IN THE MATTER OF

MODULE 7 OF THE COVID–19 INQUIRY

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TEST TRACE AND ISOLATE

--

CLOSING WRITTEN SUBMISSION FOR
THE WELSH LOCAL GOVERNMENT ASSOCIATION

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Introduction

The Inquiry will know that the Welsh Local Government Association ("WLGA") represents the collected voice of local government in Wales; all 22 authorities are members of the Association

This closing statement reflects upon the central role played by Welsh local authorities during the COVID-19 pandemic, assesses the extent to which key national partners have absorbed the lessons from that experience, and proposes clear, evidence-based recommendations to strengthen future preparedness.

The Centrality of Local Government in Wales' Pandemic Response

There is no serious dispute that local government in Wales formed a core part of the pandemic response. The Test, Trace and Protect (TTP) programme, led jointly by local authorities and local health boards, operated under a unified public service framework overseen by the Welsh Government. This approach was fundamentally different from the more centralised and commercial models adopted elsewhere in the UK.
Local authorities led the "Trace" and "Protect" elements of TTP. Their existing connections to communities, institutional flexibility, and integration with public health, environmental health, and social care services meant they were uniquely placed to respond quickly, fairly, and effectively. The benefits of this model—in terms of public trust, cost-effectiveness, and responsiveness—have been clear and sustained.

An Underused Evidence Base

The WLGA has submitted detailed evidence to all modules of this Inquiry. These submissions contain a rich suite of practical, tested and experience-based recommendations across governance, data use, logistics, communication, enforcement, and workforce mobilisation. Few institutions can offer a comparable breadth and depth of practical knowledge and insight to the Inquiry.

It is not yet evident that this experience has been fully acknowledged or absorbed into the contingency planning of key national partners, including the Welsh Government and Public Health Wales. The WLGA does however note signs of progress, with both local government and the WLGA invited to participate at the development stage of forthcoming contingency exercises.

It was rightly observed in Welsh Governments witness statements that future public service resilience depends on collective ownership of strategy, delivery, and review. The WLGA strongly urges the Inquiry to recommend that pandemic contingency planning must be conducted in partnership across the public sector. A fragmented or siloed approach will undermine preparedness. This is perhaps the most important single lesson emerging from all the modules in which we have participated.

A Proven Model Still Awaiting Institutionalisation

The WLGA maintains that the TTP model succeeded in Wales not by chance but by design. It was grounded in principles of:

- **Democratic accountability** – with oversight by elected members and scrutiny in public.
- **Integrated delivery** – across health, social care, environmental health, and the voluntary sector.
- **Operational agility** – including swift redeployment of staff, bespoke IT solutions, and surge capacity planning.
- **Community trust** – built on local knowledge, cultural understanding, and sustained presence.

Yet, despite this proven success, there is still no clear commitment to institutionalise these features as standard practice for future public health emergencies. Unless this changes, there is a risk of reverting to disconnected and transactional emergency models which would be demonstrably less effective.

On Enforcement: Principles and Boundaries

The WLGA reiterates that local authorities are not enforcement agencies. Their primary role in public health emergencies is to support, facilitate, and protect. While local authority officers, including environmental health and trading standards staff, did take proportionate enforcement action against non-compliant businesses, local authorities were not—and should not become—responsible for enforcement against individuals. The issuing of fixed penalty notices to individuals for breaching isolation rules was neither natural nor desirable.

Enforcement functions of this nature risk undermining public trust. Any future framework must clearly delineate roles and safeguard the community-focused nature of local government. Overloading local authorities with punitive enforcement duties aimed at individuals would damage the public cooperation that successful pandemic responses rely upon.

Operational Capacity and Contingency Planning

The WLGA takes this opportunity to correct any potential misunderstanding of how councils scaled up operations in the early phase of the pandemic.

The response was not simply a matter of redeployment. During the critical early stages, councils drew predominantly on internal capacity and leadership. Chief executives, directors of public protection, HR, finance teams, EHOs and others bore the weight of designing and delivering entirely new services—while continuing to run core functions. This was achieved with little support or redeployment offers from partner bodies, including the Welsh Government and Public Health Wales.

The contribution of local authority leaders and professionals across Wales deserves explicit recognition. Without their ingenuity, flexibility and sustained commitment, the Welsh TTP model would not have materialised.

Once services were established, councils then recruited additional staff, including contact advisors. But the foundation was built through local effort under pressure and initially without external support.

A future response must be a **shared public sector effort** from the outset. It is neither fair nor sustainable to expect local authorities to carry the burden of mobilisation alone. To maintain emergency response capability, the following must be secured:

- A funded contingency workforce, able to be activated when required.
- Access for local authorities to specialist public health expertise.
- Continued investment in adaptable local authority systems (e.g. CRM, data platforms) for emergency purposes.

The assumption that local authorities can always "step in" at speed and scale, without dedicated preparation or resources, is inaccurate and could ultimately jeopardise the effectiveness of a future response.

7. Comparative Observations: Wales and the Rest of the UK

Local government in Wales delivered with coherence and clarity, supported by longstanding interagency relationships and democratic accountability. The structure of Welsh local government, coupled with its long-standing collaborative relationships with health and other sectors, was instrumental. A structure markedly different from that seen elsewhere in the UK.

This experience offers an instructive contrast. If we are to build a UK-wide model of emergency readiness, full understanding through parity of role and respect for local government across all nations must be embedded.

8. Protecting the Vulnerable and Maintaining Public Trust

Welsh local authorities did far more than enforce regulations or trace contacts. They provided direct support to vulnerable individuals: delivering food, medicine, transport, welfare checks, and mental health support. This was not incidental—it was essential. Thousands of interventions, often led in partnership with the voluntary sector, helped avert hardship and reduce demand on the NHS and emergency services.

Crucially, they helped maintain public trust and compliance. This level of care cannot be outsourced or digitised; it depends on local knowledge, human contact, and trusted community infrastructure. Protecting this capacity must be a priority.

Recommendations: Institutional Change Now Required

The WLGA refers the Inquiry to the full suite of recommendations submitted in our written evidence. These recommendations, taken together, form a tested, operational blueprint for future preparedness. They must not be treated as optional or advisory. Key elements include:

- The public service-led TTP model in Wales should form the basis for future UK and devolved emergency health responses.
- Local government must be recognised as a statutory partner in national and regional contingency planning.
- Ringfenced contingency funding must be provided to support preparedness and resilience in local authorities between crises.
- Governance arrangements and data-sharing protocols must be agreed in advance to enable rapid mobilisation.
- The "Protect" function must be formalised with permanent, resourced mechanisms to identify and support vulnerable people during emergencies.
- Public messaging must be aligned across UK and devolved governments to avoid confusion and loss of trust.

Conclusion

This Inquiry has rightly posed searching questions of all decision-makers. But it also offers a rare opportunity: to consolidate the successful elements of the pandemic response, correct what did not work and to institutionalise them for the future. Local government in Wales has shown what is possible when public services are empowered and trusted.

Wales demonstrated that collaboration, public ownership, and community-based delivery work. The WLGA does not contend that all was perfect. But it does assert—with confidence—that the Welsh local government response offers a credible and effective model for the future.

The WLGA is committed to continued partnership and delivery. What is now required is formal recognition, institutional commitment, and resourced readiness.

Madam Chair, we close this submission with a statement of intent and of hope: that the learning from Wales will be heard, and that together we will face the next emergency with greater unity, fairness, and readiness.

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