrick), including the need for further details about the funding on offer and the challenges LAs faced in implementing the programme due to capacity constraints. DfE confirmed that the Department's comments would be taken on board (WG/119 - INQ000595132 - DLUHC010172053). On 26 November 2020, DHSC published Community Testing guidance on gov.uk, including an overview of the funding on offer (WG/120 - INQ000595134 - DLUHC010172052).

146. In advance of COVID-O on 8 January 2021, the Department submitted a brief to SoS Robert Jenrick to highlight the role and impact testing might have on local government and engagement undertaken to date. The briefing emphasised the importance of continued engagement with local government on the approach to testing, including via a series of regional sessions with PHE regional conveners and meetings with CEXs representing the nine regions in England, led by the Department, to take LAs through how the community testing programme was changing (WG/121 - INQ000531429 - DLUHC000546840). The nine regions in England for this purpose are North East, North West, Yorkshire and the Humber, East Midlands, West Midlands, East of England, London, South East, and South West.
147. It highlighted the expectation that a further announcement introducing the changed focus of the testing programme towards testing for essential workers and others who could not work from home was imminent. This was announced on 10 January 2021 and is covered in more detail in the Workplace Testing section below (WG/122 - INQ000497850 - DLUHC009263594).
148. From January 2021 onwards the focus of the Community Testing Programme pivoted to support the national picture. For example, in periods of high prevalence the guidance from central government was to emphasise the importance of LAs targeting people who needed to leave their home for work. Whereas in periods of lower prevalence LAs were encouraged to use their knowledge of their own local areas to target harder to reach groups or communities which may not have otherwise engaged with testing programmes, or those at the highest risk of transmission. However, throughout the lifespan of the programme LAs had the flexibility to target plans to reflect local priorities.
149. DHSC and NHS Test and Trace continued to support the Community Testing programme through providing lateral flow tests, funding and wider support until the end of July 2022 when the Government's Universal Testing Offer ended. The key principles continued to be nationally provided support and funding for testing that was prioritised and targeted locally.

150. The Department was not responsible for significant decisions in relation to the programme, as there was direct liaison between NHS Test and Trace and Directors of Public Health within LAs on the detail of the programme and delivery. However, the Department does not have visibility as to the nature and extent of this liaison. The Department's largely supportive role included communicating updates on the programme through its engagement channels and sharing feedback from LAs with DHSC.

Community Champions

151. The Department considered the adverse impacts of Covid-19 on disproportionately impacted groups and how these might be mitigated. This included the introduction of the 'Community Champions' initiative to support LAs and community organisations to improve information sharing with groups at greater risk of Covid-19.

Disproportionately Impacted Groups working group

152. During Summer 2020, research conducted by PHE highlighted an association between belonging to some ethnic groups and the likelihood of testing positive and dying with Covid-19 (WG/123 - INQ000531394 - DLUHC002725406).
153. This issue was discussed at a Covid-19 Cabinet Secretary officials meeting on 24 August 2020 chaired by Simon Ridley, Head of the CO Covid-19 Taskforce, and attended by Emran Mian, a Director General in the Department at the time. The meeting reviewed a paper produced by the CO's Covid-19 Taskforce which highlighted data on the disproportionate impacts of Covid-19 on several groups including people from ethnic minorities, people with disabilities, and working aged men, and recommended further work in this area. The paper included a recommendation to reduce transmission by increasing asymptomatic testing among disproportionately impacted communities. I exhibit the paper as (WG/124 - INQ000317500 - DLUHC000055316). I also exhibit the other papers provided for the meeting by the CO Covid-19 Taskforce (WG/125 - INQ000593834 - DLUHC000055312) (WG/126 - INQ000593835 - DLUHC000055313) (WG/127 - INQ000283630 - DLUHC000055314).
154. Following this meeting, Emran Mian became the cross-Whitehall Senior Reporting Officer ("SRO") for this work on behalf of the CO. Ministerial oversight was via the Minister for Equalities Kemi Badenoch, who was supported by the Government Equalities Office and the Racial Disparities Unit ("RDU") in the CO. This work was supported primarily by a joint group comprising officials from the Covid-19 Taskforce and the Department who formed the DIGs Team.

155. On 28 August 2020, permanent secretaries from across government were commissioned to work up detailed recommendations for inclusion in a paper for a ministerial COVID-19 operations committee meeting (“**COVID-O**”) chaired by the Cabinet Office. I exhibit this commission as (WG/128 - INQ000104689 - DLUHC000667348). Each department was responsible for its own actions. One of the Department’s specific actions were in relation to Community Champions. Key dates are set out below:
- 24 September 2020: COVID-O Ministerial discussion chaired by the Chancellor of the Duchy of Lancaster (“**CDL**”), Michael Gove and attended by SoS (Robert Jenrick). An initial package of measures c.£31.5 million was agreed to mitigate any disproportionate health outcomes for minority ethnic groups, older people, and disabled people in the second wave.
 - 7 October 2020: the Prime Minister was briefed on this work by the DIGs Team. The Prime Minister considered the data and the package of measures and gave direction for ministers to agree a more ambitious package of proposals and departments were given a list of specific actions to consider.
156. After the meeting with the Prime Minister, an additional commission was sent to departments to contribute to a revised paper for a future COVID-O. I exhibit this as (WG/129 - INQ000531409 - DLUHC006383611). Following initial returns, on 16 October the CDL wrote a letter to departments across government asking them to go further with their recommendations (WG/130 - INQ000468622 - DLUHC000609005).
157. This work culminated in a Ministerial COVID-O on 29 October attended by SoS (Robert Jenrick) to consider the more ambitious package of measures requested by the Prime Minister, and to supplement interventions that had already been agreed (WG/131 - INQ000090144 - DLUHC000601695). This paper included recommendations for NHS Test & Trace to invest in community led testing and to increase testing at places of worship. COVID-O agreed with the measures and gave an action for the Department to engage bilaterally with HMT on the need to align funding for the new package. I exhibit as (WG/132 - INQ000053988 - DLUHC000601687) the record of this action. For the Department the measures included: potential to scale up the Community Champions scheme to a wider range of areas across England and accelerating funding to national Voluntary and Community Sector (“**VCS**”) organisations to support target communities. The development of these measures is covered in more detail in the ‘Community Champions Scheme’ section below.

158. A DIGs steering group, chaired by Emran Mian, met monthly throughout 2021 to discuss issues relating to the disproportionate impact of Covid-19 on certain groups, including the impact of existing and new Covid-19 policy interventions, including testing (WG/133 - INQ000531434 - DLUHC000082037). The Department's actions in relation to these issues are covered in more detail in the Community Champions section below. The last DIGs meeting chaired by Emran Mian as SRO was held on 8 December 2021, after which the newly created Office for Health Improvement and Disparities ("OHID") took over the DIGs brief as part of its portfolio. The final meeting included a presentation on lessons learned from the DIGs work since Emran Mian became SRO, including recommendations for future cross-Whitehall work. I exhibit this as (WG/134 - INQ000468703 - DLUHC000456857). There were no specific actions for the Department.

Community Champions scheme

159. A SAGE Ethnicity Sub-Group study in 2020 found that marginalised communities had been disproportionately impacted by the Covid-19 pandemic and experienced more challenging economic, social and physical consequences. It concluded that the pandemic had shone a light on existing health inequalities and revealed mistrust towards government and healthcare services was high in many disadvantaged communities. It also noted key public health communications were not reaching all communities resulting in lack of information, misinformation, and delayed help-seeking (WG/135 - INQ000231046 - DLUHC010172054). The aim of the Community Champions scheme, agreed at COVID-O on 24 September 2020, was to increase community engagement with public health information, including (but not limited to) simplifying key health messages and signposting to local and national support available such as testing sites and the support available to those who were self-isolating (WG/136 - INQ000065388 - DLUHC000443035).
160. The scheme allowed LAs to be responsive to their community make-up, with each region recruiting Community Champions in line with the different aims and needs of each area within the framework of the programme. This enabled LAs to utilise their networks and share messages with communities that would otherwise be hard to reach. Community Champions worked alongside LAs and VCS organisations to share information by running workshops, events and helplines that helped their communities to access key public health advice. This included creating bespoke materials that simplified key public health messages and communication campaigns which addressed barriers of misinformation. The Community Champions programme was managed by the department's Faith, Integration and Communities Team.

161. On 12 October 2020, the SoS (Robert Jenrick) approved a recommendation from officials for funding of up to £25 million, including £18 million for up to 40 LAs and £7 million to fund up to 100 projects in the VCS sector (WG/137 - INQ000468621 - DLUHC000441799). The recommendation, which I exhibit as (WG/138 - INQ000104683 - DLUHC000441427), proposed targeting LAs based on transmission, population data and local and national intelligence about the makeup of people from DIGs in different LAs. The main aim of the recommendation was to bolster and enhance existing engagement and communication tools to reach the most at-risk populations in their areas.
162. On 22 October 2020, Kemi Badenoch, Minister for Equalities in CO, published the first of four RDU reports to the Prime Minister and Health Secretary on progress to understand and tackle Covid-19 disparities experienced by individuals from an ethnic minority background (see Annex C). This was accompanied by an oral statement by Minister Badenoch which set out new measures including an announcement on the Community Champions Scheme.
163. A Community Champions business case was submitted to the Department's Investment Sub-Committee ("ISC") for approval on 2 November 2020 (see paragraph 164). As set out in the DIGs section above, COVID-O had previously agreed on the potential to scale up the Community Champions scheme to a wider range of areas across England. Funding had been earmarked for up to 40 authorities based on need and scale; however, the Department had developed a long list of 65 areas which could be funded. To determine which LAs were suitable for the scheme, the Department used Census data to produce 4 data sets relating to proficiency of English language, residential segregation (hard to reach communities where residents mainly mix only with people from their area and use hyper-local services which cater to their specific needs), disability and Covid-19 tiers, then produced a long list of LAs to determine need. This methodology was tested with government analysts who indicated it matched areas with the highest transmission rates.
164. The business case, which I exhibit as (WG/139 - INQ000468625 - DLUHC000443319), proposed to fund a minimum of 40 LAs but invite others from the longlist if surplus monies were available once grants for the initial 40 had been processed. With respect to the VCS sector, the £7 million would be split into two parts:
- £4.4 million for competitive bids from up to 100 VCS organisations which had a demonstratable reach into disproportionately impacted groups. This allowed for bids to focus on LAs not funded as part of the overall scheme and communities with further rises in transmission.
 - £2.6 million immediate 'surge' funding to 3 national organisations specialising in faith and Black and Minority Ethnic ("**BAME**") engagement. These national organisations included

those with extensive experience in bringing together faith leaders and developing local initiatives, especially in Pakistani and South Asian communities, whom the RDU report, mentioned above, had shown to be disproportionately impacted by Covid-19.

165. The Department's Chief Finance Officer ("**CFO**") and Chair of its Investment Sub-Committee, Matt Thurstan, requested further analysis for the economic case presented and asked that the Department define clear outcomes for the programme. The CFO also stressed the need to make delivery of the programme as time and cost effective as possible, and that the £4.4 million competitive grant funding for the VCS sector could create unnecessary delays and bureaucracy. Given the urgency of implementation, he suggested it may be simpler to fund LAs only but encourage them to collaborate directly with VCS organisations, rather than committing to funding for both LAs and the VCS sector (WG/140 - INQ000468626 - DLUHC000437563). This was factored into the subsequent ministerial submission, recommending removing the £4.4 million earmarked for VCS organisation funding, and instead to use this money to increase local area funding, targeting the top 50 at-risk LAs and proposing to invite up to a further 15 if the budget allowed. The list of most at-risk LAs was compiled using DHSE/PHE data on Covid-19 incidence alongside social integration data and higher levels of disability, to identify LAs with larger proportions of at-risk communities and entrenched community transmission of Covid-19.
166. The recommendation also proposed reducing the allocation of £2.6 million for the 3 national organisations already working with the Department, to £2.15 million, as the reduced amount would still ensure the programme delivered early results at pace as per the request from the Prime Minister. In the updated recommendation, the amount allocated for LA funding was £22.85 million. I exhibit the recommendation as (WG/141 - INQ000468653 - DLUHC000436871).
167. On 23 November 2020, the SoS (Robert Jenrick) and Lord Stephen Greenhalgh, Minister of State jointly in the Department and the Home Office, responded to the recommendation of 10 November and were content with all recommendations apart from one of the three national organisations set to receive part of the £2.15 million and asked that the fund be split between the other two. The SoS also asked that the Department request monthly returns from LAs involved in the scheme against detailed key performance indicators (WG/142 - INQ000468632 - DLUHC000444058). The following day, the Department submitted a further note in response to the SoS's concerns, including plans for monitoring and reporting as part of the scheme (WG/143 - INQ000468633 - DLUHC000461393). The Community Champions scheme was then approved by SoS on 26 November 2020.

168. On 30 November 2020, the Department issued the Community Champions prospectus, explaining the programme, and an expression of interest (“**EOI**”) form to 50 LAs. EOI forms from LAs included details of existing partnerships with local testing services that they wanted to build on, and proposals for enabling community champions to provide focused messaging around testing within their communities. The prospectus set out the programme’s key aims, including immediate and longer-term outcomes linked to building open, transparent dialogue around local testing within communities to counter misinformation, provide clarity and fill real knowledge voids (WG/144 - INQ000468637 - DLUHC000437459). The form asked LAs to respond by 9 December 2020, for the Department to begin processing funding for the scheme.
169. On 17 December 2020, the Department provided an update on the initial targeting of LAs for the programme for SoS (Robert Jenrick) and Lord Greenhalgh. The update confirmed that 49 of the 50 LAs targeted had submitted applications, totalling an initial figure of £19 million funding, not including the additional £2.15 million for national organisations. This meant that, of the original budget, £3.85 million remained, and an additional 15 areas had now been invited to apply. There was also a recommendation for SoS and Lord Greenhalgh to agree funding arrangements for 9 LAs in the Greater Manchester area who were seeking to work collaboratively with the Greater Manchester Combined Authority (“**GMCA**”) and to fund a vaccines and test and trace campaign developed by GMCA as part of the settlement (WG/145 - INQ000468640 - DLUHC000446128). The proposals from GMCA included a multi-channel communications campaign around vaccination and test and trace across all 10 boroughs based on an independent review of vulnerabilities in target communities. Lord Greenhalgh agreed with the recommendations on 5 January 2021. In their first monthly reporting return Rochdale, one of the nine LAs included from the GMCA group, reported that through culturally adjusted / bespoke communications, over 1,573 people from priority communities had engaged with health equality interventions to promote vaccine uptake, prevent the spread of Covid-19 or address other health inequalities.
170. On 7 January 2021, the Department provided an updated submission for SoS (Robert Jenrick) and Lord Greenhalgh, including a full list of finalised allocations for the Community Champions scheme, following negotiations with the 60 LAs who had submitted applications that were fundable within the agreed amount of £22.85 million (WG/146 - INQ000468643 - DLUHC000446963). Lord Greenhalgh approved the recommendation on 11 January. Additional applications included proposals for activities to increase outreach, engagement and communication with residents disproportionately impacted by Covid-19. For example, Rotherham Council identified an issue within their BAME communities around the circulation of

misinformation on social media about Covid-19 testing and proposed to provide social media training for community champions to recognise authentic sources of information and engage people on social media (WG/147 - INQ000531538 - DLUHC009403391).

171. On 25 January 2021, SoS (Robert Jenrick) announced Community Champions funding from the Department of £23 million, specifically targeted at 60 LAs and voluntary groups across England to expand work to support those most at risk from Covid-19. By the time of announcement, a main focus of the programme was addressing issues around vaccine hesitancy, however tackling misinformation more broadly and ensuring accurate advice was available, including around testing, remained an aim of the programme. I exhibit the press release for this announcement as (WG/148 - INQ000137114 - DLUHC000082051). The scheme aimed to support many different communities, including Gypsy, Roma, Traveller communities, people with learning disabilities, as well as faith groups. Each of the LAs had developed their own plan to improve communications within these groups and to take into account their local priorities, with examples including helplines, school programmes, workplace engagement, phoning those in at risk groups as well as training sessions to help provide information and advice.
172. Over the course of the Community Champions programme, participating LAs provided monthly reporting information against key performance indicators including data on the number of groups funded, community champions appointed, events held and social media reach. I exhibit as (WG/149 - INQ000468672 - DLUHC000437484) the first monthly reporting return covering the period 29 January 2021 and 28 February 2021 as an example. The reporting includes details of activities carried out within local areas and by the voluntary community sector. For example, one of the recipients of the VCS surge funding, mentioned above, reported that they had carried out 15 community-led webinars and roundtables including consultations with NHS Test & Trace for South Asian, Sikh, Jewish, Black and other communities. Another VCS surge fund recipient reported that they had successfully hit their target of reaching 5,000 people directly on social media, with an aim to help more people understand the messaging of test and trace and of vaccine information. The Department created summary reports of this data which were shared with SoS (Robert Jenrick) and Lord Greenhalgh each month.
173. When LAs received their formal offer of funding in January 2021, they were provided with a memorandum of understanding including the expectation that all funding would be committed by 31 March 2021, and all funding activities would have begun to a reasonable level of implementation by 30 June 2021. In June 2021, LAs and VCS partners were asked to provide a final progress report for the programme. The end of programme report sought to gather insights

around achievements in each LA area, including any successes in initiating open, transparent dialogue over any local testing programmes within communities, and the impacts any community champions activities had on behavioural change in the area with regards to local testing engagement. As of 31 May 2021, 12,282 Community Champions had been recruited: 42% via partner organisations, 58% directly by LAs. LAs reported collaborations with 656 organisations since the programme began, with 303 receiving micro funding (WG/150 - INQ000468689 - DLUHC000456349).

174. In February 2021, Kemi Badenoch, Minister for Equalities in Cabinet Office, published the second of four RDU reports on progress to address Covid-19 health inequalities (WG/151 - INQ000089744 - DLUHC002725305). The report included recommendations for the Department to share with LAs examples of good practice for addressing disparities in outcomes from Covid-19, and to work closely with Community Champions to disseminate important health messages and tackle misinformation. In response to this recommendation, the Department organised a series of webinars with participating LAs and VCS partners exploring some of the issues that had been raised through the Community Champions programme, including countering misinformation around testing. For example:

- In March 2021, a representative from local government presented the impacts of a local Covid-19 response hub in Bradford and Craven, including addressing language barriers, testing hesitancy and difficulties in reaching local residents, and reported a local increase in testing uptake with over 30,000 polymerase chain reaction (“PCR”) tests carried out since September 2020 (WG/152 - INQ000531539 - DLUHC009403392).
- In July 2021, a case study from Peterborough City Council and Cambridgeshire County Council was presented outlining work carried out in by local community champions, including the distribution of leaflets about free PCR testing and a PCR testing bus that was made available in different places in the city of Peterborough.
- In July 2021, Shropshire Council presented information on ways in which they had worked to contain Covid-19 outbreaks in sites that provided permanent pitches to gypsy and traveller families. In one instance the LA offered “off-site” testing for an entire site and hand-delivered letters providing information on the requirement to self-isolate if an individual had tested positive.

175. On 24 February 2021, No. 10 expressed an interest in options for phase 2 of the Community Champions programme, with a sole focus on vaccine rollout (WG/153 - INQ000531447 -

DLUHC000447260). The Department subsequently developed the Community Vaccines Champions programme and provided a further £22.5 million of funding, announced on 19 December 2021, to encourage vaccine uptake, however the details are not within the scope of this module and therefore are not included (WG/154 - INQ000137117 - DLUHC000082079).

176. In December 2021, the RDU published its final report on progress to address Covid-19 health inequalities (the third report having been published on 25 May 2021, summarising the progress at that date which related substantially to vaccines, as previously addressed in Module 4). The report described a range of interventions carried out by Community Champions including in Leeds, where Champions supported enhanced testing resulting in over 27,000 tests being completed (WG/155 - INQ000089747 - DLUHC002729951).
177. The evaluation of phase 1 of the Community Champions programme was finalised in March 2021 and was managed by Professor Laura Bear of London School of Economics and Dr Atiya Kamal of Birmingham University, who is also a member of the Independent Scientific Pandemic Insights Group on Behaviours (“SPI-B”). The team produced 3 spotlight reports throughout 2021 which culminated into a final evaluation published by the Department on 3 July 2023 (WG/156 - INQ000283328 - DLUHC002725311).
178. The final evaluation examined local activities including those with increasing testing as a key aim and concluded that “*Community Champions shared messages in a timely manner which minimised the vacuum for misinformation and facilitated the removal of barriers to engaging in vaccination and Covid-19 tests.*”
179. The evaluation also noted various barriers to implementation of the programme, which included challenging timescales for activity, challenges to cohesion at an organisational and community level, and concerns about the future of the programme due to uncertainty about resources for sustainability. The evaluation acknowledged there were wider barriers to NHS Test & Trace which were beyond the control of Community Champions. National support was deemed to be key to addressing these barriers with resourcing and endorsement instilling confidence in Community Champions stakeholders at a local level. The evaluation therefore made recommendations for how the government could build on the successes of the Community Champions programme. Listed in full in the report, key messages included increasing resourcing support to the programme, better embedding the programme into new policy initiatives and better recognition of volunteers.
180. Key findings, recommendations and departmental actions as a result of the Community Champions evaluation can be found in Annex C.

The Workplace Testing Programme

181. During 2021 DHSC established a workplace testing programme as part of its offer on asymptomatic testing. The Department played a supportive role in helping to ensure that organisations and sectors the Department had an interest in, such as housing associations, and those working face to face with vulnerable groups, were aware of the offer and that their views were communicated back to DHSC.
182. On 8 January 2021, COVID-O met to discuss expanding asymptomatic testing, with a focus on targeting those who needed to leave the home to work. COVID-O agreed that NHS Test and Trace should establish a programme of widespread employer/workforce asymptomatic testing, in partnership with government departments, for workforces that could not work from home. Government departments were set an action to identify testing demand and to work with NHS Test and Trace to establish testing provision for workforces in their sectors (WG/157 - INQ000531430 - DLUHC003475357). The programme aimed to increase national testing capacity, and to make key workforces more resilient by preventing outbreaks and helping to keep essential services operating (WG/158 - INQ000091617 - DLUHC004985925).
183. The initial scope of the Workplace Testing Offer was to support delivery of asymptomatic testing to large organisations with more than 250 employees, however as the Workplace Testing programme expanded, it brought workforces that the Department had an interest in into scope. Workforces of interest to the Department were: supported housing services, housing associations, organisations working with rough sleepers and organisations working with victims of domestic abuse.
184. The Department also produced stakeholder communications to (i) promote the Workplace Testing programme and encourage take up; (ii) communicate changes or developments to the programme; and (iii) share guidance in relation to the programme.
185. Key dates in relation to the Workplace Testing programme are set out below, including examples of communications produced and distributed by the Department.
186. 28 January 2021: the cross-government Director General Testing Strategy Group convened by DHSC set out the expansion of the Workplace Testing programme, with the offer to be extended to employers with 50 or more employees rather than 250 employees. This was announced on 7 February 2021.
187. During the week starting 1 February 2021, the Department undertook an internal scoping exercise with policy teams from across the Department to identify key sectors and workforces that would benefit from the expanded testing offer (WG/159 - INQ000531439 -

DLUHC001574333). Departmental directors were asked to identify workforces in relation to their remit of work that needed to have access to regular testing, and to provide input on the nature of testing needed for these workforces. The Department identified organisations that worked with rough sleepers and victims of domestic abuse and supported housing organisations due to their face-to-face contact with vulnerable people.

- 3 February 2021: The cross-government Director General Testing Strategy Group confirmed that following COVID-O, an internal target had been set for all government departments to have 75% of eligible employees in each sector that they were responsible for to be able to access testing through their employer by 31 March 2021 (WG/160 - INQ000531435 - DLUHC003404795).
- 16 February 2021: The Department circulated an email with guidance to a range of supported housing providers and representative organisations of supported housing providers, setting out the available testing routes for their workforces (WG/161 - INQ000593846 - DLUHC005478095). The guidance highlighted the availability of the workplace testing offer for larger employers, and the availability of community testing for those with smaller or more dispersed workforces. The guidance also signposted stakeholders to sources of further information or support. The Department's key stakeholders included the National Housing Federation, the LGA, Homeless Link and the Salvation Army, as well as other local and voluntary sector groups and charitable organisations. The organisations set out above are not exhaustive but provide examples of the Department's key stakeholders (WG/162 - INQ000531443 - DLUHC005478096).
- 22 February 2021: CO announced via the release of the Covid-19 Response - Spring 2021 Roadmap that the Government's offer of free test kits to workplaces for staff who could not work at home would be extended until the end of June 2021 (WG/163 - INQ000185087 - DLUHC000435622).
- 6 March 2021: DHSC announced that the Workplace Testing scheme was expanded to all businesses in England with workers who needed to leave their home to work, including those with fewer than 50 employees (WG/164 - INQ000531537 - DLUHC009403390).
- 11 March 2021: The Department produced a letter for stakeholders which promoted the expanded Workplace Testing offer. The Department also provided information on alternative routes for testing for organisations that were unable to establish workplace testing sites, for example those with smaller or dispersed workforces. The communication was also circulated

with details of NHS Test and Trace webinars, to provide an opportunity for interested organisations to take part in a Q&A session. This communication was sent to key stakeholders and sector bodies, such as the National Housing Federation, so that they could then share this with relevant workforces (WG/165 - INQ000137085 - DLUHC000826920).

- 28 March 2021: DHSC announced the expansion of the Workplace Testing scheme to allow employers with 10 or more employees to be able to offer their employees home testing (WG/166 - INQ000520772 - DLUHC000081903).
- 14 June 2021: The offer of free workplace testing was initially due to end on 30 June 2021. The Secretary of State for DHSC announced in Parliament on 14 June 2021 that the existing asymptomatic/universal testing offer, including workplace testing, was being extended to the end of July 2021.
- 17 June 2021: The Department sent a letter to communicate this extension to key stakeholder groups, including the domestic abuse and homelessness and rough sleeping sectors. The communication also provided further information on alternative testing routes via the Universal Testing Offer for organisations that had not registered for workplace testing, or for those unable to establish their own testing sites (WG/167 - INQ000531477 - DLUHC000744660).
- 19 July 2021: The Workplace Testing scheme ended in line with step 4 of the Government's Roadmap to ease Covid-19 restrictions in England.

Funding for Testing in High-Risk Settings after the Universal Testing Offer had ended

188. As the Universal Testing Offer ("UTO") came to an end in early 2022, the Department sought to ensure that its highest risk sectors retained access to free testing, funded by DHSC or UKHSA. High-risk sectors included those where users and frontline staff of those services were considered to be most vulnerable to Covid-19. The Department's high-risk settings were primarily homelessness and rough sleeping settings, and domestic abuse refuges. The UTO was a primary source of tests for workers in these sectors.
189. On 18 January 2022, officials from the Department attended a cross-government policy engagement forum where UKHSA informed officials that HMT were becoming concerned at the amount being spent on testing, and that the current position with the UTO was not sustainable (WG/168 - INQ000531503 - DLUHC003385787).
190. In February 2022, the Department became aware through cross-government policy forums that HMT were seeking to minimise the availability of free tests, with the costs of testing only being

covered in the highest risk settings such as the NHS and adult social care. If government departments wanted to see testing in other types of settings, or for other groups, then it was likely that they would have to meet these costs from within their own budgets (WG/169 - INQ000531507 - DLUHC003381392) (WG/170 - INQ000593847 - DLUHC003381326).

191. The Department's officials proposed to Cabinet Office and UKHSA counterparts that workers and users in particular high-risk settings should continue to have access to free tests from UKHSA funding, in particular supported housing services, including homelessness services and domestic abuse settings. At this time, officials from UKHSA expressed that it was very possible that they would not be able fund testing in these settings (WG/171 - INQ000531505 - DLUHC005713799). The Department continued to raise its concerns with the Cabinet Office and UKHSA on the future of free testing policy in high-risk settings, describing the impact of HMT limiting spending and seeking clarity around which high risk settings would continue to receive funding. For example, on 17 February 2022, officials asked the Cabinet Office to confirm where the final decision about which settings would be in scope of the testing offer would be taken, given that it appeared to be a spending decision. In response, the Cabinet Office explained that after the government's 'Living with Covid-19' strategy was published the following Monday, the Cabinet Office would work with UKHSA to put in place a process for considering these with relevant departments (WG/172 - INQ000593848 - DLUHC003381393).
192. The Department provided briefing for ministers ahead of a COVID-O meeting on 20 February 2022 (which was cancelled) (WG/173 - INQ000531508 - DLUHC003387105) and a Cabinet meeting on 21 February 2022 which set out the rationale for access to free testing (WG/174 - INQ000531514 - DLUHC005546759) (WG/175 - INQ000531506 - DLUHC000468335). The briefing included details on the budgetary pressure UKHSA were under in respect to free testing and the necessity for free testing to remain available for the Department's high-risk settings, including in the sectors set out above.
193. On 21 February 2022, the Prime Minister announced the launch of the 'Living with Covid-19 strategy' which included that from 1 April 2022, the Government would no longer provide free universal symptomatic and asymptomatic testing for the general public in England. As part of the 'Living with Covid-19 strategy' DHSC proposed that the Department provide £100 million for a 'COVID transition fund' for 2022-23, to cover local outbreak management activity, which included funding for testing in high-risk groups and settings associated with the Department policy areas – homelessness and rough sleeping, domestic abuse and supported housing. Other departments were also asked to fund testing for similar settings. Further information regarding the discussions

held with DHSC, UKHSA and HMT around this transition fund is set out at paragraphs 223-233 (WG/176 - INQ000531509 - DLUHC001799362).

194. At a cross-government officials meeting on 23 February 2022, Catherine Frances, Director General for Local Government and Public Services in the Department, asked the Cabinet Office to review the governance process before taking further decisions on testing. This was to ensure that future decisions on testing and groups who would be prioritised for free testing were set centrally and informed by clinical evidence with DHSC as the lead Government Department (WG/177 - INQ000531510 - DLUHC005622185).
195. On 9 March 2022, Cabinet Office shared UKHSA's draft clinical advice with the Department on the future of testing in high-risk settings (WG/178 - INQ000531511 - DLUHC003380473). While the advice noted that DHSC ministers had reallocated resources to fund testing in adult social care settings and homelessness settings, other MHCLG sectors were not included in the paper. On 11 March 2022, the Department sought clarification from UKHSA on whether supported housing and domestic abuse settings previously requested to be included in the advice had been considered (WG/179 - INQ000531512 - DLUHC003380485).
196. Throughout March 2022, officials from the Department spoke to officials from other government departments, including the Home Office, the Ministry of Justice, the Department for Education and the Cabinet Office, about their departments' position on funding for testing in high-risk settings, and whether they would be pressing UKHSA to continue to fund settings in their sectors (WG/180 - INQ000593849 - DLUHC003380618). A cross-government officials' meeting on 15 March 2022 included actions for UKHSA to share updated clinical advice with the Department and CO, and for officials from the Department to provide advice to ministers ahead of COVID-O (WG/181 - INQ000531513 - DLUHC003380540).
197. On 23 March 2022, officials provided a submission to the SoS Michael Gove recommending that the Department insists that DHSC/UKHSA continue to fund testing in the Department's high-risk settings given it was a public health issue. SoS agreed with the recommendation on 28 March 2022 (WG/182 - INQ000531516 - DLUHC002331564) (WG/183 - INQ000531515 - DLUHC002331563).
198. At COVID-O on 29 March 2022, it was agreed that DHSC would continue to fund and provide testing regimes in high-risk settings including in the Department's high-risk sectors (WG/184 - INQ000091607 - DLUHC000602747). There was not a representative from the Department at this meeting

199. On 31 March 2022, UKHSA wrote to the Department confirming that testing should continue to mitigate risk in some high-risk settings, where it could not be mitigated by other methods. A DHSC fund of £20 million would support this, including homelessness settings and domestic abuse refuges (WG/185 - INQ000531518 - DLUHC005583810).
200. On 5 April 2022, UKHSA shared a draft of advice for testing in this Department's high-risk settings from April 2022. To enable UKHSA's negotiations on distribution funding, the Department provided estimates of population sizes of different user groups in each setting (WG/186 - INQ000593851 - DLUHC007600086) (WG/187 - INQ000593850 - DLUHC003380720). The advice included detail around types of appropriate risk mitigation measures, including testing, in each of the Department's high-risk settings. These settings included those that officials from this Department had sought to ensure retained access to testing, namely:
- Night shelters;
 - Hostels, hotels and other temporary accommodation (both communal and self-contained);
 - Other outreach services, including Day Care;
 - Supported housing delivering CQC regulated services;
 - Other sheltered or supported housing; and
 - Domestic abuse refuges.

Contact Tracing

201. NHS Test & Trace worked directly with local government to carry out contact tracing via a local contact tracing partnership model. Under this model, any positive Covid-19 cases that the national NHS Test & Trace team were not able to reach were passed onto local tracing teams in LAs. Local tracing teams then used local intelligence and expertise to reach people who may not have otherwise been traced. They also provided advice on available support to those required to self-isolate and traced back to identify settings where people had been infected to help facilitate quicker and more efficient interventions locally.
202. In its local engagement capacity, the Department's role was to support LAs and understand any emerging issues with local tracing partnerships, if needed. However, as NHS Test & Trace worked directly with local government to establish these partnerships, no issues were raised with the Department and its role was limited to a watching brief. This involved keeping abreast of any updates or issues and keeping Ministers up to date on developments. For example, from November 2020 until July 2021, officials from the Department provided a regular update to

Minister Luke Hall on LA activity related to the pandemic response which included updates on localised contact tracing. The briefing was provided weekly until April 2021, and fortnightly thereafter (WG/188 - INQ000531419 - DLUHC003470967).

The Contain Framework & Local Outbreak Management

203. On 17 July 2020, the Contain Framework was first published by DHSC on the same day as the cross-Government strategy 'The next chapter in our plan to rebuild' (WG/189 - INQ000593862 - DLUHC010172021) (WG/190 - INQ000137239 - DLUHC000040843). The Contain Framework set out how LAs and Government would work together to manage local outbreaks. The Contain Framework was owned by the Joint Biosecurity Centre which was established in May 2020. The Department supported this work in two ways, firstly by ensuring the views and needs of LAs were reflected in the Contain Framework, and secondly by providing views on how to establish the JBC, asking that LAs and LRFs were consulted. For example, officials from the Department attended JBC workshops intended to brief LA Chief Executives on the design of the JBC and get their input from a local government perspective (WG/191 - INQ000531364 - DLUHC003310013).
204. JBC aimed to provide advice and inform local and national decision-making in response to Covid-19 outbreaks. On 12 May 2020 the Department attended a workshop between the JBC and a selection of LA CExs, as well as representatives from the LGA. It was broadly agreed by attendees that local decision making and planning should be led by upper tier LAs and that existing structures such as local public health teams, should be utilised (WG/191 - INQ000531364 - DLUHC003310013).
205. The Department also supported the JBC by helping to feed local government input into the initial development of the Contain Framework (WG/192 - INQ000531370 - DLUHC003363855) (WG/193 - INQ000531371 - DLUHC003309439) and its subsequent updates on 18 March 2021 (WG/194 - INQ000595133 - DLUHC009403383), 30 July 2021 (WG/195 - INQ000593864 - DLUHC010172038) and 7 October 2021 (WG/196 - INQ000223952 - DLUHC009403388) until the framework was withdrawn on 7 April 2022. The Department also shared relevant updates on the fund with local partners, for example through webinars with local leaders, and through the daily Local Government Bulletin.
206. The Department also supported with the drafting of necessary regulations, and guidance. For example, prior to the initial publication of the Contain Framework, the Department worked with both the JBC and DHSC to review gaps in existing legislation, which confirmed that without further regulations there would not be sufficient powers by which either Ministers or LAs could impose all

the local or regional interventions set out in the Contain Framework. As all Upper Tier LAs were asked to develop local outbreak control plans, the Department alongside relevant OGDs, considered what additional powers might be needed for LAs to manage future outbreaks in line with their plans (WG/197 - INQ000531369 - DLUHC003317173).

207. On 26 June 2020, the JBC provided advice to the DHSC SoS and this Department's SoS (Robert Jenrick) on proposals to make regulations to provide LAs with powers to manage local outbreaks of Covid-19 as part of the Contain Framework (WG/198 - INQ000233859 - DLUHC006348361) (WG/199 - INQ000531391 - DLUHC006348362). DHSC SoS took the decision on the wider Contain policy framework and the legislative underpinning for the local outbreak management powers. Following this advice, the work above culminated in the introduction of regulations to enable LAs to respond to local outbreaks through implementing the Contain Framework and the following publications in relation to local outbreak management.

- On 17 July 2020, the Contain Framework was published by DHSC. The Contain Framework set out how LAs and Government would work together to manage local outbreaks.
- On 17 July 2020 alongside the publication of the Contain Framework DHSC announced that new regulations to give local and national government additional powers to stop local transmission of the virus would come into effect from 18 July 2020 (WG/200 - INQ000517389 - DLUHC009403386).
- On 18 July 2020 additional powers were provided for LAs through the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ('the Regulations') came into force. The Regulations granted upper tier LAs in England new powers to respond to local outbreaks. These new powers included: (i) restricting access to, or closing, individual premises; (ii) prohibiting certain events (or types of events) from taking place; and (iii) restricting access to, or closing, outdoor public places (or types of outdoor public places).
- On 24 July 2020, a menu of options for Ministerial interventions was published by DHSC. Following advice from JBC, this set out how Ministers could control an outbreak if more wide-ranging action was necessary, building on the approaches taken nationally and in response to local outbreaks. It included draft options for intervention, including draft regulations, which illustrated how government could legislate in a targeted, proportionate way to respond to the particular circumstances of an outbreak.

208. The Contain Framework also provided detail on the funding available to LAs through the Contain Outbreak Management Fund. I set out further detail on COMF below at paragraph 223-233.

209. The Contain Framework also set out the requirements of LAs on the Covid-19 response, and how these should be factored into their local outbreak management plans (“**LOMPs**”). Local systems were required to publish and regularly refresh their LOMPs to align with the overall national response as it evolved, setting out their proposed response to outbreaks and Variants of Concern (“**VoC**”).
210. As LAs developed their LOMPs, the Department’s role was largely supportive, as LA CEXs established a forum to work with DHSC to develop their plans and share good practice through the ‘Good Practice Network’. This group was chaired by Tom Riordan, Contain SRO for NHS Test and Trace, and Chief Executive of Leeds City Council. The group was comprised of LA CEXs, DHSC representatives including Regional Conveners, and PHE representatives (WG/201 - INQ000531382 - DLUHC006346167) (WG/202 - INQ000531383 - DLUHC002574160).
211. In February 2021 DHSC set up the Contain Framework Task and Finish Group to oversee work to refresh the framework and set out national and local roles and responsibilities on the end-to-end response, including emerging work on VoCs. (WG/203 - INQ000137071 - DLUHC000082407). The Department contributed to this by commenting on drafts of the refreshed Contain Framework (WG/204 - INQ000531448 - DLUHC003401883) (WG/205 - INQ000531449 - DLUHC003401929) (WG/206 - INQ000531450 - DLUHC003401930) (WG/207 - INQ000531451 - DLUHC003401931).
212. On 4 March 2021, the Department provided comments on a draft COVID-O paper prepared by DHSC on the Contain proposals, and a draft Contain Framework (WG/208 - INQ000531453 - DLUHC003481128). The Department provided specific feedback from SoS (Robert Jenrick) on the proposals for tackling enduring transmission. The Department also raised policy points that needed addressing around governance, local flexibility and funding. The paper was discussed at COVID-O (officials) on 4 March 2021 and DHSC was set a number of actions to update the paper ahead of COVID-O, which included expanding the proposals for pilots to test new approaches in areas of enduring transmission and clarifying the funding requirements (WG/209 - INQ000531454 - DLUHC001665307).
213. On 8 March 2021 the Department provided further comments to DHSC on the draft framework ahead of publication, which included stressing the need for the framework to be clear about the roles and responsibilities of national government and local government with regard to communications. The Department also emphasised the need for LAs to factor the homeless and rough sleeping population into their local outbreak plans, which DHSC agreed to reflect in the refreshed framework (WG/210 - INQ000531456 - DLUHC001659908).

214. Ahead of a COVID-O on 9 March 2021, the Department provided further advice to SoS (Robert Jenrick), calling for DHSC to work with the Department to engage LAs on tackling enduring transmission and emphasising the need to be clear with LAs about the prioritisation of requests and the need for the Contain Framework to provide clarity on how each element of local response would be funded, either through COMF or additional funding (WG/211 - INQ000531457 - DLUHC005418518). COVID-O agreed to the publication of a refreshed Contain Framework in March 2021, subject to clearance by No10, HMT, the Covid-19 Taskforce and the Department (WG/212 - INQ000531460 - DLUHC006407288).
215. This first update of the Contain Framework was published on 18 March 2021 following the publication of the Government's Roadmap to ease Covid-19 restrictions in England, on 22 February 2021.
216. The Contain Framework also set out the measures available to provide support to local areas facing challenging situations through DHSC's Enhanced Response Area ("ERA") package. These ERAs were designed to respond early to unusual rises in cases allowing more time to manage the disease and its impacts locally to avoid overwhelming local NHS pressure.
217. On 14 May 2021, the Prime Minister held a press conference to announce extra measures to tackle the spread of the Delta variant in three LAs (Bolton, Blackburn with Darwen and Lancashire). On 21 May 2021, this was extended to an additional five LAs (Bedford, Burnley, Hounslow, Leicester, and North Tyneside) following the Health Secretary's announcement on 19 May 2021 of further measures for these areas. The Department and DHSC held conversations with several chief executives of LAs and Directors of Public Health at affected LAs following the coverage of these changes.
218. On 3 June 2021, SoS (Robert Jenrick) attended a COVID-O meeting where DHSC presented a paper which included further details of the ERA package which could be offered to all areas experiencing rapid growth of the Delta VoC and designated as an ERA. The meeting also included a proposal to agree additional local areas to apply these measures to outside of the existing eight LAs already designated as ERAs. The committee agreed the extension of the ERA package and that DHSC and the Department would lead local engagement ahead of an announcement in the week commencing 7 June 2021.
219. On 21 June 2021, in preparation for moving toward Step 4 in the Roadmap, DHSC engaged the Department to support with updating the Contain Framework and the supporting Outbreak Management Response Toolkit. Following the Prime Minister's announcement on 5 July 2021 to

set out the five-point plan for living with Covid-19, DHSC asked for a further review of the documents before publication of an updated Contain Framework, which the Department provided on 8 July 2021 (WG/213 - INQ000531478 - DLUHC000484905) (WG/214 - INQ000114462 - DLUHC009403387).

- 220. On 30 July 2021, the updated Contain Framework was published following the move to step 4 of the Roadmap. This was agreed at official level.
- 221. On 17 September 2021, DHSC shared an updated Contain Framework and asked for comments from the Department. On 30 September 2021, DHSC shared an updated draft of the Contain Framework with the Department, seeking final comments and the Department's approval prior to publication. On 1 October 2021, officials in the Department gave their approval to DHSC to publish the updated Contain Framework (WG/215 - INQ000137073 - DLUHC000128804).
- 222. On 7 October 2021, an updated Contain Framework was published in line with the Covid-19 Response: Autumn and Winter Plan 2021 (WG/196 - INQ000223952 - DLUHC009403388). The Contain Framework was withdrawn on 7 April 2022, following the publication of guidance on living safely with Covid-19 by UKHSA on 1 April 2022 (WG/216 - INQ000531526 - DLUHC000081842).

Contain Outbreak Management Fund

- 223. The Contain Outbreak Management Fund was a DHSC ringfenced fund set up to support LAs in England to carry out outbreak management and related public health activities.
- 224. The Department's role in relation to COMF was largely to support DHSC as the lead government department. The Department initially did this by communicating updates on the fund with local partners, for example through webinars with local leaders, and through the daily Local Government Bulletin. The Department also supported by commenting on letters drafted by the JBC to be sent to LAs, and by commenting on JBC's communications plan around COMF (WG/217 - INQ000531411 - DLUHC000020432). On later iterations of the fund, the Department also provided policy support to DHSC on determining the funding distribution and allocation. The Department also provided support by inviting feedback from LAs and sharing this with DHSC.
- 225. The fund was first issued in June 2020. DHSC distributed £300 million to English LAs to support the development of local outbreak management plans. This was distributed under the Test and Trace Support Service Grant and subsequently renamed to COMF.
- 226. On 23 November 2020 the Covid-19 Winter Plan was published, which set out that COMF would be increased in order to provide additional payments to LAs facing higher restrictions until the end

of the financial year. By the end of the Financial Year 2020/21 as the scope of COMF expanded, LAs had been provided with over £1.6 billion as part of the fund.

227. In early 2021 DHSC provided an additional £400 million to LAs through COMF for 2021-22 as part of the COVID-19 Response: Spring 2021 (The Roadmap). This funding was allocated to LAs to support public health activities directly related to the Covid-19 response, such as testing, non-financial support for self-isolation, support to particular groups (CEV individuals, rough sleepers), communications and engagement, and compliance and enforcement activity (WG/218 - INQ000531444 - DLUHC000082399).
228. COMF for 2021-22 was allocated using a formula and methodology developed by the Department so funding could be most accurately allocated to LAs based on need, with population and levels of deprivation being the most important factors that explained levels of expenditure (the Covid-19 relative needs formula (“**RNF**”). DHSC modelled how this funding would be targeted at areas with consistently high infection and transmission rates__(WG/219 - INQ000531542 - DLUHC009882301). The Inquiry should note however that this remained a DHSC fund. The RNF gave weighting to both population and deprivation levels, based on the Index of Multiple Deprivation. The Department also supported DHSC in the design of its approach to the monitoring and evaluation of COMF. The Department also worked with DHSC to ensure that it produced clear guidance that reflected the funding conditions and local government priorities. On 8 April 2021 DHSC wrote to LA CEXs to confirm the allocations of the £400 million that would be distributed from COMF for the financial year 2021/22.
229. During the Omicron Variant outbreak, the government introduced additional measures under Plan B of its Autumn/Winter Plan 2021, to manage the response. This presented an issue for some LAs which had already exhausted their COMF allocations or were running low on funds to manage the response (WG/220 - INQ000531491 - DLUHC003383178).
230. On 15 December 2021, SoS Michael Gove sent a letter to the DHSC SoS (Sajid Javid) and the Chief Secretary to the Treasury (Simon Clarke) stressing the need for government to clarify the funding available through COMF to LAs to allow them to deliver Plan B activity (WG/221 - INQ000531496 - DLUHC003078891). Following this the Department worked with DHSC and UKHSA officials to secure agreement to allow a rollover of any unspent COMF into the following financial year. However, HMT was reluctant to fund any additional COMF as it advised the government should be transitioning to a strategy of managing Covid-19 alongside a wider range of health threats including infectious disease, seasonal flu, chemical hazards, extreme weather events and other environmental risks. UKHSA therefore repositioned the business case with

support from the Department for the following financial year as a Covid Transition Fund_(WG/222 - INQ000531502 - DLUHC003384202) (WG/223 - INQ000531499 - DLUHC005689357).

231. The Department continued to work with UKHSA to make a case to HMT for funding for LAs to support the transition towards living with Covid-19. LAs were still dealing with the pressures created by Omicron and there was an expectation that LAs would continue to have a role in outbreak management during the transition period.
232. Funding for outbreak management and transitioning towards living with Covid-19 continued to be debated alongside discussions around funding for testing in high-risk settings, as set out above at paragraphs 188-200. On Sunday 20 February 2022, the day before the 'Living with Covid-19 Strategy was published, DHSC contacted SoS Michael Gove and ministers from several other departments to request that they fund delivery of testing in their settings for 2022-23. DHSC SoS communicated with the Department via private office that this Department would also cover local authority costs for local outbreak management as well as testing in relevant sectors, with a total request to provide £100 million for a 'COVID transition fund' for 2022-23. DHSC proposed that during the transition LAs would need to carry out outbreak investigation and management activities which included tailored communications to drive vaccination take-up in specific communities; testing in high-risk settings to reduce outbreaks; and the provision of tailored public health guidance (WG/176 - INQ000531509 - DLUHC001799362).
233. The Department escalated the issue through senior officials, DHSC SoS's private office, and through a cross-Whitehall meeting that the Department should not be responsible for providing this funding, as it was a public health matter. Subsequently, UKHSA colleagues went on to consider alternative DHSC and UKHSA funding options, with some input from the Department. UKHSA's budget was later agreed with HMT and the decision was taken for local Covid-19 outbreaks to be managed locally through the existing Public Health Protection Framework, which covered wider health threats such as communicable diseases and environmental hazards. UKHSA then confirmed that the Department would not be expected to provide the £100 million (WG/224 - INQ000531519 - DLUHC003384108).

Test and Trace Support Payment Scheme

234. The Test and Trace Support Payment Scheme was a DHSC funded scheme, paid by LAs, which enabled eligible individuals or households in receipt of a specified benefit to receive a discretionary support payment of £500 if they were told to isolate by NHS Test and Trace and would lose income as a result. The role of the Department was to facilitate payment of this DHSC

grant to LAs, escalate LA feedback and ensure they had the guidance they needed on how to operate the fund. In early September 2020, DHSC trialled the scheme in Blackburn with Darwen, Oldham and Pendle to see how effective it was in reducing rates of transmission and supporting vulnerable people. The government then planned to identify how the scheme could be best rolled out to other areas of England with high incidence of Covid-19. Payments made as part of the trial were issued by LAs and reimbursed by DHSC.

235. On 11 September 2020, the Cabinet Office expressed that the Prime Minister was keen to make more progress on the financial support scheme to encourage more people to self-isolate following a positive test. Officials from the Department met with officials in the Cabinet Office Covid-19 Taskforce that same day to discuss plans for progressing the scheme and strengthening the incentives for people to self-isolate. The plans included a payment to those self-isolating who were below an income threshold or receiving benefits. DHSC led on the proposals, and the initial lead option was for LAs to process and make the payments (WG/225 - INQ000531397 - DLUHC001850398).
236. On 18 September 2020, the Department fed back local concerns to No 10 that implementing a new payment scheme at short notice would be challenging for some LAs and that to minimise the impact on them, certainty of funding, clear guidance and access to accurate and timely data would be needed (WG/226 - INQ000531398 - DLUHC000015563). I exhibit feedback from the Chair of the LGA, a submission for SoS (Robert Jenrick) setting out implementation risks, and a briefing for SoS to attend COVID-O which sets out concerns raised by LAs (WG/227 - INQ000593840 - DLUHC000011495) (WG/228 - INQ000593837 - DLUHC000025208) (WG/229 - INQ000593838 - DLUHC000012212).
237. Also on this day, COVID-O met to discuss; (i) an announcement to introduce the requirement to self-isolate for positive cases or those who were close contacts of positive cases from 28 September 2020; and (ii) proposals for a national self-isolation support payment scheme. It was agreed that DHSC SoS would make an oral statement on the introduction of self-isolation measures on 21 September 2020, following a government announcement on 20 September 2020. The self-isolation support payment scheme, as proposed in a paper by the Covid-19 Taskforce, was also agreed. DHSC were asked to ensure guidance was ready for the following Monday to ensure the Department could communicate clearly with LAs. LAs were expected to have payment systems in place to administer the support payments by 12 October 2020 (WG/230 - INQ000531400 - DLUHC001689157).

238. On 19 September 2020, the Department received confirmation from HMT that £40 million of funding would be made available to fund the DHSC Test and Trace Support payment scheme in England from October 2020 which the Department would pay to LAs (WG/231 - INQ000593839 - DLUHC000016850). This funding comprised of £25 million for general case payments which LAs would pay to applicants, £10 million for administration which covered the costs of making payments to LAs and £5 million in discretionary funding which allowed LAs to make payments to applicants who meet the main eligibility criteria of the Test and Trace Support Payment Scheme, allowing LAs flexibility to support individuals who merit the payments while falling outside strict eligibility criteria.
239. On the same day, officials from the Department shared a draft press notice, letter and guidance and Q&A for LAs with a group of LA CEXs representing the nine regions in England (WG/232 - INQ000531401 - DLUHC002795200), (WG/233 - INQ000531402 - DLUHC002795202). The LGA fed back they were pleased that the government had recognised that people on low incomes may need additional help to self-isolate, however stated that it was vital the government worked closely with LAs so they can prepare to set up the scheme (WG/234 - INQ000531541 - DLUHC009882302).
240. On 20 September 2020, the Prime Minister's office announced a new package to support and enforce self-isolation, which included the payment of £500 for those on lower incomes who could not work from home and had lost income as a result (WG/235 - INQ000517400 - DLUHC009299110). The same day, the Department issued a letter from the Health Secretary to LA chief executives outlining the changes to self-isolation requirements and the financial support for people who are required to self-isolate, this included a Q&A which provided information on the LA role in administering the Test and Trace Support Payments (WG/236 - INQ000531403 - DLUHC000029172). The letter highlighted that Government would work with LAs to implement arrangements to make the payments as quickly as possible, by 12 October 2020 at the latest, and therefore allowing eligible individuals who were notified of the need to self-isolate on or after 28 September 2020 to make backdated claims.
241. From the 22 September 2020 Cabinet Office set up daily meeting of senior officials and LAs on the delivery of the self-isolation payments scheme, which were attended by the Department.
242. On 24 September 2020 the Department hosted a webinar for LAs to provide further information on the Test and Trace Payment Support Scheme. At the webinar the Department also invited LAs to provide feedback on the scheme. Areas which LAs sought clarification on included eligibility

checks, the application process, any appeals process for unsuccessful applicants and interactions between this scheme and the benefits system (WG/237 - INQ000531405 - DLUHC003410626).

243. On 25 September 2020 HMT confirmed that the discretionary fund would be increased from £5 million to £15 million. It was agreed that MHCLG would make payments to LAs on behalf of DHSC on completion of the appropriate MoU paperwork which would allow the payment of grant allocations to LAs for implementing the Test and Trace Support Scheme as the Department held the information needed to administer the payments which were authorised by the Permanent Secretary
244. On the 28 September 2020 a MoU between the Department and DHSC set out that payment could be transferred from DHSC to MHCLG and paid out to LAs (WG/238 - INQ000566307 - DLUHC006669034).
245. On the 6 October 2020 officials provided a submission to ministers regarding the interaction of DHSC's new self-isolation incentive payment with local council tax support schemes (WG/239 - INQ000531408 - DLUHC000018377). The advice identified a risk that a person in receipt of a £500 self-isolation payment, who receives a local council tax discount, could have their council tax liability increased, reducing the benefit of the £500 payment. Additional information was provided to support the Minister on 12 October 2020, following this, Minister Hall agreed to issuing guidance to LAs on 19 October 2020 (WG/240 - INQ000531412 - DLUHC001857879).

Practical Support for Self-Isolation

246. From November 2020 to April 2021, the Department worked with NHS Test & Trace to increase compliance and reduce barriers to self-isolation by developing a practical support framework ("**The Contain Framework**"). The framework provided LAs with information on how to support those self-isolating, such as by providing food parcels, medicine delivery and mental health support.
247. In September 2020, the SPI-B, which provided advice to SAGE on a range of issues related to the Covid-19 pandemic, had produced research on the impact of financial and other targeted support on rates of self-isolation or quarantine. The report found that rates of self-isolation were likely very low, and particularly low among the youngest and the poorest, thereby contributing to inequalities in the impact of Covid-19. It also included evidence to show that adherence with self-isolation would be increased by targeted support, including: financial support; tangible non-financial support; information and support for psychological wellbeing (WG/241 - INQ000422304 - DLUHC004839717).

248. On 30 November 2020, Cabinet Office commissioned DHSC for a COVID-O paper on improving self-isolation rates. DHSC asked the Department to provide contributions to this paper due to its relationship with LAs. In particular, the shielding programme, which the Department had responsibility for managing, as described above, was considered to be relevant as it provided practical support for clinically extremely vulnerable people who were isolating. The Department worked with DHSC on options for a non-financial support package that could be provided to those self-isolating, and whether a model similar to that operationalised through the shielding programme would work. The Department's contributions to DHSC's COVID-O paper were shared with SoS Robert Jenrick on 2 December 2020 (WG/242 - INQ000531420 - DLUHC000602075).
249. DHSC's paper recommended that the government work with LAs to provide a more consistent, visible and accessible framework of practical, social and emotional support for people self-isolating, modelled on the shielding support framework (WG/243 - INQ000531432 - DLUHC000487019).
250. From 21 December 2020 to 24 February 2021, the Department held task and finish group meetings with officials from DHSC and representatives from local government to discuss methods for improving adherence to self-isolation. At these meetings LAs fed back views on how to overcome barriers to compliance, including the perceived impact self-isolation could have on an individual's employment, and they were also provided the opportunity to comment on early drafts of the self-isolation practical support framework under development (WG/244 - INQ000531528 - DLUHC007998219) (WG/245 - INQ000593844 - DLUHC007447577) (WG/246 - INQ000593845 - DLUHC007765057).
251. SoS Robert Jenrick attended COVID-O on 22 January 2021 to discuss increasing compliance with self-isolation, where it was agreed that the government would progress DHSC's non-financial support proposals, subject to submission of a business case with support from MHCLG (WG/247 - INQ000531469 - DLUHC007997980). Officials provided briefing for the SoS that specified the requirement for LAs to be given enough time to ready themselves for providing non-financial support, and the need for additional funding for any further requests to be made of LAs (WG/248 - INQ000531431 - DLUHC003405434).
252. On 11 February 2021, officials provided a submission to the SoS Robert Jenrick on DHSC's proposed outline framework, which set out new expectations of LAs in delivering a consistent support offer for those self-isolating. The submission explained that the Department's preferred approach toward funding would be to use an existing mechanism such as the COMF, rather than setting up a new fund which would require a bespoke grant formula and distribution mechanism

and would take time to negotiate. However, DHSC's preferred approach was to set up a new grant scheme within NHS Test & Trace specifically for providing non-financial self-isolation support (WG/249 - INQ000531442 - DLUHC007998186). SoS reviewed the submission and requested further detail on the cost estimates and asked that officials formally register concerns with DHSC that the cost estimates were very high for LAs to absorb.

253. On 3 March 2021, officials provided an update to the SoS Robert Jenrick on progress made on the Practical Support Self-Isolation Framework, along with DHSC's guidance for LAs. The update confirmed that the commitments sought from DHSC to support the proposal had been met, and that funding had been agreed. The guidance also advised LAs that they may wish to use funding from the COMF to help meet the costs of any direct support that they provide to people self-isolating (WG/250 - INQ000531452 - DLUHC003059635).
254. On 8 March 2021, SoS confirmed he was content with the framework and raised no further concerns (WG/251 - INQ000531455 - DLUHC003059632).
255. On 9 March 2021, DHSC and MHCLG sent a joint letter to LA chief executives announcing the launch of the Framework of Practical Support for Self-Isolation. The letter set out the government's intention to issue a readiness survey to LAs to understand how confident they felt about delivering against the framework (WG/252 - INQ000531458 - DLUHC007998097) (WG/253 - INQ000531459 - DLUHC000462310). The readiness survey was sent out to LAs on 16 March 2021 (WG/254 - INQ000531462 - DLUHC008719974). In addition, the Department held two webinar teach-ins with LAs on 16 and 17 March 2021 to introduce the framework.
256. HMT had agreed funding of £12.9 million a month until 30 June 2021, and the Covid-19 Response – Spring 2021 roadmap also committed to extending the existing Test and Trace Support Payment Scheme into the summer, with an expanded eligibility criterion, and an additional £20 million per month for discretionary support payments. Funding was agreed on the condition that it be ringfenced. On 22 March 2021, Lord Bethell, Parliamentary Under Secretary of State for Innovation at DHSC, subsequently wrote to SoS Robert Jenrick seeking urgent agreement to providing this funding to LAs through the ringfenced section 31 grant to meet the costs involved in helping people to access practical support when they need to self-isolate (WG/255 - INQ000531463 - DLUHC003154448). SoS approved the request on 25 March 2021 (WG/256 - INQ000531464 - DLUHC003154446).
257. On the same day, officials provided SoS an update on the findings of the readiness survey, which concluded that the Department was confident LAs would be able to deliver against the framework

(WG/257 - INQ000593863 - DLUHC010172022). For example, the survey found that LAs were reporting strong levels of readiness due to having systems and mechanisms already in place to support people shielding, and some LAs highlighted the work they were doing to maximise the accessibility of their support offer by reaching the digitally excluded, BAME communities, and those who do not speak English as a first language (WG/258 - INQ000531465 - DLUHC006131440).

258. After the framework was launched and funding was agreed, DHSC took forward the lead on updates of the framework and on a practical support review and the Department's involvement came to an end. On 27 April 2021, DHSC contacted LAs thanking them for their work on the practical support offer and issuing the next iteration of the framework. DHSC also informed LAs that MHCLG's day to day engagement role in the self-isolation practical support workstream had transferred to DHSC's Covid-19 Regional Partnerships Teams (WG/259 - INQ000531471 - DLUHC007978241).

Self-Isolation & Employer Compliance

259. When self-isolation regulations were introduced, the Department played a role in supporting LAs, which held powers to enforce against employers who were knowingly allowing those who should be self-isolating into work. DHSC was the overall lead for self-isolation and associated policy decisions, including ownership of a Director General-led Self Isolation Steering Group. BEIS also had a role as the lead department for businesses and employment rights. The police held powers and were responsible for enforcing against individuals not adhering to self-isolation regulations.
260. On 28 September 2020, self-isolation regulations were introduced (The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020). These regulations required employers to ensure employees who were required to self-isolate did not come into work.
261. LA compliance and enforcement officers held the powers to enforce these regulations and issue Fixed Penalty Notices to employers. The Department had an interest in the capability and capacity of LAs to work with employers to educate, explain and enforce these regulations where necessary.
262. The Office for Product Safety and Standards ("OPSS"), an Arm's Length Body of the DBT, acted as a liaison between LA regulatory services and government at the time. OPSS responded to LA queries on enforcement (including of the self-isolation regulations), hosted a weekly call with LA Heads of Regulatory Services and Regional Leads to provide policy updates, distributed a weekly bulletin and provided guidance to LAs on Covid-19 business regulations and enforcement. From November 2020 to June 2021 OPSS ran a weekly survey to all LAs to collect data and information

on Covid-19 enforcement and compliance, including the number of visits/checks to businesses, complaints received, and enforcement action. A review of survey data showed that 2,000 actions were taken in response to premises failing to take reasonable steps to ensure that workers who must be self-isolating were not working outside the home. Of these actions, the majority were verbal advice or letters to employers and nine were enforcement actions, such as a direction, prohibition or fixed penalty notices (WG/260 - INQ000531479 - DLUHC007901430).

263. On 2 October 2020, a COVID-O meeting took place which focused on compliance and enforcement. Officials briefed SoS (Robert Jenrick) ahead of the meeting, flagging capacity constraints within LA enforcement teams and the need for prioritisation. The briefing also flagged that Department officials were working with BEIS to develop the LA role in enforcing against businesses, and that work was happening with DHSC to consider if LAs could play a role in supporting individual compliance, noting that enforcement sat with the Police, and any LA role should be appropriate and manageable. I exhibit the briefing for this meeting (WG/261 - INQ000531406 - DLUHC000002004).
264. DHSC established a Director General led Self Isolation Steering Group (“**SISG**”) to bring departments together on matters relating to self-isolation (WG/262 - INQ000531440 - DLUHC000499854). This included four sub working groups to cover communications, evidence, financial support and compliance and enforcement. The compliance and enforcement sub-group covered compliance and enforcement matters pertaining to individuals who were required to self-isolate, as well as businesses who were not allowed to let employees self-isolating into work. The Department regularly sent representatives to attend both the SISG and compliance and enforcement sub-group, primarily representing the interests of MHCLG and LA regulatory teams.
265. The SISG compliance and enforcement sub-group covered the employer obligation, which was discussed at several meetings. For example, on 21 October 2021 as the legal duty to self-isolate was due to expire in March 2022, UKHSA brought an item to the group to discuss options for the self-isolation regulations from April 2022. This included what would happen to the legal duty for employers as a discussion point. The Department provided comments by email on the proposals presented in the meeting, highlighting the impact of withdrawing the self-isolation regulations on the employer obligation, and highlighting that any additional requests to on LAs would need to be funded (WG/263 - INQ000531487 - DLUHC005327343) (WG/264 - INQ000531489 - DLUHC003385200).
266. The Covid-19 Response team in MHCLG also led a Compliance Working Group, this was separate to the group led by DHSC and instead was hosted by the Department and attended by

LA compliance and enforcement officers. The group was used to seek LA feedback and understand issues relating to their role in working with businesses to educate, explain and enforce Covid-19 business regulations, including (but not limited to) those relating to self-isolation.

267. The Department hosted several working group meetings where compliance and enforcement of the employer obligation on self-isolation was covered, including instances where other BEIS and DHSC officials attended the group to get LA feedback on certain policies/products. LAs also used these meetings to raise issues with data which was acting as a barrier to address non-compliance and carry out enforcement of the employer obligation. The working group ran from October 2020 to February 2022. The relevant meetings are covered below:

- 5 October 2020: BEIS attended the group to seek feedback on a 'minimum viable product' for the LA role in enforcing against employers knowingly allowing someone into work who should be self-isolating. BEIS asked the LAs on the group a range of questions, including how LAs received reports of non-compliance and how they would determine if the employer knew an employee should be self-isolating. Here it was raised that LAs faced difficulties in following up reports of non-compliance and that access to data was a barrier (WG/265 - INQ000531470 - DLUHC007912503) (WG/266 - INQ000531407 - DLUHC007901103).
- 30 October 2020: DHSC attended the group to test with LAs a proposed Test and Trace referral system where LAs would be notified if NHS Test and Trace call handlers became aware of an individual who did not intend to comply with self-isolation, had a support need that meant they could not comply, or their employer would not let them self-isolate. LAs were asked their views, including what actions they would take in response to these incidents, and whether they had capacity to do so. There was general feedback from LAs that this proposal could work, but capacity could be a barrier and additional data sets would be helpful to help LAs fulfil their role (WG/265 - INQ000531470 - DLUHC007912503).
- 29 April 2021: At this time the Department was notified that security officials were being procured by the Home Office to conduct door knocks to see if those quarantining at home as a result of returning from an amber list country were complying with regulations. The group discussed considerations for circumstances where security officials suspected cases of individuals not self-isolating due to being at work, and how these could be referred to LAs. LAs raised challenges in enforcing against employers who were knowingly allowing those who should be self-isolating into work. They also raised challenges with Test and Trace data sharing, with the length of time it was taking to receive data from Test and Trace being a main concern. Officials from the Department escalated LA concerns around these data issues with

BEIS and DHSC, including on 6 May 2021, 11 May 2021, 25 May 2021, and 26 May 2021 (WG/265 - INQ000531470 - DLUHC007912503). On 26 May 2021, BEIS shared a draft data protection impact assessment with the Department but also acknowledged that this work had been paused (WG/267 - INQ000531473 - DLUHC003394950). In response, Department officials emphasised that as self-isolation policy owners, DHSC would be best placed to lead on this work alongside BEIS, and that if DHSC felt there was a role for LAs, the Department would help advise on this (WG/268 - INQ000531474 - DLUHC003394940) (WG/269 - INQ000531476 - DLUHC003394971).

268. From 31 March 2021 the Department agreed to move to a watching brief on compliance and enforcement of the employer obligation, having agreed with BEIS and DHSC that the Department should be brought in on potential actions to improve employer compliance where necessary. The Department did still attend SISG and compliance and enforcement sub-group meetings where it was felt the agenda was particularly pertinent to LA enforcement against employers.
269. The relevant self-isolation regulations were revoked on 24 February 2022 as part of the government's plan for removing legal restrictions. The Explanatory Memorandum to The Health Protection (Coronavirus, Restrictions) (Self-Isolation etc.) (Revocation) (England) Regulations 2022 was produced by DHSC and set out the legislative and policy rationale behind the decision. On this day, UKHSA hosted an SISG which discussed how self-isolation policy had changed as a result.
270. In response to a commission from UKHSA, on 25 April 2022 the Department provided feedback on lessons learned regarding the SISG (WG/270 - INQ000531520 - DLUHC003385122). Some of the lessons learned from the Department highlighted that the forum was useful to hear policy changes from DHSC, but the meetings were not always action focused or able to resolve differences between departments. Regarding the enforcement of the obligation on employers, it was highlighted that there was no consensus about whether employer behaviour was a problem or whether addressing it was a priority. It was flagged that if a legal duty to self-isolate was to return, UKHSA, DHSC, BEIS and the Department would need to work together to resolve this.

Critical Workforce Reasonable Excuse Scheme

271. The Department played a supporting role in the Critical Workforce Reasonable Excuse Scheme, which was led by DHSC and Cabinet Office. This was a small and targeted intervention to ensure that services critical to the safety and functioning of society could continue, by excusing certain key employees from self-isolation if they tested positive for Covid-19. Criteria for inclusion into the

scheme included workers whose absence would have a major detrimental impact on the availability, integrity, or delivery of essential services. This included those services whose integrity, if compromised, could result in significant loss of life or casualties. The Department managed requests from its sectors, for example housing and homelessness for inclusion in the scheme and made decisions on a case-by-case basis for named individuals to leave isolation for work.

272. On 16 July 2021, officials from the Department attended a COVID-O officials meeting which discussed policy options for a reasonable excuse for fully vaccinated close contacts to leave self-isolation to perform critical work. At this meeting, Cabinet Office presented a paper including a proposal for the process for departments to agree named individuals for their sectors. The paper proposed that departments would need to indicate in advance to the Cabinet Office and DHSC the specific types of role and workplaces within their sectors they considered suitable for the scheme and, once the sectors were agreed by those departments, whether the decision to approve a specific case would be taken by a named senior official in the department in question (WG/271 - INQ000531480 - DLUHC003409472).
273. On 19 July 2021, SoS (Robert Jenrick) attended COVID-O to discuss the proposal from DHSC on the reasonable excuse scheme. Ahead of the meeting, a briefing was provided for the SoS setting out a number of roles provided by LAs that officials believed should be within the criteria of the scheme (children's services and LA public health workers). The briefing additionally suggested that the SoS ask DHSC to include children's services on the list of specific roles that are deemed to meet the criteria (WG/272 - INQ000137086 - DLUHC003409527). The approach set out in DHSC's proposal was agreed, to provide, in very limited and specific circumstances, the ability for departments to identify named fully vaccinated contacts who may have a reasonable excuse to leave self-isolation to carry out critical roles ahead of 16 August when the exemption for fully vaccinated contacts would come into force (WG/273 - INQ000065404 - DLUHC000602583).
274. On 19 July 2021, CO and DHSC issued a press release confirming that in exceptional circumstances a limited number of critical workers may be informed by their employer, following advice from the relevant government department, that they may be able to leave self-isolation to attend work (WG/274 - INQ000531531 - DLUHC009247680). Employers were advised where they believed that the self-isolation of certain key employees would result in serious disruption to critical services, they should contact the relevant government department.
275. On 21 July 2021, DHSC circulated departmental guidance on exceptional exemptions for fully vaccinated critical workers. The guidance stated that where a department believed that there were

roles within a sector that they sponsor that meet the test below, they should identify a named official of at least SCS2 to be the responsible official for each sector. I exhibit the guidance as (WG/275 - INQ000531483 - DLUHC003410423). Julia Sweeney, Director in the Department's Local Government and Communities directorate at the time, was named as the responsible official for the Department the same day.

276. On 23 July 2021, the Department sent a submission to the SoS (Robert Jenrick) setting out the proposed arrangements to manage requests from employers to allow their workers to leave self-isolation, in respect of local government roles. The submission also set out a number of local government roles that were covered by OGDs. These were (i) Adult Social Care ("**ASC**") (DHSC); (ii) Children's Services (DfE) and; (iii) Waste collection (DEFRA) (WG/276 - INQ000137087 - DLUHC005206697).
277. On 26 July 2021 the Department issued a letter to LA chief executives which provided further information on the approval process. The letter confirmed which sectors had already been approved by OGDs that were likely to be of interest to LAs. This included ASC, Waste Services and Children's Services. LAs were asked to consider if there were other sectors that were not already covered by the above and to carefully consider whether they met the criteria and very high bar set out in the guidance before submitting requests for approval via the Department's Local Government Response email inbox (WG/277 - INQ000137060 - DLUHC000128451). Further communications were sent to LA CEXs on 30 July 2021 and 4 August 2021 with updates on LA roles/services approved by the government to be included in the scheme (WG/278 - INQ000531485 - DLUHC005925241). Departmental sectors approved for the scheme included critical operational staff for testing and vaccination, LA emergency response staff, LA registrars and death management roles.
278. The following two-stage approval process was applied to those requests that the Department considered met the bar as set out in the guidance:
 - a. During stage 1 the Department submitted sector requests to DHSC/CO for agreement that the particular occupation met the criteria; if the role was within scope, then the Department moved to stage 2.
 - b. Following stage 1 approval from DHSC, the nominated responsible official for the sector, Julia Sweeney, Director in the Department, made decisions on a case-by-case basis for named individuals to leave isolation for work, based on a recommendation from the Local Government Response Team.

279. Between 2 August 2021 and 13 August 2021, the Department approved 25 critical workers to have a reasonable excuse to leave self-isolation. This included workers in the care sector, supported housing and environmental health. The Scheme ended on 16 August 2021 when exemption from self-isolation for fully vaccinated contacts was introduced.
280. In April 2022, officials from the Department responded to a lessons learned commission from UKHSA in relation to the Critical Workforce Reasonable Excuse Scheme. The Department fed back insights from its work on the scheme, including the impact on local government. For example:
- The process for approving sectors for inclusion in the scheme was too slow, and by the time the list of sectors was approved some LAs had found contingency arrangements and no longer needed the scheme.
 - Having a pre-approval process in place ahead of individuals needing to request an exemption enabled a smoother process for stakeholders when making simple requests that fell within pre-approved sectors (WG/279 - INQ000137184 - DLUHC005621793).

Resilience and Recovery Directorate

281. The Department's Resilience and Recovery Directorate supports local partners in England to prepare for, respond to and recover from incidents and emergencies, with Local Resilience Forums responsible for coordinating local emergency preparedness, response and recovery activity. LRFs provide a key interface between national government and local areas, with the Department acting as the central government interface for LRFs. This is not to say that the Department is the only way in which central government engages with the local tier, as departments have their own relationships in respect of their responsibilities. For example, DHSC leads relationships with Directors of Public Health, while the Cabinet Office's Civil Contingencies Secretariat holds overall policy responsibility for civil emergencies.
282. Regarding the scope of Module 7, RED provided local support on the repatriation of British citizens in early 2020 from Wuhan region, helped to facilitate Military Aid to Civil Authorities, and, alongside this, provided specific support in Kent in response to concurrent Covid-19 and EU Exit pressures.
283. RED also played a facilitative role in engaging with LRFs, and escalating issues within central government, which is discussed in more detail below in the LRF Engagement section. Alongside this, RED fed into the LRF Dashboard which compiled local data and emerging issues, eventually integrating testing with additional information received through Government Liaison Officers

(“GLOs”). This information was collated and discussed at Discovery meetings and when appropriate at LRF Chairs Calls. RED’s role in supporting the LRF Dashboard is covered in more detail below, in the LRF Dashboard section.

Repatriation of British Citizens

284. An area where the Department’s RED team provided support is regarding the repatriation of British citizens from Wuhan and from cruise ships. The Foreign, Commonwealth and Development Office (“FCDO”) was the Lead Government Department (“LGD”) for repatriations. DHSC was the LGD for decisions on quarantine (regarding both location and time period for quarantine). CO led on cross-department coordination including COBR Officials meetings (COBR(M) and COBR(O)). The Department’s RED team’s role was focused on considering the impact on and liaising with local areas affected by decisions about repatriation and quarantine.
285. The first operational engagement by RED team was in late January 2020, supporting DHSC on reception arrangements and how to accommodate returning UK nationals from countries and locations where outbreaks had been reported. This included, from 24 January 2020, consideration of what facilities might need to be available for UK nationals on return (WG/280 - INQ000531307 - DLUHC005034862).
286. On 24 January 2020, COBR(M) held a meeting to discuss the ongoing situation in Wuhan. RED contributed to the Common Recognised Information Picture that informed this meeting. This meeting was attended by RED officials. I attach a read out from that meeting (WG/281 - INQ000061615 - DLUHC001689116). In this meeting the Cabinet Office presented a paper that included escalation levels for government departments, including MHCLG (WG/282 - INQ000279876 - DLUHC000601020).
287. The actions that the Department took to support the Repatriation of British Citizens in this period are outlined below:
 - On 29 January 2020, Minister Jake Berry and Catherine Bennion (Deputy Director, Homelessness) attended COBR(M) to discuss return flights, housing, and quarantine options for returning British nationals from Wuhan and the wider Hubei province. I attach the relevant briefing (WG/283 - INQ000090756 - DLUHC000667267).
 - Deploying staff to the Foreign Commonwealth and Development Office Crisis Centre (from 28 January 2020) (WG/284 - INQ000531304 - DLUHC000001781) to support planning for reception arrangements for returning nationals and to the Department for Health and Social Care Operations Centre (from 31 January 2020) to support the development of local plans.

- Contributing to ministerial policy advice from the Department's homelessness team on options for accommodating repatriated British Nationals and engaging the relevant LRF representatives on arrangements for dealing with the first confirmed Covid-19 cases in the UK (the first UK based cases were reported on 29 January 2020 in York) (WG/285 - INQ000531302 - DLUHC000002639).
- In line with escalation measures, facilitating a call with LRF Chairs and representatives from OGDs to provide a source of advice to LRFs, identify emerging issues and respond to questions (WG/286 - INQ000531305 - DLUHC001460597) (WG/287 - INQ000531306 - DLUHC005034960).
- Attending COBR(O) meetings and briefing Ministers for COBR(M) meetings on plans for supporting returning UK nationals, including accommodation arrangements at Arrowe Park Hospital (WG/288 - INQ000531303 - DLUHC000601024) and later Milton Keynes, and flights into Brize Norton, Boscombe Down, and other locations. Areas receiving UK nationals set up response arrangements to provide humanitarian support and the Department deployed GLOs in line with RED's emergency response procedures (WG/289 - INQ000531311 - DLUHC000002830).

Work in relation to 'Military Aid to the Civil Authorities'

288. In this period the Department also helped with facilitating military assistance where necessary (known as 'Military Aid to the Civil Authorities', or 'MACA'.), including for activity within the scope of this module, such as by providing MACA support for the delivery of testing of HGV drivers moving through Kent port.
289. On 5 March 2020, the Department identified the need for MOD military planners to help with general preparations, social care and support for the most vulnerable. These were formally requested by SoS on 14 March 2020 (WG/290 - INQ000531317 - DLUHC004788679).
290. At COBR(M) on 18 March 2020, Ministers requested that military planners also provide support to LRFs on death management; on issues in the ASC sector; and support for organising food distribution to vulnerable people who would be self-isolating (WG/291 - INQ000531320 - DLUHC001548650).
291. Two additional MACA requests were raised by this Department on 18 March 2020. The first requested two logistical planners to support the Department in scoping the delivery of vital supplies (with support from volunteers and the local tier) to up to 1.4 million vulnerable people who were expected to self-isolate during the pandemic. The second requested an additional 42

military planners to support LRFs in developing and refining existing LA plans, with a focus on supporting vulnerable people, ASC and excess deaths and operational support at the Kent Border. Additionally, a further 76 (two per LRF) MOD planners were deployed to support vulnerable groups.

292. MOD embedded military liaison officers into the Department to support the deployed planners with LRFs and to assist in the management of any additional requests for military support.
293. Military planners were subsequently withdrawn from 25 LRFs from 1 August 2020 in agreement with the LRFs (WG/292 - INQ000531393 - DLUHC004270312).

LRF Engagement

294. As I set out at paragraphs 281-283, RED provided the government liaison function on resilience issues below the national level. Through RED structures the Department facilitated the co-operation between central government and LRFs and provided the links for local responders to report on risks and issues, which amongst other Covid-19 activity, included reporting on test and trace activity. For example, from June 2020 test and trace data was included in the LRF dashboard and discussed at Discovery meetings and when appropriate at LRF Chairs Calls. I set out further information on the LRF dashboard below at paragraphs 301-308.
295. The Department deploys Resilience Advisors (“**RAs**”) to support each LRF. When responding to an emergency, the RAs work as GLOs and represent the government at strategic coordinating groups and other relevant meetings. The RA role includes supporting LRFs in their local resilience planning and signposting and promoting any newly published guidance while undertaking their LRF engagement duties. In turn, RAs escalate LRF concerns back to relevant central government departments, sharing information gathered from multi-agency meetings they attend for situational awareness purposes. RED also shared information by holding a series of calls with LRF Chairs and by providing briefings to RAs/GLOs to support their conversations with LRFs.
296. RED also held weekly Discovery meetings where information on local risks provided by LRFs was combined with intelligence gathered from GLOs to give an overall picture of risk, and tolerance to risks, within LRFs. Discovery meetings were attended by departmental representatives from DHSC, Ministry of Defence, CO, and other departments as required.
297. Discovery meetings were a forum for updates and discussion which included TTI related issues such as:
 - Updating on the LRF Dashboard and Test and Trace integration;

- MACA support; and
- Updating on the stand up of local test and trace structures in each LRF area, including the establishment of testing strategic cells.

298. I exhibit examples of information packs from regional discovery meetings with LRFs region (WG/293 - INQ000531372 - DLUHC008687650) (WG/294 - INQ000593254 - DLUHC004469369) (WG/295 - INQ000538949 - DLUHC002881215) (WG/296 - INQ000538941 - DLUHC002738712).

Calls with LRF Chairs

299. As part of work to develop the regional engagement model, RED also established a dedicated function to plan and facilitate regular meetings with LRF chairs to provide strategic updates. Whilst these meetings were focused on response risks, at times, testing came up.

300. These were regular video conference meetings between senior officials in UK government and LRF Chairs. These meetings served as a platform to join up local and national planning on key risks and initially took place on a weekly basis with RED inviting representatives from relevant departments to attend depending on the priorities at the time. Meetings covered a range of topics and key issues relevant to the LRF role and how LRFs might be used to support planning and response activities. I provide examples of some of these calls below:

- In January 2020, LRFs were updated through LRF Chair calls on the repatriation of British Nationals from Hubei Province, China, including on their role to make preparation for arrivals at airports and the logistics of onward travel and self-quarantine measures.
- 4 February 2020: RED provided information to LRFs on hospital capacity and asked LRFs to alert RED of any potential sites that could accommodate self-isolating patients (WG/297 - INQ000531309 - DLUHC002800899).
- 6 February 2020: RED updated LRFs on developing release plans for repatriated nationals accommodated at self-isolation sites (WG/298 - INQ000531310 - DLUHC002800900).
- 13 February 2020: RED updated LRFs on discharge information from Arrowe Park Hospital for repatriated citizens leaving supported isolation, along with PHE Guidance for Social Care and Self-Isolation (WG/299 - INQ000531308 - DLUHC000602821).
- 19 February 2020: RED updated on further repatriation of British Nationals from Cruise ships and that affected LRFs will be contacted (WG/300 - INQ000517073 - DLUHC000003335).

- In August 2020, concerns around testing capacity issues in LRFs were compiled, and in response a representative from DHSC's Covid-19 National Testing Programme was invited to an LRF Chairs call on 26 August 2020 to respond to issues and give an update on national testing capacity (WG/301 - INQ000531396 - DLUHC000003428).
- In December 2020, an extraordinary LRF Chairs call was convened to update on changes to the testing regime, the stand up of testing sites and the impacts on Kent border controls (WG/302 - INQ000531423 - DLUHC000005137).

LRF Dashboard

301. RED developed a reporting framework for LRFs allowing a systematic means for LRFs to report on impacts and emerging pressures. The LRF reporting framework was issued for the first time on 25 March 2020 and standardised by 27 March 2020 (WG/303 - INQ000593852 - DLUHC004454700).
302. LRFs provided a daily self-assessment through DELTA, an online system provided by the Department to facilitate the collection of data from partners. This included an overall self-assessment and self-assessments on specific elements of their response, along with preparedness. This information was combined with human intelligence and insights gathered from GLOs in Discovery meetings. RED issued guidance to LRFs on how to complete the self-assessments on the DELTA system. I exhibit an example of this guidance from 23 March 2020 (WG/304 - INQ000533843 - DLUHC004541216).
303. The Department used these returns, alongside data from across government to determine indicators, including in relation to testing and infection, for inclusion in a daily LRF Dashboard at a local level in England. This was intended to assist Ministerial decision-making and wider policy making across Government, as well as providing LRFs with data specific to their area to support their coordination of local activity. The dashboard was produced by the Department from April 2020 and was operated using Power BI data visualisation software.
304. The dashboard was shared across government departments such as DHSC, CO and DEFRA, tracking data such as mortality management, shielding and Personal Protective Equipment ("PPE") as well as self-assessments and data from other Government departments and Health Bodies. This LRF Dashboard was shared with LRFs via Resilience Direct (WG/305 - INQ000531347 - DLUHC000424417). LRFs were provided with the dashboard which presented data for their area together with appropriate national aggregations.
305. The testing and infection indicators included in the dashboard were the number of:

- New Covid-19 cases (the increase in the total PHE number from the previous day);
- Total Covid-19 cases (case number as reported to PHE); and
- Covid-19 cases per 100k of the population (Source – ONS 2020 update – 2018 LRF population).

306. As local data needs evolved over time, new indicators were added to the dashboard. In May 2020, the process of integrating antigen and infections data from care homes into the LRF dashboard began, with the reporting of testing in each LRF being fed into the dashboard. This helped to ensure LRFs and the local tier had the data and insight they needed to maintain situational awareness (WG/306 - INQ000531395 - DLUHC002793861) I exhibit a copy of the updated LRF dashboard here (WG/307 - INQ000593828 - DLUHC006723207). I also exhibit a document that outlines the overview, handling instructions and data sources used for the dashboard (WG/308 - INQ000531378 - DLUHC001830752).

307. The new care home data included in the dashboard from May 2020 was:

- Number of new cases reported in care homes in the past 3 days;
- Percentage of care homes reporting new cases in the past 3 days; and
- Number of care homes reporting new cases in the past 3 days.

308. In July 2020, the LRF data collection was moved to weekly rather than daily in order to ease the reporting burden on LRFs. The dashboard continued to be shared on a weekly basis with OGDs and LRFs and data collected in relation to TTI remained the same during the period (WG/309 - INQ000593833 - DLUHC004511679), until December 2020, when the LRF Dashboard was replaced with the live LRF Winter Dashboard which was an expanded dashboard to cover the cumulative challenges presented by Covid-19, winter challenges (severe weather, health capacity) and potential impacts of a no deal EU exit. The Winter Dashboard served the same purpose as the LRF dashboard to provide LRFs with the information they needed to manage their response, and to provide senior officials and OGDs with a view of LRFs' preparedness and any areas of challenge they were facing.

Kent Engagement

309. RED provided bespoke local engagement support to Kent LRF between 1 December 2020 and 31 January 2021. Kent had concurrent pressures, needing to consider the impact of Covid-19 on the locality and ports, but also the potential impact of a no deal EU Exit leading to delays and build up at ports. Local areas were also experiencing and planning for winter pressures which

impacted NHS capacity, alongside the roll out of vaccine and testing programmes. To address these concurrent pressures, the Department recruited senior officials into RED to facilitate engagement with senior strategic leaders in Kent County Council and across the LRF. This enabled the Head of Regional Resilience for the London and South-East Team to focus on regional Covid-19 issues. Examples in relation to matters in scope for Module 7 included:

- 18 December 2020: The Department was requested by COVID-O to work with other government departments to ensure that arrivals to Kent were tested and accommodation provided for self-isolation (WG/310 - INQ000531421 - DLUHC003472082).
- 22 December 2020: Working with OGDs to manage issues arising from France closing its border for 48hrs in December 2020. The Department worked with Kent LRF, the Department for Transport and Military Assessment Team to agree a proposal for the deployment of military support to provide in-cab testing of drivers, and to agree hotel accommodation for hauliers who could not travel (WG/311 - INQ000531422 - DLUHC007641788).
- 22 December 2020: Acting as interface for additional MACA requests to support the roll out of mass testing pilots (WG/312 - INQ000531490 - DLUHC004467841).
- 6 January 2021: Developing new emergency response policy to secure hotel accommodation for drivers who tested positive for Covid-19 in Kent (WG/313 - INQ000531427 - DLUHC001043558).
- 26 January 2021: Sharing lessons learned on safety protocols, self-isolation and testing of hauliers at COVID-O committees (WG/314 - INQ000531433 - DLUHC000602406).

Managed Quarantine Service

310. The Managed Quarantine Service ("**MQS**") provided quarantine hotels for those travelling to the UK from 'red list' countries and was launched by DHSC on 15 February 2021. The purpose of the MQS was to minimise the import of Covid-19 and to ensure that any new variants were identified. The Department did not have policy responsibility for the MQS and key decisions on this were led by DHSC, however officials worked alongside DHSC and DfE to ensure local government colleagues could regularly escalate concerns.
311. On 3 February 2021, officials from the Department met with officials from OGDs including DHSC, Home Office and Cabinet Office to discuss enforcement powers in the light of the emergence of the new South African Variant of Concern. The Department took an action from this meeting to work with the Home Office and NHS Test & Trace to provide advice on the operational capacity to undertake door knocking on those individuals who had received a contact tracing notification

for the South African strain and were within a 10-day isolation period (WG/315 - INQ000531437 - DLUHC006676096). On the same day, officials provided a note to the Cabinet Office on how LAs may be able to support with compliance with self-isolation in areas of high risk of the South African variant (WG/316 - INQ000531438 - DLUHC003398142). The note advised that door knocking that has an enforcement function was not a role LAs were currently engaged in and risked doing damage to the trust of local communities, which was essential for support functions to be successfully carried out, and that enforcing against individuals who breach isolation is the role of the police, not LAs. The note also provided alternative options for door knocking, including the use of the military or security trained staff.

312. Concerns were raised by LAs about the operation of the MQS at cross-government officials' meetings convened by the Department on 21 (WG/317 - INQ000531467 - DLUHC000711736) and 26 April 2021 (WG/318 - INQ000531468 - DLUHC009403378), and by DfE on 10 May 2021, as well as through other fora such as the regular R9 meetings with LA chief executives (WG/319 - INQ000468677 - DLUHC000513906). These included issues around standards, safeguarding, testing and transportation. Working with DHSC and DfE, the Department, with the support of the LGA, proposed setting up a steering group to address these concerns and provide a single vehicle for local government to input into the red list hotel quarantine element of the MQS programme (WG/320 - INQ000137077 - DLUHC000128499).
313. The 'MQS Red List LG Steering Group' met for the first time on 21 May 2021 (WG/321 - INQ000137078 - DLUHC000128503). The group brought together representatives from government departments and local government, as well as the LGA so that issues could be escalated directly. It also provided an opportunity for the group to consider reports from the Amber List LG Working Group with a view to ensuring joint consideration of overlapping issues. The Amber List LG Working Group, chaired by officials from DHSC, was set up to escalate local issues around the temporary requirement for passengers arriving from amber list countries to isolate. The Department took actions from the steering group meetings in its co-ordinational role. For example:
- To bring an item to a steering group on local engagement models, allowing local government to agree local ways of working with the group.
 - To follow up with DHSC colleagues unable to attend the meetings on issues such as data inaccuracies on quarantine guests onboarding, and the policy around unaccompanied minors being without parental supervision for periods of time in quarantine.

- To produce a scoping paper to review the role and purpose of the steering group as its role as chair was coming to an end.

314. The Department produced the ToR for the meeting (WG/322 - INQ000531475 - DLUHC003507632) and chaired the steering group several times until 21 July 2021. DHSC then assumed responsibility until the final meeting on 3 November 2021.

Homelessness and Rough Sleeping

315. A significant issue during the pandemic was protecting people sleeping rough, or at risk of sleeping rough, to limit the risks posed to them by Covid-19 and to reduce the spread of Covid-19. The Department took actions to support those experiencing homelessness and rough sleepers during Covid-19, including the initial call at the start of the pandemic to bring rough sleepers into accommodation (known as “Everyone In”). Central government policy responsibility for tackling homelessness in England sits with the Department, and the delivery of services to support homeless people sits with LAs. Faith and community groups also provide support such as day care activities, accommodation and emergency shelter.
316. From early March 2020, the Department began to consider how best to support rough sleepers who were unable to self-isolate, in line with the PHE advice (at the time) that people with symptoms should self-isolate for seven days, as these individuals had no secure accommodation in which to isolate. Officials provided advice to SoS on funding options to allow LAs to mitigate the risk to the rough sleeping population caused by Covid-19 (WG/323 - INQ000090748 - DLUHC000667259). The advice to the SoS noted that the funding options were intended as an initial, short-term response and would only go some of the way to mitigating the challenges faced by the rough sleeping population. Officials explained that while the initial proposed funding may be insufficient in the longer term, urgent action was needed to address the widespread concerns in the sector and the Department would work with DHSC and PHE to consider longer-term solutions.
317. On 17 March 2020 the Department’s SoS announced £3.2 million initial emergency funding for LAs to provide emergency accommodation and services to support those sleeping on the streets in self-isolating (WG/324 - INQ000090749 - DLUHC000667260). At this point in time, the funding was specifically to enable self-isolation of symptomatic rough sleepers.
318. On 19 March 2020, the Department agreed with Dame Louise (now Baroness) Casey that she would support the Department in its Covid-19 pandemic response to rough sleeping. This was following the earlier decision of the Prime Minister on 27 February 2020 to appoint Dame Louise

to lead a review into the action needed to achieve the Government's commitment to end rough sleeping.

319. On 26 March 2020, Luke Hall, the Minister for Rough Sleeping and Housing, in agreement with Dame Louise Casey and with sign off from the Department's SoS, wrote to chief executives of LAs to encourage urgency in supporting people off the streets and out of communal night shelters (WG/325 - INQ000090750 - DLUHC000667261). The letter was a call to arms to protect rough sleepers against the serious health risks posed by the pandemic and asked LAs "to help make sure that we bring everyone in". The term "Everyone In" thereafter became shorthand to refer to the Government's actions to support rough sleepers during the pandemic. The letter from the Department asked LAs in England to ensure that people sleeping rough and in accommodation where it was difficult to self-isolate, such as shelters and assessment centres, were safely accommodated. This was to protect them, and the wider public, from the risks of Covid-19. The Department also worked with other government departments to provide guidance for testing to commissioners and providers of hostel services for people experiencing homelessness and rough sleeping. This guidance was first published on 16 March 2020 (WG/326 - INQ000176558 - DLUHC009882310).
320. On 1 May 2020, Dame Louise Casey was appointed to head the Covid-19 Rough Sleeping Response Taskforce ("Taskforce"). The Taskforce worked with LAs to provide the necessary support to ensure that those individuals who were provided with accommodation during the pandemic did not return to the streets and to continue protecting people sleeping rough from Covid-19. The Taskforce was comprised of officials from the Department including expert rough sleeping advisers and worked closely with external partners in health (DHSC, PHE, NHS England), local government and the voluntary, community and faith sector (WG/327 - INQ000531545 - DLUHC009882307). Officials from the Department worked with other members of the Taskforce to ensure that shelters and their residents had appropriate support from the government, including in relation to guidance around testing. For example, the Department used this forum to work with counterparts at PHE and DHSC to develop the operating principles to advise night shelters how to open safely, which is covered in more detail below.
321. On 20 and 21 May 2020, advice was provided to SoS (Robert Jenrick) and Minister Luke Hall to accelerate delivery of the Rough Sleeping Accommodation programme, and the associated funding, which was approved the following day. The aim of this was to deliver 3,300 of the planned 6,000 new homes within the first 12 months of the programme, which was announced on 24 May 2020. The delivery of the new homes would support accelerated provision of move on

accommodation to reduce the risk of individuals returning to street and rough sleeping (WG/328 - INQ000531374 - DLUHC009596562)) (WG/329 - INQ000531375 - DLUHC007195109) (WG/330 - INQ000531376 - DLUHC007512704).

322. On 28 May 2020, Minister Luke Hall wrote to LAs to explain the importance of conducting assessments of an individual's circumstances and needs when considering providing accommodation and support to people sleeping rough, and to ensure that support was prioritised to those who were most vulnerable (WG/331 - INQ000104712 - DLUHC000667329). This letter also restated the Government's position on eligibility relating to immigration status, including for people with No Recourse to Public Funds.
323. On 24 June 2020, the Department announced additional funding of £105 million to help LAs support people placed into emergency accommodation during the pandemic, including to support them into the private rented sector; to reconnect with friends or family; and to continue to provide interim accommodation where needed (WG/332 - INQ000531546 - DLUHC009882308).
324. Following advice provided to Minister Luke Hall on 20 May 2020 (WG/333 - INQ000531373 - DLUHC003316732), on 28 June 2020 the Department also extended nationally the suspension of a European Union ("EU") derogation normally applied through Article 24(2) of the EU Free Movement Directive which enabled a specific group of European Economic Area ("EEA") citizens access to existing rough sleeping accommodation services and floating support for up to three months. Minister Hall wrote to LA CExs on 24 June 2020 announcing the support (WG/334 - INQ000531488 - DLUHC000830563).
325. On 18 July 2020, the Next Steps Accommodation programme funding guidance (WG/335 - INQ000104722 - DLUHC000667330) was published. This combined the two recent funding streams (the Rough Sleeping Accommodation programme and the £105m for those in emergency accommodation).
326. On 3 September 2020, the Department jointly published updated guidance (first published 16 March 2020) with PHE for commissioners and providers of hostel services for people experiencing homelessness and rough sleeping. The guidance advised that hostel managers should support residents to ensure that a person with Covid-19 symptoms arranges to have a test and should support residents with a positive test to provide details to the NHS Test & Trace service. The guidance also advised that those working in homeless hostels were classed as essential workers and were eligible to apply for priority testing through gov.uk (WG/326 - INQ000176558 - DLUHC009882310).

327. On 23 September 2020, the Department advised the SoS (Robert Jenrick) and Minister Kelly Tolhurst, following partnership working with (then) PHE and DHSC, to publish operating principles to advise night shelters how to open safely if needed as a last resort (WG/336 - INQ000104723 - DLUHC000667333). The vast majority of communal night shelters had otherwise been closed at this point. The operating principles included that arrangements for urgent testing should be in place if a guest develops symptoms while in the shelter, and arrangements for alternative pathways to testing should be considered to meet guests' needs (WG/337 - INQ000531404 - DLUHC002776564). The operating principles were published on 13 October 2020, as part of a wider announcement on measures to help keep rough sleepers safe during the winter, including a £10 million Cold Weather Fund to support councils to get rough sleepers off the streets and £2 million funding for faith and community groups to transform communal night shelters into self-contained accommodation (WG/338 - INQ000104732 - DLUHC000667332).
328. Following the announcement of a further national lockdown, on 2 November 2020, advice was sent to SoS (Robert Jenrick) and Minister Tolhurst which I exhibit as (WG/339 - INQ000137095 - DLUHC000128547). The advice set out options to further protect people sleeping rough during the four-week period the national restrictions would be in force and the recommended course of action was to provide accommodation for people sleeping rough and to target this support at the most vulnerable.
329. Following a meeting with the SoS (Robert Jenrick) and further advice sent on 3 November 2020 (WG/340 - INQ000137096 - DLUHC000128551) the Department announced the Protect programme on 5 November 2020, through which £15 million funding was allocated to LAs that needed additional support to provide accommodation for rough sleepers (WG/341 - INQ000137097 - DLUHC000128555). The advice to SoS explained that this extension of the government's support for rough sleepers would be targeted at the areas that needed the most help; by supporting LAs with high numbers of rough sleepers to meet the specific challenges they faced during the period of national restrictions. In particular, the government would prioritise those who were clinically vulnerable to Covid-19 and those with a history of rough sleeping. The Department also asked all LAs to ensure that they had updated plans in place to protect rough sleepers.
330. Following the announcement of a third national lockdown, on 5 January 2021, advice (WG/342 - INQ000468694 - DLUHC000128556) was sent to Minister Tolhurst and SoS (Robert Jenrick) on further measures to support LAs and protect people sleeping rough, including proposals to expand the Protect programme. Following the readout, an expanded version of the programme, 'Protect

Plus', was announced on 8 January 2021 (WG/343 - INQ000137108 - DLUHC000128560). Protect Plus provided £10 million to support all LAs to redouble efforts to help accommodate rough sleepers. The Department also asked all LAs to actively use this opportunity to make sure that all rough sleepers were registered with a GP where they were not already and that they were factored into local area vaccination plans, in line with Joint Committee on Vaccination and Immunisation ("JCVI") prioritisation for Covid-19 vaccinations. The Department also set out more information to LAs about who they could lawfully support and provided further information regarding continuation funding for Rough Sleeping Initiative Year 4 to ensure continuity of services.

331. On 16 December 2021, advice was sent to SoS (Michael Gove) and Minister Hughes on protecting rough sleepers from the Omicron variant (WG/344 - INQ000137102 - DLUHC000128566). Following the readout, funding was allocated to LAs across England including up to £25 million to accommodate people sleeping rough and £3.2 million to help LAs improve the vaccination rates of people sleeping rough. Minister Hughes wrote to LAs on 20 December 2021 setting this out (WG/345 - INQ000137103 - DLUHC000128576).
332. Throughout January 2022 to March 2022, as set out above at paragraphs 188-200, the Department worked with DHSC, UK Health Security Agency, Office for Health and Improvement Disparities and CO to make free testing available for those vulnerable to Covid-19 in high-risk settings. This included homelessness settings but also included testing for those in other high-risk settings for which the Department had day-to-day policy responsibility, including those in supported housing and victims of domestic abuse in refuge accommodation. The provision of free testing was confirmed at a COVID-O meeting on 29 March 2022 (WG/184 - INQ000091607 - DLUHC000602747).

Adult Social Care

333. In relation to ASC and the matters in scope for the Module 7, the Inquiry should note that DHSC was responsible for allocating service-specific 'ringfenced' funding to LAs to allow them to deliver new asks from the government.
334. This included:
 - The Contain Outbreak Management Fund, which was DHSC's primary source of funding to specifically cover the new asks on LAs. In the financial year 2021 to 2022, DHSC allocated £400 million through the COMF to support local response activity including the development of local outbreak management plans, additional contract tracing, communication and marketing of restrictions etc; and

- The £600 million Adult Social Care Infection Control Fund. This was first introduced by DHSC in May 2020, to support ASC providers in England to reduce the rate of Covid-19 transmission within and between care settings.
335. The Department's role in relation to ASC and the matters in scope for the Module 7 included working with DHSC to ensure LAs received adequate funding for the additional costs that they faced. This Department also provided over £6 billion in 'unringfenced' funding across 2020-2021 and 2021-2022 to LAs to support with service delivery. However, the Inquiry should note that as this was unringfenced funding, LAs had the flexibility to determine how best to spend this money in their local areas, and as such, LAs used this funding to address financial pressures in a range of different services.
336. The Inquiry should also note that the DHSC sets national policy and is accountable to Parliament and the public for the performance of the care system as a whole. DHSC is responsible for agreeing central government funding for adult social care through the Spending Review process within an overall system for local government funding overseen by the Department. The Department is responsible for the financial framework within which LAs operate and distributes funding to LAs via the local government finance settlement.
337. The Department also had a role to support communication and joint work between DHSC and LAs, so that DHSC policy properly considered the needs of LAs in delivering their ASC roles and responsibilities in the pandemic. This included:
- Supporting DHSC on the guidance they were producing for ASC;
 - Facilitating consultation with LAs through stakeholders' groups from March 2020 into Autumn 2020 and beyond, on workforce, infection control and LAs' work with care homes;
 - Providing an additional link between LAs and DHSC, pushing for clarity on the roles and responsibilities of local partners and helping DHSC to understand what LAs could and not could deliver;
 - Working with DHSC to shape ASC policy, by commenting on drafts and sharing feedback from local partners; and
 - This Department's SoS attending key decision-making forums such as COVID-O and Prime Minister strategy meetings.

MHCLG involvement in Adult Social Care guidance

338. From 10 March 2020, DHSC and PHE began to work on several pieces of operational guidance for the care sector (WG/346 - INQ000531313 - DLUHC000084793). This included guidance on the provision of care and support in people's homes, guidance on the provision of care in residential care settings, and guidance on the discharging of patients from hospital into care settings. In our engagement with DHSC in relation to hospital discharge guidance and the matters in scope for Module 7, the Department acted as a conduit for the views of local partners (namely local government), about the need to provide testing for all patients being discharged into care homes.
339. The Department did not have responsibility for decisions regarding ASC policy or guidance, however the Department played a supporting role because of its overall relationship with the LAs who commission and deliver some ASC services.
340. The Department worked with DHSC to ensure that the ASC sector had the additional resources it needed to deal with extra pressures arising from the Covid-19 response, and to ensure that DHSC understood the additional burdens and financial pressures on LAs when developing ASC policy and guidance to the sector.
341. DHSC led communications with the Association of Directors of Adult Social Services ("**ADASS**"). This Department primarily supported communication with wider local government and local partners. For example, prior to the publication of guidance on 13 March 2020 for providers of residential care, supported living, and home care, the Department shared DHSC's draft guidance with a range of local partners to ensure they were sighted on the proposed actions for LAs, and to give them an opportunity to provide feedback (WG/347 - INQ000531316 - DLUHC000086282). Following the publication of the guidance, between 13 and 15 March 2020, senior officials from the Department engaged in phone calls with a range of LA CEXs, to hear directly how Covid-19 was affecting their work (WG/348 - INQ000531540 - DLUHC009426026).
342. Ministers from the Department and DHSC also held joint roundtables with social care providers. For example, on 19 March 2020, Minister Chris Pincher (Minister of State in the Department from 13 February 2020 to 19 September 2021) chaired a roundtable with ASC providers on the same day that DHSC published the initial guidance on hospital discharge. This meeting was also attended by DHSC Minister Helen Whately. Providers fed back concerns relating to the need to test patients prior to discharge, and to prioritise care home staff and residents for testing (WG/349 - INQ000224114 - DLUHC000667256).

343. On 9 April 2020, ahead of a Prime Minister strategy meeting on 13 April 2020, the Cabinet Office Covid-19 Secretariat ("C-19 Secretariat") commissioned DHSC to work with the Department to draft a strategy for publication setting out the approach to Adult Social Care in England under Covid-19. The C-19 Secretariat asked that the strategy set out plans in key areas of concern such as prevention and containment in care homes, the prioritisation and delivery of testing for care workers, and ensuring sufficient funding of local government to effectively support the ASC system (WG/350 - INQ000531326 - DLUHC006297045).
344. Department officials worked closely with DHSC in order to influence the strategy and represent the Department's interests. In particular, the Department communicated the views of local partners in advocating for testing to be given to all patients being discharged from hospital into care homes, and in seeking to give social care workers parity with NHS workers for testing. The Department also raised the need for those being discharged from hospital with Covid-19 to be discharged into dedicated separate facilities, rather than into care homes ("**Cohorting**"). On 10 April 2020 Department officials provided initial comments on the draft strategy and raised the testing of social care workers and cohorting (amongst other concerns) as areas of importance. DHSC confirmed these issues were in line with its own thinking and requested that Department officials attended a meeting with DHSC SoS for further steers on the strategy before providing any further comments (WG/351 - INQ000531327 - DLUHC000130648). Later that day, DHSC shared the first full draft of the ASC strategy and requested comments by the following morning (WG/352 - INQ000531328 - DLUHC000117015) (WG/353 - INQ000531329 - DLUHC000117016).
345. On 11 April 2020 the Department provided further comments on the draft strategy. The Department supported the draft proposals in relation to testing and flagged that SoS (Robert Jenrick) would be concerned if they were dropped. The Department also communicated that testing was a critical issue for local partners, and that it would accordingly need strong messaging within the strategy (WG/354 - INQ000531330 - DLUHC000111125). However, prior to circulating an updated draft, DHSC officials notified the Department that testing of all patients upon discharge would not be provided, citing concerns around negative tests results providing false assurances for positive cases that were not yet shedding the virus (WG/355 - INQ000531331 - DLUHC005882827) (WG/356 - INQ000531332 - DLUHC001524130).
346. In response, informed by the views of local partners, Department officials raised concerns about patients potentially being discharged into care homes with the virus and called for DHSC to give further consideration to this matter. The Department then shared the latest version of the strategy with SoS (Robert Jenrick) and provided a briefing which set out DHSC's position on blanket testing

for discharged patients no longer being advisable. The Department advised SoS that the policy discussions between DHSC, the Chief Medical Officer, NHS England (“**NHSE**”) and PHE were ongoing, and that Department officials had asked DHSC to double check the latest advice from the CMO (WG/357 - INQ000531333 - DLUHC000111158). In response SoS (Robert Jenrick) requested Department officials to provide him with an update on the position around testing for discharged patients, as well as with further advice on the remaining policy points ahead of the Prime Minister strategy meeting on 13 April 2020.

347. On 12 April 2020, officials provided advice to SoS (Robert Jenrick) which confirmed that the latest advice from the CMO was that blanket testing was not advisable. The Department also emphasised that government had committed to giving social care workers priority in testing, and that the strategy should provide assurance that government would deliver on that commitment (WG/358 - INQ000531334 - DLUHC000020796). On the same day, the Department also provided further comments on the draft ASC strategy, as well as calling for DHSC to confirm what was being planned to begin testing of care workers, and to undertake further work with the Department to provide assurance that this would be carried out (WG/359 - INQ000531335 - DLUHC000130735).
348. In a cabinet committee meeting on 13 April 2020, it was agreed that parity of access to testing would be given to care workers. SoS (Robert Jenrick) also raised the need for the level of testing for care home staff to be monitored. Following the meeting, DHSC took away a number of actions to be resolved prior to publication of the strategy. The actions for DHSC included clarifying the position regarding the provision and timeline of testing for care home staff and residents and working with the NHS to ensure that the policy on discharge of Covid-19 patients was sufficiently robust to ensure the adequate protection of those in care homes (WG/360 - INQ000517131 - DLUHC006297892) (WG/361 - INQ000088696 - DLUHC000013146).
349. On 13 April 2020 Department officials continued to engage with DHSC to work through the outstanding policy points. DHSC officials confirmed that new wording was being prepared on the discharge policy, which was being reviewed by the Minister for Social Care. However, Department officials expressed difficulty in obtaining the latest version of the strategy, and therefore in order to sight Ministers appropriately, and to progress the issue around hospital discharge and provide further comments on the overall strategy, the Department escalated the need for DHSC to share the updated draft (WG/362 - INQ000531337 - DLUHC002517172).
350. In preparation for the Prime Minister strategy meeting on 14 April 2020, officials provided further advice to SoS on 13 April 2020, which welcomed the proposals to discharge patients to isolation

facilities, rather than straight into care homes. However, the advice also emphasised the need for caution and the need to first understand the scale and feasibility of any LA role in relation to cohorting. On 14 April 2020, ahead of the Prime Minister strategy meeting, officials reaffirmed concerns with SoS that DHSC had not provided an update on discharge arrangements from hospital (WG/363 - INQ000531338 - DLUHC000030799). Prior to the meeting the Department also raised these concerns with DHSC again and also sought clarification on whether the LGA had been consulted on the policy (WG/364 - INQ000531339 - DLUHC000119947).

351. It was agreed in the Prime Minister strategy meeting, that subject to policy points which included hospital discharge and testing being finalised, the adult social care action plan would be published on 15 April 2020 (WG/365 - INQ000531341 - DLUHC000013239).
352. Following the meeting the Department made further efforts to work with DHSC in order to agree the final wording of the strategy. Following a steer from SoS, the Department again escalated the need to see the revised wording that was being worked up by DHSC on hospital discharges. The Department also asked for consideration to be given to involving the LGA and ADASS in the discussion. The Department also reached out to the LGA and ADASS directly, as officials had expressed difficulties in reaching DHSC to comment on the outstanding policy points (WG/366 - INQ000531340 - DLUHC002517664).
353. On 14 April 2020, officials raised further concerns with DHSC around the lack of engagement with the Department and expressed the need to see the latest version of the strategy. In response DHSC provided an updated version for comment, noting that the position on hospital discharge and testing was still being discussed (WG/367 - INQ000531342 - DLUHC000117013) (WG/368 - INQ000531343 - DLUHC000117014). DHSC followed up separately to confirm that following discussions with the LGA, ADASS and NHSE, agreed wording on testing for those being discharged from hospital had been reached. DHSC acknowledged the need for more protective measures around care homes, with the wording in the updated strategy confirming that DHSC would institute a policy of testing all patients on admission to care homes. The guidance also confirmed that where appropriate cohorting was not available with local providers, LAs would be asked to secure alternative accommodation and care for the remainder of the isolation period, and additional funding would be made available for this (WG/369 - INQ000531344 - DLUHC000129341). Officials then provided assurance to SoS (Robert Jenrick) that they were satisfied that the issues around hospital discharge had been resolved.
354. Officials continued to provide further comments to DHSC around additional areas of the strategy prior to publication. On 15 April, DHSC published the Adult Social Care Plan which included a

commitment to all patients being tested prior to discharge to a care home, with responsibility being given to LAs to identify alternative accommodation where care homes were not able to provide isolation for people who had tested positive for Covid-19.

Care Home Support Package

355. On 24 April 2020, in preparation for a Cabinet Secretary-chaired officials meeting and a Prime Minister-chaired strategy meeting on 27 and 28 April 2020 respectively, the C-19 Secretariat commissioned DHSC, working with the Department, Public Health England, NHS England and the Cabinet Secretariat to produce a plan to reduce infections in care homes. The objective of the plan was to agree a set of measures to prevent new outbreaks of Covid-19 in care homes and to contain spread within care homes where outbreaks had already occurred.
356. On 24 April 2020, Department officials provided initial advice to SoS (Robert Jenrick) setting out the key elements in developing a plan to reduce infections in care homes which focused on prioritised testing for the social care sector (WG/370 - INQ000531348 - DLUHC000012117). SoS agreed with the Department's recommendations and also set out his interest in exploring further actions which included determining if there was sufficient data flowing from care homes (WG/371 - INQ000531349 - DLUHC006313478). Following SoS's steers, a revised paper was submitted on 26 April 2020 (WG/372 - INQ000531350 - DLUHC000022357).
357. Ahead of a Prime Minister Covid-19 strategy meeting on 28 April 2020, Department officials provided further advice to SoS, regarding the importance of Adult Social Care workers and patients being prioritised for testing and requesting greater clarity about what was being managed nationally by DHSC and where local areas were expected to play a role.
358. SoS (Robert Jenrick) further emphasised the importance of prioritisation of care home staff and residents for testing at the Prime Minister Covid-19 strategy meeting on 28 April 2020. Following the meeting DHSC also took an action to prioritise testing all care home workers. DHSC also took an action to work with the Department to provide a plan on restricting workforce movement, cleaning and infection control, isolation and testing in care homes (WG/373 - INQ000088705 - DLUHC006297230).
359. On 30 April 2020, SoS (Robert Jenrick) wrote to all LA leaders in England, emphasising the Department's commitment to supporting LAs with the additional cost pressures arising from Covid-19, and asking LAs to prioritise spending to provide immediate support to care providers, including for providers with whom the LA did not have a pre-existing contract if their finances were under strain (WG/374 - INQ000531354 - DLUHC000243059). The letter also trailed the need for

LAs to develop plans for the resilience of care homes, covering all of their local care markets. Care home plans were required to set out the tailored responses that would be necessary in the event of outbreaks in care homes, and to include information on infection control measures and accessing training, and arrangements around accessing testing. DHSC initially proposed to issue a letter to LAs on 8 May 2020, setting out responsibility for care home plans as part of a wider comms package. The Department also worked with DHSC to establish a team for monitoring of LA plans across government and the NHS.

360. Ahead of a C-19 strategy meeting on Wednesday 6 May 2020, the C-19 Secretariat formally commissioned DHSC to work with the Department to provide a plan to reduce infections in care homes (WG/375 - INQ000531356 - DLUHC000021550). Ahead of the meeting Department officials worked closely with DHSC to progress the plan. This included working with DHSC to agree what should go into care home resilience plans, which would be set out in a letter to LAs from the SoS for Health. Plans were expected to contain a range of outbreak management activities including testing of residents and staff, infection control guidance and support, and plans for isolating residents. To help inform the content of the letter, the Department gathered feedback from a selected group of local leaders and shared this with DHSC (WG/376 - INQ000531357 - DLUHC002561828).
361. Following the C-19 strategy meeting on Wednesday 6 May 2020, DHSC, the Department and relevant OGDs took an action to provide the C-19 Secretariat an update with proposals to implement the care home support package. This included providing an update on plans for outbreak management and infection control activity and providing an update on progress for testing all care home staff and residents (WG/377 - INQ000531359 - DLUHC002561816). Following the meeting the Department engaged with DHSC to inform the proposals submitted to the C-19 Secretariat.
362. Prior to the publication of guidance on the Care Home Support Package by DHSC on 15 May 2020, in recognition of the additional asks being placed on local government, the Department worked closely with DHSC to clarify what the roles and responsibilities of local partners were in relation to the Care Home Support Package. The Department also engaged with local stakeholders to check they were able to deliver any additional asks which went beyond their normal responsibilities. For example:
 - At a social care meeting chaired by the Cabinet Secretary on 27 April 2020, Catherine Frances, Director General for Local Government and Public Services (Now Director General for Local Government, Resilience and Communities) in the Department raised the issue of oversight

and delivery between LAs and individual care homes and offered to hold a call with LA chief executives that afternoon. It was agreed at the meeting that DHSC, HMT and the Department would take action to clarify roles and responsibilities between HMG, LAs, Care Quality Commission, PHE, and the NHS for delivery of the plan. DHSC also took an overall action on delivery of the plan (WG/378 - INQ000531352 - DLUHC000129131).

- Following the Cabinet Secretary social care meeting on 27 April 2020, the Department held a call with a group of LA chief executives, Sarah Pickup, Deputy Chief Executive of the Local Government Association, and Keith Hinkley, Director of Adult Social Care for East Sussex. The call included a discussion on supporting care homes to carry out testing safely and to discuss the join up between LAs, clinical commissioning groups (“CCGs”), LRFs and NHS in terms of responsibility for and coherent messaging and support to care homes (WG/379 - INQ000531351 - DLUHC000399670).
- Prior to a Covid-19 strategy meeting on Wednesday 6 May 2020, the Department provided advice to SoS (Robert Jenrick) emphasising the need for clarity on roles nationally and locally, and the need for care home assurance plans to be jointly agreed and owned by local health and care partnerships, with CCGs and LAs, Directors of Adult Social Care and the Directors of Public Health (WG/380 - INQ000531358 - DLUHC002556193).
- Between 7 May 2020 and 13 May 2020, the Department worked closely with DHSC, commenting on the draft letter and policy statement to announce the care home support package. The Department engaged with DHSC feeding in Departmental priorities and ministerial steers, particularly around the role of LAs and emphasising the need for a joint approach to ownership of the plans with local health partners (WG/381 - INQ000531362 - DLUHC000026299) (WG/382 - INQ000531363 - DLUHC000026301) (WG/383 - INQ000531365 - DLUHC006311661) (WG/384 - INQ000531366 - DLUHC006311624).

363. On 14 May Helen Whately, DHSC Minister of State for Care, sent a letter to LA leaders and local health and care partners setting out the support package for care homes. Further guidance on the care home support package was also published on gov.uk on 15 May 2020 (WG/385 - **INQ000050496** - DLUHC002566021) (WG/386 - INQ000531389 - DLUHC000040338).

Guidance and Public Health Communications

364. During the Covid-19 pandemic, the Department produced a range of guidance documents with public health messaging for its sectors, including for LAs, businesses and members of the public. Although the Department held responsibility for issuing this guidance and ensuring its sectors

were made aware of policy changes in relation to Covid-19 guidance, regulations and public health advice, DHSC and PHE held overall responsibility for the clinical advice contained within the guidance. Cabinet Office also led a commissioning process whereby they would email the Department requesting that updates were made following relevant policy changes; in some instances, they would provide cleared lines to add into the guidance. Here I exhibit a guidance playbook produced by the Department which outlines its role in Covid-19 in guidance during the pandemic (WG/387 - INQ000137146 - DLUHC000054049). Guidance produced by the Department included information in relation to testing, tracing and isolation, for example around testing in homelessness night shelters and how national Test and Trace policy interacted with guidance on the safe use of public settings.

365. The guidance containing public health (including TTI) advice that was produced by the Department during the pandemic is identified below. Should the Inquiry wish the Department to exhibit or provide copies of any or all of those materials, the Department will readily do so.

Guidance to LAs and businesses

- Covid-19: guidance for domestic abuse safe accommodation provision. Published 23 March 2020, withdrawn 23 July 2021 (WG/388 - INQ000593853 - DLUHC009425994).
- Covid-19 and renting: guidance for landlords, tenants and LAs. Published 28 March 2020, withdrawn 25 March 2022 (WG/389 - INQ000588595 - DLUHC009425993).
- Coronavirus (Covid-19): charter for safe working practice. Published 14 May 2020, withdrawn 29 March 2022 (WG/390 - INQ000593854 - DLUHC009425990).
- Covid-19: provision of night shelters. Published 13 October 2020, withdrawn 3 August 2022 (WG/391 - INQ000593855 - DLUHC009426000).
- Covid-19: Guidance for the safe use of council buildings. Published 29 April 2021, withdrawn 23 July 2021 (WG/392 - INQ000593856 - DLUHC009425997).
- Covid-19: Guidance for the safe use of multi-purpose community facilities. Published 17 May 2021, withdrawn 23 July 2021 (WG/393 - INQ000593857 - DLUHC009425998).
- Covid-19: Safer public places – managing public outdoor settings. Published 19 July 2021, withdrawn 8 April 2022. This guidance was a consolidation of four earlier guidance documents on the use of public outdoor settings:

- Covid-19: Guidance for managing playgrounds and outdoor gyms. Published 26 June 2020, consolidated 19 July 2021 (WG/394 - INQ000104744 - DLUHC000667316).
- Coronavirus (Covid-19): safer public places - urban centres and green spaces. Published 13 May 2020, consolidated 19 July 2021 (WG/395 - INQ000593841 - DLUHC007051146).
- Covid-19: Guidance for managing beaches, the countryside and coastal areas. 10 July 2020 (WG/396 - INQ000593858 - DLUHC009425995).
- Guidance to support LA compliance and enforcement activity, including Covid-19 secure marshals or equivalents. Published 8 October 2020, consolidated 19 July 2021 (WG/397 - INQ000593859 - DLUHC009426002).

Public health guidance in relation to weddings, funerals and burial practicalities

- Covid-19: Guidance for the safe use of places of worship from 4 July. Published 29 June 2020, withdrawn 19 July 2021 (WG/398 - INQ000104698 - DLUHC000667342).
- Covid-19: Guidance for small marriages and civil partnerships. Published 29 June 2020 (WG/399 - INQ000104695 - DLUHC000667343).
- Public health funerals: good practice guidance. Published 16 September 2020 (WG/400 - INQ000104728 - DLUHC000667360).
- Coronavirus (Covid-19): Wedding and civil partnership ceremonies, receptions and celebrations. Published 13 May 2021, withdrawn 1 April 2022 (WG/401 - INQ000593860 - DLUHC009425992).
- Covid-19: guidance for the safe use of places of worship. Published 16 July 2021, withdrawn 29 March 2022 (WG/402 - INQ000593861 - DLUHC009425999).

Guidance to the public

- Covid-19: Shared and overcrowded housing - reducing the risk of infection. Published 10 March 2021, withdrawn 30 July 2021 (WG/403 - INQ000588597 - DLUHC009426001).
- Moving home during coronavirus (Covid-19). Published 22 July 2021, withdrawn 24 February 2022 (WG/404 - INQ000588598 - DLUHC009882300).

D. LESSONS LEARNED

366. I produce as Annex B to this statement a list of lessons learned reviews, exercises and initiatives conducted or participated in by the Department insofar as they relate to the Provisional Outline Scope of Module 7. The list identifies these exercises' key details and recommendations; and the Department's response to them.
367. In addition, I produce as Annex C to this statement a list of key reports which have been published, or contributed to, by the Department and the evidence the Department has given insofar as they relate to the Provisional Outline of Scope for Module 7. This Annex should be read in conjunction with Annex B.
368. I note that the Inquiry has requested information on the Department's Covid-19 Response Playbook. The lessons learned have informed the Department's planning for future pandemic responses, including the Covid-19 playbook and RED's response frameworks. Lesson learning happened at various points including between waves, during the response and following the pandemic which covered a range of activity. For example, significant changes were made to RED's operational structure, processes, IT systems and staffing levels in response to the Covid-19 pandemic's first wave and to prepare for the anticipated second wave. The lessons learned exercises tended to be focused on areas the Department led, including on Community Champions, Homelessness and Rough Sleeping and RED's role working with LRFs.
369. In the event of an emergency where the Department needed to take action, the Response and Recovery Plan sets out how RED deals with emergencies in line with HMG's Concept of Operations for the UK Central Government Response to Emergencies. In the event specifically of a pandemic, a series of Covid-19 playbooks would be drawn upon to inform the Departmental response and I set out more details below at paragraphs 376-383. RED also maintains a core brief and action card which set out the actions that RED officials would need to take in any future pandemic response.
370. The Department also established the Central Response Coordination Unit in 2022 to manage and coordinate the Department's response to emergencies. In addition, the 'Concept of Operations' document was developed setting out the Department's response coordination arrangements, and the roles and responsibilities of MHCLG teams involved in response work. The 'policy toolkit' further clarifies the various policy levers and powers at the Department's disposal to support its emergency response work.
371. In terms of lessons learned and exercises carried out by the Department, the Inquiry will be familiar with the Department's approach of continuous improvement, recording lessons and where

necessary adapting its structures in response to the pandemic. Lessons learned in relation to RED's operational role are identified in Annex B, items 3 and 4. In this section, I describe the lessons learned exercises, reviews, and evaluations of programmes involving the Department relating to issues raised in the Provisional Outline Scope of Module 7.

Internal review of Covid-19 Testing Challenges

- 372. In June 2021, the "MHCLG Internal Briefing note- Covid Testing Challenges" was finalised. The purpose of this was "To summarise MHCLG's understanding of local authority challenges in relation to Covid-19 testing, along with potential government actions for consideration."
- 373. The review identified requests/recommendations for DHSC and the NHS including to consider working with LAs to produce a written, overarching testing strategy/framework, ensure that communications and engagement with local government by central government is as timely and streamlined as possible and review the data requests made by LAs.
- 374. The Department made requests to Test and Trace such as assisting in understanding the governance for addressing local government requests/issues raised and how the Department could provide further support. The Department also requested to be added to the distribution list for all key Test & Trace, DHSC and DfE updates to LAs and any core brief/core scripts.
- 375. Recommendations from the briefing note were addressed to other departments and stakeholders, reflecting a shifting of responsibilities in the course of 2020. However, overall learning from the review was incorporated into the Department's "Covid-19 Testing Playbook".

Covid-19 Response and Supplementary Playbooks

- 376. Since April 2022, the Department has undertaken work to develop a Covid-19 Response Playbook ("CR Playbook") to describe the Department's role, in the context of DHSC and UKHSA planning, in the event that a new Covid-19 variant of concern or increase in infections places pressures on systems.
- 377. The aim of the CR Playbook is to set out arrangements and considerations for the Department's future response to a significant increase in Covid-19 infections and disease, recognising that this will depend on the circumstances at the time. The Playbook draws on the experience and lessons from the Department's response to the Covid-19 pandemic including on areas specific to testing, self-isolation, shielding and homelessness and rough sleeping.
- 378. A working draft was available from May 2022. Subsequently, version 1.0 of the CR Playbook was issued on 31 January 2023 following consultation with relevant response directors and

endorsement from the Department's Resilience Board. I exhibit this as (WG/405 - INQ000137136 - DLUHC000128418). The CR Playbook is subject to Departmental review on a regular basis and is currently being developed with a broader scope in order to become a pandemic playbook, rather than specific only to Covid-19. The updated playbook will now be presented to the Department's Resilience Board for endorsement in May 2025.

379. The CR Playbook is based on learning from previous waves of Covid-19 across a wide range of the Department's workstreams, for which individual playbooks were developed, including the Testing Playbook which I exhibit as (WG/406 - INQ000137174 - DLUHC000128725). The Testing Playbook focuses on the role of local government and the interests of MHCLG policy teams.
380. A Self Isolation Playbook which I exhibit as (WG/407 - INQ000137186 - DLUHC000128757) was also developed which focuses on representing LA concerns and improving understanding within government of the LA role in employer enforcement.
381. The CR playbook is also supplemented by the Workforce Absences Playbook which I exhibit as (WG/408 - INQ000137185 - DLUHC000128750) and the HRS Playbook which I exhibit as (WG/409 - INQ000137197 - DLUHC000082349).
382. The Workforce Absences Playbook focuses on absence and service impacts across LA services. The HRS Playbook provides specific guidance for the Department's HRS Directorate in the event of a variant of concern and is designed to be used alongside the Departmental CR Playbook.
383. While the CR and HRS Playbooks are live documents which are subject to review, the Workforce Absences Playbook was developed to: (i) explain how the workstreams functioned; and (ii) explain what they delivered, in the event that elements need to be stood up again in the future.

Evaluation of Community Champions (phase 1) and lessons learned to inform Community Vaccine Champions (phase 2)

384. Between March 2021 and September 2021, SPI-B affiliated academics through the London School of Economics and Political Science were commissioned by the Department to prepare three spotlight reports on the Community Champions programme.
385. The evaluation of phase one of the Community Champions programme began in March 2021 and was managed by Professor Laura Bear of London School of Economics and Dr Atiya Kamal of Birmingham University, who is also a member of the SPI-B.
386. The team produced three spotlight reports throughout 2021 which included findings that were used in developing the policy for the Community Vaccine Champions ("CVC") programme. For

example, Community Champions provided practical support to address physical barriers of accessing the vaccine such as skills and understanding of how and where to book a test. Increased vaccination uptake was reported by LAs, VCSE partners, and Community Champion delivery partners as a result of the Programme. However, similar efforts to raise awareness of NHS Test and Trace did not result in similar outcomes. The report considered financial barriers to testing due to potential loss of income if self-isolation was required as one of the reasons for this difference. When the financial barriers were addressed, which is beyond the support that Champions could provide, testing increased. The spotlight reports were shared with PHE, NHSE and OHID as they were produced. A key recommendation of the spotlight report was that *“Now this social infrastructure of Community Champions has been built it is very important to continue central government support for it as it has the potential to be deployed to support a wide range of public health and social cohesion initiatives.”*¹ Central government support subsequently continued through the CVC programme.

387. The three spotlight reports were not published individually, however a final evaluation which incorporated all three reports was published by the Department on 3 July 2023 (WG/156 - INQ000283328 - DLUHC002725311). The final evaluation concluded that *“Community Champions shared messages in a timely manner which minimised the vacuum for misinformation and facilitated the removal of barriers to engaging in vaccination and Covid-19 tests.”* Further details of the evaluation are set out in Annex B, item 5 and Annex C, item 1.

Lessons learned from the Disproportionately Impacted Groups working group

388. The final meeting of the DIGs working group which took place on 8 December 2021 included a presentation on lessons learned which included recommendations for future cross-Whitehall work.
389. A number of areas were cited for improvement, though these were more about wider structures and approaches than test, trace and isolate issues specifically. For example, the learnings identified that there was insufficient focus on people from DIGs at start of the pandemic response (other than for the Clinically Extremely Vulnerable group) until a central team was formed in August 2020, and lack of available data in the early stages. There were, however, no specific recommendations for the Department as after the final DIGs meeting on 8 December 2021, Office for Health Improvements and Disparities led DIGs work as part of its portfolio and became

¹ Dr Atiya Kamal and Professor Laura Bear, *Community Champions Policy: Development, Training and Strategic Implications for Recovery from Covid-19* (June 2021), page 4.

responsible for the lessons learned (WG/410 - INQ000468704 - DLUHC000482441). Further information is set out at item 6 of Annex B.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 25/04/25

UK COVID-19 INQUIRY

ANNEX A: GLOSSARY OF ACRONYMS

The acronyms below appear in the body of the witness statement, lessons learned and key reports annexes and are collated here for ease of reference. They are listed alphabetically.

ADASS	Association of Directors of Adult Social Services
ASC	Adult Social Care
BAME	Black and Minority Ethnic
BEIS	Department for Business, Energy and Industrial Strategy
CCGs	Clinical Commissioning Groups
CDL	Chancellor of the Duchy of Lancaster
CEV	Clinically Extremely Vulnerable
CEXs	Chief Executives
CFO	Chief Finance Officer
CMO	Chief Medical Officer
CO	Cabinet Office
COBR	Cabinet Office Briefing Room

COBR(O)	Cabinet Office Briefing Room (Officials)
COBR(M)	Cabinet Office Briefing Room
COMF	Contain Outbreak Management Fund
COVID-O	COVID-19 Operations Committee
CR-PLAYBOOK	Covid-19 Covid Response Playbook
CVC	Community Vaccine Champions
DCMO	Deputy Chief Medical Officer
DCMS	Department for Digital, Culture, Media & Sport
DEFRA	Department for Environment, Food & Rural Affairs
DfE	Department for Education
DHSC	Department of Health and Social Care
DWP	Department for Work and Pensions
EEA	European Economic Area
EOI	Expression of Interest
ERA	Enhanced Response Area
EU	European Union
GLO	Government Liaison Officers

GMCA	Greater Manchester Combined Authority
GDS	Government Digital Service
HMIG	Health Ministerial Implementation Group
HMT	His Majesty's Treasury
HRS	Homelessness and Rough Sleeping
ISC	Investment Sub-Committee
JBC	Joint Biosecurity Centre
LA	Local Authority
LGA	Local Government Association
LOMPs	Local Outbreak Management Plans
LRF	Local Resilience Forum
MACA	Military Aid to the Civil Authorities
MHCLG	Ministry of Housing, Communities and Local Government
MOD	Ministry of Defence
MQS	Managed Quarantine Service
NHS	National Health Service
NHSE	National Health Service England

NHST&T	NHS Test and Trace Service
NSSS	National Shielding Support System
OGD	Other Government Departments
OHID	Office for Health Improvement and Disparities
OPSS	The Office for Product Safety and Standards
OSR	Office for Statistics Regulation
PCR	Polymerase Chain Reaction
PDCB	Pandemic Diseases Capabilities Board
PHE	Public Health England
PPE	Personal Protective Equipment
PSED	Public Sector Equality Duty
RA	Resilience Advisors
RDU	Racial Disparities Unit
RED	Resilience and Recovery Directorate
RNF	Relative Needs Formula
SAGE	Scientific Advisory Group for Emergencies
SEF	Shielding Stakeholder Engagement Forum

SISG	Self Isolation Steering Group
SoS	Secretary of State
SPI-B	Independent Scientific Pandemic Insights Group on Behaviours
SPL	Shielded Patient List
SRO	Senior Reporting Officer
TTI	Test, Trace and Isolate
UKHSA	UK Health Security Agency
UTO	Universal Testing Offer
VCS	Voluntary and Community Sector
VoC	Variant of Concern

ANNEX B: LESSONS LEARNED

This Annex contains a list and details of lessons learned exercises regarding the matters set out in the Provisional Outline for Scope of Module 7. This Annex should be read in conjunction with Annex C which details key reports.

Key: Type of Lessons Learned exercises and corresponding colour used in tables below	Cross-government work	Departmental work
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No	Date or date range	Lead Dept/team and nature of exercise	Key details of review/exercise	Dept response/implementation	Exhibit references
1	Live document – latest version Jan-23	The Department's Local Government Engagement team Internal Playbooks to guide future response work.	The Department developed the "Covid-19 Response Playbook" is to be drawn upon to support a future Department response, depending on the specific circumstances. The first working draft of the playbook was produced in Apr-22 and was based on learning from previous waves of Covid-19 across a wide range of the Department's workstreams, for which individual playbooks were developed,	The Playbook promotes flexibility as a key principle of the Department's response and encourages teams across the Department to ensure that a proportionate level of planning is undertaken (within the context of this Playbook) to remain prepared. The Playbook provides a framework of considerations for the Department in the event of a new Covid-19 VoC or an increase in infections that places pressures on systems. It does not seek to set out detailed roles,	(WG/405 - INQ000137136 - DLUHC000128418) Covid-19 Response Playbook.

			<p>including the supplemental playbooks mentioned below.</p> <p>Version 1.0 of the Playbook was issued on 31-Jan-23 following consultation with the Department's relevant response Directors and endorsement from the Resilience Board. This was exhibited to the Module 2 Tranche 3 statement of Jeremy Pocklington, dated 22/08/2023 with the following exhibit number (JP3/108 – INQ000137136). This has also been exhibited to the Module 4 statement of Catherine Frances as (CF/115 – INQ000468632 - (WG/405 - INQ000137136 - DLUHC000128418).</p> <p>The Covid-19 Response Playbook provides a framework of considerations for the Department in the event of a new Covid-19 variant of concern ("VoC") or an increase in infections that places pressure on systems.</p>	<p>responsibilities and actions, recognising that these will depend on the circumstances at the time of a new VoC. The measures set out in the playbook will be activated if:</p> <ul style="list-style-type: none"> • UKHSA or DHSC confirm that a new Covid-19 VoC has been designated. • It is agreed by the Department's Covid-19 SRO that activation is appropriate due to risks or issues relating to Covid-19. • DHSC/UKHSA/CO activate cross-Whitehall command and control arrangements. <p>The Covid-19 Response Playbook is subject to Departmental review on a regular basis and is currently being developed with a broader scope in order to become a pandemic playbook, rather than specific only to Covid-19.</p>	
2		The Department's Local Government Engagement, Homelessness and Rough Sleeping, Care and Reform teams Internal Playbooks to	<p>The Department developed a supplemental series of more detailed thematic playbooks to be drawn upon to support a future Department response.</p> <p>The supplemental thematic playbooks relevant to Module 7 include the Test and Trace Playbook, Self-Isolation Playbook, the Workforce Absences Playbook, and the Homelessness and Rough Sleeping Playbook.</p>	<p>The Playbooks promote flexibility as a key principle of the Department's response and encourage teams across the Department to ensure that a proportionate level of planning is undertaken (within the context of these Playbooks) to remain prepared.</p> <p>The Covid-19 Response Playbooks are subject to Departmental review on a regular basis and is currently being developed with a broader scope in order to become a pandemic playbook, rather than specific only to Covid-19.</p>	<p>(WG/408 - INQ000137185 - DLUHC000128750) Workforce Absences Playbook.</p> <p>(WG/409 - INQ000137197 - DLUHC000082349) Homelessness and Rough Sleeping Variant of Concern Playbook.</p>

		guide future response work.	<p>The Testing Playbook provides information on how the MHCLG testing workstream functioned, what it delivered if it needed to be stood up again in the future e.g. in response to a VoC. The objective of the testing workstream is to provide the links between local government (and wider MHCLG stakeholders) and DHSC/UKHSA/CO, who have overall policy responsibility for test and trace, ensuring that local government and Departmental interests are factored into testing policy development and implementation.</p> <p>The Self Isolation Playbook sets out that the team's main interest has been in the employer obligation to ensure they are not knowingly allowing anyone to come into work who should be self-isolating. LAs are responsible for compliance and enforcement of this obligation, two areas of work where the workstream focused. Employer enforcement was not led by MHCLG, instead it inputted into the work of DHSC (lead for self-isolation) and BEIS (lead on employment rights). The objective of the Self Isolation workstream is to help understanding within government of the LA role in employer enforcement and to represent LA concerns of compliance and enforcement of employer enforcement across government.</p>		<p>(WG/406 - INQ000137174 - DLUHC000128725) Covid-19 Response Testing Playbook</p> <p>(WG/407 - INQ000137186 - DLUHC000128757) Self-isolation Playbook</p>
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			<p>The Workforce Absences Playbook focuses on LA workforce absence and its impacts across LA services.</p> <p>The HRS Playbook sets out response measures, coordination arrangements and roles and responsibilities for a Covid-19 response. This includes aiming to increase targeted vaccination and testing in the homeless and rough sleeping cohort. Activities include providing communication and updated guidance to the sector, working with local partners, and using local intelligence to shape the response.</p>		
3	Sep-20	<p>The Department's Resilience and Recovery Directorate</p> <p>Emergency Survival Manual developed by the Winter Coordination Unit</p>	<p>In summer 2020, there was a significant reorganisation of the Resilience and Emergency Division to become the Resilience and Recovery Directorate, and other changes to their role and Covid-19 plans.</p> <p>In response to the demands of the Covid-19 pandemic's first wave, and to prepare most effectively for the anticipated second wave, significant changes were made to RED's operational structure, processes, IT systems and staffing levels. The Department also completed a programme of work to ensure that it retained corporate knowledge, and captured lessons learned from prior emergencies and events, and to ensure that it has robust information management processes in place.</p>	<p>Changes made to RED's operational structure included:</p> <ul style="list-style-type: none"> • Developing RED's regional engagement model, including: • The introduction of five regional hubs with dedicated RAs to support LRFs to increase the support the Department could provide; • The establishment of a dedicated function to plan and facilitate regular video conference meetings with LRF Chairs to provide strategic updates; and • RED convening an expert panel of LRF Chairs to act as a trusted partner and to reflect on the roles LRFs can usefully play in the future of resilience. The Inquiry should note that this panel has been stood down. 	<p>(WG/411 - INQ000468746 - DLUHC002729950) RED Response and Recovery Plan</p> <p>(WG/412 - INQ000468734 - DLUHC000010617) Emergency Survival Manual</p>

		<p>An Emergency Survival Manual was developed to help the Department respond effectively to future emergencies or events that cannot be managed or resourced through business-as-usual business planning and have a significant impact for multiple teams across the Department. The Emergency Survival Manual was developed to capture learning arising from the 'Winter 2020' structures. The Winter 2020 structures were in place from around October 2020, across several government departments, to manage concurrent winter risks, primarily Covid-19 and the impending EU Exit.</p> <p>In order to continually learn from emergencies, RED have processes to debrief in a structured manner and identify lessons learned following a response.</p> <p>The Department's response to the winter arrangements were instituted to ensure sufficient staffing, governance, and risk escalation systems were in place. The Emergency Survival Manual captured learning from the winter arrangements, as well as drawing on previous emergency and major events.</p> <p>The Emergency Survival Manual has now been superseded by the establishment of the Central Response and Coordination Unit in 2022. This provides a dedicated secretariat function for the new Resilience</p>	<ul style="list-style-type: none"> • Developing RED's situational awareness capability through the introduction of: • A dedicated, permanently staffed Strategic Insights function within RED. The role of this Strategic Insights function includes gathering both human intelligence (provided through Government Liaison Officers) and data from a range of sources (including OGDs); and • Cross-Government 'Discovery' meetings, which include representatives from other Departments, where data on local risks is combined with human intelligence to give a comprehensive picture of risk, and tolerance to risks, within LRFs. The Discovery meetings that were put in place at the time have subsequently been superseded by new arrangements as the model has evolved. These arrangements now include a Local Impacts Board with a remit that includes interfacing with Other Government Departments to share intelligence about the local tier. • Enhancing RED's response model to include: • The introduction of more specialised teams within RED, each focused on performing its own specific function; • Bolstering capability for proactively managing issues raised by local responders by establishing a specialist 	
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			<p>Board which oversees activity across the Department's responsibilities in planning for and responding to emergencies and major events.</p> <p>The Department has developed a 'Concept of Operations' document setting out the department's response coordination arrangements, and the roles and responsibilities of MHCLG teams involved in response work. The 'policy toolkit' was also developed clarifying the various policy levers and powers at the Department's disposal to support its emergency response work.</p>	<p>issue resolution function with its own dedicated resources;</p> <ul style="list-style-type: none"> Ensuring that recovery work is factored into all work carried out within RED's response teams; and Replacing RED's Emergency Response Plan with the Response and Recovery Plan that sets out RED's new operating model and formalised processes for ensuring appropriate resourcing levels within RED for dealing with emergencies. Further changes to strengthen resilience capabilities within and beyond the Department have included: Provision of dedicated funding, including innovation funding for LRFs since 2021 which has, for example, supported the development of digital tools to aid effective information sharing at LRF level. We continue to put this at the heart of our focus as part of our programme to continue to strengthen LRFs. 	
4	Jan-23	<p>The Department's RED team</p> <p>Debrief report containing key themes and recommendations for PDCB.</p>	<p>In January 2023, RED collated debrief reports from LRFs, reflecting on the Covid-19 response and identifying lessons for the future. From these RED extracted key themes and recommendations to present to the DHSC chaired Pandemic Diseases Capabilities Board ("PDCB").</p> <p>RED noted key recurring themes and recommendations, especially those pertinent to central government which included:</p>	<p>Since the first Covid-19 wave, actions have already been taken by RED and LRFs to implement some of the lessons learnt. The key actions taken by RED are as follows:</p> <ul style="list-style-type: none"> RED moved to a more consistent approach for assigning GLOs to LRFs, after the first wave of Covid-19. LRFs cited this as a positive change and RED has maintained this approach, where possible, as we've moved out of the Covid-19 response. RED reviewed the approach to collecting data from LRFs during Covid-19 and 	<p>(WG/413 - INQ000468760 - DLUHC002733559)</p> <p>Local Resilience Forum COVID-19 debrief report: Key themes and recommendations for PDCB</p>

			<ul style="list-style-type: none"> • Debriefs stressed the importance of strong working relationships and trust between colleagues as a key factor in a successful response. • Local information flow was highlighted as a success in several reports, with some exceptions where clear communication between different LRF sub-groups was less consistent. A number of LRFs criticised their often-restricted access to NHS data that, when available, aided the timely mobilisation of local support. • There was a perceived underutilising of local knowledge and capability in the central Government response. • Military support was recognised as helpful throughout the Covid-19 response. However, at the start, the 'top-down' military aid provisions from central government left a number of LRFs initially unprepared to properly utilise the support and cohesion between LRFs. • All LRF reports reviewed described issues with the communication and guidance from central Government. LRFs criticised the lack of notice prior to public announcements on new policy, leaving them little time to organise before these new policies were due to be implemented. • Many LRF reports mentioned a burdensome level of data reporting to central Government, within very short timescales. The system for reporting 	<p>developed a less resource-intensive process for collating data in a future pandemic scenario.</p> <ul style="list-style-type: none"> • RED conducted an initial survey with LRFs to understand engagement between health partners and LRF structures. RED are engaging with UKHSA's Future of Health Protection Systems workstream and promoting the informal call for evidence amongst LRF resilience fora and LAs. • RED conducted an initial survey with LRFs to understand engagement between health partners and LRF structures. RED are engaging with UKHSA's Future of Health Protection Systems workstream and promoting the informal call for evidence from LRFs and LAs. <p>Future actions:</p> <p>Several of the issues raised, particularly around the relationship between central government and LRFs, are wider than pandemics and, as such, go beyond the scope of PDCB. However, the following actions were agreed by the PDCB to address the lessons identified for a future pandemic scenario:</p> <ul style="list-style-type: none"> • Incorporate debrief report findings into the development of a future Pandemic Preparedness Strategy, with emphasis on improving communication and utilising local knowledge. DHSC are the lead government Department for pandemic preparedness and this action. • Consult with a small group of LRFs on the development of a new Pandemic 	
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			<p>was also described as overcomplicated.</p> <ul style="list-style-type: none"> • Debrief reports described issues arising from a lack of understanding of the LRF role, both by local partners and central Government. • LRFs frequently described difficulties in collaborating with health partners. Many noted a lack of understanding of NHS and Health Protection Board structures by the LRF and vice versa. • Many LRFs recognised that the process of de-escalating and transitioning from response to recovery when infection waves subsided was difficult. Some LRFs report learning to start thinking about recovery well in advance of the end of a wave of infections. 	<p>Preparedness Strategy at a later stage in its development to ensure the LRF perspective is adequately reflected. The Department will continue to engage with DHSC, CO and LRFs to support the development of any such strategy.</p> <ul style="list-style-type: none"> • Continue to work on: (i) increasing cross-Government awareness of the LRF and understanding of its role for a pandemic scenario; (ii) ensuring LRFs are fully aware of relevant cross-Government structures. This action is owned by the Department. RED continues to reach out to partners across government to explain our role and that of LRFs generally. The pandemic risk workstream within RED has engaged with partners from UKHSA, DHSC, NHSE and more in the last year, explaining the role of LRFs and RED in pandemics. 	
5	Mar – Sep-21	<p>The Department's Faith, Integration and Communities team (responsible for Community Champions)</p> <p>Spotlight reports on the Community Champions programme commissioned by the Department.</p>	<p>SPI-B affiliated academics were commissioned by the Department to prepare three spotlight reports on the Community Champions programme. These reports were not published as they were not anonymised. Findings included:</p> <ul style="list-style-type: none"> • Within a few weeks of initiating the programme, new connections had been developed linking formal and informal support networks and services. • LAs engaged with a wider range of groups, some of which were not previously visible and would have remained invisible without the support of Community Champions. 	<p>The findings of the reports were used in developing the policy for the Community Vaccine Champions programme. For example, providing LAs with flexibility to use and repurpose the funding, incorporating vaccine equity work into wider health inequalities, encouraging LAs to form partnerships with the voluntary, community and social enterprise sector as well as co-design solutions with communities and incorporating medium and small grant funding schemes into LA funding.</p> <p>Beginning in March 2021, the Department ran 4 thematic webinars with participating LAs and VCS partners exploring some of the issues that had been raised through the Community</p>	<p>(WG/416 - INQ000137162 - DLUHC000128705)</p> <p>(WG/417 - INQ000137163 - DLUHC000128708)</p> <p>(WG/418 - INQ000137164 - DLUHC000128711)</p> <p>Community Champions Policy: Development, Training and Strategic Implications for</p>

			<ul style="list-style-type: none"> Community Champions provided practical support to address physical barriers of accessing the vaccine such as skills and understanding of how and where to book a test. Evidence suggests that financial support is required to support testing which Community Champions do not have control over. This means it may not be possible for Champions to achieve the same outcome for testing behaviour as they have for increasing vaccination uptake. Other positive outcomes of the programme include increased trust and cohesion between LAs and community organisations, greater coordination of voluntary sector activities, better understanding of communities, and provision of support that aligned with the needs of the community. 	<p>Champions programme, including countering misinformation. The webinars were used to disseminate lessons learned quickly to LAs and some LA schemes continued beyond the life of the programme. (WG/414 - INQ000468667 - DLUHC000448296)</p> <p>The Department also ran a webinar (WG/415 - INQ000468728 - DLUHC002729921) on 13 January 2022 with 160 attendees from LAs and government departments which included presentations on the findings from the Community Champions evaluation. One of the speakers was Dr Kamal, who co-produced the evaluation.</p>	<p>Recovery from Covid-19 – Spotlight Reports 1 - 3</p> <p>(WG/419 - INQ000468684 - DLUHC000434148)</p> <p>Briefing note for No. 10 on the lessons learned from Community Champions that were incorporated into Community Vaccine Champions</p>
6	Nov – Dec 21	Disproportionately Impacted Groups working group - Emran Mian, Director General in the Department at the time was the SRO on behalf of Cabinet Office	<p>On 8 December 2021, a DIGs Steering Group session included a presentation by the Covid-19 Taskforce in the Cabinet Office on lessons learned from DIGs activities during the pandemic. Findings included:</p> <ul style="list-style-type: none"> The Community Champions scheme was given as an example of strong collaborative working with OGDs that improved outcomes for people from DIGs. 	<p>The last DIGs meeting took place on 8 December 2021, after which the OHID (part of DHSC) led the cross Whitehall DIGs workstream.</p> <p>The section of the slides on “what could be improved” were seen as actions for the OHID when they took on the portfolio, and the lessons learned were disseminated via the meeting. The slide deck and minutes were shared with the DIGs board on 10-Dec-21. There were two actions related to the discussion on lessons learned:</p>	<p>(WG/134 - INQ000468703 - DLUHC000456857) DIGs Lessons Learned findings – summary report (workshop slides).</p> <p>(WG/410 - INQ000468704 - DLUHC000482441)</p>

		8-Dec-21 DIGs steering group attended by the Department, CO, DHSC and OGDs.	<ul style="list-style-type: none"> • There was progress to improve outcomes for DIGs e.g. vaccine uptake, targeted testing, specific comms, guidance. • A number of areas were cited for improvement, though these were more about wider structures and approaches. For example: • Insufficient focus on people from DIGs at start of the pandemic response (other than CEV group) until a central team was formed in August 2020, and lack of available data in the early stages, were examples of things that had not worked so well; and • Creating a 'web of responsibility,' through appointing CMO/DCMO, a Permanent Secretary and a Minister to each act as a champion for DIGs, establishing a governance and accountability board, and establishing good working relationships across Whitehall at an early stage were identified as some of the key recommendations for the future. 	<ol style="list-style-type: none"> 1) DIGs team to share revised lessons learned paper including initial comments from board. 2) Board members to feed in further lessons learned to the DIGs team. <p>There were no specific actions for the Department.</p>	Minutes from the lessons learned workshop.
7	Aug 2020	Externally conducted review: "Rapid Stocktake of Lessons Learnt and Good Practice in the Management of Local Covid-19	On 5 August 2020 Dame Mary Ney was commissioned by the Department's Secretary of State to carry out a rapid stocktake of lessons learnt and good practice in the management of local Covid-19 outbreaks with a focus on the experience in Leicester City and Leicestershire. This was submitted to the	The report was used by the Department to feed into ongoing work on engagement with LAs and diverse communities and to consider how best to secure compliance with local regulatory regimes.	Report by Dame Mary Ney: "Rapid Stocktake of Lessons Learnt and Good Practice in the Management of Local Covid-19 Outbreaks" (WG/064 -

		Outbreaks: with a focus on the experience in Leicester City and Leicestershire”	<p>Department on 21 August 2020 and published on 14 September 2020.</p> <p>The learning points identified included:</p> <ul style="list-style-type: none"> • Review the national and local governance frameworks to clarify the interface between them, how LAs will be engaged and to strengthen local political oversight. • Ongoing work is required to improve the testing data available, in particular, data on ethnicity and workplace. • LAs should ensure they understand their communities and have community cohesion arrangements in place so that community and business engagement is effective. • There is scope to further the role of LAs and to move to a more preventative whole system approach on the ground bringing together scaling up of testing, tracing and supporting self-isolation and shielding. 		<p>INQ000104719 - DLUHC000667302)</p> <p>Secretary of State Jenrick response to Dame Mary Ney report (WG/420 - INQ000137148 - DLUHC000128662)</p> <p>(WG/405- INQ000137136 - DLUHC000128418) Covid-19 Response Playbook.</p>
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			<p>Good practice identified by the report included:</p> <ul style="list-style-type: none"> • Implementation of a Local Political Oversight Board to provide a forum for local political leaders to have collective oversight of the management of the outbreak. • Integration of the PHE Incident Management Team into local resilience structures and establishing a joint outbreak management team. The local approach to scaling up testing – City Reach – used on the ground teams drawing on the local knowledge of LA staff, local NHS staff and volunteers to undertake door to door visits. • Bespoke Data Base built to capture activity and testing outcomes of the City Reach Teams. 		
8	Sep-20	The Department's Homelessness and Rough Sleeping team Lessons learnt exercises conducted.	<p>Lessons learnt exercises from 'Everyone in' were considered as part of the design of the Protect, Protect Plus and Protect and Vaccinate programmes. Key lessons included:</p> <ul style="list-style-type: none"> • The need to target support at the most vulnerable; the Protect and Protect Plus programmes were specifically 	The Protect and Protect Plus programme was specifically designed to target support at the most vulnerable. Funding was targeted at specific LAs for the Protect Programme. The focus of the scheme was on rough sleepers and recognising the complex needs of this cohort sought to address vaccine hesitancy concerns.	<p>(WG/421 - INQ000468756 - DLUHC002729946) Everyone In Lessons Learnt</p> <p>(WG/422 - INQ000137157 -</p>

			<p>designed to target support at rough sleepers and those with complex needs.</p> <ul style="list-style-type: none"> • Clear communications to LAs including who they should support for Protect and Vaccinate such as the most clinically vulnerable and those with a history of rough sleeping, as well as providing advice on supporting those with restricted eligibility to public funds. 	<p>When the risks of Omicron presented, the HRS team took learning from previous responses to establish a rapid response team to set up and deliver the Protect and Vaccinate fund. A further £3.2m was provided via the Protect & Vaccinate programme to support LAs to incentivise vaccine uptake in this community.</p> <p>In the funding guidance for the Protect and Vaccinate programme, the Department shared ideas for improving vaccine uptake with LAs, this included sharing research from the sector on what works to encourage vaccine uptake amongst this vulnerable cohort – illustrating the Department's commitment to learning from partners in the sector and sharing best practice. A letter was sent directing LAs to ensure that the ongoing risk of Covid-19 to people experiencing homelessness was factored into LAs' winter provision and encouraging the support of vaccination uptake amongst this cohort.</p>	<p>DLUHC000128697) Intel from Rough Sleeping Advisors on Everyone In</p> <p>(WG/345 - INQ000137103 - DLUHC000128576) Letter to LAs on Protect and Vaccinate</p>
9	June 2021	Internal but relating to DHSC and Test & Trace – report prepared by the Department's community testing team and addressed to the Department of Health and Social Care / NHS Test & Trace.	<p>Report called "MHCLG Internal Briefing note- Covid Testing Challenges" finalised 18 June 2021. Purpose was "<i>To summarise MHCLG's understanding of local authority challenges in relation to Covid-19 testing, along with potential government actions for consideration.</i>"</p> <p>Requests/ recommendations for DHSC/NHS with relevance to this Department:</p>	<p>The recommendations were addressed to other agencies, reflecting the shifting of responsibilities to them in the course of 2020. Overall learning was incorporated into the Department's "Covid-19 Testing Playbook".</p>	<p>(WG/423 - INQ000137173 - DLUHC000128722) MHCLG Internal Briefing note "<i>Local Authority Covid Testing Challenges</i>"</p> <p>(WG/405 - INQ000137136 - DLUHC000128418)</p>

			<ul style="list-style-type: none"> Consider working with LAs to produce a written, overarching testing strategy/framework. Engage LAs in a review of the national comms plan for testing. Consider setting out the totality of the LA role in testing. Consider mechanisms to communicate to and engage with LAs on the totality of testing policy/issues. Ensure that comms and engagement with local government by central government is as timely and streamlined as possible. Review the data requests made by LAs. <p>Requests from the Department for assistance from Test & Trace were:</p> <ul style="list-style-type: none"> Assistance in developing a better understanding of government testing governance. Assistance in understanding the governance for addressing local government requests/issues raised and how further the Department can provide support. Consider adjusting the cross-Whitehall policy engagement forum agenda to include certain regular items. 		Covid-19 Response Playbook.
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			<ul style="list-style-type: none"> Consider developing a shared testing core brief/script/lines for government officials. This Department to be added to the distribution list for all key Test & Trace/DHSC/Department for Education updates to LAs and any core brief/core scripts. 		
10	Jan 22	<p>Covid-19 Taskforce (Cabinet Office)</p> <p>Review of types of support that could be offered by OGDs under any policies that would ask particular groups of society to be more cautious.</p>	<p>In January 2022, when Shielding-type policies were no longer under any active consideration, officials from Cabinet Office asked the Department to provide information around the types of support it could provide under any policies that would ask particular groups of society to either be more cautious e.g. not visit busy shops, or to stay at home.</p> <p>The review was for contingency purposes for the possibility that these types of policies would be revisited in the future if there were changes to the epidemiological national picture.</p>	<p>The Department provided information on a range of support types, including the approximate lead in time:</p> <ul style="list-style-type: none"> Supermarket priority shopping hours – lead in time N/A Supermarket priority delivery slots – lead in time estimated at 3-4 weeks Prescription delivery - lead in time estimated at 3-4 weeks Full Shielding Support Service - lead in time estimated at 3-4 weeks LA Funding to support CEV additional needs and food support (not direct financial support to CEV citizens) - lead in time estimated at 3-4 weeks <p>Officials also provided information on NHS Volunteer Responders which were already in place and covered help with things like collecting shopping, medication, or other essential supplies, and with transport to medical appointments. They could also provide regular, friendly phone calls.</p>	<p>(WG/424 - INQ000137136 - DLUHC005631555) MHCLG scoping document on support services that could be stood up.</p>

UK COVID-19 INQUIRY

ANNEX C: KEY REPORTS

This Annex contains a summary of reviews and reports authored or published by, or in conjunction with, or contributed to by the Department and evidence it has given (for example to Parliamentary Select Committees) regarding the matters set out in the Provisional Outline for Scope of Module 7. This Annex should be read in conjunction with Annex B that details lessons learned.

In the table below, reports with a blue background are external reports or those of other government departments. Reports with a yellow background are NAO/Parliamentary committee reports (including a summary of evidence given by the Department).

No.	Report Summary	Date of report	Key roles on report	Conclusion or key findings	Recommendations	Update on implementation
1	<p>(WG/156 - INQ000283328 - DLUHC0027253 11)</p> <p>Community Champions (Phase 1) Evaluation - Community Champions Policy: Key principles and strategic implications for recovery from Covid-19.</p>	<p>03-Jul-23 (Date published on gov.uk. The final Evaluation of Phase 1 of the Community Champions programme encompassed 3 spotlight reports produced by Dr Kamal and Professor Bear. The spotlight reports were produced in March, June, and September 2021 respectively).</p>	<p>Author: London School of Economics / Dr Atiya Kamal and Professor Laura Bear.</p> <p>Department contribution: Research and evaluation commissioned by the Department.</p> <p>Published by the Department on gov.uk.</p>	<p>LA and VCS partners reported positive impact on increased trust and engagement with wider services.</p> <ul style="list-style-type: none"> The Community Champions programme achieved these outcomes through coordinated activities such as setting up vaccination hubs, circulation of translated materials in multiple languages and modes of delivery, 'foot-patrol' visits to neighbourhoods, facilitating two-way dialogue and Q&A forums. Community Champions shared messages in a timely manner which minimised the potential for misinformation and facilitated the removal of barriers to engaging with vaccines and Covid-19 tests. Community Champions were reported by LAs and community champions as contributing to increased vaccine uptake. However, 	<p>There were no specific actions for the Department, however the report included the following recommendations:</p> <ul style="list-style-type: none"> Continuing central government support for Community Champions to deploy the infrastructure to support a wide range of public health and social cohesion initiatives. Resourcing support (including time, staff, ongoing funding, and political support) to sustain and build on the trust that the scheme had generated between Community Champions, LAs, and central government. The principles of the Community Champions programme can be embedded in a number of policy initiatives and the connections forged in crisis could be used to advance other policy interventions. Build a sustainable pool of Community Champions to 	<p>The findings of the reports were used in developing the policy for the CVC programme. For example, providing LAs with flexibility to use and repurpose the funding, incorporating vaccine equity work into wider health inequalities, encouraging LAs to form partnerships with the voluntary, community and social enterprise sector as well as co-design solutions with communities and incorporating medium and small grant funding schemes into LA funding.</p>

				<p>similar efforts to raise awareness of NHS Test and Trace did not result in similar outcomes. When the financial barriers were addressed, which is beyond the support that Champions can provide, testing increased.</p> <ul style="list-style-type: none"> • This report shows a rapid policy response directed through existing skilled local networks with micro-knowledge of barriers and needs has been highly effective. It has been reported by LA and community champion partners that it contributed to vaccine uptake and also to growing collaboration and coordination of social provisioning. 	<p>avoid consultation fatigue and burnout, for example, actively engage young people to 'pass on the baton' and build on the foundations of trust established by earlier groups.</p> <ul style="list-style-type: none"> • Acknowledge the contribution of volunteers and Community Champions to increase trust and minimise barriers to working with formal authorities. • Give VCS partners a national role in providing advice to LAs in engaging with communities and maintaining social infrastructures. 	
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2	<p>(WG/425 - INQ000089742 - DLUHC0027253 19)</p> <p>Minister Badenoch & CO RDU/ Equality hub submitted the first of four reports to the Prime Minister and Health Secretary on progress to understand and tackle Covid-19 disparities experienced by individuals from an ethnic minority background.</p>	22-Oct-20	<p>Author: Produced by Cabinet Office Race Disparity Unit and Government Equalities Office.</p> <p>Department contribution: The Department did not publish this report but were consulted on the sections relevant to Community Champions.</p>	<p>The first report summarised the work undertaken across government to address Covid-19 health inequalities and provided several recommendations to the Prime Minister. The report concluded that a range of socioeconomic and geographical factors coupled with pre-existing health conditions were contributing to the higher infection and mortality rates for ethnic minority groups, with part of the excess risk remaining unexplained for some groups.</p> <p>Annex A of the report sets out the implementation of the recommendations from the "Beyond the Data" paper. MHCLG and Cabinet Office worked closely to ensure that communications for mass gatherings such as religious festivals are coordinated through a cross-government working group and are culturally sensitive and relevant.</p>	<p>The report refers to the RDU working with the Department to implement the Community Champions' scheme (rather than CVC), with the remit of improving the reach of official public health guidance, and other messaging or communications about the virus into specific places and groups most at risk from Covid-19.</p>	<p>Work was under way prior to the publication of this report to implement the Community Champions scheme.</p> <p>The Community Champions scheme was announced on 25 January 2021 in line with the recommendation for its implementation.</p>
3	<p>(WG/151 - INQ000089744 - DLUHC0027253 05)</p> <p>Minister Badenoch & CO RDU/ Equality hub published</p>	26-Feb-21	<p>Author: Produced by Cabinet Office Race Disparity Unit and Government Equalities Office.</p>	<p>Where the first report concluded that a range of factors contributed to the higher infection and mortality rates for ethnic minority groups, the second report looked at the causes and set out the work undertaken to</p>	<p>The report set out that a light-touch review of LA actions had shown that there were considerable efforts underway at a local level to address Covid-19 disparities for ethnic minority groups, led by LAs and Directors of Public Health,</p>	<p>In response to this recommendation, the Department organised a series of four thematic webinars with participating LAs and VCS partners exploring some of the issues that had been raised</p>

	the second of four reports on progress to address Covid-19 health inequalities.		Department contribution: The Department did not publish this report but were consulted on the sections relevant to Community Champions.	mitigate the risks of Covid-19 infection. In the summary of government actions, one of the new initiatives by MHCLG was community-led Test and Trace pilot in a Gurdwara in Wolverhampton. The report shares that this had excellent outcomes, and there were discussions with Test and Trace about holding more.	and using trusted voices in the community. The report included recommendations for the Department to share with LAs examples of good practice for addressing disparities in outcomes from Covid-19, and to work closely with Community Champions to disseminate important health messages, promote vaccine uptake and tackle misinformation.	through the Community Champions programme, including countering misinformation.
4	(WG/155 - INQ000089747 - DLUHC0027299 51) Minister Badenoch & CO RDU/ Equality hub published the final of four reports on progress to address Covid-19 health inequalities.	03-Dec-21	Author: Produced by Cabinet Office Race Disparity Unit and Government Equalities Office. Department contribution: The Department did not publish this report but were consulted on the sections relevant to Community Champions.	<ul style="list-style-type: none"> The main factors behind the higher risk of Covid-19 infection for ethnic minority groups included occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely populated urban areas with poor air quality and higher levels of deprivation. Once a person is infected, factors such as older age, male sex, having a disability or a pre-existing health condition (such as diabetes) are likely to increase the risk of dying from Covid-19. 	<p>The report set out a number of wider public health lessons to be learned in relation to ethnic minorities. This included ensuring the success of vaccination deployment is carried over to other public health programmes, such as winter flu and Covid-19 booster vaccinations. This includes continuing to use respected local voices to build trust within ethnic minority groups and to help tackle misinformation.</p> <p>The report made a number of recommendations in relation to improving health outcomes for ethnic minorities and ensuring lessons were learnt. However, there were no specific recommendations for the Department. The majority of recommendations were for the DHSC and OHID.</p>	There were no specific recommendations for the Department in this report.

5	<p>(WG/426 - INQ000468759 - DLUHC0027335 47)</p> <p>The independent Commission on Homelessness and Rough Sleeping (the Kerslake Commission) published a final report "A new way of working: ending rough sleeping together"</p> <p>(WG/427 - INQ000468690 - DLUHC0007613 94)</p> <p>An interim report, "When We Work Together – learning the lessons." ("Interim Report")</p>	<p>Sep-21 (date of final report)</p> <p>Jul-21 (date of interim report)</p>	<p>Author: Kerslake Commission</p> <p>Department contribution: The Department did not commission the report, but it refers to the Department's work on homelessness and rough sleeping.</p>	<p>The Kerslake Commission was created to examine the lessons from the unprecedented public emergency response to rough sleeping, which has become known as the Everyone In initiative.</p> <p>Key findings were:</p> <ul style="list-style-type: none"> • Effective cross-sector data sharing is needed to meet the health needs of people experiencing homelessness. • Many underestimated how much support was required to help people self-isolate and stay inside. This was exacerbated by some support services stepping back in an attempt to work remotely, making them harder to access for those who experience digital exclusion. • There were concerns that the "living with Covid-19" policy would impact the populations with a high proportion of clinical vulnerability, and increased likelihood of outbreaks, such as people 	<p>The report proposes a wide range of recommendations targeted at central government, LAs, homelessness organisations, housing providers and health organisations.</p> <p>Recommendations for the Department include a longer-term rough sleeping strategy with annual published performance reviews by the Department.</p> <p>On testing, there were no recommendations for the Department.</p>	<p>Minister Eddie Hughes met with Lord Bob Kerslake on 10 August 2022, to discuss the findings of the commission and the Department's Rough Sleeping strategy.</p> <p>Lessons learned from the Kerslake commission and other experts were incorporated into the cross government Rough Sleeping strategy: 'Ending rough sleeping for good' which was published on 3 September 2022. (WG/428 - INQ000468750 - DLUHC002725451)</p>
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				<p>experiencing homelessness.</p> <ul style="list-style-type: none"> “By treating rough sleeping as a public health issue, rather than just a housing issue, the response saw a substantial and increased engagement from the health sector in rough sleeping. Clinical cohorting of clients by health needs shone a light on clinical vulnerabilities and allowed for a better understanding and treatment of clients.” (Interim Report, p.5) 		
6	<p>Women and Equalities Select Committee Report: Unequal Impact? Coronavirus and BAME People.</p> <p>Government Response to the Report on parliament.uk.</p>	15-Dec-20	<p>Author: Women and Equalities Select Committee.</p> <p>Department contribution: Department officials provided information on the Community Champions scheme to support the response to the report.</p>	Please see published report.	Please see published report.	<p>The Department did not specifically monitor how many Community Champions were women from BAME communities but took case studies of how women were engaged with on the programme from monthly LA and VCS partners' monitoring. These were reported to Ministers, and included health webinars to women's groups where we were able to pick up early issues such as concerns with taking the vaccine during pregnancy - and which were reported to DHSC and impacted on their public health</p>

						<p>messaging. For example, this monthly reporting summary was shared with the SoS (Robert Jenrick) and includes details of activities engaging BAME women. (WG/429 - INQ000468687 - DLUHC000450299)</p> <p>Additionally the Department also included messaging on BAME women in their LA webinars run in 2021. Examples include:</p> <ul style="list-style-type: none"> • Kensington and Chelsea and Westminster LAs gave a presentation (WG/430 - INQ000468669 - DLUHC002729930) at a webinar on 8 March 2021, which included a description of their community champions scheme, which is 80% women, 85% BAME and includes maternity champions. • A webinar from 17 June 2021 had a female BAME speaker who is both a community champion and has set up her own local charity. • A webinar from 14 July 2021 focused on engaging BAME
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						<p>communities and the Cambridge presentation gives examples of BAME women as community champions. (WG/431 - INQ000468755 - DLUHC002729929)</p> <ul style="list-style-type: none"> The Department's second webinar on engaging with BAME communities from 28 July 2021, and the Race Equality Network included examples of BAME women community champions.
7	<p>Public Accounts Committee report "Whole of Government response to Covid-19"</p> <p>Government response to PAC "Whole of Government response to Covid-19", page 36</p>	July 2020	<p>Author: Public Accounts Committee</p> <p>Department contribution: The Department received a recommendation</p>	Please see published report.	Please see published report.	<p>As part of its package of financial support for LAs, the Department introduced an 'Exceptional Financial Support' scheme, the framework for which was finalised in July 2020. This was aimed at those LAs at serious risk to ensure early engagement with the Department.</p>
8	National Audit Office: Investigation into the housing of rough sleepers during the	14-Jan-21	<p>Author: NAO</p> <p>Department contribution: The report mentions that this investigation</p>	Please see published report.	Please see published report.	<p>The Public Accounts Committee reviewed the Department's activities in relation to rough sleepers during Covid-19, publishing its 49th Report on 17 March 2021.</p>

	COVID-19 pandemic.		included interviews with key staff from the Department.			The Department published a response to this Public Accounts Committee Report, setting out how it responded to those recommendations.
9	Public Accounts Committee 49 th Report of Session 2019-21 <i>"Covid-19: Housing People Sleeping Rough"</i>	Mar 2021	Author: Public Accounts Committee 49 th Report of Session 2019-21	Please see published report.	Please see published report.	The Department provided a response to the PAC report in August 2021. In relation to staff capacity, the Department considered how it would resource further waves of Covid-19 in the Department's response to the Omicron variant.
10	National Audit Office report: "Local Government Finance in the Pandemic" Public Accounts Committee report: "Covid-19: Local Government Finance"	June 2021	Author: Public Accounts Committee Fourth Report of Session 2021-22: Local Government Finance Department contribution: The department provided a response	Please see published report.	Please see published report.	The Department's response was published accepting all the PAC's recommendations, and followed up in February 2022 with a further response in relation to Local Government Finance Following consultation, the Department updated the guidance to LAs concerning finance data collection.

<p>Department response to the PAC report "Covid-19: Local Government Finance"</p> <p>Department's letter on lessons learned to Public Accounts Committee Chair for report on "Covid-19: Local Government Finance"</p> <p>(WG/432 - INQ000137180 - DLUHC0001287 37) Local government finance data collection: Guidance to LAs</p> <p>(WG/433 - INQ000319414 - DLUHC0071827 97) Department's Financial Shocks Playbook v.1.1</p>						<p>The Department established to oversee how LAs are performing and delivering against priority public services.</p> <p>The Department's Local Government Finance team now has a "Financial Shocks" playbook to cover all types of impacts on the finances of LAs, this is linked within the wider Covid-19 Response Playbook.</p>
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