

1. *Witness Name: Will Garton*
2. *Statement No. 01*
3. *Exhibits: WG/001 – WG/255*
4. *Dated: 25/04/25*

UK COVID-19 INQUIRY

WITNESS STATEMENT OF WILL GARTON

MODULE 6

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 6 Rule 9 request dated 11 September 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 activities in relation to the various matters in scope for the Module 6 period of 1 March 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 (WG/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. An outline of responsibilities of the Department in relation to the Care Sector
 - d. Local government and Adult Social Care
 - e. Actions taken by the Department in relation to the funding of Adult Social Care
 - f. Role of the Department to support ASC policy between March 2020 and June 2022
 - g. 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 6 will examine the impact of the Covid-19 pandemic on the publicly and privately funded adult social care sector in England, Wales, Scotland and Northern Ireland, and that the Inquiry has provisionally identified 8 issues which will be explored within Module 6:

Issue 1: *“The impact of the pandemic on people’s experience of the Care Sector. This will focus on recipients of care and their loved ones and those working within the Care Sector and will include consideration of the unequal impacts on them.”*

Issue 2: *“The structure of the Care Sector and the key bodies involved in the UK and Devolved Administrations at the start of and during the pandemic. This will include staffing levels and bed capacity immediately prior to the pandemic.”*

Issue 3: *“The key decisions made by the UK Government and the Devolved*

Administrations in respect of the Care Sector, including the decisions relating to the discharge of people from hospitals into adult care and residential homes in the early stages of the pandemic.”

Issue 4: “The management of the pandemic in adult care and residential homes. This will include the measures preventing the spread of Covid-19, such as infection prevention and control measures, testing for Covid-19, the availability and adequacy of personal protective equipment (PPE), restrictions on access by/to healthcare professionals and visits from loved ones.”

Issue 5: “The use of Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs) and communication with recipients of care and their loved ones about the recipient of care’s condition and treatment including discussions and decisions about DNACPRs.”

Issue 6: “The changes to the regulatory inspection regimes within the Care Sector.”

Issue 7: “Deaths related to the infection of Covid-19 including deaths of recipients of care and staff.”

Issue 8: “Infection prevention and control measures for those providing care in the home, including by unpaid carers.”

9. I can confirm that the Department did not have a role in relation to issues 5 and 6.
10. In regard to the scope of Module 6, the Department’s core function in response to the pandemic was to ensure that local authorities (“**LAs**”) had the financial resources to discharge their overall responsibilities on the national Covid-19 response and to maintain key services, including Adult Social Care (“**ASC**”). This was in line with the Department’s stewardship of the local government system as a whole, and for the overall envelope of local government funding. The Department also utilised its pre-established networks with LAs to understand key issues locally and feed these back into central government. In addition, the Department had a role in supporting Local Resilience Forums (“**LRFs**”) with local responses. Further information regarding the Department’s role in relation to the care sector specifically is set out in section C.
11. The Inquiry should note that the Department of Health and Social Care (“**DHSC**”) maintains overall responsibility over the statutory framework and national policy direction for ASC. In practice, this meant that in response to the pressures of Covid-19, MHCLG played a supporting role to DHSC on issues such as the discharge of

people from hospital into care settings, personal protective equipment (“PPE”) and vaccines, by acting as a conduit and feeding back the views of local government into central government.

Reported reluctance of some carers to test or self-isolate

12. We note that the Inquiry has asked the Department to outline its role, activities and response, alongside scientific advice on the reported reluctance of some carers to test or self-isolate when infected with Covid-19. The Department has found no materials on the reported reluctance of some carers to test or self-isolate. The social care workforce is a DHSC policy lead and therefore we expect DHSC to be best placed to advise on these matters.

Vulnerabilities and inequalities

13. Matters relating to vulnerabilities and inequalities, including the Department’s work carrying out the Public Sector Equality Duty (“PSED”), are included as relevant throughout the body of the witness statement. The Inquiry should note that in exercising their functions, including when making policy and spending decisions, LAs must also have due regard to PSED under section 149(1) of the Equality Act 2010. For policy areas in which DHSC were the lead, DHSC are best placed to provide formal PSED documentation.

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 body of the statement and at paragraph 146 under ‘Data and Analysis to support the Departmental response’.

B. DEPARTMENTAL ROLE AND RESPONSIBILITIES

15. As of March 2020, the Department was responsible for the following areas in England, as relevant for the Module 6 scope:

- i. Local Government – stewardship; local government engagement
- ii. Local Government Finance
- iii. Resilience and Emergencies

Local Government Stewardship

16. 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. For example should there be a suggestion that a council is failing to deliver adequate services or value for money in their local communities in line with their statutory requirements, the Department has powers to investigate and intervene based on councils' best value duty. If an inspection identifies a failure or very high risk of failure, to comply with the best value duty, under section 15 of the Local Government Act 1999, SoS has powers to intervene. Under section 15(5) SoS can direct an authority to take any action necessary to secure compliance with the best value duty. Under section 15(6) SoS may direct that any (or all) functions of the authority be exercised by them or a nominee (e.g. a commissioner). The Inquiry should note that there are no relevant instances of this covered within this witness statement.

Local Government Engagement

17. The Department has established networks in which to engage and communicate with local government and 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.
18. In the context of this module, the Department's role was (i) to work with DHSC to ensure LAs received adequate funding for the additional costs LAs faced and those faced by ASC providers; and (ii) 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 DHSC's work on workforce, infection control and LA work with care homes.
19. 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. 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.

Local Government Finance

20. 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.
21. The Department's responsibility for the overall financial framework within which LAs operate includes:
 - a. Distributing the majority of funding voted by Parliament to support LAs to deliver services, through the local government finance settlement;
 - b. Taking the lead across government in supporting His Majesty's Treasury ("HMT") Treasury on decisions about local government funding at major fiscal events (such as a Spending Review); and
 - c. Maintaining a system of local accountability that assures Parliament about how LAs use their resources, including preventing and responding to financial and service failure.
22. The Accounting Officer for the Department is responsible for the core Local Government Accountability Framework, which maintains the overall statutory framework of legal duties and financial controls on LAs. In practice, this means the Accounting Officer is responsible for the financial framework in which LAs operate, as well as assuring the framework has the correct checks and balances in place to ensure service expenditure is value for money and ensure local democratic accountability.
23. Overall, this means the Department has responsibility over how local government delivery of social care in England is funded, alongside the other services that councils have a statutory duty to provide, such as children's services. This work falls under the Department's Local Government Finance Directorate ("LGF").
24. Policy responsibility over specific services sits with service owning departments, such as DHSC for ASC, the Department for Education ("DfE") for children's social care and the Department for Transport ("DfT") for highways and roads. In practice, the Department works very closely across Government in its role to oversee the local government finance system as a whole. Further detail on this is laid out in paragraph 77.

25. The Inquiry should note that the Department has joint responsibility with DHSC over the Better Care Fund (“**BCF**”). Further information on this is set out at paragraph 64.
26. Social care services in England are means-tested, with LAs supporting and funding care for those who meet the threshold for support as determined by the Care Act 2014. Those who do not meet the threshold are required to fund their care themselves. This means ASC is made up of a mix of ‘state-funded’ and ‘self-funded’ care users. Approximately 64% of all social care services in England are delivered by LAs, and the Department has responsibility over how local government delivery of services, including how social care in England, is funded. A small number of people also receive care and support which is paid for by the NHS, known as NHS Continuing Healthcare (CHC).
27. During the Covid-19 response, regarding local government funding, the Department sought to ensure LAs had the financial resources necessary to respond to the pandemic. Further information is included on this at paragraphs 80 to 120.

Resilience and Recovery Directorate

28. This section will provide an overview of the Department’s role in emergency preparedness and response in addition to information regarding the Department’s role in pandemic planning, including for ASC.

The Department’s role in emergency preparedness and response

29. The Department’s role in preparedness and risk management for civil emergencies in England (emergency preparedness being a devolved matter) is primarily delivered by the Department’s Resilience and Recovery Directorate (“**RED**”). This has been the case since 2011 when the Department took on its resilience role following the closure of the Government Offices for the Regions by 2011.
30. 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. Within the framework of the CCA 2004, which is led and owned by Cabinet Office (“**CO**”), 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.
31. 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. This includes requirements on responders to:

- a. Assess the risk of emergencies occurring and use this to inform emergency planning and business continuity planning;
- b. Put in place emergency plans;
- c. Put in place business continuity plans;
- d. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- e. Share information with other local responders to enhance co-ordination;
- f. Co-operate with other local responders to enhance co-ordination and efficiency; and
- g. Provide advice and assistance to businesses and voluntary organisations about business continuity management.

32. In the event of a significant emergency, LRFs activate Strategic Coordination Groups (“**SCGs**”), usually chaired by the Police, where relevant local responders will discuss the evolving situation and coordinate the local multi-agency response required. Consequently, most incidents are handled by local responders with no direct involvement from central government.

33. The Department deploys Resilience Advisors (“**RAs**”) to support each LRF. When responding to an emergency, the RAs are rebadged as Government Liaison Officers (“**GLOs**”) and represent the government at SCGs (as above) and other relevant meetings. The Department supports LRFs by primarily acting as their link with central government resilience structures. This works sits within RED. The Inquiry should note that the Department’s resilience function is a general one rather than being specific to the type of emergency, risk or subject area. RED provides the link between central and local tiers in the preparation for, response to, and recovery from emergencies and major events of all types. The framework within which RED operates to support LRFs in planning for and responding to incidents and emergencies is the same for all civil contingencies, regardless of origin. The nature of RED’s role is set out in civil contingency guidance documents prepared by the Civil Contingencies Secretariat (“**CCS**”) within the CO. As of January 2020, the guidance highlighted that RED would help LRFs and local responders by:

- a. Acting as a critical friend, questioning rationales, suggesting alternatives, sharing good practice and supporting local planning activities;
- b. Providing a support mechanism – helping local partners develop an appropriate response capability, brokering advance mutual aid agreements between areas;
- c. Making links between local responders and the lead government departments;
- d. Supporting cross boundary strategies, protocols and procedures whilst ensuring a close fit with both the needs of Government in a national emergency and the needs of the local responders; and
- e. Supporting local and national exercising - helping to ensure lessons learnt are effectively shared across the relevant partnership.

34. Examples of the practical support provided by RED in relation to Module 6 are set out throughout the statement. For example, RED's engagement with LRFs was the means by which issues with PPE supply was highlighted and escalated to central government. Further information on this work is included at paragraphs 167 to 186, which covers the role of RED in relation to distribution of PPE via LRFs, including PPE supply to the care sector. I also provide some other examples of the assistance provided by RED below. I provide this in summary form here as further detail is set out throughout the statement:

- RED provided input into national and local pandemic preparedness efforts in the years preceding Covid-19, including providing support to LRFs on local planning. Further information on this work is set out from paragraph 36.
- During the pandemic RED held regular 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.
- During the pandemic the Department developed an interactive dashboard, using data from local areas and across government to provide daily data on over 130 metrics, which helped to inform briefings for ministers in this Department, across government, and to inform cross-Government local situational awareness. For example, the shortage of PPE for non-healthcare settings was highlighted in LRF meetings and reflected in the dashboard reporting. The dashboard was shared daily with LRFs and OGDs including HO,

CO, BEIS, No 10 and DHSC. Further information on this dashboard, and RED's involvement is set out from paragraph 156.

Pre-pandemic planning and resilience functions

35. Having set out the roles and responsibilities of RED, I will also set out details of the Department's involvement in pandemic planning activities below, as relevant to ASC and Module 6. It should be noted that DHSC are the Lead Government Department ("LGD") for planning for pandemic influenza, although the Department played a supportive role noting its overall responsibilities in working with and supporting LRFs in planning for and responding to local/national emergencies. As noted, the framework within which RED operates to support LRFs in planning for and responding to incidents and emergencies is the same for all civil contingencies, regardless of origin. RED also performs this function in emergencies where the Department is the designated LGD for emergency planning, response and recovery (such as for earthquakes or in the event of an influx of British Nationals) and those where OGDs are the designated lead (e.g. DHSC for pandemic influenza).
36. Depending on the specific risk or subject area, the relevant LGDs will support local planning through the provision of guidance and information to equip local responders to develop emergency plans. LGDs will also provide guidance to LRFs on risk assessment and emerging risks, and the roles and responsibilities of local responders and LRFs in relation to them. The Department will support LRF engagement with OGDs in these areas as required.
37. The Inquiry should note that although RED provides advice to local responders to support them in the development of their resilience plans, the ownership of and responsibility for those plans remains with the local responders. In planning for risks and emergencies, the Department does not assure LRF plans. Each individual responder organisation is responsible for undertaking their own assurance processes which, generally, focus on the duties for which that organisation is responsible.
38. From time-to-time RED does, however, conduct reviews of LRF planning for particular eventualities. These reviews are to ensure that appropriate plans are in place nationwide; to identify and share best practice; and to identify any key weaknesses or concerns which require further local and/or central consideration.
39. I identify below RED's input into national and local pandemic preparedness efforts in the years preceding Covid-19, which were generally led by the CO and DHSC. However, by way of an indicative overview of RED's involvement in preparedness work, this included the following:

- Contributing to the development of planning and guidance documents to represent the interests of the local sector (e.g. the Pandemic Influenza Strategic Framework and Response Plan published by Public Health England (“PHE”) now UK Health Security Agency (“UKHSA”) in 2014);
- Providing advice to LRFs on key strategy and planning documents, and uploading them onto Resilience Direct (a secure IT platform owned by CO and accessible by LRFs) where appropriate;
- Facilitating workshops with LRFs in response to specific events (e.g. Ebola workshops in 2015), and to support broader preparedness planning (e.g. LRF pandemic workshops in 2018);
- Participating in Government exercises that involved multi-agency working (e.g. Exercise Cygnet and Cygnus - more information is provided below), facilitating the involvement of LRFs and undertaking follow up activities where required to address actions;
- Participating in cross-Government governance meetings (e.g. the Pandemic Flu Readiness Board) to represent the interests of LRFs and the local sector; and
- Contributing to the development and dissemination of the 2019 Pandemic Resilience Standard to help guide LRFs with their preparedness.

Exercise Cygnet and Cygnus (for Pandemic Influenza)

40. I will provide further information on Exercise Cygnet, and Exercise Cygnus (both PHE-led) due to their proximity to the Covid-19 pandemic and their relevance to ASC and Module 6. The Department was not the lead for either of these exercises, although it was a participant due to the role of its RED team in supporting LRFs and local responders with emergency planning and response. In regards to actions and outcomes for ASC planning, DHSC were the lead and took these forward. I have included detail of these here, however, as they may be of interest to the Inquiry.
41. Exercise Cygnet was a discussion-based exercise held on 2 August 2016. It was the precursor to Exercise Cygnus held on 18-20 October 2016. Exercise Cygnet was delivered by the PHE Emergency Response Department’s Exercises Team with participation from the Department of Health and this Department. Those participating in the exercise were senior representatives from DHSC, NHS England (“NHSE”), PHE, the Social Care sector and the voluntary sector. There were also observers from the CO and Devolved Administrations. The exercise focused on hospital surge and social

- care capacity. The learning from the exercise supported the design of Exercise Cygnus.
42. Exercise Cygnus (a Tier 1 national level exercise) was designed to assess the UK's preparedness and response to a pandemic influenza that was close to the UK's worst-case planning scenarios. I exhibit the following report published by PHE on Exercise Cygnus (which also contains the report from Exercise Cygnet) ([WG/001 – INQ000023175 – DLUHC000010584](#)).
 43. RED participated in the exercise, activating its operations centre to engage with cross-Government response structures and deploying its GLOs to the participating LRFs. In addition to the main exercise objectives the Department also aimed to test internal Departmental crisis arrangements, test reporting arrangements between central government and LRFs and explore and identify social care and excess deaths policy implications during a pandemic.
 44. The main focus for LRFs in support of the exercise objectives was to exercise their local pandemic influenza plans, local coordination arrangements and consider how excess deaths could be managed locally. Those LRFs which participated in Exercise Cygnus (Essex, Hertfordshire, Kent, Leicestershire, London, Merseyside, Northamptonshire and South Yorkshire) contributed to the national 'lessons learned' process and also developed their own local lessons through their own debriefings after the event. There were some operational learning points for RED which were identified following Exercise Cygnus. These chiefly related to the timing of requests made of SCGs. The Department also reviewed the learning from Exercise Cygnus to consider with LGA and Solace what action could support LAs to develop their pandemic influenza plans.
 45. More widely, there were lessons identified in Cygnus relating to ASC. I briefly mention these here as they may be of interest to the Inquiry, though the Inquiry should note that DHSC was the lead department for ASC and in taking any actions relevant to ASC forward. The lessons learned highlighted that a methodology for assessing social care capacity during a pandemic should be developed, along with the methodologies for assessing local out-of-hospital capacity in community services, residential and domiciliary care. Further lessons included extending "spill-over" capacity, ringfencing funds to deal with a pandemic influenza emergency that would enable ASC to provide capacity for excess demand in NHS acute settings and bringing back recently retired nurses and care workers to deal with extra strain on the system. ([WG/001 – INQ000023175 – DLUHC000010584](#))

46. Following Exercise Cygnus, in May 2017, the Pandemic Flu Readiness Board was established to undertake a cross-Government programme of work led by the CO and DHSC to increase the UK's readiness to manage the effects of a severe influenza pandemic. The Board was co-chaired by CCS and DHSC with representation from across government, including the Department. ([WG/002 – INQ000088155 – DLUHC000055936](#)) The work of the Board resulted in several actions to support Pandemic Influenza planning, including a plan for increasing capacity in adult social and community care.
48. In August 2018, the Department received a paper created by DHSC titled 'Pandemic Influenza briefing: adult social care and community health care'. This paper set out key options and considerations to maintain and augment the community health care and ASC sectors' response to an extreme influenza pandemic. ([WG/003 – INQ000105391 – DLUHC000009624](#))
49. I also exhibit a paper presented to the Pandemic Flu Readiness Board in November 2019 which provides an update on actions taken forward in relation to ASC, for which DHSC were the lead for the Community Care and ASC workstream. The paper notes that policy options for ASC surge capacity had been developed. ([WG/004 – INQ000582549 – DLUHC000008896](#)). RED also provided periodic updates to the board on work relating to LRF engagement.

Roles and responsibilities of other central government Departments with regard to the Care Sector

50. With regard to the role of DHSC and the Care Quality Commission ("CQC"), a description of their roles and responsibilities is best outlined in the Witness Statement provided by Jonathan Marron and Michelle Dyson, on behalf of DHSC, dated 28 September 2023. That statement sets out the following:

"The Department's social care remit relates to adult social care in England only. Responsibility for children's social care in England rests with the Department for Education; responsibility for social care in Scotland, Wales and Northern Ireland is devolved to their respective governments.

"The Department [DHSC] is responsible for the statutory framework for adult social care, sets policy (including through regulation, direction and guidance) and agrees the overall funding envelope for local government with the Department for Levelling Up, Housing and Communities (DLUHC) and HM Treasury (HMT). It also sponsors the CQC, which regulates and inspects adult social care providers and, from 1 April 2023, assesses the performance of local

authorities in the delivery of their adult social care duties under Part 1 of the Care Act 2014.”¹

“The Department is responsible for assessing the need for adult social care spending through the Spending Review settlement and monitors the adequacy of local authority spending on adult social care for achieving expected objectives. The Department also agrees the allocations of funding specifically earmarked for adult social care and conditions on its use with HMT and DLUHC. Much of the funding for adult social care, however, does not come from specifically earmarked sources and comes from general funding available to local authorities such as Council Tax, business rates and the wider local government financial settlement. DLUHC oversees the overall sufficiency of local government funding for all services and the financial framework for providing funding to local government for these 6 1NQ000283155_0006 services. DHSC works closely with DLUHC and HMT to ensure Spending Review and related decisions about the overall local government funding position include a detailed and robust assessment of the funding needs for adult social care.”²

“The CQC is an independent statutory body which regulates all health and social care services in England. From April 2023, it also has responsibility for assessing the performance of local authorities in the delivery of their adult social care duties under Part 1 of the Care Act 2014. Under Chapter 2 of Part 1 of the Health and Social Care Act 2008, care home and homecare providers must be registered with the CQC and must meet a set of essential requirements of safety and quality. Under the Care Act 2014, the CQC also has a duty to assess and monitor the financial sustainability of the largest and more difficult to replace adult social care providers. This is done via the Market Oversight scheme, and in the event that business failure or service cessation of a provider in the Market Oversight scheme becomes likely, the CQC is required to give advance notice to local authorities so they can put plans in place to ensure that people who are affected continue to receive care. The CQC's main objective, under section 3(1) of the Health and Social Care Act 2008, is to protect and

¹ Witness Statement provided by Jonathan Marron and Michelle Dyson, on behalf of Department of Health and Social Care, dated 28/09/2023, Paragraph 23 & 24. (INQ000283155)

² Witness Statement provided by Jonathan Marron and Michelle Dyson, on behalf of Department of Health and Social Care, dated 28/09/2023, Paragraph 27. (INQ000283155)

promote the health, safety and welfare of people who use health and social care services".³

51. DHSC retains responsibility and is accountable to Parliament for the national policy direction of ASC in England. DHSC is responsible for setting policy for ASC through regulation, direction and guidance. DHSC also sponsors the CQC which regulates and inspects ASC providers and the performance of LAs in their delivery of their social care functions and engages directly with LAs on ASC. These roles and responsibilities continued throughout the course of the pandemic.
52. DHSC's social care remit relates to ASC in England only. Responsibility for children's social care in England rests with the Department for Education; responsibility for social care in Scotland, Wales and Northern Ireland is devolved to their respective governments.
53. Due to its responsibility for ASC policy, DHSC established a new Social Care Covid-19 Taskforce during the pandemic, chaired by Sir David Pearson. The Department attended meetings of this Taskforce in a supporting capacity. On 12 October 2020, the Taskforce published its final report which I exhibit as [\(WG/005 – INQ000582696 – DLUHC009882947\)](#), which contained several recommendations, mainly for DHSC, but also for NHSE, the CQC and local government (the Inquiry should note that this list is not exhaustive).

Departmental structures created to respond to the pandemic

54. As outlined in paragraphs 17 to 19, the Department used its existing networks to provide support to local government during the pandemic. In addition, to respond to Covid-19, the Department established the following structures as relevant to Module 6:

- i. PPE Cell
- ii. MHCLG ASC Cell

PPE Cell

55. At the start of the coronavirus pandemic and England's first lockdown, the Department began receiving reports from LRFs and local government on PPE shortages and associated risks to the running of essential services, such as care homes.

³ Witness Statement provided by Jonathan Marron and Michelle Dyson, on behalf of Department of Health and Social Care, dated 28/09/2023, Paragraph 30. (INQ000283155)

56. In March 2020, as a result of the supply problems with PPE equipment, the Department established a dedicated PPE cell (initially staffed by the Department's RED team). Its purpose was to collate situational awareness of PPE shortages and to liaise between LRFs and DHSC to ensure LRFs had the PPE supplies they needed to address urgent needs, including across the ASC sector and other front-line services, until the DHSC PPE online portal became fully operational. Further information regarding this work is set out from paragraph 167 to 186.

57. The Inquiry should note that DHSC was the lead department for the procurement and distribution of PPE, and that the Department played a facilitative role in relation to the distribution of PPE, but did not make any policy decisions in this area, including on prioritisation.

MHCLG ASC Cell

58. During the pandemic the Department increased resource to its existing ASC team, which sat within LGF. This team was tasked with the following responsibilities (known as the 'ASC Cell'):

- a. Supporting ministers with an estimate of cost pressures falling on LAs from increased ASC costs;
- b. Making sure local government was funded to meet these costs, such as by announcing funding for additional pressures;
- c. Ensuring MHCLG ministers and senior officials were updated on live developments in the care sector, including utilising regional intelligence; and
- d. Supporting DHSC on measures to support the care sector, including communication of new measures to local government, such as new ringfenced funds specifically for ASC pressures.

Other governance structures

59. New structures were also put in place elsewhere in government which aimed to improve other departments' understanding of LAs and issues they were facing. For example, the CO Covid-19 Taskforce set up a central LA Delivery board with representation from this Department, DHSC, the 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), HMT, Ministry of Defence ("**MOD**"), DfT, DfE, Home Office ("**HO**"), Department for Digital, Culture, Media & Sport ("**DCMS**"), the 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.

C. RESPONSIBILITIES OF THE DEPARTMENT IN RELATION TO THE CARE SECTOR

Funding for ASC

60. As set out in paragraph 20, the Department is responsible for funding LAs via the local government finance settlement. This sets out the majority of the resources available to local government, including grants and levels of locally raised income available. The Secretary of State lays the finance settlement before the House of Commons in accordance with paragraph 5 of Schedule 7B to the Local Government Finance Act 1988.
61. As set out at paragraph 26, social care services in England are means-tested, with LAs supporting and funding care for those who meet the threshold for support as determined by the Care Act. LAs assess people's care needs and fund and support those who are eligible, in line with their statutory duties under the Care Act 2014. Around 18,000 independent care providers, including private, not-for-profit and voluntary organisations, deliver most paid care.
62. While the Department retains the responsibility over the local government finance framework, DHSC retains responsibility and is accountable to Parliament for the national policy direction of ASC in England. As set out at paragraph 51, DHSC is responsible for setting policy for ASC through regulation, direction and guidance. DHSC also sponsors the CQC which regulates and inspects ASC providers and the performance of LAs in their delivery of their social care functions. These roles and responsibilities remained unchanged throughout the course of the pandemic.
63. DHSC is responsible for assessing the need for ASC spending through the Spending Review process and is responsible for agreeing central government funding for ASC, within an overall system for local government funding overseen by the Department.
64. The Department also has joint ministerial responsibility alongside DHSC and NHSE over the BCF, as set out at paragraph 25. The BCF provides a framework for Integrated Care Boards ("ICBs") and LAs to make joint plans and pool budgets for the purposes of delivering better joined-up care. This fund is primarily used for day-to-day health and social care spending.

Local Engagement

65. As covered in paragraph 16 to 19, due to the Department's local government stewardship role, it has pre-established networks to engage LAs. During the pandemic therefore, the Department supported 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;
- 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-19 Operations Committee ("**COVID-O**") and Prime Minister strategy meetings.

66. The Department also engaged with LRFs and received intelligence, including through SCGs, which was fed into central government. Further information on the Department's relationships with LRFs is included in paragraphs 28 to 34.

The Department's relationship with key government departments and stakeholders

67. In relation to the scope of Module 6, the Department worked closely with various government departments and stakeholders as part of its roles and responsibilities as set out above around local government, stewardship, engagement, and finance. This includes, but is not limited to:

- a. DHSC
- b. CO
- c. LGA
- d. Association of Directors of Adult Social Services ("**ADASS**")
- e. UKHSA (formerly PHE until 1 October 2021)
- f. NHSE
- g. Care Providers

68. References to the Department's collaboration and engagement with these organisations and other key stakeholders, are included as relevant throughout the body of the statement.

D. LOCAL GOVERNMENT AND ADULT SOCIAL CARE

69. LAs provide more than 800 services to their local communities, most of which are mandatory and set out in law. This includes universal services for housing, planning and waste collection. Alongside this, LAs also deliver targeted services for vulnerable people, including adult and children's social care, homelessness and rough sleeping services, and support for unaccompanied asylum-seeking children.
70. With specific reference to ASC, the Care Act 2014 places the duty to plan and secure ASC services on LAs in England. LAs commission care predominantly from independent providers, including for-profit businesses and not-for-profit charities. Not everyone is eligible for publicly funded ASC support, as ASC is means tested, but everyone is entitled to an ASC assessment. The eligibility criteria for accessing publicly funded care are also set out in the Care Act 2014.
71. LAs will make an assessment of a person's needs in a range of circumstances, such as part of transition planning for children's care to ASC, when a person's life circumstances change, or when they are discharged from hospital and deemed in need of a social care assessment. LAs will make an assessment of how best a person's needs can be met in line with their Care Act duties, whether that is through support at home or community services, or support in a residential setting.
72. In the case of people who qualify for financial support towards their care costs, depending on their level of assets, LAs have the ability to choose from a range of independent providers in their area and consider which will be best suited to meeting a person's needs. LAs have the flexibility to commission services in a way that best meets the needs of their local populations. They have the flexibility to meet these needs using the resources set out in the local government finance settlement, made up of locally raised income and government grants.
73. The Care Act 2014 also places wider duties on LAs with regard to oversight of their ASC markets, a term that refers to the collective group of providers in a local area who deliver care services. Section 5 of the Act sets out duties to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care. Sections 48 to 56 set out LA, CQC and DHSC duties to ensure that no one goes without care if a provider's business fails and the care they provide ceases.

74. Broadly, under the Care Act 2014, LAs have a duty to promote the efficient and effective operation of their local ASC market and ensure the continuity of care for a person if a provider fails or exits the market. Since the implementation of the Care Act, there has been no ongoing external assurance mechanism to monitor whether LAs are meeting their Care Act duties. However, from April 2023, the CQC has responsibility for assessing the performance of LAs in the delivery of their ASC duties under Part 1 of the Care Act 2014.
75. ASC delivered via LAs is funded through locally raised revenue, the ASC council tax precept, and central government grant funding. ASC is the largest area of local government expenditure and has seen significant increases in spend due to increased demand, principally from demographic changes related to an ageing population and from higher numbers of working age adults with disabilities.
76. As expenditure on ASC is driven by local priorities, there is no 'national' budget for ASC in England. Councils spent £16.9 billion on ASC in 2019/20, increasing by 8.2% to £18.7bn in 2020/21 owing to Covid-19-related spend, and £19bn in 2021/22. In 2022/23, councils spent £20.5 billion on ASC, a 17% increase in real terms since 2015/16. The resources available to LAs are set out at the local government finance settlement. In total, the provisional local government finance settlement makes available £69 billion to LAs in 2025/26.
77. As part of its overall responsibility for the financial framework for local government, the Department is responsible for overseeing the overall Spending Review settlement for local government, which covers a range of different services, and includes assessing the adequacy of funding for local government as a whole. As laid out as part of a report published by the National Audit Office in 2021, spending power for local government was 26% lower in real terms in 2019/20 than in 2010/11. Since 2020/21, there have been successive year on year real term increases in spending power for local government. LAs make decisions on how their funding is used to carry out statutory duties and to respond to local priorities.
78. Service departments are responsible for assessing the adequacy of funding for individual services areas, such as for adult and children's social care. DHSC is therefore responsible for assessing the adequacy for ASC funding through the Spending Review process, whilst the Department is responsible for overseeing the overall Spending Review settlement for local government and assessing the adequacy of funding for local government as a whole, as set out above.

79. Operationally, this also means that while the local government finance settlement provides most 'day-to-day' funding to local government that covers the costs of a range of different services, including supporting individuals in receipt of ASC, DHSC also provides funding to the social care system to support DHSC ministerial priorities, such as for training and qualifications. This joint nature of funding for social care continued during the pandemic, where both departments supported the care sector with one-off funding in addition to funding made available via the local government finance settlement.

E. ACTIONS TAKEN BY THE DEPARTMENT IN RELATION TO THE FUNDING OF ADULT SOCIAL CARE BETWEEN MARCH 2020 AND JUNE 2022

80. As set out in paragraph 72, state funding for the care sector is drawn from both from LA resources (as set out in the annual local government finance settlement), DHSC, and in some cases the NHS.
81. To support the financial sustainability of local government, the Department provided additional unringfenced funding to support LAs with Covid-19 related costs (separate to the local government finance settlement).
82. In 2020/21 and 2021/22 respectively, MHCLG provided over £12 billion in financial support to councils to tackle the impacts of Covid-19, including over £6 billion of unringfenced grants (£4.6 billion for 2020/21 and £1.55 billion for 2021/22) which LAs were able to use at their own discretion, including on ASC. In its report on 'Local government finance in the pandemic', published in March 2021, the National Audit Office ("NAO") concluded that action by the Department and wider government to support the sector averted system-wide financial failure.
83. The Department took extensive steps to understand cost pressures on LAs. In their 2021 report, the NAO outlined that Department officials engaged well with the sector and reported positive feedback from the sector on this engagement, the Department's understanding of local government finance issues and its response to sector feedback. The report set out that it was felt to be a two-way process, with feedback and information from the sector informing decision-making in the Department.
84. The funding the Department provided to LAs was provided in five unringfenced tranches across 2020/21 and 2021/22 respectively, and LAs were given the flexibility to spend the money based on the specific needs of their local communities. The Department allocated the funding in this way on the basis of the principle that LAs are trusted to understand the needs of their communities best, including in supporting vulnerable groups such as those who draw on ASC. The flexibility offered within the

- funding meant it was known as 'unringfenced'. Ringfencing the money would have restricted how the money could have been spent, not allowing for the flexibility that LAs need to deliver a wide range of services.
85. The Department considered a range of factors when designing the approach to the distribution of the funding. In each of the five tranches, the Department prioritised simplicity, speed, flexibility, and analytical robustness in its approach to the distribution of funding. While the specific distribution methodology of each grant developed, these principles did not change and existed in parallel to the overarching principle that LAs could spend this money flexibly to support individuals who needed it most. This enabled LAs to have access to the money quickly to support local communities.
 86. The Department's approach evolved from the use of the pre-existing ASC Relative Needs Formula ("**RNF**") in the first tranche of funding, which was used in recognition that the largest impact on LA costs was in ASC due to extra demand and higher business as usual costs. For the second tranche a per-capita approach was used as costs began to fall on wider LA services. For each of these tranches, the Department conducted a PSED analysis, in line with the responsibility of the SoS to consider the PSED, and in the same way that it conducts a PSED analysis annually as part of the local government finance settlement. From the third tranche, a new Covid-19 RNF was adopted to determine the distribution of this funding.
 87. The Covid-19 RNF was designed and developed over the course of the pandemic to reflect the underlying drivers of expenditure: population, deprivation, and the Covid-19 costs reported to the Department by councils in their financial returns.
 88. When providing advice to SoS (Robert Jenrick) on the third tranche of unringfenced funding, the Department set out that it had completed equalities analysis based on the proposed set of allocations (using the Covid-19 RNF), and found no basis to advise that there were adverse equalities impacts from the chosen allocation methodology. Furthermore, the advice to SoS (Robert Jenrick) set out that as the funding was not ringfenced, it was for LAs to allocate the funding towards specific services, as also set out at paragraph 13. How LAs choose to allocate funding to services may impact people with protected characteristics (noting that there are nine protected characteristics as set out under the Equality Act 2010). The advice therefore explained that it would be difficult to measure how the funding would impact upon people with protected characteristics, though it may have been expected to improve LAs' abilities to provide services to such people. I exhibit this advice, and the relevant analysis at [\(WG/006 – INQ000582611 – DLUHC000026431\)](#).

89. Technical notes on the RNF were published alongside the third and fourth tranches of funding announcements ([WG/007 – INQ000104673 – DLUHC000667292](#)) and further detail on the distribution of the individual tranches and the consideration of the PSED for each tranche is included in Paragraphs 91 to 120 and associated exhibits.
90. The over £6 billion of unringfenced funding was intended to meet the additional costs of the activities that LAs had been asked to deliver as a result of the pandemic, including on: ASC, children's services, public health services, fire and rescue services, waste collection services, shielding clinically extremely vulnerable people, homelessness and rough sleeping, domestic abuse, supporting the NHS and managing excess deaths.

Tranche 1 (19 March 2020 £1.6 billion)

91. In March 2020 the Department became aware that LAs were facing additional cost pressures as a result of Covid-19. Between 13 and 15 March 2020, senior officials from this Department engaged in phone calls with a range of LA chief executives, to hear directly how Covid-19 was affecting their work. In these calls, LAs raised a number of asks and issues regarding ASC, including concerns on the stability of the ASC sector, and the need for clear central government messaging on support and funding for ASC. ([WG/008 – INQ000531540 – DLUHC009426026](#))
92. In advice to the SoS (Robert Jenrick) on 15 March 2020, following discussions with DHSC, the Department noted that Covid-19 was increasing LA costs, with ASC having a significant impact through extra demand (for example due to increased hospital discharges referenced at paragraphs 187 to 224) and higher business as usual costs.
93. This was coupled with a reduction of income for LAs through council tax and business rates and discretionary income from parking and leisure services. As a result, the advice recommended bidding into HMT's £5 billion emergency response fund, requesting £1.7 billion to cover the £1.3 billion estimated cost of addressing breakdowns in informal care and backfilling staff in ASC, alongside additional costs for children's social care and non-social care priorities. ([WG/009 – INQ000582555 – DLUHC000086100](#)). The advice noted this would be initial funding to cover the immediate needs of LAs, and more funding should be made available if needed at a later point.
94. On 16 March 2020 SoS (Robert Jenrick) sent a letter to the Chancellor of the Exchequer, seeking agreement for £1.7 billion to be made available to LAs to meet increased social care costs, as well as pressures on other services. ([WG/010 – INQ000582557 – DLUHC006323639](#))

95. On 17 March 2020 the Department were notified by HMT that they would be advising their ministers to agree £1.6 billion of this, noting that there had been remodelling of ASC pressures by DHSC colleagues. [\(WG/011 – INQ000582560 – DLUHC001813306\)](#)
96. A further submission to SoS (Robert Jenrick) on 18 March 2020 highlighted that HMT had agreed to provide £1.6 billion in funding to LAs to maintain services whilst responding to the pandemic and sought final approval for this funding. I exhibit this submission as [\(WG/012 – INQ000090769 – DLUHC000667380\)](#). The submission proposed to use the ASC RNF to distribute the funding to individual LAs, noting that refreshed formulas were still being developed and tested with the sector. The submission also set out SoS's duty to comply with the PSED, however as the funding was not ringfenced, and due to the devolved nature of local government funding, the advice set out that LAs have due regard for the PSED, understood the needs of their communities best, and had discretion about how to allocate the funding. As such, the submission set out that it would be difficult to measure how the funding would impact upon people with protected characteristics, though the funding might be expected to improve LAs' abilities to provide services to such persons. The advice also set out that LAs must have due regard to the PSED when exercising their functions.
97. SoS approval was received on 18 March 2020 [\(WG/013 – INQ000582565 – DLUHC006318067\)](#), and the funding was confirmed to LAs in a letter sent from the SoS (Robert Jenrick) on 20 March 2020 [\(WG/014 – INQ000090746 – DLUHC000667257\)](#). The total quantum consisted of two elements, each of which required a decision around the distribution formula to be used: (i) £1.39 billion distributed to upper tier LAs to support social care expenditure; and (ii) £0.21 billion distributed to all LAs to reflect other pressures.

Tranche 2 (18 April 2020 £1.6 billion)

98. Following the announcement of the tranche 1 funding, the Department continued to engage with LAs and care providers to understand what further resources were needed to support LA service pressures, including those being felt on ASC. For example, on 19 March 2020, a roundtable took place with ASC providers, chaired by Minister of State for Housing, Chris Pincher. During this meeting, care providers welcomed the £1.6 billion in additional funding that had been announced, however they felt this was not enough, citing the fragility of the care market prior to the pandemic and the additional demands being placed on them as a result of increased hospital discharges as key concerns, as well as financial sustainability and workforce capacity.

- Concerns raised on funding included increased staffing costs due to rising sickness absences, resulting in care providers taking on agency staff at an additional cost as agencies were increasing their charges. ([WG/015 – INQ000224114 – DLUHC000667256](#)). Further information on hospital discharge policy is set out from paragraph 187 to 224, and on workforce capacity from 282 to 320.
99. As part of the engagement that MHCLG undertook with LAs in March and April 2020, the Department was made aware of the additional funding required to address the risk of a reduction in council tax payments for LAs. LAs were citing a need for additional funding, so that they could allocate funding to target local needs, and the Department was asked to provide clarity around when future funding tranches would be made available.
 100. In March 2020, the LGA conducted a survey with LAs on Covid-19 pressures. A summary of the survey suggested LAs were continuing to experience exceptional costs, had an increased service demand for ASC, and were suffering loss of income through a fall in council tax collection and rental/commercial income. (WG/016 – INQ000582570 - [DLUHC001812045](#))
 101. On 30 March 2020, the Department provided advice to SoS (Robert Jenrick), as well as local government ministers Simon Clarke, Luke Hall and Christopher Pincher, which outlined the Department's assumption of between £1.5 billion and £2 billion of additional spending need over the following 3 months. ([WG/017 – INQ000104664 – DLUHC000667286](#))
 102. Ahead of proposed engagement with the Chief Secretary to the Treasury (“CST”) on local government finance pressures, the Department provided advice to Minister Simon Clarke on 6 April 2020 ([WG/018 – INQ000536041 – DLUHC009669186](#)) on a proposed package of measures to support local government.
 103. On 7 April 2020 SoS (Robert Jenrick) approved the proposals following a meeting with Department officials and Minister Clarke. ([WG/019 – INQ000582573 – DLUHC001820026](#)).
 104. On 12 April 2020 the Department received a paper from the LGA setting out an overview of Covid-19 issues facing councils which included the need for immediate support to help with cashflow issues, and guaranteed funding to meet additional costs. ([WG/020 – INQ000582578 – DLUHC000400492](#))
 105. On 17 April 2020 HMT granted approval for the Department to provide an additional £1.6 billion of unringfenced funding to LAs, setting out conditions, including that the funding should be unringfenced and should be used to meet pressures across all

- services (including ASC, children's social care and homelessness and rough sleeping pressures). [\(WG/021 – INQ000582583 – DLUHC000011033\)](#)
106. The Department announced tranche 2 of unringfenced funding on 18 April 2020 [\(WG/022 – INQ000104709 – DLUHC000667289\)](#) with a follow up letter on 20 April 2020 to LA leaders from Minister Clarke setting out further detail on the funding, reiterating the importance of LAs providing monitoring to ensure that Government understood where LAs were allocating this additional funding. [\(WG/023 – INQ000582585 – DLUHC000010662\)](#) A further LGA note on 28 April 2020 welcomed the second tranche of funding for LAs, as it provided additional certainties for LAs in the short term. [\(WG/024 – INQ000582594 – DLUHC006744679\)](#) However, the LGA made clear that Government would need to continue to help councils with their immediate cash flow issues, to guarantee funding to meet additional costs as they arose and to ensure that LAs did not need to act to constrain necessary spending, as well as to set out how councils would be compensated for the wider impact of the crisis on the viability of their financial plans. [\(WG/020 – INQ000582578 – DLUHC000400492\)](#)
107. Between 21 and 27 April 2020, the Department provided advice [\(WG/025 – INQ000582586 – DLUHC004367927\)](#) to SoS (Robert Jenrick) and Minister Clarke with options of how to distribute the £1.6 billion funding, including the allocations to individual LAs. The advice recommended distributing the tranche 2 funding on a per capita basis. The advice also set out equalities considerations and the requirement for SoS to have due regard to the PSED. The advice set out that distributing funding on a per capita basis would not have a disproportionate impact on persons sharing any particular set of protected characteristics. However the Inquiry should note as with the tranche 1 funding as set out in paragraph 96, the advice to SoS set out that the analysis was limited as the funding allocations did not directly translate into services for the different groups of people with protected characteristics (as LAs could choose how it was spent), and as a result it was not possible to see the exact relationship between the allocation options and the impact on protected groups. The advice also considered how funding allocations under each of the six methods considered might translate to more or less funding going towards areas with more or less people with certain characteristics, by looking at area allocations alongside Census data about who lived in those areas.
108. SoS (Robert Jenrick) communicated the agreed allocations in a letter to all council leaders and LA Chief Executives in England on 30 April 2020. The letter also emphasised the Department's commitment to supporting LAs with the additional cost

pressures arising from Covid-19, and asked 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/026 – INQ000531354 – DLUHC000243059). The £1.6 billion tranche 2 funding was allocated on a per capita basis as set out at paragraph 107.

Tranche 3 (2 July 2020 £500 million)

109. Ahead of an announcement proposed for 2 July 2020 on a new funding package for LAs to help address Covid-19 pressures and lost income, the Department provided advice to SoS (Robert Jenrick) on 30 June 2020 which gave an update on the proposed allocations for an additional £500m of LA funding. ([WG/027 – INQ000582606 – DLUHC001837364](#)).
110. The advice set out that since the tranche 1 and tranche 2 funding allocations the Department had refined its approach to reflect the costs that LAs were reporting. Therefore, a new Covid-19 RNF was recommended, as set out at paragraph 86 to 87. In developing this formula, the Department tested various demographic groups, deprivation, Covid-19 case rates, shielding rates, density and sparsity for their statistical significance in driving costs. It was found that total population and deprivation were the most significant cost drivers.
111. The advice repeated that LAs had discretion over how they used the funding and therefore it would be difficult to measure the impact on people with protected characteristics. The advice also highlighted that further analysis would be carried out to understand any links to the protected characteristics, and that officials would provide further PSED advice following confirmation of the final package from HMT.
112. The Department announced a further £500 million in unringfenced funding as part of a third tranche of financial support to support LAs' pandemic response on 2 July 2020. ([WG/028 – INQ000104691 – DLUHC000667293](#))
113. This third tranche of funding was to help LAs deal with spending pressures and to continue to provide the tasks which the Government had asked LAs to carry out, including ASC. A letter communicating this to council leaders and LA Chief Executives was sent on 2 July 2020. This also included further measures to support cashflow which are covered below. ([WG/029 – INQ000582616 – DLUHC005089881](#)) On 3 July 2020, PSED advice was provided to ministers on the third tranche of funding which contained equalities analysis based on the proposed allocations to LAs. The analysis found that the chosen allocation methodology would not have adverse equalities impacts. ([WG/006 – INQ000582611 – DLUHC000026431](#))

114. On 16 July 2020 the Department announced the funding allocation for the tranche 3 funding. [\(WG/030 – INQ000104708 – DLUHC000667290\)](#) As set out at paragraph 86 to 87, for this tranche, the new Covid-19 RNF was adopted to determine the distribution of this funding. A technical note which set out the allocation methodology was published alongside the announcement. [\(WG/007 – INQ000104673 – DLUHC000667292\)](#)

Tranche 4 (22 October 2020 £919 million)

115. On 12 October 2020, the Prime Minister (Boris Johnson) announced ‘around £1 billion’ of funding for local government so that they could protect vital services whilst responding to Covid-19. On 14 October 2020, Department officials provided advice to the SoS (Robert Jenrick) to agree the approach of distributing the £1 billion of funding. It was recommended that the Covid-19 RNF be used for distribution, and LAs that were in financial difficulty should be targeted [\(WG/031 – INQ000582623 – DLUHC0004367765\)](#). On 15 October 2020 SoS (Robert Jenrick) agreed with the recommendations but also requested that all LAs receive at least a minimum payment. [\(WG/032 – INQ000582624 – DLUHC000012489\)](#)
116. Following HMT agreement on 19 October 2020 [\(WG/033 – INQ000582625 – DLUHC000011080\)](#), the Department announced a £919 million fourth tranche of unringfenced grant funding to LAs on 22 October 2020. [\(WG/034 – INQ000582627 – DLUHC000017448\)](#). The Covid-19 RNF was again used to allocate funding. In addition, adjustments were made to account for the different methodology initially used for the first two tranches, but with all LAs receiving at least £100,000, known as a ‘funding floor’. A technical note on the RNF which set out the allocation methodology was published alongside the fourth tranche. [\(WG/035 – INQ000582650 – DLUHC002323154\)](#)

Tranche 5 (5 April 2021 £1.55 billion)

117. Anticipating that LAs would continue to experience higher cost pressures to deliver services, the Department launched a consultation on 17 December 2020 [\(WG/036 – INQ000137047 – DLUHC000128425\)](#) for the provisional financial settlement for 2021/22 seeking views on £1.55 billion of additional unringfenced Covid-19 support for LAs.
118. Departmental ministers agreed to allocating this using the Covid-19 RNF. As with previous tranches of unringfenced funding, the consultative paper set out details of the priority areas for use of this expenditure, which focused on vulnerable groups, especially in ASC.

119. On 9 February 2021 SoS (Robert Jenrick) wrote to colleagues setting out details of the final local government settlement for 2021/22 including the £1.55 billion tranche 5 funding. On 10 February 2021, the Department also published its impact assessment and equality statement on the local government finance settlement for 2021/22, which I exhibit as [\(WG/037 – INQ000582698 – DLUHC009882949\)](#).
120. The equality statement referred to the £1.55 billion of unringfenced funding as part of a package of measures for 2021/22 to help mitigate any potential adverse equalities impacts of service pressures or reduced income on LAs. The equality statement set out that as local government funding is largely unringfenced and LAs are responsible for the distribution and allocation of resources to meet local priorities, it was not possible to accurately predict how the changes in funding would impact on specific groups of people with protected characteristics.

Wider Local Authority Support

121. In this section I set out the other financial interventions, cashflow support measures and additional funding made available to LAs in recognition of the pressures and additional responsibilities they were taking on to respond to the pandemic. The Inquiry should note that whilst this was not specifically for ASC (with the exception of the consolidation of social care grants), this wider support is covered in some detail as it would have played a part in protecting the resilience of LAs, including in delivering ASC services.

Local Government Cashflow Support

122. Alongside the tranches of unringfenced funding set out above, the Department also introduced measures worth over £5 billion to ease LA cashflow pressures. These measures included:
- The deferral of LA payments of the Central Share of retained business rates, valued at £2.6 billion;
 - Up-front payments of £1.8 billion of business rates reliefs which is processed by LAs; and
 - Consolidation of £850 million of social care grants payments.
123. Both the deferral of LA payments of the central share and the consolidation of social care grants were interventions developed alongside the Department's asks for a tranche 2 of unringfenced Covid-19 funding as set out at paragraph 98 to 108.
124. The Department was concerned that interruptions to LA income as a result of the pandemic would have a short-term impact on their cashflow. Issues identified as being

of particular concern to councils which may have impacted on cashflow included non-payment of council tax and business rates, and immediate losses of income from car parking and leisure and tourism activity. Mayoral combined authorities were also facing pressures as a result of Covid-19 through falling transport revenues, business rates and council tax precept.

125. To help manage this, the Department made arrangements to defer payments that LAs were due to pay central government under the 'Business Rates Retention' ("**BRR**") system. Some LAs (unitary and lower tier councils, which are known as 'billing authorities') collect all business rates, but under the BRR system, that income is shared between local government and central government.
126. There are requirements set out in regulations for LAs to make payments to central government and to other authorities at particular points. The amount paid to central government is called the 'central share'. Billing authorities were due to make £877m of central share payments to government in April and May 2020. On 30 March 2020, advice was sent to SoS (Robert Jenrick) proposing to defer these payments to later in the financial year. ([WG/017 – INQ000104664 – DLUHC000667286](#)). The deferral was to mitigate against the loss of income LAs were experiencing. It did not give LAs additional resources but allowed them to manage their immediate cashflow.
127. On 6 April 2020, further advice submitted to SoS (Robert Jenrick) recommended a six-month deferral of the central share payments. ([WG/018 – INQ000536041 – DLUHC009669186](#)). Following agreement with HMT, the deferral of the central share payments was set at three months and delivered via regulations laid on 23 April 2020. This advice also recommended bringing forward the payment of grants covering April 2020 to June 2020, worth £850m in total, to April 2020 to ease cash flow concerns, as mentioned in paragraph 124 to 125. This was agreed with HMT ([WG/021 – INQ000582583 – DLUHC000011033](#)) and paid in mid-April 2020, as LAs' immediate needs had largely been met from the new £1.6bn of tranche 2 funding paid on 17 April 2020.
128. Some of these payments were brought forward through a ministerial direction from the SoS (Robert Jenrick) which authorised the bringing forward of payments, following the Permanent Secretary's request to do so in his letter to the Secretary of State on 23 March 2020. ([WG/038 – INQ000582567 – DLUHC000041755](#)) ([WG/039 – INQ000582568 – DLUHC009330367](#)). The request for a direction for advancing payments from the 2020/21 financial year to 2019/20 was made because taking that action would result in the Department breaching the spending limits set by Parliament

for MHCLG in 2019/20, and as such would not be in line with the rules of Managing Public Money; thus, it needed a specific ministerial direction.

Sales, fees and charges income compensation scheme

129. The economic effects of the pandemic included a significant reduction on LA sales, fees, and charges income streams, such as museums and parking income.
130. On 24 August 2020 the Department announced an income compensation scheme to be paid to LAs for a share of irrecoverable losses through relevant sales, fees and charges income streams ([WG/040 – INQ000582684 – DLUHC000081814](#)).
131. The scheme was initially announced to cover losses in the financial year 2020/21 and was extended to cover the first three months of the 2021/22 financial year (April to June 2021).
132. The scheme compensated LAs for 75% of irrecoverable relevant income losses after a 5% deductible, which was determined to be an appropriate balance of providing support for unexpected losses and recognising the inherent risk associated with forecasting and collection of these income streams.
133. The Inquiry should note that this scheme was not designed to mitigate against the impacts of the pandemic on the ASC sector, therefore I do not include any further details regarding this scheme in this statement.

Tax Income Guarantee scheme

134. Following up on commitments made in August 2020 as part of an announcement on a wider package of financial measures, the Spending Review 2020 on 25 November 2020 confirmed that the government would compensate LAs for 75% of irrecoverable losses in council tax and business rates income in respect of the financial year 2020/21. A summary of the scheme as well as further technical detail was published on gov.uk as part of a publication setting out Covid-19 funding for local government in 2021 to 2022. ([WG/041 – INQ000582637 – DLUHC003074390](#))

Local Council Tax Support Scheme

135. Instead of extending the tax income guarantee scheme referenced above into 2021/22, the Department delivered a £670 million scheme to help LAs meet anticipated continued increases in local council tax support cases in 2021/22. This scheme was the most effective means of providing support for council tax related pressures and assisted councils in their financial planning by providing upfront funding certainty for

2021/22. Councils had flexibility to determine how best to use their allocations to meet local circumstances, the details of which were determined by LAs.

Collection Fund Deficits

136. There are 326 billing authorities (“**BAs**”) in England, who are responsible for collecting council tax and business rates income in their areas. BAs place this income into a separate pot called the Collection Fund (“**CF**”). LAs are then paid fixed amounts from the CF on the basis of the BAs’ forecast business rates income as at the start of the financial year. Where there is a shortfall in tax receipts (compared to expected levels), this leads to a deficit on the CF.
137. During the Covid-19 response, the Department anticipated that the economic effects of the pandemic could lead to a one-off increase in irrecoverable losses in Council Tax and/or Business Rates income and therefore introduced measures to help LAs manage such losses by spreading them across three years, rather than the usual one year.
138. Provision was, therefore, made for LAs to spread deficits in their CF in 2020/21 across three years. This decision was announced on 2 July 2020 by SoS (Robert Jenrick) following agreement from HMT ([WG/028 – INQ000104691 – DLUHC000667293](#)). The change required promulgation of legislation, and regulations were subsequently laid on 5 November 2020.

Exceptional Financial Support Scheme

139. The Department developed a process and policy principles for providing exceptional financial support to LAs experiencing localised pressures, in anticipation of the Department receiving more requests than it had in previous years due to the pandemic. This became known as the Exceptional Financial Support (“**EFS**”) scheme. This was to ensure that LAs facing specific challenges were able to access support to continue to deliver services and to ensure that Covid-19 expenditure was not curtailed.
140. The EFS process was created and was underpinned by a set of principles against which the Department could consider requests from LAs. Government consistently emphasised in its communications that LAs concerned about being able to keep their budgets in balance should approach the Department.
141. Through the EFS, Government provided support and financial flexibilities to LAs subject to a set of conditions which reflected the principles of the scheme, in particular securing value for money and financial sustainability. In structuring that support, the Department’s aim was to ensure that LAs concerned could continue to set balanced

budgets and that service delivery, including of Covid-19 related services, would be appropriately maintained.

142. To access the EFS, LAs would make an application to the Department setting out why they needed financial support and how this funding would be used. LAs would request EFS funding to manage immediate revenue costs. The Department would then assess this against a range of criteria which a LA would need to demonstrate their need for additional support. This included value for money and the long-term financial stability of the LA. As a condition of clearance for the financial year 2020/21, successful LAs would have to agree to an external financial review undertaken by the Chartered Institute of Public Finance and Accountancy which would be published on gov.uk. The EFS supported nine LAs in 2020/21 ([WG/042 – INQ000582695 – DLUHC009882946](#)) and four LAs in 2021/22 ([WG/043 – INQ000582699 – DLUHC009882950](#)) (an additional four councils received in-principle support in 2021/21 but later withdrew their request for EFS).

The Bellwin scheme

143. The Department is also responsible for the “Bellwin” scheme: emergency financial assistance to help LAs meet immediate uninsurable costs they incur when dealing with the response to an emergency in their area. Any LA as defined in section 155 of the Local Government and Housing Act 1989 may make a claim for a Bellwin grant. The costs covered include provision of rest centres; evacuating people from dangerous structures and works to make them safe; temporary accommodation; and the clearing of debris from highways, pavements and footpaths. To be eligible for a Bellwin grant, an individual LA is required to have spent at least 0.2% of its calculated annual budget on works that have been reported to the Department. This amount is the authority’s ‘threshold’ and applies to the whole financial year, not to each incident. Bellwin relief, when activated, funds 100% of eligible emergency expenditure. The Inquiry should note that Bellwin is typically used by an individual or a small number of LAs in exceptional circumstances, such as flooding. The Department considered that unringfenced funding, and other cashflow and income support measures as set out from paragraph 80 to 142, was the most appropriate way of supporting LAs.

Funding where the Department provided support

144. During the Module 6 period, Other Government Departments (“OGDs”) (namely DHSC) provided additional funding to support the local government response to Covid-19. This included:
- NHS Funding (to support hospital discharges)

- The Contain Outbreak Management Fund
- The Workforce Recruitment and Retention Funds
- The Workforce Development Fund
- The Workforce Capacity Fund
- The Adult Social Care Omicron Support Fund
- Infection Control Fund
- Rapid Testing Fund
- Infection Control and Testing Fund

145. As the Department was not responsible for the creation of these funds, I do not provide further information regarding the rationale, development, or delivery of these funds in this section. However, I will make reference to the Department's involvement, if any, regarding these funds as appropriate throughout the statement.

Data and Analysis to support the Departmental response

146. In the early stages of the pandemic the Department's information on Covid-19 impacts came from feedback gathered from LAs, representative bodies, OGDs, and information flowing from the local tier via LRFs.

147. In April 2020, to gain a better understanding of LA spending and income pressures, to help inform policy decisions on funding support, the Department started collecting monthly data from LAs on a range of issues (including issues related to ASC) through a monitoring survey. The survey was designed with the LGA and LAs. Through the survey LAs provided monthly returns and annual forecast data on Covid-19 related spending costs. The NAO recognised the Department's actions in introducing the survey in its 2021 report (as mentioned at paragraph 83) 'Local government finance in the pandemic', outlining that it was 'an important and powerful data set'.

148. The Inquiry should note that survey returns were voluntary, with the majority of LAs completing the survey. Response rates were high with a near 100% completion rate at the beginning of the pandemic response, maintaining an above 80% response rate throughout. In line with other local government finance data returns to the Department, the data was self-reported by LAs, with LA Chief Finance Officer responsible for accuracy. The Department conducted routine validation checks and as necessary followed these up with the relevant LAs. The surveys asked LAs for information regarding (i) spending pressures due to Covid-19; (ii) income reduction due to Covid-19; (iii) use of reserves and cash flow difficulties; and (iv) the allocation of the £3.2bn

emergency unringfenced funding which had been announced in two £1.6bn tranches in March and April 2020. I exhibit here some examples of the surveys:

- The Department collected a second round of data from 7 to 15 May 2020, with a response rate of 99.7% (WG/043a – INQ000588628 - [DLUHC001829692](#))
- The Department collected the eleventh round of data from 18 to 26 March 2021, with a response rate of 96.2%. (WG/043b – INQ000588629 - [DLUHC003084130](#))
- The eighteenth round of data was collected from 14-28 January 2022, with a response rate of 82%. (WG/043c – INQ000588630 - [DLUHC004867693](#))

149. On 6 April 2020, the Department emailed all LAs requesting monthly financial information to help understand the impact of Covid-19 on LA finances. This stressed the importance of having up-to-date data on how existing funding was being used and any changes in income and expenditure. ([WG/044 – INQ000582572 – DLUHC001814381](#)).
150. The Department ran the Covid-19 financial impact monitoring data collection between April 2020 and May 2022. In total there were 20 rounds of data collections from LAs. ([WG/045 – INQ000582688 – DLUHC009882926](#))
151. The Department worked with DHSC to determine what financial data should be collected. The Department exercised proportionality on its asks in the survey based on its existing knowledge of local government. The Department also engaged with ADASS and the LGA to determine the scope of the monitoring and had conversations with LAs to make changes and refine the questions as time went on.
152. From April 2020 onwards, analysis of the monthly LGF monitoring was central to form the evidence base to determine the allocation of further funding to the sector. The monthly returns provided a granular breakdown against each prioritised service area at an individual LA level which helped to strengthen the Department's understanding of the financial landscape and the overall pressures facing councils, as well as how LAs were spending the additional funding allocated to them.
153. For ASC, this meant the Department collected LA level spending data on:
 - i. Meeting additional demand – including meeting new cases of care, and supporting hospital discharge;
 - ii. Supporting the provider market – including increased provider costs, uplifts to fees or general support to increase provider resilience;

- iii. Workforce pressures – including the cost of staff absence in the LA and care providers, training for Covid-19 specific infection control; and
 - iv. PPE – including LA or LRF related spending on PPE stocks, including PPE stocks purchased by providers that were reimbursed by the LA, not including PPE from the NHS. Monitoring of the levels of PPE stocks was done separately through LRFs.
154. Monitoring results were shared with ministers on a monthly basis to help inform decisions on the Departmental policy response and funding strategy to the pandemic, as well as helping to shape the Department's support to LAs. Analysis was also shared with DHSC. ([WG/046 – INQ000582602 – DLUHC003089285](#)) ([WG/047 – INQ000582603 – DLUHC003089286](#))
155. The Department published a summary of the data collected from LAs as set out at paragraph 150.

LRF Dashboard

156. With the Covid-19 outbreak emerging, the Department rapidly established a multidisciplinary Situational Awareness team to support central government and local areas in shaping response actions. The Department's Analysis and Data Directorate (“ADD”) brought together new data from local areas and across government, delivering it via an interactive dashboard to provide daily data on over 130 metrics ([WG/048 – INQ000582584 – DLUHC000220739](#)). This included specific ASC metrics that tracked the situation in care homes, occupancy rates, workforce staffing metrics and care homes with incidents stopping service. Alongside this, ADD developed a tool to ‘mine’ comments taken from these data sets, combining qualitative intelligence alongside the quantitative data to provide valuable insight. This was used to generate daily briefings for ministers in this Department, across government, and to inform cross-Government local situational awareness.
157. Initially this analysis was updated (automatically through an Excel-based Visual Basic for Application (“VBA”) automation) and shared with policy teams daily, then weekly. The aim was to amalgamate vast and complex information from a range of sources and present this in a way that was easy to understand, to enable MHCLG policy teams to make informed decisions efficiently.
158. Tasks included:

- Data collection largely from LRFs and LAs, acquisition and management, and processing, including working with OGDs and the LGA to bring in relevant data, agreeing memoranda of understanding etc;
 - Producing reports, briefings and outputs from evidence and analysis to enhance the debate and decision-making process and to meet user needs;
 - Working closely with RED to design and implement data collections to collect the data required from LRFs, which fed into regional Discovery meetings held by RED. These meetings combined data on local risks with intelligence to give a comprehensive picture of risk, and tolerance to risks, within LRFs;
 - Developing and maintaining data products (including data dashboards for LRFs), using data collected from LRFs, and tools for sharing textual comments for briefing purposes;
 - Being an integral part of the strategic and policy thinking and development of the Situational Awareness function.
159. At a MHCLG GOLD meeting on 26 March 2020, SoS (Robert Jenrick) requested a comprehensive overview of all data feeds across government that related to the readiness of the local tier that could be shared across Government. (The Department established the MHCLG GOLD Secretariat to provide strategic oversight and direction of the Department's Covid-19 work. This included overseeing the Department's engagement with stakeholders on Covid-19, and ensuring there was appropriate resourcing for the Department's work on Covid-19.)
160. With assistance from the management consultancy organisation Bain & Company on a goodwill basis, an LRF Dashboard was created for this purpose and became fully operational on 30 March 2020.
161. This dashboard which I exhibit as [\(WG/049 – INQ000226496 – DLUHC005041692\)](#) was shared daily with LRFs and OGDs including HO, CO, BEIS, No 10 and DHSC until July 2020, when LRF data collection was moved to weekly rather than daily.
162. The dashboard continued to be shared with OGDs on a weekly basis until December 2020, when departments were given access to the new live LRF winter dashboard. [\(WG/050 – INQ000582641 – DLUHC002875503\)](#)
163. In addition, the Department produced internal situational reports ("**Sitreps**"), which provided a summary of a wide range of Covid-19 related workstreams to help inform

decisions on the Departmental policy response. The sitreps also included an overview of ASC and provided relevant updates on issues such as hospital discharge policy, workforce impacts, testing and providers' financial resilience. The sitreps provided an escalation route for any issues emerging from insights and intelligence, for example where LRFs were reporting a shortage of PPE. I exhibit an example from 9 April 2020.

[\(WG/051 – INQ000536050 – DLUHC000013095\)](#)

F. ROLE OF THE DEPARTMENT TO SUPPORT POLICY ON ASC BETWEEN MARCH AND JUNE 2022

164. As outlined in paragraphs 50 to 53, the Department was not responsible for key decisions or policy making with regard to ASC. DHSC maintains overall responsibility over the statutory framework and national policy direction for ASC. The Department supported DHSC in its response to the pandemic in ASC, given the Department's relationship with local government.
165. Outside of funding interventions, the Department provided support on several issues that interacted with the matters set out within the scope of Module 6. This included providing logistical support to facilitate the delivery of PPE via LRFs to social care settings in 2020. The Department also represented the views of LAs to ensure DHSC understood the additional burdens, financial pressures and impacts on LAs when developing ASC policy and guidance to the sector.
166. The workstreams and relevant sub-headings below provide more detailed information on how the Department contributed to decision making and policy development with regard to ASC and the matters within the scope of Module 6.

PPE

167. The Department played a facilitative role in relation to the distribution of PPE, including to ASC settings, during the period February 2020 to September 2020. The Inquiry should note however that DHSC was the lead department for the procurement and distribution of PPE stock during the pandemic. PHE led on guidance for how to use PPE and in what setting.
168. At the start of the coronavirus pandemic and England's first lockdown, the Department began receiving reports from LRFs and local government (due to its pre-established channels and relationship with the local tier) on PPE shortages and associated risks to the running of essential services, such as care homes.
169. The Department therefore acted as an interface between DHSC and LRFs/ LAs to ensure concerns were escalated and addressed regarding the quantity and quality of

- PPE within the ASC sector (and other local non-medical settings, such as the fire and police services, refuge centres and within LAs).
170. To address the shortages in PPE, during March 2020, DHSC began the development and roll out of an online portal for the health and social care sectors to order PPE stocks. The intention was for this to be rolled out to all providers and once the portal was operational local service providers could determine their requirements and directly order supplies.
 171. In March 2020, LRFs and LAs were increasingly reporting low supplies of PPE, leading the Department to take action, as outlined in paragraph 55 to 57 to ensure LRF concerns were escalated appropriately, and PPE deliveries were prioritised.
 172. In March 2020 a DHSC team was established with the focus of developing a decision-making framework for PPE distribution. On 24 March 2020 the Department was asked to provide information on the PPE needs of LRFs, including the needs of clinical staff interacting with symptomatic patients. On 26 March 2020 Departmental officials provided DHSC with a tracker of LRF PPE enquiries. (WG/052 – INQ000517091 – DLUHC002761895). The tracker captured multiple reports of PPE issues (with 33 out of 38 LRFs reporting issues) including shortages of PPE in ASC.
 173. An internal situation report dated 27 March 2020 (WG/053 – INQ000517095 – DLUHC000088915) (WG/054 – INQ000104663 – DLUHC000667281) summarised the position in relation to the availability of PPE for care settings, with a “Red” status for all issues. The report raised urgent concerns from LAs and LRFs on the shortage and poor quality of PPE being provided to social care settings, as well as a lack of communications and guidance. The report also raised that London boroughs were running out of PPE, and the LRF was working to secure mutual aid with army support to secure NHS supplies for ASC. On the same day, SoS (Robert Jenrick) attended a ministerial meeting with ministers from DHSC, MoD and the HO to discuss issues with PPE distribution. Ahead of the meeting, the Department provided an update to SoS (Robert Jenrick) which set out that limited progress had been made in getting masks to care settings, guidance was being reviewed, and the National Supply Disruption Response helpline was running more effectively, however this was only a temporary solution. The update reflected local feedback, noting the issues around PPE supply, quality, and distribution, citing that LRFs and LA CEXs were “appalled about the shortage and quality of PPE to social care”. The note also set out that the absence of sector guidance and communications to the local tier was making the workforce anxious. (WG/055 – INQ000517093 – DLUHC008539991). Following the meeting it

- was agreed that in the immediate term, military planners would support LRFs to enable them to assess current PPE stock levels in their local areas and gain an understanding of the demand. This would also provide LRFs with the ability to reallocate PPE locally. (WG/056 – INQ000517096 – DLUHC002762589) – DLUHC002762589)
174. In early April 2020, LRFs raised issues on PPE supply with some councils threatening to close public services due to PPE shortages. ([WG/057 – INQ000517105 – DLUHC006903891](#)). To address these concerns, the Department engaged DHSC and the National Supply Disruption Response (“**NSDR**”) to respond to urgent requests for supplies. The NSDR is a UK-wide service which works closely with the government to act as a point of contact when a health or care provider is unable to maintain supplies of essential medical equipment, supplies and non-clinical goods.
 175. To address concerns surrounding the availability of PPE and delayed response times from the NSDR, the Department had ongoing discussions with DHSC to establish an alternative method of distributing PPE to LAs and LRFs. On 4 April 2020, the decision was taken by the Department and DHSC ministers to deliver an immediate supply of PPE to LRFs, to address pressure in the supply chain due to increased demand and the challenges which non-clinical service providers were experiencing in accessing PPE. This decision was communicated to LRFs by way of letter from the Secretaries of State for DHSC (Matt Hancock) and this Department (Robert Jenrick), dated 5 April 2020. This was initially intended as a one-off delivery of stocks equivalent to a week’s supply of PPE. The first deliveries to LRFs were due to begin on 5 April 2020 but took place on 6 April 2020 due to slight delays.
 176. Delays to the DHSC PPE portal and continued data from LRFs highlighting the need for further PPE beyond what had been supplied in the emergency drops, resulted in further drops being scheduled throughout April.
 177. The Department attended a meeting with DHSC on 11 April 2020 to discuss the timings and prioritisation of further PPE drops to LRFs who had raised concerns about supply levels. Following this meeting DHSC officials confirmed they had held off from seeking ministerial approval for a further PPE drop on 14 April 2020 citing concerns over LRF data quality and the availability of PPE stock. As an agreement was not able to be reached between departmental and DHSC officials, the Department escalated the issue to SoS (Robert Jenrick) outlining that if the process for further drops was not activated there was a risk of significant implications, such as care homes closing. To seek a resolution, an email was circulated on behalf of SoS to DHSC’s SoS highlighting concerns about the number of LRFs who required further PPE drops and noting that

- whilst focusing on the accuracy of data was necessary, the PPE drops should not be postponed, and an interim solution was needed. ([WG/058 – INQ000517125 – DLUHC000025343](#)).
178. A Cabinet Committee meeting was held on 13 April 2020 to discuss the proposed ASC strategy DHSC had been developing, and PPE distribution. This meeting was attended by the SoS from DHSC, the CO, MHCLG, HMT, the Chancellor of the Duchy of Lancaster and the DHSC Minister Helen Whatley. (WG/059 – INQ000517131 – DLUHC006297892). It was agreed by DHSC's SoS (Matt Hancock) during the meeting that the strategy would make the commitment to confirm that DHSC's online PPE portal (known as 'Clipper' during this period) would be available in three weeks for ASC homes and sector. Until then, it was agreed LRFs would provide PPE to the ASC sector.
 179. An action from the Cabinet Committee meeting was for DHSC to clarify a week-by-week timetable for the delivery of PPE, including the position on drops to LRFs and the implementation of the Clipper service. (WG/060 – INQ000517133 – DLUHC000015179).
 180. In tandem with this, also on 13 April 2020, Department officials chased for confirmation of whether the drops had been agreed and could proceed, and they raised concerns that LRFs were in critical need. The email also outlined the need to establish a plan for future drops over the next few weeks until the online portal (Clipper) was up and running. (WG/061 – INQ000517134 – DLUHC004280911).
 181. On 27 April 2020, the PPE portal was rolled out to 1,000 social care providers in Devon and Cornwall in a pilot. Data collected from this pilot was intended to inform the national rollout for PPE, including modelling the changing demand for PPE from LRFs. The Inquiry should note that the Department does not have visibility about the extent to which the data collected from the pilot was ultimately utilised. (WG/062 – INQ000517165 – DLUHC002815972).
 182. By 4 May, the amount of PPE items which had been delivered by LRFs stood at a figure of 67,003,162. (WG/063 – INQ000517164 – DLUHC001489728). Whilst the Department continued to monitor data received from LRFs about concerns relating to the availability of PPE supplies, and to share these concerns with DHSC, LRFs were reporting some improvement. By 6 May 2020, LRFs were reporting that PPE stock levels had improved and were being maintained above critical levels in most areas. (WG/064 – INQ000517167 – DLUHC000038207).

183. On 27 May 2020, DHSC notified the Department of the list of all LRFs which were being onboarded onto the PPE portal for a three-week period. This onboarding was for small social care providers and GPs. (WG/065 – INQ000517175 – DLUHC001555640).
184. During June 2020 the Department continued to relay concerns to DHSC from LRFs, particularly about the shifting timelines of the full PPE portal roll out. On 2 June 2020 a meeting was held between Minister Simon Clarke and DHSC Minister Helen Whately. (WG/066 – INQ000517176 – DLUHC005867884). The Department sought to reduce the LRF role in PPE distribution following the roll out and implementation of the PPE portal. Minister Clarke raised the need for a timeline on the PPE portal. (WG/067 – INQ000517178 – DLUHC000040310).
185. LRFs had been requesting lower volumes of deliveries since the large PPE numbers delivered in April (week commencing 27 April 2020, 18.9 million items), there had been a consistent weekly drop in quantity and just 1.4 million items were delivered in week commencing 6 July 2020. LAs confirmed they were able to directly source PPE and able to supply care homes and other local services. Following this, on 29 July 2020 SoS (Robert Jenrick) agreed with the Department's recommendation that PPE distribution via LRFs should stop by the end of August 2020. The SoS also requested that a letter be sent to LRFs thanking them for their work since March 2020. (WG/068 – INQ000517190 – DLUHC002791450). Following the SoS' (Robert Jenrick) decision to end PPE distribution via LRFs by the end of August 2020, the Department worked with DHSC to finalise arrangements to end LRF deliveries. To update LRFs, on 4 August 2020 letters were sent to all LRFs and LAs thanking them for all their support in coordinating the distribution of emergency PPE to front line services and confirming that the supply of PPE to LRFs would end. (WG/069 – INQ000517191 – DLUHC001482718) (WG/070 – INQ000517192 – DLUHC001482719).
186. The portal was not fully operational until September 2020. Following its full implementation, the Department's involvement in PPE distribution ended and the Department maintained a 'watching brief' over PPE policy related to LRFs/LAs.

DHSC hospital discharge policy

187. The Inquiry should note that DHSC sets national policy and is accountable to Parliament and the public for the performance of the ASC system as a whole. During the pandemic, the Department supported 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, given the fast-paced nature of the pandemic response.
188. In its engagement with DHSC in relation to hospital discharge guidance and the matters in scope for Module 6, 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.
 189. The Department also 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.
 190. From March to May 2020, the Department's focus was in representing LA views on DHSC hospital discharge policy, such as on the immediate availability and capacity of care homes; the approach to testing patients who were being discharged into care homes, and how to accommodate those who had tested positive. The Inquiry should note that DHSC were responsible for decision making on these matters, including considerations of the clinical and scientific advice it was receiving.
 191. On 6 March 2020, a weekly National ASC Covid-19 Group ("**NACG**") was set up by DHSC. It was co-chaired by Ros Roughton (DHSC ASC Director) and James Bullion (incoming ADASS Chair). The group acted as a communications channel, providing an opportunity for ASC providers, commissioners, and key stakeholders such as the LGA, ADASS, and the UK Care Homes Association to provide insight to Government on the pandemic and stay updated on the Government's priorities. The Department also attended this meeting. ([WG/071 – INQ000582548 – DLUHC000084707](#)) ([WG/072 – INQ000582549 – DLUHC000084709](#)).
 192. From 10 March 2020, DHSC and PHE began to work on several pieces of operational guidance for the care sector. ([WG/073 – INQ000531313 – DLUHC000084793](#)). This included guidance on the provision of care and support in people's homes and guidance on the provision of care in residential care settings. Also from 10 March 2020, daily catch-up meetings were set up between MHCLG and DHSC. ([WG/074 – INQ000582550 – DLUHC002444741](#)).
 193. On 11 March, at a NACG meeting attended by DHSC Minister Helen Whatley, stakeholders were advised of NHSE's plans to discharge people in hospital in significant numbers to create space for Covid-19 patients. ([WG/075 – INQ000582551 – DLUHC000111310](#)).

194. On 13 March 2020, the Department worked with DHSC and HMT to understand how an increase in hospital discharges (such as to care homes) to make space for Covid-19 patients would be funded. [\(WG/076 – INQ000582553 – DLUHC002515619\)](#). The Department attended a meeting later that day with DHSC, HMT and NHSE to discuss the funding of extra discharge capacity. An internal readout from the meeting summarised DHSC/NHSE proposals for funding and commissioning additional discharge capacity, and the risks the Department should guard against [\(WG/077 – INQ000582554 – DLUHC003065167\)](#).
195. As set out at paragraph 91, 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. During these calls, issues of some care providers not taking new hospital discharge cases was amongst the issues raised by LAs regarding ASC. [\(WG/008 – INQ000531540 – DLUHC009426026\)](#).
196. The Department continued to discuss hospital discharge, associated guidance and funding in daily meetings with DHSC. On 13 March 2020, DHSC confirmed that additional funding to support mass discharges was being worked on (having previously been discussed on 12 March 2020 as set out at paragraph 194). [\(WG/078 – INQ000582552 – DLUHC008266296\)](#).
197. On 16 March 2020 it was noted that hospital discharge guidance was being developed by DHSC in partnership with NHSE and the LGA [\(WG/079 – INQ000582556 – DLUHC008276345\)](#). A readout from the catch-up on 17 March 2020 noted that 'home first' was the priority principle for those discharged, and that the means test for eligibility of state funded care would be removed and social care would be provided indefinitely. It also noted the LGA and ADASS had been involved and kept in the conversation. [\(WG/080 – INQ000582558 – DLUHC000091356\)](#). The Department provided feedback on the DHSC hospital discharge guidance, including the homelessness section, and agreed to be a cosignatory. [\(WG/081 – INQ000582562 – DLUHC007460104\)](#) [\(WG/082 – INQ000582561 – DLUHC001813705\)](#) [\(WG/083 – INQ000582563 – DLUHC002539672\)](#).
198. On 18 March 2020, SoS (Robert Jenrick) and Minister Pincher attended a LA roundtable meeting to discuss ASC and vulnerable groups. This meeting was also attended by the DHSC SoS (Matt Hancock), as well as the LGA and ADASS. During the meeting, discharging people from hospital was discussed as a key issue. [\(WG/084 – INQ000582564 – DLUHC000160614\)](#).

199. Ministers from the Department and DHSC also held joint roundtables with social care providers. For example, on 18 March 2020, Minister Pincher chaired a roundtable with ASC providers. This meeting was also attended by DHSC Minister Helen Whately. Briefing provided to Minister Pincher ahead of the meeting noted that a £1.3 billion fund would be announced to provide free out of hospital health and social care support for anyone discharged from hospital during the emergency period. It also noted that new enhanced hospital discharge guidance would soon be published to remove barriers to discharge and get people out of hospital into their homes or care settings more quickly. Providers fed back concerns during the meeting on the need to test patients prior to discharge into care homes, and to prioritise care home staff and residents for testing. (WG/085 – INQ000090745 - [DLUHC000667255](#)) ([WG/015 – INQ000224114 – DLUHC000667256](#)). On 19 March 2020, the Government announced £2.9 billion of support for vulnerable people and funding for 15,000 hospital beds. ([WG/086 – INQ000582683 – DLUHC000039642](#)) Of this, the Department announced £1.6 billion in unringfenced funding went to LAs to help them respond to Covid-19 pressures across all the services, as set out at paragraph 91 to 97 above. As part of this announcement, DHSC also confirmed that £1.3 billion would be made available via the NHS, to be used to enhance the NHS discharge process so patients who no longer needed urgent treatment could return home safely and quickly. The funding, provided by DHSC, covered the follow-on care costs for adults in social care, or people who needed additional support, when they were out of hospital and back in their homes, community settings, or care settings. On the same day, NHSE published the Covid-19 Hospital Discharge Service Requirements guidance. ([WG/087 – INQ000582566 – DLUHC000040192](#)).
200. On 9 April 2020, ahead of a Prime Minister strategy meeting on 13 April 2020, the CO Covid-19 Secretariat (“**C-19 Secretariat**”) commissioned DHSC to work with the Department to draft a strategy for publication setting out the approach to ASC 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 of Covid-19 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/088 – INQ000531326 – [DLUHC006297045](#)) ([WG/089 – INQ000582575 – DLUHC000111167](#)) ([WG/090 – INQ000582574 – DLUHC002746292](#)).
201. Department officials worked closely with DHSC to represent the Department's interests in the development of the strategy. 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 (which was also referred to as “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/091 – INQ000531327 – DLUHC000130648). Later that day, DHSC shared the first full draft of the ASC strategy and requested comments by the following morning. (WG/092 – INQ000531328 – DLUHC000117015) (WG/093 – INQ000531329 – DLUHC000117016).
202. 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/094 – 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.. DHSC officials explained that they had received advice that testing would not be suitable for individuals who were not showing symptoms, citing concerns that an individual who had the virus, but was not yet shedding it could return a negative test result, which could create a false assurance. (WG/095 – INQ000531331 – DLUHC005882827).
203. 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, NHSE and PHE were ongoing, and that Department officials had asked DHSC to double check the latest advice from the Chief Medical Officer (“CMO”). ([WG/096 – INQ000582576 – DLUHC000130689](#)). 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. ([WG/097 – INQ000582577 – DLUHC000130666](#)).
204. 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 must provide assurance that government would deliver on that commitment (WG/098 – 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/099 – INQ000531335 – DLUHC000130735).
205. 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/059 – INQ000517131 – DLUHC006297892) (WG/100 – INQ000088696 – DLUHC000013146).
206. 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. 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/101 – INQ000582579 – DLUHC002548300](#)) (WG/102 – INQ000531337 – DLUHC002517172).
207. In preparation for the Prime Minister strategy meeting on 14 April 2020, officials provided further advice to SoS (Robert Jenrick) 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 ([WG/103](#)

- [– INQ000582580 – DLUHC000015769](#)). On 14 April 2020, ahead of the Prime Minister strategy meeting, officials reaffirmed concerns with SoS (Robert Jenrick) that DHSC had not provided an update on discharge arrangements from hospital (WG/104 – 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/105 – INQ000531339 – DLUHC000119947).
208. It was agreed in the Prime Minister strategy meeting, that subject to policy points which included hospital discharge and testing being finalised, the ASC action plan would be published on 15 April 2020 (WG/106 – INQ000531341 – DLUHC000013239).
209. 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 (Robert Jenrick), 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 their officials had expressed difficulties in reaching DHSC to comment on the outstanding policy points. (WG/107 – INQ000531340 – DLUHC002517664).
210. 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/108 – INQ000531342 – DLUHC000117013) [\(WG/109 – INQ000531343 – DLUHC000117014\)](#). 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/110 – INQ000531344 – DLUHC000129341). Officials then provided assurance to SoS (Robert Jenrick) that they were satisfied that the issues around hospital discharge had been resolved [\(WG/111 – INQ000582582 – DLUHC006298232\)](#).

211. Officials continued to provide further comments to DHSC around additional areas of the strategy prior to publication. On 15 April 2020, DHSC published the ASC Plan which included a commitment to all patients being tested prior to discharge to a care home. The plan also specified that it expected the NHS to have sufficient capacity to provide ongoing care in NHS facilities for those who had suffered from Covid-19, for rehabilitation and recovery prior to discharge. This meant that where needed, most patients would be able to transfer directly to the appropriate social care setting with 'COVID-free' status. The plan also set out arrangements that in the event of people being discharged within the 14-day period from the onset of Covid-19 symptoms needing ongoing social care, responsibility would be given to LAs to identify alternative accommodation if appropriate isolation or cohorted care was not available with a local care provider.
212. At the beginning of July 2020, the Department learned that No.10 had asked the Chancellor and Health & Social Care Secretary for a plan about how to prepare the NHS for winter. The Department outlined its views on the plans in an update to SoS (Robert Jenrick) on 2 July 2020. ([WG/112 – INQ000582607 – DLUHC001837188](#)) The update included a draft email to be sent to DHSC SoS, and a list of questions which had also been shared with DHSC officials. ([WG/113 – INQ000582608 – DLUHC001837189](#)).
213. Officials noted that the proposed plan would continue the arrangements of discharging people from hospital, but that NHSE would only pay for the care costs of those discharged for up to six weeks, rather than for the full period in which an individual required care (as was the case up until this point). The Department highlighted that this may result in higher costs to local government who would have to pick up the costs after the first six weeks if a person was eligible for LA-funded care. The Department also highlighted LAs may inherit higher costs for care packages they were not involved in commissioning. To minimise costs falling to LAs for care after six weeks following hospital discharge, the Department made representations that all care packages for those leaving hospital should be jointly commissioned by the Clinical Commissioning Group (“**CCG**”) and LA; that no-one is discharged to a care home without LA involvement; and that costs of alternative accommodation for isolation/quarantine continue to be covered by the discharge funding or NHS.
214. Following the update to SoS (Robert Jenrick), the Department also shared feedback on the proposed NHSE winter package and the draft email for DHSC SoS with HMT and DHSC officials. ([WG/114 – INQ000582609 – DLUHC002575843](#)).

215. On 3 July 2020, the Private Secretary of SoS (Robert Jenrick) wrote to HMT and the Private Secretary to DHSC SoS (Matt Hancock), requesting that the Department's officials be fully involved in considering the impact of the proposed plans on local government and ASC, and flagging the mitigations as set out above. ([WG/115 – INQ000582610 – DLUHC000038672](#)).
216. On 8 July 2020, there was a joint meeting with officials from DHSC, the Department and NHSE, on hospital discharge policy to prepare for Winter 2020 and proposed funding arrangements. During the meeting the Department secured agreement from NHSE officials that there would be no discharges into care homes without LA involvement and that LAs would be the lead assessors as long as there was local agreement. There was also discussion about a six-week funding cap and what would happen if a needs assessment by social care and healthcare professionals had not been undertaken within six weeks, including who would cover the cost. It was recognised that NHSE and the Department would need to work together on this. ([WG/116 – INQ000582613 – DLUHC002632744](#)) ([WG/117 – INQ000582614 – DLUHC002632745](#)) ([WG/118 – INQ000582615 – DLUHC002632746](#)).
217. On 21 August 2020, DHSC confirmed that a £588 million fund would be issued to provide up to six weeks of funded care and support for people being discharged from hospital. As part of the announcement, DHSC SoS (Matt Hancock) confirmed that no one should be discharged from hospital to a care home without LA involvement, and that all patients were required to be tested prior to discharge to a care home. ([WG/119 – INQ000582692 – DLUHC009882935](#)).
218. DHSC published its Winter Plan on 18 September 2020. ([WG/120 – INQ000582618 – DLUHC009868109](#)). On 30 September 2020, DHSC shared with the Department advice that they were working on for DHSC ministers on how to meet the commitment in the winter plan on discharging people with a positive test to CQC assured facilities, who would ordinarily be discharged into care homes. DHSC noted they were in discussions with the LGA and ADASS on this proposal. ([WG/121 – INQ000582619 – DLUHC002592043](#)). The Department provided feedback on the submission sharing concerns on the potential impact on those with dementia or learning disabilities who would not be able to go back to their familiar care homes. Department officials also highlighted the importance of ensuring that NHSE were able to deliver all test results prior to discharge to care homes or CQC facilities.
219. On 13 October 2020, DHSC issued a letter to directors of adult services setting out the new requirements for 'designated care settings' for people discharged from hospital

who had Covid-19 positive status. The letter also instructed LAs to identify and notify the CQC of sufficient local designated accommodation and to work with the CQC to assure compliance with the Infection Prevention Control protocol. ([WG/122 – INQ000582621 – DLUHC001721913](#)). The letter noted that no one would be discharged into a care home with a Covid-19 test result outstanding, or without having been tested in the 48 hours preceding their discharge. The costs of the facilities were to be met through the additional £588 million funding to support ASC, which was announced on 21 August 2020, as set out at paragraph 217.

220. On 14 October 2020 the Department cascaded the letter to LA Chief Executives. ([WG/123 – INQ000582622 – DLUHC005972257](#)). During a meeting on 15 October 2020 between the Department and a group of LA CEXs representing the nine regions in England, LAs raised concerns around the timing of the letter, and expressed that the request to identify designated accommodation was unachievable. ([WG/124 – INQ000528337 – DLUHC000790009](#)).
221. To address the LA concerns, the Department arranged for senior officials from both DHSC and NHSE to attend a further meeting with the LA CEXs, so that they could respond to the issues raised. ([WG/125 – INQ000582626 – DLUHC003341889](#)). The follow up meeting took place on 22 October 2020. The LA CEX group welcomed the additional engagement since the previous meeting, and the discussion also acknowledged the need for joint work between DHSC, NHSE, and local government on designated premises guidance and funding. ([WG/126 – INQ000528334 – DLUHC002823338](#)).
222. On 13 November, MHCLG, NHSE and HMT attended a DHSC led meeting to discuss the funding of designated settings and the content for guidance, looking at what could be funded by the additional £588 million, and what would drive additional costs. It was agreed that the funding to meet the additional costs of dealing with discharged patients who were Covid-19 positive would be negotiated between DHSC and HMT, and that DHSC would work with the LGA to estimate costs. ([WG/127 – INQ000582630 – DLUHC002595960](#)).
223. Guidance on the designated settings scheme for people discharged from hospital to a care home with a positive Covid-19 test was published on 16 December 2020 ([WG/128 – INQ000582697 – DLUHC009882948](#)). The guidance provided information on discharge arrangements, as well as advice on setting up designated settings, and information for LAs and care providers.

224. This was produced by DHSC with NHSE, UKHSA and the CQC in consultation with the LGA, ADASS, care provider associations and user groups.

DHSC-led testing of care workers and those in receipt of social care

225. In MHCLG's engagement with DHSC in relation to the testing of care workers, and those in receipt of social care, the Department acted as a conduit for the views of local partners (namely local government). The Inquiry should note as set out in paragraph 190 that DHSC were responsible for decision making on these matters, including considerations of the clinical and scientific advice it was receiving.
226. As testing for Covid-19 became available DHSC began to establish a priority list of which keyworkers should receive access testing. The Department responded to DHSC's request for views about what keyworkers should be on the priority list, which included social care workers. The Department advocated for social care workers to be given parity with NHS workers for access to testing. The Department also fed local views into DHSC's development of the Care Home Support Package, which contained testing and infection control measures as key elements of the package. I detail the Department's involvement in this work below.
227. On 3 April 2020, DHSC 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.
228. On 6 and 7 April 2020, the Department made representations regarding workforces within its remit who they thought should be prioritised in the early round of testing. This included care workers, as well as workforces that were directly supporting the extremely vulnerable (outside of statutory services) such as rough sleepers and those who were suffering domestic abuse.
229. The need to also test all patients being discharged to care homes, and the prioritisation of testing front-line social care staff was discussed at a Health Ministerial Implementation Group ("HMIG") meeting on 9 April 2020. Further detail on testing patients prior to discharge is covered in the section above. The SoS (Robert Jenrick) was briefed ahead of the meeting, including on the need to prioritise frontline social care staff ([WG/129 – INQ000531324 – DLUHC000003100](#)). In the meeting, the model for the prioritisation and allocation of tests was discussed and the outline approach on expanding keyworker testing was agreed ([WG/130 – INQ000531325 – DLUHC000022891](#)).

230. The finalised HMIG priority worker list for testing, which reflected the discussion at the HMIG meeting, was circulated by CO on 15 April 2020. ([WG/131 – INQ000091338 – DLUHC000166944](#)). The final HMIG list incorporated the Department's suggestions for inclusion, including adult and children's social care services.
231. 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.
232. 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, PHE, NHSE and the Cabinet Secretariat to produce a plan to reduce infections in care homes ([WG/132 – INQ000582587 – DLUHC000027423](#)). 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.
233. 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, for both care workers and residents (WG/133 – INQ000531348 – DLUHC000012117). The advice noted that there had been a sharp increase in numbers of Covid-19 cases, and deaths among people living in care homes or receiving care at home. It noted that, as per CQC data, between 1 March and 20 April 2020 around 14,000 more deaths of care home residents (including those dying in hospital) and 1,800 more deaths of people receiving domiciliary care (from all causes) were recorded than in the average for that period in 2017 to 2019.
234. SoS (Robert Jenrick) 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. Following SoS's steers to explore what actions could take place to go further on reducing infections ([WG/134 – INQ000582590 – DLUHC000022356](#)) (WG/135 – INQ000531350 – DLUHC000022357) a revised paper was submitted on 26 April 2020 making recommendations that care workers and residents must be prioritised for testing, and that asymptomatic care workers must have access to appropriate testing based on capacity and need. The paper also set out that DHSC should identify care worker numbers to be tested with a timetabled plan,

- and they should track performance against the plan. [\(WG/136 – INQ000582588 – DLUHC006308400\)](#) [\(WG/137 – INQ000582589 – DLUHC006308401\)](#).
235. Ahead of a Covid-19 strategy deep dive meeting on 28 April 2020, Department officials provided further advice to SoS, regarding the importance of ASC workers and patients being prioritised for testing [\(WG/138 – INQ000582593 – DLUHC000256096\)](#).
236. SoS (Robert Jenrick) further emphasised the importance of prioritisation of care home staff and residents for testing at the Covid-19 strategy deep dive meeting on 28 April 2020. Following the meeting DHSC 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 [\(WG/139 – INQ000088705 – DLUHC006297230\)](#) [\(WG/140 – INQ000582592 – DLUHC000093155\)](#).
237. On 30 April 2020, SoS (Robert Jenrick) wrote to all LA leaders in England, asking LAs to prioritise spending to provide immediate support to care providers, as set out above at paragraph 108. The letter also trailed the need for LAs to develop care home resilience plans which should include information on infection control measures and arrangements around accessing testing.
238. 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.
239. Ahead of a Covid-19 strategy meeting on Wednesday 6 May 2020, the C-19 Secretariat formally commissioned DHSC to develop a plan to reduce infections in care homes. A key part of the plan was testing, which included setting out the expected demand on testing from the ASC sector, and the role of local partners in coordination of testing across the sector. [\(WG/141 – INQ000531356 – DLUHC000021550\)](#).
240. Ahead of the meeting, Department officials worked with DHSC to understand the plans in more detail. The Department also provided advice to SoS (Robert Jenrick) prior to the meeting emphasising the need to better understand how tests would be prioritised and allocated and that the granular data at local level needed to be communicated to local leaders. [\(WG/142 – INQ000531358 – DLUHC002556193\)](#).
241. Plans were expected to contain a range of outbreak management activities including testing of residents and staff. To help inform the content of the letter, the Department gathered feedback from a selected group of local leaders and shared this with DHSC.

- Feedback from LAs questioned the availability of testing in the sector and raised concerns around the complexity of delivering testing across different types of care homes.(WG/143 – INQ000531357 – DLUHC002561828).
242. Following the Covid-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. (WG/144 – INQ000531359 – DLUHC002561816). Following the meeting the Department engaged with DHSC to inform the proposals submitted to the C-19 Secretariat. [\(WG/145 – INQ000582599 – DLUHC002561813\)](#).
243. 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. However, DHSC took overall responsibility for delivery of the plan.
244. 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. [\(WG/146 – INQ000582598 – DLUHC000020554\)](#) (WG/147 – INQ000531366 – DLUHC006311624).
245. On 14 May DHSC Minister Helen Whately, sent a letter to LA leaders and local health and care partners setting out the support package for care homes. (WG/148 – INQ000050496 – DLUHC002566021). Each care home was required to create a care home support plan, and were to be sent an implementation status template to ensure key actions were being carried out, including testing. Further guidance on the care home support package was also published on gov.uk on 15 May 2020, and comprehensive testing was included as a key element. The guidance included information on how to book tests for care home residents and staff via a digital portal. The guidance also included information on the testing prioritisation criteria, which was agreed between DHSC and PHE. [\(WG/149 – INQ000531389 – DLUHC000040338\)](#).
246. DHSC established new structures as part of its pandemic response. One of these was the Social Care Taskforce, as set out at paragraph 53, which was established on 18

June 2020 as an advisory group, and which the Department were invited to attend. The Taskforce fed into the sector response to Covid-19 with a focus on controlling and preventing the spread of the virus in social care settings. ([WG/150 – INQ000582605 – DLUHC001835532](#)) Catherine Frances, Director General for Local Government and Public Services in the Department, was briefed ahead of a Taskforce meeting on 1 July 2020 which included a deep dive on testing strategy. The briefing noted that there were still operational challenges for providers accessing testing locally. ([WG/151 – INQ000582604 – DLUHC001720302](#)).

247. Minister Clarke met with DHSC Minister Helen Whatley on 7 July 2020 for a bilateral meeting. Ahead of the meeting a briefing was provided to Minister Clarke updating the Minister on DHSC-led progress to implement the social care action plan, which noted that the enhanced ASC testing strategy would be rolled out on 6 July 2020 with a focus on repeat testing. The strategy placed more emphasis on local prioritisation and introduced testing in the wider ASC sector, such as supported living. Staff were also given Covid-19 tests every week, and residents monthly to identify anyone with the virus and reduce transmission. From this point on, the Department had no material input into testing policy. ([WG/152 – INQ000582612 – DLUHC002575442](#)).

Regulations, Restrictions, and Guidance in ASC

DHSC-led Easements to the Care Act 2014

248. In line with DHSC's responsibility over national policy for ASC in England and accountability to Parliament, DHSC introduced new easements to the Care Act 2014 as part of the Coronavirus Act 2020. The Inquiry should note that the Department was not involved in the decision to implement these easements, therefore full detail of the easements and their usage are not covered in this statement. However, these easements are nonetheless addressed because of the Department's insight into how these were received by LAs. From 31 March 2020, the easements to the Care Act 2014 enabled LAs to prioritise meeting the most urgent and acute needs, if pressures due to a depleted workforce or increased demand were such that it was no longer reasonably practicable to comply with all of its Care Act duties. The duties were time-limited and were to be used as narrowly as possible.
249. Care Act assessments are carried out by LAs to evaluate an individual's need for care and support and to also determine an individual's eligibility for public funded care. The easements introduced meant LAs did not have to carry out or review care assessments, and financial assessments. This came with strict caveats and there was an expectation in the Act that LAs would do everything they could to continue to meet

- need as was originally set out in the Care Act. I exhibit a copy of the relevant guidance as [\(WG/153 – INQ000581373 – DLUHC009882932\)](#).
250. On 30 March 2020 the Department was informed by the Economic and Domestic Secretariat within CO of DHSC's intention to enact provisions related to the Care Act in the Coronavirus Bill the following day and asked for confirmation from the Department's SoS's Private Office. Internal emails with Catherine Frances raised that the Department had been notified late in that day, and that Department officials had no objection to the policy but had concerns local partners may not be adequately prepared. The Department's focus was to therefore be on the adequacy of the handling plan. The email confirmed officials were engaging DHSC on this matter, including guidance and FAQs for LAs. [\(WG/154 – INQ000582571 – DLUHC000029934\)](#)
251. The easements were brought in on 31 March 2020, alongside guidance for LAs on how to implement them. The Department assisted in publicising it to care providers, including sharing the guidance in its daily local government engagement bulletin.
252. On 15 March 2021, the Department received a draft COVID-O paper by DHSC which included information on the one-year review of the Coronavirus Act 2020 and made recommendations of what provisions were no longer needed and could be expired. As part of this, DHSC recommended expiring the Care Act easements, noting only eight LAs had used these powers, with none being used since June 2020. Papers from DHSC noted there was strong support from groups representing people who needed care who supported expiring the provision. [\(WG/155 – INQ000582646 – DLUHC000805166\)](#). As set out at paragraph 248, the Department did not have any further involvement given DHSC's lead and LAs not using the provisions.
253. The Care Act easements provision in the Coronavirus Act 2020 expired on 16 July 2021.
254. In December 2021, in response to Omicron and resulting workforce pressures, the reintroduction of Care Act easements was explored as a possibility. In a paper which I exhibit as [\(WG/156 – INQ000582661 – DLUHC005918593\)](#) from SoS (Michael Gove) for a COVID-O meeting on 23 December 2021, the Department set out that Care Act easements could be re-introduced. However, the paper noted that Care Act easements during the first wave (from March 2020) were only used by a small number of LAs, and the suggestion from DHSC's discussions with LGA and ADASS was that there would be no appetite to reintroduce them.
255. Following the COVID-O meeting on 23 December 2021, the Department was set an action [\(WG/157 – INQ000582662 – DLUHC000055763\)](#) to develop a menu of

- possible legislative easements which could be implemented if needed. However, the Inquiry should note in relation to this action, that the Department took a coordinating role, and lead government departments would be responsible for easements in their own sectors.
256. On 31 December 2021, the Department provided a note in response to the COVID-O action of 23 December 2021 regarding easements. ([WG/158 – INQ000137092 – DLUHC000128539](#)) On Care Act easements specifically, the note reiterated the point that they were not widely used in the early stages of the pandemic, and there was not a unanimous call for them to be reintroduced, citing previously that groups representing care users had argued that easements allowed for a lower quality of care.
257. Following a discussion between SoS (Michael Gove) and the Chair of the LGA, Lord James Jamieson, the LGA provided feedback via email ([WG/159 – INQ000582664 – DLUHC006280829](#)) on easement issues, which questioned the usefulness of formal easement processes for the care sector. Supported by a paper ([WG/160 – INQ000582665 – DLUHC006280830](#)) summarising the key asks and issues of local government in relation to Omicron, the LGA questioned whether government would instead consider laying regulations under the Civil Contingencies Act to enable LAs to enact a wider set of powers to prioritise in an emergency situation. Alternatively, the LGA requested a statement from government to confirm that they could temporarily deprioritise some services.
258. Ahead of a COVID-O meeting on 7 January 2022, the Department shared this feedback with SoS and provided a briefing covering workforce impacts for LAs, which noted the LGA feedback on workforce pressures. ([WG/161 – INQ000582666 – DLUHC006280973](#)). Further information on the continuation of this work is set out from paragraph 282.

DHSC-led Guidance on minimising staff movement

259. In line with DHSC's responsibility over national policy for ASC in England and accountability to Parliament, and NHSE's overall lead on clinical interventions, guidance on minimising staff movement was led by DHSC with the Department taking on a supporting role, acting as a conduit between LAs and central government and sharing LA views.
260. As set out at paragraph 233 and 234, on 24 and 26 April 2020, Department officials briefed SoS (Robert Jenrick) on DHSC's plans to reduce infections and deaths in care homes. ([WG/135 – INQ000531350 – DLUHC000022357](#)). The briefing shared

- PHE's concerns regarding two key sources of infection spread, one of which was movement of staff between care homes. The briefing noted that it may be beneficial to restrict staff movement between care homes but highlighted that as the workforce was already under strain due to staff shortages, this may not be straightforward to implement.
261. On 27 April 2020, a Cabinet Secretary Meeting on Social Care was held involving officials from the Department, DHSC, PHE, CO and HMT. Movement of the social care workforce was tabled as a key issue due to its suggested impact on infection rates. How to implement restriction of movement for the workforce was a key issue raised by DHSC, and Catherine Frances raised the need for oversight between LAs and individual care homes ([WG/162 – INQ000531352 – DLUHC000129131](#)). On the same day, the Department held a meeting with LA CEXs to discuss infection rates in ASC and how to bring together plans to reduce infection at a local level.. In the meeting LAs raised that national government should not be overly prescriptive, and that activity should be led locally, with support from the NHS. ([WG/163 – INQ000531351 – DLUHC000399670](#)).
262. On 6 May 2020, the First Secretary of State (Dominic Raab) chaired a deep dive on care homes and hospital infections which set out objectives that Government could take to reduce the transmission of Covid-19. (WG/164 – INQ000327877 – DLUHC001825285). The recommendations included:
- i. To mandate for one month, no rotation of staff between different care homes
 - ii. To cohort, for one-month, infected residents in care homes
 - iii. A stop to non-essential visits to care homes.
263. Following this, DHSC, working with NHS, HMT and the Department, were set an action to develop a proposal for the Prime Minister. In a note to SoS' office (Robert Jenrick), Department officials raised concerns that mandating a restriction of the movement of staff between different care homes could be harmful to the welfare and health of care workers and residents due to insufficient staffing levels. (WG/165 – INQ000582597 – [DLUHC002518549](#))
264. An internal email dated 7 May 2020 highlighted a CO review on the feasibility of restricting workforce movement and isolating residents in care homes. Department officials highlighted two potential interventions from the report that were more feasible than mandated restrictions, which were supporting providers' current approaches to limit agency staff movement between homes and the provision of dedicated transport.

- [\(WG/166 – INQ000582600 – DLUHC000011077\)](#) (WG/166a – INQ000588627 – DLUHC000018738)
265. DHSC submitted proposals to CO following the deep dive which highlighted the need to ensure that any restrictions were balanced with the need to ensure adequate staffing levels. [\(WG/145 – INQ000582599 – DLUHC002561813\)](#)
266. On 14 May 2020 DHSC Minister Helen Whately sent a letter (WG/148 – INQ000050496 – DLUHC002566021) to all Council leaders, LA Chief Executives, Directors of Adult Social Services, Directors of Public Health, Care Home Providers and CCG Accountable Officers to confirm that DHSC would provide a £600 million Infection Control Fund to support care providers to reduce the rate of transmission and support workforce resilience.
267. On 15 May 2020, a DHSC press release then announced the measures to support the care sector through the £600 million Infection Control Fund. [\(WG/167 – INQ000582689 – DLUHC009882929\)](#) This was a DHSC grant to help care homes cover the costs of implementing measures to reduce coronavirus transmission, including improving infection prevention and control, restricting staff movement in care homes and paying the wages of staff who were isolating.
268. The Department attended a meeting of the Social Care Sector COVID-19 Support Taskforce on 19 August 2020, where it was noted that although reducing staff movement was a key Taskforce recommendation due to the evidence linking it to increased infection rates, it was felt the overall supply of staff was insufficient to ban it. It was also noted that there were significant numbers of peripatetic professionals moving between care settings, as well as direct care home staff. [\(WG/168 – INQ000152728 – DLUHC001847083\)](#)
269. On 1 October 2020 DHSC announced the second round of the ASC Infection Control Fund providing an extra £546 million of grant funding for the care sector to take key steps to improve infection prevention and control, including restricting staff movement in care homes and paying the wages of staff who were isolating. Conditions of the fund were modified to recognise the vital role of community care providers. [\(WG/169 – INQ000582691 – DLUHC009882934\)](#)
270. On 18 September 2020, DHSC announced the ASC Winter Plan. (WG/170 – INQ000582620 - [DLUHC001720777](#)) The aim of the plan was to ensure care homes had the provisions they needed to get through winter, such as PPE, regular testing of staff and residents, and an extended Infection Control Fund to restrict transmission of Covid-19 because of staff movement.

271. On 5 November 2020, DHSC contacted the Department to inform them of their intent to launch a short public consultation on regulations to limit staff movement between care settings, following a commitment in the ASC Winter Plan.
272. DHSC shared the consultation document ([WG/171 – INQ000582628 – DLUHC002593322](#)) in which the Department provided comment. The Department raised several questions, including; how a provider would monitor whether staff were working elsewhere,, whether care providers would be able to make up the lost earnings of staff, and whether any modelling had been done on workforce capacity and what the impact could be on care provider's statutory obligations of care. ([WG/172 – INQ000582629 – DLUHC002562578](#)).
273. The Department communicated developments on guidance and potential regulations, for example in a meeting with a group of CEXs representing the nine regions in England on 13 November 2020, the Department provided an update on the consultation led by DHSC. The Department received feedback from regional leads particularly around the risk of staff shortages ([WG/173 – INQ000576696 – DLUHC002763999_00001](#)) which was shared with DHSC.
274. In a meeting of the Social Care Covid-19 Taskforce on 3 December 2020, David Pearson gave an update ([WG/174 – INQ000582636 – DLUHC002424261](#)) on the proposal to restrict staff movement and confirmed that following the consultation on the proposal (as mentioned at paragraph 271) responses were being considered by DHSC officials and Ministers. During the meeting stakeholders asked if consideration had been given to issues such as maintaining staff incomes as a result of limiting movements between care settings. David Pearson acknowledged that was an issue being considered, as well as maintaining appropriate staffing levels whilst restricting movements. ([WG/175 – INQ000582634 – DLUHC002598445](#))
275. On 3 December 2020 the Department attended a COVID-O officials' meeting (“**COVID-O-O**”) where DHSC presented a draft paper ([WG/176 – INQ000582633 – DLUHC002748834](#)) in advance of a COVID-O meeting scheduled for 8 December. The draft paper included an update on the proposal to restrict staff movement. DHSC confirmed that the consultation on the proposal closed on 23 November with over 1,200 responses, and they were analysing responses and considering changes to the regulations. DHSC set out that they had made recommendations to their Ministers to proceed and were having discussions with HMT to determine whether the furlough scheme could be used as a compensation mechanism for care workers whose income was affected by the proposed change to the regulations. In the meeting Department

- officials raised concerns about staffing levels to enable providers to comply with the proposed regulations. ([WG/177 – INQ000582632 – DLUHC002748833](#)).
276. On 16 December 2020, CO formally commissioned DHSC ([WG/178 – INQ000582635 – DLUHC000602273](#)) to prepare a paper on implementing the proposals to restrict the movement of staff between care settings by the end of the year, which would be discussed at a COVID-O on 22 December 2020.
277. Ahead of the COVID-O meeting on 22 December 2020, the Department provided a briefing to SoS (Robert Jenrick) and Lord Stephen Greenhalgh, Minister of State jointly in the Department and the HO. ([WG/179 – INQ000582638 – DLUHC002380827](#)) The briefing emphasised the need for funding to be put in place to protect the incomes of care home workers, recognising the resistance to the proposed regulations from the care sector.
278. COVID-O agreed there was a clear need to stop staff movement between care homes to reduce the risk of transmission and to meet the costs associated with it. The Committee agreed that the furlough scheme was not the right mechanism to deliver it, and that DHSC and HMT should decide on an alternative approach ready to implement from 4 January 2021. ([WG/180 – INQ000582639 – DLUHC000602269](#)).
279. On 7 January 2021 at a COVID-O meeting, DHSC confirmed that DHSC Ministers had decided not to proceed with regulations to restrict staff movement, but instead to update and strengthen the guidance on restricting staff movement. DHSC noted that an increase in staff absences (due to an increase in Covid-19 infection rates) meant exemptions on the grounds of unsafe staffing levels would be widely used and it would be unpopular with stakeholders. ([WG/181 – INQ000582642 – DLUHC000588194](#)).
280. On 29 January 2021 DHSC published guidance on a Workforce Capacity Fund for ASC ([WG/182 – INQ000582693 – DLUHC009882941](#)). The guidance set out that the restriction of staff movement remained critical to managing the risk of outbreaks and infection in care homes, and that the aim of the fund included supporting providers to restrict staff movement between care homes and other care settings. Further information on the workforce capacity fund is set out at paragraph 294.
281. On 1 March 2021, further guidance on restricting workforce movement between care homes and other care settings was published ([WG/183 – INQ000582694 – DLUHC009882942](#)). The guidance advised limiting staff movement unless absolutely necessary, particularly for those working across multiple homes or settings, including agency staff. It outlined exceptions for situations where high staff absence occurred due to outbreaks, to ensure that care needs were met safely. Providers were

encouraged to implement risk assessments and utilise funding, such as the Infection Control Fund, to support efforts in minimising staff movement while maintaining adequate staffing levels.

Workforce Capacity

282. As outlined in paragraph 51, DHSC is the policy lead for ASC, and as such had responsibility for policy and funding decisions which impacted the ASC workforce. This included delivering specific ringfenced funding for workforce capacity, as set out at paragraph 63, and the production of guidance and key policy interventions
283. With regard to the largely independent ASC workforce, the Department's role was to support communication and joint work between DHSC and LAs. The Department gathered local intelligence from LAs and LRFs which it shared with DHSC and OGDs as appropriate. This was within the context of pre-existing challenges in the ASC workforce due to a high number of vacancies.
284. During the outbreak of the Omicron variant, the Department also acted across government to gather intelligence around the impact on workers who were directly employed by LAs, such as social workers who carry out assessments. The impacts included workforce absences which stretched services and caused fatigue amongst staff. This was exacerbated by issues with other workforces, for example transport worker absences leading to reduction in services for travel to work. The Department's work in relation to workforce absences resulting from Omicron is set out from paragraph 301.
285. The Department's role 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.
286. The Department's role in restricting care sector workforce movements is described in the section above at paragraph 259 to 281.
287. On 8 March 2020, a briefing note for Cabinet Office Briefing Room (Ministerial) meeting ("COBR(M)") noted that several sectors, including the ASC sector, would face significant disruption due to staff shortages from isolation and absence due to Covid-19. [\(WG/184 – INQ000531311 – DLUHC000002830\)](#)
288. On 17 March 2020, a MHCLG GOLD meeting noted information gathered from calls to LA Chief Executives on their preparedness for Covid-19 and their plans to manage

- ASC markets and high vacancy rates. These calls raised concerns about pressures on services and their ability to cope. ([WG/185 – INQ000582559 – DLUHC000087540](#))
289. A roundtable took place with ASC providers on 19 March 2020, chaired by Minister Pincher. Prior to the meeting, the minister was briefed on work with social care partners on how to increase numbers working in ASC. The briefing noted that at that time there were 122,000 vacancies within the ASC system (8% of the 1.5 million workforce). Key activities delivered to increase the workforce included (but were not limited to) fast tracking DBS checks, emergency registration of social workers and use of volunteers. The briefing also noted further work happening in this area, including developing guidance and working with the sector to manage workforce risks. At the roundtable LAs raised what government could do to improve the flow of extra workers into the ASC workforce including flexibility on DBS checks and on the criteria for student visas, and relaxing the rules on how many hours a week people could work before it impacted their benefits. (WG/085 – INQ000090745 – DLUHC000667255) (WG/015 – INQ000224114 – DLUHC000667256).
290. A call with DHSC and the Department's officials with the ASC sector on 23 March 2020 noted that providers were reporting a highly anxious workforce with reports of resignations from staff who felt at risk, and concern about their liabilities. Following the meeting, in response, DHSC shared wording on indemnity to be used in response to concerns about liabilities. ([WG/186 – INQ000582569 – DLUHC000088067](#))
291. On 15 April 2020, the Department supported the DHSC ASC Plan announcement which highlighted further support for care workers and providers. ([WG/187 – INQ000582581 – DLUHC000130701](#)) This set out the four pillars which the Government sought to provide support on: infection control, workforce, support for individuals and funding. The 'Hospital Discharge' section at paragraph 187 to 224 details the Department's comments on the development of the plan.
292. On 30 April 2020, the CO commissioned a number of departments in order to better understand the state of the labour market at the time, including an ask for quantitative workforce data on public services delivered through LAs. ([WG/188 – INQ000582595 – DLUHC002554973](#)). The Department's response ([WG/189 – INQ000582596 – DLUHC009160592](#)) outlined that there was no central data on the numbers of council staff working in individual service areas, but that councils were tracking staff absences. The Department's response also set out that the LGA was carrying out a survey to collect workforce data. The Inquiry should note that the Department did not collect central data on LA workforces, as the functions and service patterns of LAs can vary

from one area to another, including how they deploy resources. Centralised data would not have captured the unique circumstances of each LA, and therefore the Department instead focussed on reports from the local tier on whether staff absences were affecting service provision. Each LRF provided daily returns that included a business continuity risk rating, and the LRF dashboard which was sent to CO included an LRF self-assessment of business continuity.

293. On 14 September 2020 the government made a commitment in DHSC's COVID-19 Autumn and Winter Plan 2020 to support LAs and social care providers to maintain safe staffing levels over the winter period and to continue working closely with the care sector to build sufficient workforce capacity across services. ([WG/190 – INQ000582687 – DLUHC009882925](#)).
294. On 16 January 2021 DHSC announced a £120 million Workforce Capacity Fund. The purpose of the funding was to enable LAs to deliver measures to supplement and strengthen ASC staff capacity. The guidance was published on 29 January 2021 as referenced in paragraph 280. ([WG/182 – INQ000582693 – DLUHC009882941](#)). The Department was not involved in developing the case for funding to HMT, however the Department's ministerial approval is required to make the payment of any ringfenced grants as the Minister for Local Government is responsible for considering the impact which ringfencing grants have on the overall efficiency and sustainability of local government finance. It was agreed with the Department's SoS (Robert Jenrick) that the funding grant would be ringfenced. ([WG/191 – INQ000582644 – DLUHC000551333](#)).
295. On 21 October 2021, DHSC announced a £162.5 million Workforce Recruitment and Retention Fund ("WRRF") to boost the ASC workforce, supporting LAs, care homes and home care providers to retain sufficient staff over winter and support the existing workforce ([WG/192 – INQ000468751 – DLUHC002729407](#)). On 31 October 2021, the Department provided administrative clearance, as it had done for the funding for workforce pressures in January 2021, for DHSC to pay the first instalment of the ringfenced WRRF grant to LAs ([WG/193 – INQ000468695 – DLUHC001573659](#)).
296. The ASC Winter Plan 2021 was published by DHSC on 3 November 2021, the plan set out the support that the government would be providing to the ASC sector to meet the challenges it faced over the winter, which included workforce capacity pressures.
297. During Winter 2021/22, the CO Supply Chains Unit kept under review the potential impact of workforce absences on certain priority sectors including local government. The Department took a co-ordinating role in relation to reviewing local government

- capacity and mitigations, working in particular with departments responsible for commissioning priority services through LAs: DHSC (ASC), DfE (children's services) and DEFRA (waste services). In November 2021, CO started workforce contingency planning. This Department collected information from LAs via a light touch qualitative survey and sent a paper to CO summarising the findings on 17 November 2021. This included a summary of written evidence provided by LAs which highlighted ASC as the major common concern across LAs for Winter 2021/22. The issues cited by LAs specific to ASC included the lack of NHS discharge capacity resulting in backlogs, and therefore greater care needs for individuals upon discharge. The issues also included increased demand on services, resulting in care needs not being met, and increased costs. The paper also proposed that CO use this information to support discussions with the relevant lead department, for example DHSC on ASC, in relation to mitigations and contingency planning. [\(WG/194 – INQ000137089 – DLUHC000128530\)](#).
298. On 25 November 2021, DHSC asked the Department for comments on further options to support the ASC workforce over the winter, this included a proposal for a second tranche of Workforce Recruitment and Retention Funding of £530 million. In the DHSC proposal it highlighted that a review of workforce numbers had been undertaken which suggested they were declining at a higher rate and therefore the cost of addressing the decline had likely risen. DHSC's paper also set out that compared to other sectors experiencing severe shortages, wages offered for advertised ASC vacancies had remained flat, and significant concerns about the impact this was having on health and care systems continued to be raised with DHSC by LAs, care providers and the NHS. In response Department officials confirmed they supported the proposal in a meeting with HMT, and that HMT had concerns about what would happen when the funding ended. The Department also shared feedback with DHSC from a group of LA CEXs representing the nine regions in England, who reported that funding for workforce pressures was not enough and was needed over a longer period to provide certainty. [\(WG/195 – INQ000582655 – DLUHC000540496\)](#) [\(WG/196 – INQ000582654 – DLUHC001721190\)](#).
299. On 10 December 2021, DHSC announced a package of measures to protect the ASC sector from Covid-19. This included additional support for the booster programme for those giving and receiving care and a £300 million extension to the Workforce Recruitment and Retention Fund (WRRF). This was in addition to the £162.5 million announced earlier by DHSC on 21 October 2021 as per paragraph 295.

300. On 15 December 2021, the Department provided administrative clearance to round two of the WRRF, bringing the total to c.£462 million. ([WG/197 – INQ000582656 – DLUHC001573658](#)).
301. Following a COVID-O on 17 December 2021, all government departments were commissioned to test their contingency plans against potential workforce absence rates of 10%, 20% and 25%. This was to mitigate against potential workforce pressures in the coming weeks. ([WG/198 – INQ000582659 – DLUHC000055737](#)). The Department also had an action to develop proposals for re-prioritisation of work and to conduct local resilience planning including potential suspension of non-statutory services.
302. On 18 December 2021, daily COVID-O meetings began to track the workforce position. On 19 December 2021, the Department finalised its first paper responding to the action to develop proposals for the re-prioritisation of work and to conduct local resilience planning, which was subsequently sent to CO. ([WG/199 – INQ000137090 – DLUHC000128533](#)). This paper noted that the Department would regularly collect and report qualitative local intelligence from LRFs and LAs on workforce pressures and provide cross-cutting support for local government such as looking at potential easements. On ASC, the Department noted it was working closely with DHSC to reinforce their messaging on contingency planning and to ensure their £300 million reached providers as quickly as possible.
303. On 22 December 2021, the Department sent a paper to COVID-O, in response to the request to model the impact of a 10, 20 and 25 percent absence rate on local government workforces. The paper which I exhibit as ([WG/156 – INQ000582661 – DLUHC005918593](#)) set out how LAs managed contingencies at a local and regional level; highlighting key services and discussing current pressures. The paper proposed that lead departments (DHSC, DfE and DEFRA) increase data flows and prepared a menu of easements (as set out at paragraph 254); and that this Department would convene LAs to better understand what could be needed. Alongside the paper the Department provided a slide ([WG/200 – INQ000582660 – DLUHC000055674](#)) which noted that whilst LAs were coping with the pressures of the Omicron wave, the scale of the challenge was severe due to the stretch on local services with specialised workforce requirements, for example those in adult and children's social care.
304. Actions for the Department following the 23 December 2021 COVID-O meeting included providing updated returns on workers to be prioritised for precautionary testing, increasing the frequency of engagement with local partners to discuss latest

- evidence and to keep the committee updated on the data picture in relation to workforce absence and impacts to LA services; and to develop a menu of possible easements which could be implemented if required working with DHSC and DfE. All departments were also asked to work with the Department to consider options to lessen burdens on LAs. The decision was also taken to add Care Workers and Home Carers to the Shortage Occupation List for the Health and Care Visa. [\(WG/157 – INQ000582662 – DLUHC000055763\)](#).
305. On 29 December 2021 the government announced an extra £60 million for LAs through the 'Adult Social Care – Omicron Support Fund' to support the care sector and protect people from Covid-19 infection. For example, the fund could be used to invest in improved ventilation, or to pay for Covid-19 sickness and self-isolation pay for staff in care homes. [\(WG/201 – INQ000582686 – DLUHC009882825\)](#)
306. On 31 December 2021, the Department produced an update note for the actions arising from the COVID-O meeting on 23 December 2021. The Department largely had a coordinating role seeking input from DHSC, DfE and DEFRA. It was noted that the Department would be supplementing information from its standard channels by convening a series of regional meetings with LAs to gather the latest intelligence on their workforce issues. [\(WG/158 – INQ000137092 – DLUHC000128539\)](#). The first of these was convened with representatives from London LAs on 30 December 2021 and included officials from the Department, DHSC and DfE. This highlighted good existing structures for public services to manage workforce pressures across boroughs. [\(WG/202 – INQ000582663 – DLUHC003382226\)](#).
307. Briefing for a COVID-O on 7 January 2022 noted that the SoS (Michael Gove) would be asked to provide a short verbal update on LA workforce pressures who were directly employed by LAs, such as social workers. [\(WG/161 – INQ000582666 – DLUHC006280973\)](#) The briefing suggested that SoS raise regional deep dives taking place with LAs, and that data was improving but lead departments needed to make sure they were sharing this with the Department. The briefing noted that workforce pressures reported from LAs were manageable but could deteriorate if the situation worsened.
308. Following the meeting, the Department was set an action to work with OGDs to develop a paper on options for easements and addressing workforce pressures. [\(WG/203 – INQ000582667 – DLUHC001541494\)](#) The Department was also set an action to work with LRFs and LAs to improve data collection on workforce absences.

309. Ahead of a meeting with DHSC and DfE on 10 January 2022 to discuss plans for developing the paper, the Department contacted DHSC and DfE officials to request; (i) timescales on DHSC providing their first weekly report on ASC workforce shortages; (ii) timescales on DfE providing their first weekly report on children's social care workforce shortages; and (iii) that DHSC and DfE provide an assessment of where workforce shortages were placing the most pressure on services, broken down by each LA. ([WG/204 – INQ000582668 – DLUHC000535876](#)).
310. The Department also shared a paper ([WG/160 – INQ000582665 – DLUHC006280830](#)) with DHSC and DfE officials which had been sent to SoS (Michael Gove) by the LGA. The paper contained a list of key asks and issues for local government, including proposed easements and mitigations to support vulnerable people, such as those in receipt of care. The Department requested that DHSC and DfE set out proposals for relevant mitigations and easements, and that they include their responses to the relevant requests outlined by the LGA in the paper, drawing particular attention to their responsibilities to support vulnerable people, and to safeguard children, respectively.
311. Following the meeting with DHSC and DfE officials on 10 January 2022, it was agreed that plans to identify the councils experiencing the most difficulties would be captured in the Department's COVID-O paper on workforce pressures/easements, as well considering developing a checklist of potential questions for LAs and a potential package of interventions that could be deployed to support them. ([WG/205 – INQ000582669 – DLUHC003417068](#)).
312. On 11 January 2022, the Department contacted DHSC and DfE officials ([WG/206 – INQ000582670 – DLUHC001675299](#)) to share a list of LAs with significant workforce absence rates that it proposed to contact, with supporting data to set out the rationale for selection. ([WG/207 – INQ000582671 – DLUHC001675300](#)). DHSC asked for additional data sources and intelligence to further inform the list of LAs. ([WG/208 – INQ000582672 – DLUHC003383020](#)). In response the Department proposed that further analysis and engagement would take place between departments to agree the list of LAs, and the scope of the calls. The Department also confirmed that it would amend its draft COVID-O paper accordingly. ([WG/209 – INQ000582673 – DLUHC003382930](#)). DfE also provided feedback, which the Department acknowledged, setting out the updated position and intention to revise the proposal ahead of a COVID-O-O which would take place the following day. ([WG/210 – INQ000582674 – DLUHC003415486](#)).

313. Following the discussions with DHSC and DfE, the Department provided its COVID-O paper on LA workforce pressures/easements to SoS (Michael Gove) ([WG/211 – INQ000137093 – DLUHC000128543](#)), as well as an accompanying draft letter for SoS to send to LA leaders. ([WG/212 – INQ000582675 – DLUHC000530106](#)). The Department also shared the COVID-O paper with DHSC and DfE, as agreed with their officials earlier that day. The Department asked that DHSC and DfE raised any further points via the COVID-O(O) due to take place on 12 January 2022.
314. The paper provided an update on the workforce intelligence from local government and cross-departmental plans to offer support to the most affected authorities. It proposed that ministers approve a package of measures which could be deployed flexibly if LAs needed it, this included additional voluntary and community sector support to councils facing ASC and children's social care shortages and confirmation from Government that non-statutory services could be switched off in extremis to prioritise social care. The paper also addressed the letter from the LGA on requests for national support on workforce shortages and noted other work happening to address other LGA requests, such as looking to provide assurances to LAs on sufficient testing for staff and looking into additional funding for ASC.
315. Ahead of the COVID-O-O on 12 January 2022, DHSC provided additional comments on the workforce pressures/easements paper ([WG/213 – INQ000582676 – DLUHC003383009](#)). At the COVID-O-O the Department's paper was agreed, subject to final revisions from DHSC and DfE. ([WG/214 – INQ000582677 – DLUHC003382981](#)). The Department submitted its final version of the paper to the CO on 12 January 2022 ([WG/215 – INQ000582678 – DLUHC000055809](#)), ahead of the COVID-O meeting scheduled for the following day.
316. On 13 January 2022, ahead of the COVID-O meeting, the Department provided a briefing to SoS (Michael Gove) ([WG/216 – INQ000582679 – DLUHC000530360](#)) which contained several proposals in line with its paper on LA workforce pressures/easements which included the recommendation for the Department to send a letter to provide confirmation to councils that non-statutory services could be switched off to prioritise statutory services, in response to the requests from the LGA as set out at paragraph 310.
317. Following the COVID-O meeting on 13 January 2022, the Department was assigned the action to write to LAs to provide confirmation that other non-statutory services could be switched off in extremis to prioritise statutory services. ([WG/217 – INQ000582680 – DLUHC000055815](#)) ([WG/212 – INQ000582675 – DLUHC000530106](#)).

318. On 18 January 2022 the SoS (Michael Gove) wrote a letter to LAs, acknowledging the workforce pressures that they faced in relation to ASC owing to workforce absences as a result of the Omicron variant. It outlined the need to protect statutory services, including ASC, and that this prioritisation may require drawing on resources usually allocated to non-statutory services. [\(WG/218 – INQ000137094 – DLUHC000044738\)](#).
319. In an update to CO on 20 January 2022, the Department noted that of the 21 LAs with highest absence rates based on DHSC and DfE data, the Department had contacted all 21 and had conversations with 12. The LAs were reporting that workforce pressures were significant, but not critical. ASC was the service facing the greatest pressures, however these LAs did not ask for short-term support, and instead raised the systemic and long-term issues faced by ASC. [\(WG/219 – INQ000582681 – DLUHC000055822\)](#).
320. In a further update on 27 January 2022, the Department noted conversations with 17 of the 21 authorities which apparently had high rates of absence, with similar messages that workforce pressures were significant, but they were managing. [\(WG/220 – INQ000582682 – DLUHC000055830\)](#). The Department had also held 12 sub-regional deep dive conversations with councils and noted it would continue to monitor workforce pressures combined with DHSC and DfE data, and report to CO weekly via the regular slide provided on LA statutory services workforce until February 2022. [\(WG/221 – INQ000582685 – DLUHC0005689126\)](#). Throughout February 2022, the Department continued to monitor workforce pressures through its usual engagement channels.

DHSC-led amendments to the Health and Social Care Act 2008: Regulations for Covid-19 Vaccinations as a condition of deployment for social care workers

321. In relation to the vaccination rollout and related vaccine policies, the Inquiry should note that the Department did not lead on vaccinations policy, or guidance on vaccine needs. The Department also did not have responsibility for clinical decision making or prioritisation, either locally or nationally. The Department played a supporting role to feed local government views into policy development led by DHSC.
322. In line with DHSC's responsibility over ASC, in February 2021, DHSC were commissioned [\(WG/222 – INQ000468656 – DLUHC001627370\)](#) by the CO Covid-19 Secretariat to work with NHSE, PHE and CQC to prepare a paper on vaccination in the ASC sector.
323. This culminated in a steer from the PM and DHSC SoS to proceed with legislating to make Covid-19 vaccination a condition of deployment for existing and new social care workers and to explore whether to pursue this for frontline health care

workers. This was officially agreed at a ministerial COVID-O on 17 March 2021. ([WG/223 – INQ000582648 – DLUHC000551946](#)). DHSC also took an action from this meeting to write to the committee with plans to assess and mitigate the impact of these measures on the ASC workforce, focusing on disproportionately impacted groups and high-risk areas.

324. Briefing for a COVID-O meeting on 17 March 2021 noted that DHSC would need to mitigate against the impact a requirement for vaccination may have on trust towards the NHS Vaccine Programme, especially amongst hesitant groups. The briefing flagged that black and minority ethnic communities, as well as faith communities had particularly high proportions of hesitancy and the Department was funding LAs and community groups across England to support communities to take up vaccinations, including through engagement and communications campaigns. It also noted that DHSC must develop a package of support measures to be implemented in the event of workforce shortages, including adequate funding for LAs. ([WG/224 – INQ000582647 – DLUHC000480576](#)).

325. On 29 March 2021 the Department received the write around letter to launch the consultation on making vaccination a condition of deployment. ([WG/225 – INQ000371315 – DLUHC000550227](#)). On 1 April 2021 SoS (Robert Jenrick) responded ([WG/226 – INQ000468673 – DLUHC000550257](#)) setting out a number of conditions which the Department wanted DHSC to address ahead of implementation. On 8 April 2021 DHSC agreed to address the Department's conditions ahead of implementation by agreeing to engage with local government and wider stakeholders, to use the consultation to develop further insight on workforce pressures and model workforce risks, to keep funding pressures under review and to ensure that care workers had access to vaccination appointments ([WG/227 – INQ000468675 – DLUHC000582462](#)). The conditions included engaging with local government to:

- Prepare for potential workforce pressures;
- Identify and where necessary provide funding to mitigate these issues;
- Clarify the procedures for LAs when addressing staff shortages where there is a risk to continuity of care;
- Maximise access to the vaccination.

326. On 14 April 2021 the Department updated stakeholders through the Local Government Bulletin about the launch of the consultation making the Covid-19 vaccination a condition of deployment in care homes. The consultation ran from 14

April to 26 May 2021. On 15 June 2021, a COVID-O meeting considered how government should respond to the consultation, rescheduled from the day before (WG/228 – INQ000468682 – DLUHC000552050).

327. The Minister for Regional Growth and Local Government, Luke Hall, attended and was provided briefing by officials that highlighted potential workforce shortages that could arise as a result of the policy, particularly in care homes furthest from meeting the vaccination targets (WG/228 – INQ000468682 – DLUHC000552050) (WG/229 – INQ000468681 – DLUHC000578508). The meeting resulted in an action for DHSC to provide the Department with information on the workforce impact of the proposed policy, including the specific impact on London as well as full-time and part-time workers (WG/230 – INQ000468683 – DLUHC000549213).

328. The Department continued to engage with DHSC and CO on the implementation of this policy. For example, a meeting with the DHSC ASC Vaccines team on 3 September 2021 noted the significant ministerial interest in the impact of making vaccines a condition of employment (particularly on the workforce) and highlighted that stakeholders were asking for a delay to the legislating. In the meeting Department officials made representations about the impact on domiciliary care, noting vaccine take up was lower in these groups, and the need to put this on ministerial agendas. [\(WG/231 – INQ000582651 – DLUHC000600908\)](#). The Department also attended a CO stocktake on vaccination as a condition of deployment on 8 September 2021. An email from CO to the Department flagged that Kathy Hall, Director General of Delivery, CO Covid-19 Taskforce, felt HMT and the Department had an interest in the stocktake due to the need to mitigate impacts on the already fragile workforce going into Autumn/Winter pressures in terms of funding and support for LAs. Papers for the stocktake meeting included risks and mitigations for the introduction of vaccination as a condition of deployment regulations. Risks identified included workforce shortages in regions with low vaccine uptake which could have resulted in provider failure and closure of some care homes. (WG/232 – INQ000468692 – DLUHC000578466). The Department also updated LAs through existing engagement channels such as its weekly local government bulletin.

329. On 6 and 7 October 2021 an email exchange between the Department and DHSC noted that at a Local Government Vaccination sub-group (also on 7 October 2021), LAs raised workforce concerns and wanted to understand DHSC's plans for managing this. In addition, at a Local Government Health and Care Sounding Board, LA Chief Executives raised workforce concerns as an issue in ASC. Concerns included staff shortages in Winter and restrictions on movement of staff between care

homes. Restrictions on movement of staff is covered in paragraph 259 to 281.

[\(WG/233 – INQ000582652 – DLUHC000477614\).](#)

330. On 5 November 2021 a briefing note for the Minister for Local Government, Faith and Communities, Kemi Badenoch, stated that DHSC's vaccination as a condition of deployment policy could add to further pressures on local government through workforce shortages. It also noted that existing pressures on LA workforces (low pay, competition from wider economy) were making it operationally more difficult for LAs to move staff around roles. [\(WG/234 – INQ000582653 – DLUHC000044761\).](#)

331. The Government responded to the vaccine consultation on 9 November 2021 and regulations came into force on 11 November 2021 (WG/235 – INQ000468754 – DLUHC002729928).

332. On 15 December 2021, DHSC wrote to LA CEXs and leaders on preparing for the impact of Omicron and winter pressures on ASC making note of the £300 million on top of the £162.5 million announced in October 2021 to support the ASC workforce. [\(WG/236 – INQ000582658 – DLUHC000510412\).](#)

333. Additionally, SoS (Michael Gove) wrote to all LA leaders in England on 16 December 2021 on the provisional local government finance settlement of 2022/23. This letter also referenced the £162.5 million Workforce Recruitment and Retention Fund, to support councils in addressing ASC workforce capacity pressures over the winter. [\(WG/237 – INQ000582657 – DLUHC000510411\).](#)

334. In light of the emergence of the Omicron variant of Covid-19, on 21 December 2021, the SoS (Michael Gove) and the SoS for DHSC (Sajid Javid) wrote a joint letter to LA CEXs. This letter noted the joint working that was taking place between LAs and the NHS to respond to the Omicron variant (WG/238 – INQ000137050 – DLUHC001721214). The letter highlighted the Government's priority to ramp up the vaccine programme, including for social care workers and care home residents and to keep funding under review, building on the £462 million that had already been announced.

335. Regulations revoking vaccination as a condition of deployment took effect from 15 March 2022 following a DHSC consultation which ran from 9 to 16 February 2022.

DHSC-led vaccination rollout to the Care Sector

336. As set out in paragraph 321, DHSC sets national policy for ASC, including the roll out of vaccinations in the care sector. Most relevant to this module, in the autumn of 2021 DHSC provided ringfenced funding for the specific purposes of supporting the

- ASC workforce and improving vaccine uptake. Decisions taken on this funding were made by DHSC with the Department contributing to communications to LAs.
337. In November 2020 the Joint Committee on Vaccination and Immunisation (“**JCVI**”) developed a list of priority cohorts that they recommended be the first to receive the Covid-19 vaccination. This was referred to as phase 1 prioritisation. The Department did not feed in directly to this advice, however, on 12 November 2020, in a briefing for the SoS (Robert Jenrick), ahead of a COVID-O meeting on 13 November, the Department set out that it agreed with the JCVI recommendation to prioritise the vaccination for elderly residents and staff in care homes as well as those who were at most clinical risk (WG/239 – INQ000468629 – DLUHC000602900). The list of priority groups was published on 2 December 2020. (WG/240 – INQ000234638 – DLUHC002725310).
338. Following the Medicines and Healthcare Products Regulatory Agency approval of the Pfizer vaccine on 2 December 2020, DHSC and NHSE requested an extraordinary meeting of the National Vaccine Steering Group to update LAs and LRFs that frontline health and social care workers were included in the phase 1 list as a top priority cohort (WG/241 – INQ000468636 – DLUHC001509627). The National Vaccine Steering Group first met on 16 November 2020 and ran until April 2021. The group was chaired and convened by Julia Sweeney, Director for Local Government and Communities in the Department and was set up to support and advise the national NHSE vaccination programme as it sought to meet national vaccination targets.
339. In this meeting, practical details on the timescales and plans for vaccine deployment, including vaccination centres being stood up for care home residents, over 80s, NHS workers and the wider ASC workforce were also shared with LAs. LAs gave feedback, noting that learning from flu vaccine and testing pilots suggested that the social care workforce was not as likely to proactively take up the vaccine as desired.
340. A National Vaccine Steering Group meeting on 14 December 2020 discussed the logistical challenges of getting care home staff to vaccination locations and the importance of communicating the risks of people continuing to work in care homes when not vaccinated (WG/242 – INQ000468641 – DLUHC000439399).
341. At a COVID-O-O meeting on 7 January 2021, the Department took away an action to convene a discussion with ADASS and LA regional CEXs on how LAs could support the vaccine deployment in the sector ([WG/243 – INQ000582643 – DLUHC000467383](#)). This discussion was organised through the National Vaccine

Steering Group on 13 January 2021, which was a forum attended by DHSC. The Department also convened a ministerial webinar on the same day, chaired by SoS (Robert Jenrick), with a broader list of attendees from LAs. Attendees were updated on the Government's vaccination plans and had the opportunity to ask questions (WG/244 – INQ000468647 – DLUHC000429117). DHSC Minister for Covid-19 Vaccine Deployment, Nadhim Zahawi, attended the webinar to provide an update on vaccines and lead a vaccines Q&A for attendees.

342. From 19 January 2021, the National Vaccine Steering Group included a standing agenda item on ASC. This agenda item was so that NHSE could provide LAs with regular updates on the progress of vaccination rates for care home staff and social care recipients, as well as enable LAs to share concerns and feedback what they had heard from their respective local areas. (WG/245 – INQ000421940 – DLUHC000439411) As the lead department for social care and vaccination, DHSC attended all of the National Vaccine Steering Group meetings. Ahead of the 1 March 2021 meeting, the Department produced a briefing and a next steps document that summarised feedback from LA CEXs. These were largely focused on improving vaccine uptake for disproportionately impacted groups, however the next steps did note that there had been good engagement and progress in vaccinating care home staff. [\(WG/246 – INQ000582645 – DLUHC000463641\)](#) (WG/247 – INQ000468664 – DLUHC000429122)

G. LESSONS LEARNED

343. 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 6. The list identifies these exercises' key details and recommendations, and the Department's response to them.
344. 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 Scope of Module 6. This Annex should be read in conjunction with Annex B.
345. 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 took place continuously throughout the Covid-19 response, including through specific exercises between waves, during the response and following the pandemic. 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, although the Department also engages with OGDs such as DHSC, NHSE, and CO in relation to pandemic preparedness, as considered in Module 1 of the UK Covid-19 Inquiry.

346. 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's Response to Emergencies. In the event specifically of a pandemic, a series of Covid-19 playbooks which implement the lessons of the pandemic would be drawn upon to inform the Departmental response and I set out more details below at paragraph 349 to 356. RED also maintains a core brief and action card which sets out the actions that RED officials would need to take in any future pandemic response.
347. 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.
348. 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 2 and 3. 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 6.

Covid-19 Response and Supplementary Playbooks

349. 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 ("**VoC**") or increase in infections places pressures on systems.
350. 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 local government finance, testing and workforce absences.

351. 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/248 – 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 is on track to be presented to the Department's Resilience Board for endorsement in March 2025.
352. 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 Financial Shocks Playbook which I exhibit as (WG/249 – INQ000319414 – DLUHC007182797). The Financial Shocks Playbook serves as a guide in responding to a crisis with significant financial impacts on local government. The playbook reflects that there is a balance to be struck between maximising value for money and supporting LAs that are carrying out their core functions. This includes important services such as social care.
353. The CR playbook is also supplemented by the Workforce Absences Playbook which I exhibit as (WG/250 – INQ000137185 – DLUHC000128750) and the Testing Playbook which I exhibit as (WG/251 – INQ000137174 – DLUHC000128725).
354. The Workforce Absences Playbook focuses on absence and service impacts across LA services. The Testing Playbook provides information on how the MHCLG testing workstream functioned and what it delivered if it needed to be stood up again in the future e.g. in response to a VoC.
355. While the CR Playbook is a live document which is subject to ongoing review, the Workforce Absences Playbook is complete. 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. Its objectives included collecting an overall picture of absence and service impacts across all LA services and identifying easements and support for councils to help them in managing these absences and impacts. This included ASC services as they were considered one of the critical workforces.
356. The Financial Shocks Playbook (as referenced at paragraph 352) was created as a guide to responding to a crisis with significant financial impacts on local government.

It reflects on experience from the Covid-19 pandemic between 2020 and 2022. This included that collaboration between LGF, OGDs, and local government is crucial in adapting to issues and changes and developing a cohesive response. The Playbook provides the example of DHSC now having powers through the Health and Care Act 2022 to provide funding to health and social care providers directly. This makes it important that LGF works closely across Departments to maintain a system-wide understanding of local government's financial situation.

Recommendations from the Public Accounts Committee

- 357. The Public Accounts Committee ("PAC") published its report on Local Government Finance on 4 June 2021 with three witnesses from the Department giving oral evidence in March 2021.
- 358. The report made a number of findings and recommendations relating to Covid-19 and the Department's response was published accepting all the PAC's recommendations. Subsequently, the Permanent Secretary wrote back to the committee. The themes covered in the letter included scaling up data gathering in an emergency, engagement with LAs, the suitability of different means of providing financial support and the Spending Review and the local government finance settlement. Further details on the Department's response to the recommendations are set out in Annex C item 3.

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.

Personal Data

Signed: 

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 |
| ADD | Analysis and Data Directorate |
| ASC | Adult Social Care |
| BAs | Billing Authorities |
| BEIS | Department for Business, Energy and Industrial Strategy |
| BRR | Business Rates Retention |
| CCG | Clinical Commissioning Groups |
| CCA 2004 | The Civil Contingencies Act 2004 |
| CCS | Civil Contingencies Secretariat |

| | |
|------------------|--|
| CEXs | Chief Executives |
| CF | Collection Fund |
| CMO | Chief Medical Officer |
| CO | Cabinet Office |
| COBR(M) | Cabinet Office Briefing Room (Ministerial) |
| COVID-O | COVID-19 Operations Committee |
| COVID-O-O | COVID-O officials' meeting |
| CQC | Care Quality Commission |
| CR-PLAYBOOK | Covid-19 Response Playbook |
| CST | Chief Secretary to the Treasury |
| CSW | Chief Social Workers |
| C-19 Secretariat | Cabinet Office Covid-19 Secretariat |
| DCMS | Department for Digital, Culture, Media & Sport |
| DEFRA | Department for Environment, Food & Rural Affairs |

| | |
|------|---|
| DfE | Department for Education |
| DfT | Department for Transport |
| DHSC | Department of Health and Social Care |
| EFS | Exceptional Financial Support |
| GLO | Government Liaison Officers |
| HMIG | Health Ministerial Implementation Group |
| HMT | His Majesty's Treasury |
| HO | Home Office |
| ICBs | Integrated Care Boards |
| JCVI | Joint Committee on Vaccination and Immunisation |
| LA | Local Authority |
| LGA | Local Government Association |
| LGD | Lead Government Department |
| LGF | Local Government Finance Directorate |

| | |
|--------|---|
| LRF | Local Resilience Forum |
| MHCLG | Ministry of Housing, Communities and Local Government |
| MOD | Ministry of Defence |
| NAO | National Audit Office |
| NCA | National Carers Association |
| NHS | National Health Service |
| NHSE | National Health Service England |
| NHST&T | NHS Test and Trace Service |
| NSDR | National Supply Disruption Response |
| OFLOG | Office For Local Government |
| OGD | Other Government Department |
| PAC | Public Accounts Committee |
| PDCB | Pandemic Diseases Capabilities Board |
| PHE | Public Health England |

| | |
|--------|--|
| PPE | Personal Protective Equipment |
| PSED | Public Sector Equality Duty |
| RAs | Resilience Advisors |
| RED | Resilience and Recovery Directorate |
| RNF | Relative Needs Formula |
| SCGs | Strategic Coordination Groups |
| Sitrep | Situational Report |
| SoS | Secretary of State |
| UKHSA | UK Health Security Agency |
| VBA | Visual Basic for Application |
| VoC | Variant of Concern |
| WRRF | Workforce Recruitment and Retention Fund |

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE

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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 6. This Annex should be read in conjunction with Annex C which details key reports.

| 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 | <p>The Department's Local Government Engagement team</p> <p>Internal Playbooks to</p> | <p>The Department developed the "Covid-19 Response Playbook" which is to be drawn upon to support a future Department response to any pandemic, depending on the specific circumstances.</p> <p>The first working draft of the playbook was produced in April 2022 and was based on learning from previous</p> | <p>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.</p> <p>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</p> | <p>(WG/248 – INQ000137136 – DLUHC00012841 8)</p> <p>Covid-19 Response Playbook.</p> |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---------------------------------------|---|---|---|
| | | guide future response work. | <p>waves of Covid-19 across a wide range of the Department's workstreams, for which individual playbooks were developed, including the supplemental playbooks mentioned below.</p> <p>Version 1.0 of the Playbook was issued on 31 January 2023 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 (WG/248 - INQ000137136 - DLUHC000128418). This has also been exhibited to the Module 4</p> | <p>on systems. It does not seek to set out detailed roles, 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 Senior Reporting Officer 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</p> | <p>(WG/249 – INQ000319414 – DLUHC00718279 7)</p> <p>Financial Shocks Playbook v.1.1</p> <p>(WG/250 – INQ000137185 – DLUHC00012875 0) Workforce Absences Playbook.</p> <p>(WG/251 – INQ000137174 – DLUHC00012872 5) Covid-19</p> |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---------------------------------------|--|---|----------------------------------|
| | | | <p>statement of Catherine Frances as (WG/248 – INQ000137136 – DLUHC000128418).</p> <p>The CR-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 pressure on systems.</p> <p>The supplemental thematic playbooks relevant to Module 6 include the Financial Shocks Playbook, the Testing Playbook and the Workforce Absences Playbook.</p> <p>The Financial Shock playbook was created as a guide to responding to a crisis with significant financial impacts on local government. It reflects on experience from the Covid-19</p> | <p>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>Response Testing Playbook</p> |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---------------------------------------|--|------------------------------|--------------------|
| | | | <p>pandemic between 2020 and 2022 and provides a toolkit that can be utilised as appropriate in a future response, recognising that the nature of the crisis will affect how Government responds.</p> <p>The Testing Playbook provides information on how the MHCLG testing workstream functioned, what it delivered and 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</p> | | |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---|--|--|---|
| | | | into testing policy development and implementation. The Workforce Absences Playbook focuses on LA workforce absence and its impacts across LA services. | | |
| 2 | Sep-20 | The Department's Resilience and Recovery Directorate Emergency Survival Manual developed by the Winter Coordination Unit | <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</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 | <p>(WG/252 – INQ000468746 – DLUHC00272995 0)</p> <p>RED Response and Recovery Plan</p> <p>(WG/253 – INQ000468734 – DLUHC00001061 7) Emergency Survival Manual</p> |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---------------------------------------|---|---|--------------------|
| | | | <p>operational structure, processes, IT systems and staffing levels.</p> <p>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>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</p> | <ul style="list-style-type: none"> • 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. • 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 GLOs) and data from a range of sources (including OGDs); and | |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
|-----|--------------------|---------------------------------------|--|--|--------------------|
| | | | <p>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 exit from the European Union.</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</p> | <ul style="list-style-type: none"> • 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 OGDs to share intelligence about the local tier. • Enhancing RED's response model to include: | |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
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| | | | <p>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 Coordination Unit in 2022. This provides a dedicated secretariat function for the new Resilience 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</p> | <ul style="list-style-type: none"> • 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 issue resolution function with its own dedicated resources; • 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. | |

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| | | | 'Policy Toolkit' was also developed clarifying the various policy levers and powers at the Department's disposal to support its emergency response work. | <ul style="list-style-type: none"> • 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. | |
| 3 | Jan-23 | The Department's RED team | 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 | 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: | (WG/254 – INQ000468760 – DLUHC00273355 9) |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
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| | | Debrief report containing key themes and recommendations for Pandemic Diseases Capabilities Board ("PDCB"). | <p>recommendations to present to the DHSC chaired PDCB.</p> <p>RED noted key recurring themes and recommendations, especially those pertinent to central government which included:</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, | <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 developed a less resource-intensive process for collating data in a future pandemic scenario. • 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 | Local Resilience Forum COVID-19 debrief report: Key themes and recommendations for PDCB |

| No. | Date or date range | Lead Dept/team and nature of exercise | Key details of review/exercise | Dept response/implementation | Exhibit references |
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| | | | <p>when available, aided the timely mobilisation of local support.</p> <ul style="list-style-type: none"> 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 | <p>informal call for evidence amongst LRF resilience fora and LAs.</p> <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 | |

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| | | | <p>prior to public announcements on new policy, leaving them little time to organise before these new policies were due to be implemented.</p> <ul style="list-style-type: none"> Many LRF reports mentioned a burdensome level of data reporting to central government, within very short timescales. The system for reporting was also described as overcomplicated. 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 | <p>lead government Department for pandemic preparedness and this action.</p> <ul style="list-style-type: none"> Consult with a small group of LRFs on the development of a new Pandemic 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. 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 | |

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| | | | <p>of understanding of NHS and Health Protection Board structures by the LRF and vice versa.</p> <ul style="list-style-type: none"> 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>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.</p> | |

OFFICIAL-SENSITIVE

OFFICIAL-SENSITIVE

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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 6. This Annex should be read in conjunction with Annex B that details lessons learned.

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
|------|---|----------------|--|--|---|--|
| 1 | Public Accounts Committee report: Fourteenth Report: Readying the NHS and social care for the COVID-19 peak | 29 July 2020 | Author: Public Accounts Committee Department contribution: A witness from the Department appeared in front of the committee | <ul style="list-style-type: none"> The PAC report 'Readying the NHS and social care for the COVID-19 peak' (Fourteenth Report of Session 2019–21) made a number of findings and recommendations in relation to Covid-19. The report explained that the Department is responsible for the local government finance and accountability systems. The report stated that the Department had | <p>The report made a number of findings and recommendations relating to Covid-19. However, there were no recommendations for the Department specifically.</p> <p>In response to the committee's report, the Government agreed with the recommendations.</p> | The witness statement sets out the work of the Department in relation to ASC settings. |

| No | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | | | | previously told the committee that it had provided £3.2 billion additional funding to local government with instructions to prioritise social care and, of the £1.25 billion spent, £500 million had gone on social care. | | |
| 2 | Public Accounts Committee report "Whole of Government response to Covid-19" Government response to PAC "Whole of | July 2020 | Author: Public Accounts Committee Department contribution: The Department received a | The PAC report "Whole of Government response to Covid-19" (Thirteenth Report of Session 2019-21) had one recommendation for the Department. An extensive range of measures were implemented by the UK | The report concluded that central government had not given LAs the clarity or support they need over longer-term funding. It recommended that the Department should minimise the risk of LAs running into severe financial difficulties by taking action | 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 |

| No | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | Government response to Covid-19", page 36 | | recommendation | government in response to the pandemic. LAs played a significant role in all parts of the response including in delivering social care and other parts of the emergency response. | to identify those at risk and working with HMT to determine a clear and timely financial settlement to support all LAs through the next phase of the pandemic. | ensure early engagement with the Department. |
| 3 | National Audit Office report: "Local Government Finance in the Pandemic" Public Accounts Committee report: "Covid-19: Local | June 2021 | Author: Public Accounts Committee Fourth Report of Session 2021-22: Local Government Finance Department contribution: The | A report by the National Audit Office called "Local Government Finance in the Pandemic" was published 10 March 2021 and informed the Public Accounts Committee investigation (though it had already started to take evidence). | The findings and recommendations relating to Covid-19 were: <ul style="list-style-type: none"> The Department was not sufficiently prepared for the local government finance implications of a severe emergency. It was recommended that the Department should capture learning from | The Department's response was published accepting all the PAC's recommendations. In addition, LGF wrote in February 2022 in specific response to the first recommendation. The |

| No | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| . | <p>Government Finance”</p> <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</p> | | <p>Department provided a response</p> | <p>The PAC’s report into Local Government Finance was published 4 June 2021 with three witnesses from the Department giving oral evidence in March 2021.</p> <p>The report made a number of findings and recommendations relating to Covid-19.</p> | <p>the pandemic in relation to this and revert to the PAC by the end of 2021 to set out how it would use lessons learned from the pandemic to prepare a flexible framework for responding quickly to the implications of severe national emergencies for local government.</p> <ul style="list-style-type: none"> • The pandemic exposed limitations in the data that the Department collected from LAs, meaning it did not have a proper picture of local financial resilience. The | <p>themes covered in the letter were:</p> <ul style="list-style-type: none"> • Scaling up data gathering in an emergency • Engagement with LAs • Suitability of different means of providing financial support • Spending Review and the local government finance settlement <p>Relating to the second recommendation, following consultation, the Department updated the guidance to LAs</p> |

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | <p>Government Finance”</p> <p>Local government finance data collection: Guidance to LAs (WG/255 – INQ000137180 = DLUHC000128737)</p> | | | | <p>Department was recommended to draw on the experience of collecting data during the Covid-19 pandemic to improve its regular collections of local government financial data. In particular, the Department was asked to write to PAC by October 2021, setting out: i) what, if any, changes it planned to make to its regular collections based on its experience of data collection and use in the pandemic; and ii) how it planned, in consultation with the sector, to</p> | <p>concerning finance data collection.</p> <p>LGF also 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> |

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | <p>Department's Financial Shocks Playbook v.1.1</p> <p>(WG/249 – INQ000319414 – DLUHC007182 797)</p> | | | | <p>improve the usefulness of its data on LA reserves specifically.</p> <ul style="list-style-type: none"> Government support schemes during the pandemic were not always designed with sufficient knowledge of local government finance or input from the sector. The Department was recommended to write to PAC by October 2021 in co-operation with HM Treasury, the Department for Education, the Department of Health & Social Care, the Department for | |

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | | | | | <p>Business, Energy & Industrial Strategy, the Department for Environment, Food & Rural Affairs, and the Department for Digital, Culture, Media & Sport setting out how it would improve, and then maintain, its understanding of the operational realities of local government finance and the financial pressures authorities face.</p> <ul style="list-style-type: none"> • The Department has not fulfilled previous assurances that it will be transparent about | |

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | | | | | <p>financial risk in the sector by sharing information with the National Audit Office. To address this, the PAC recommended that the Department should hold discussions with the National Audit Office, within three months to find a way to share information relevant to financial risk in the sector, including about individual LAs, while indicating on what basis it could or could not be shared further.</p> <ul style="list-style-type: none"> • The Department's over-optimism about the | |

| No . | Report Summary | Date of report | Key roles on report | Conclusion or key findings | Recommendations | Update on implementation |
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| | | | | | <p>impact of the pandemic on LAs' risked potential reductions in services for local people. It was recommended that the Department should work with OGDs to ensure that decision-making about actions to stabilise local government finance would be informed by sufficient information about the service implications of current financial pressures.</p> | |