

Witness Name: Joanna Killian

Statement No.: 7

Exhibits: 136

Dated: 27 October 2025

UK COVID-19 INQUIRY – IMPACT ON SOCIETY (MODULE 10) –

**WITNESS STATEMENT OF JOANNA KILLIAN
ON BEHALF OF THE LOCAL GOVERNMENT ASSOCIATION**

Table of Contents

Overview	5
Introduction	5
The basis of my evidence.....	5
Outline	6
Summary of key points.....	9
Key workers	9
Culture, tourism and sport	[Irrelevant image]
Vulnerable groups	10
Bereaved services and funerals	12
Part A: Background, aims and objectives of the LGA	13
History, structure and purpose of the LGA (Q1, Q2, Q3, Q4)	13
Overview of the LGA's role during the pandemic (Q5).....	14
Introduction	14
Limits to the work of the LGA	15
The LGA and councils: authenticity and establishing 'ground truth'	16
Part B: Impact on community level sports, leisure and culture	17
Impact on the ability to access leisure facilities, cultural institutions, and community level sport, recreation and physical activity (Q6).....	17
Access to leisure facilities.....	17
Access to cultural institutions	21
Sport, recreation and physical activity	22
Cause of the above impacts (Q7).....	26
Impacts from restrictions affecting access to sports, leisure and culture (Q8).....	32
Physical activity levels	32
Mental health and wellbeing	33
Community participation and cohesion.....	33
Disproportionate impacts on regions, groups or communities caused by changes to services (Q 9).....	34
Part C: Impact on vulnerable groups	35
Impact on access to support for people who were clinically vulnerable, CEV or advised to shield (Q10)	35
Background	35
Impacts of food parcel use	35
Impacts of data flow issues	36
Impact of lack of wider approach to vulnerability	38
Impact of centralised approach.....	38
Impact on access to support for people who became vulnerable as a result of the pandemic (Q11)	40
Impact on the role of local authorities in coordinating and supporting voluntary and community responses (Q12)	45

Impact on groups or communities affected by barriers to accessing support during the pandemic (Q13)	48
Part D: Impact on housing and homelessness	49
Overview of the role of local authorities in delivering emergency accommodation or other support to address the impact of homelessness (Q14).....	49
Challenges or limitations arising from the implementation of the Everyone In initiative and other policies and national guidance (Q15)	49
The LGA's analysis of impacts on housing and homelessness (Q16).....	54
Difficulties in reconciling pre-existing statutory requirements with emergency pandemic measures (Q17)	56
Changes that have remained in place in homelessness and housing support and services (Q18).....	57
Part E: Impact on local authority key workers and workplace conditions.....	57
Definition of key workers and essential workers	57
Impact on key workers employed by local authorities (Q19).....	58
Roles played by local authorities in enforcing workplace safety regulations prior to the pandemic (Q20)	60
Council role in enforcing workplace safety regulations	60
Impact of the pandemic	61
Experiences of local authority key workers in relation to the impact of interventions and safety measures in the workplace (Q21)	63
Disparities in workload and access to support between different types of key workers employed by local authorities (Q22)	65
Part F: Impact on bereaved services and funerals	66
Overview of relevant local authority responsibilities (Q23).....	66
Funerals and bereavement services.....	66
Coronial services and registrars	66
Mortuaries and body storage facilities	67
Cemeteries and crematoria	67
Emergency response	67
Impact of the pandemic on local authority's ability to deliver the above services	68
Reflections and lessons on the delivery of funeral and bereavement services by local authorities (Q24)	76
Recovery.....	79
Registrars.....	79
Death Management.....	79
Part G: Lessons to be learned	80
Particular challenges for local authorities (Q26)	80
LGA's recommendations or observations that could have reduced the adverse impacts on local communities (Q27).....	81
Examples of measures that proved particularly effective in addressing the impact of the pandemic on local communities (Q28)	83

I, **Joanna Killian**, Chief Executive of the Local Government Association, 18 Smith Square, London, say as follows –

Overview

Introduction

1. I am the Chief Executive (“**CEX**”) of the Local Government Association (“**LGA**”) of 18 Smith Square, London, SW1P 3HZ, and I am authorised by the LGA to make this statement in response to the Covid-19 Inquiry’s Rule 9 (“**Rule 9**”) Request dated 22 May 2025 to the LGA for evidence in relation to Module 10 concerning the impact of the pandemic on the population of the UK, with a particular focus on key workers, the most vulnerable, the bereaved, and mental health and wellbeing.

The basis of my evidence

2. The Inquiry will be aware that the LGA has previously given evidence to the Inquiry on several occasions, including the evidence of the previous Chief Executive, Mark Lloyd, both for **Module 1 (INQ000177803)** and for **Module 2 (INQ000215538)**; when I cross–refer to passages in these statements I shall refer to them respectively as “**LGA/ML/M1**” and “**LGA/ML/M2**”. My statement proceeds from this and other evidence that the Inquiry has already received on this topic.
3. I took up my current role on 18 March 2024, having previously worked for many years on local government issues, including latterly between 2018 and the beginning of 2024 as Chief Executive of Surrey County Council, between 2015 and 2018 as a Partner and Head of Local Government at KPMG, and between 2006 to 2015 as Chief Executive of Essex County Council.
4. Accordingly, as I was not working for the LGA during the relevant period for Module 10, I cannot give first hand evidence of the issues confronting the LGA or the actions taken by it at that time. So, in making this statement I have had to rely on information provided to me by the LGA’s officers who were involved over this period. My statement must therefore be read as representing the collective understanding and knowledge of the LGA in relation to the relevant period.
5. I am happy to place such reliance as the LGA’s officers are highly professional, and it is my belief that they have diligently and fairly reported to me, as far as allowable in the time available, the relevant information that I set out below. Though I should note that

- certain senior colleagues (including the LGA's former Chief Executive, Deputy Chief Executive and Director of Policy) who were heavily involved in the LGA's pandemic response work have retired or moved on to new organisations.
6. Of course, the LGA cannot now claim to know the content of every email, meeting and phone call between now-departed senior LGA officers and members and senior government figures, civil servants, councils and other partners. However, while the perspective of former colleagues may add nuance to this statement, I do not believe its absence creates a significant deficit.
 7. The Inquiry knows well this was a period of intense activity within Government at both national and local levels, in which decisions had to be taken swiftly and under considerable time pressure. LGA officers were as affected by this as civil servant.
 8. While it is almost impossible to fully reflect the pace and quantum of activity over the relevant period, the LGA has endeavoured in this statement to provide a detailed and fulsome overview of the LGA's work and engagement relevant to Module 10.

Outline

9. My statement is divided after this introductory section into the following seven parts:
 - Part A: Background, aims and objectives of the LGA;
 - Introduction
 - I addressed this topic in my witness statement for Module 6 and largely reproduce my answer here.
10. The Inquiry knows that the period covered by Module 10 was as challenging a period for good governance at both local and national levels as any since 1945. Decisions had to be made quickly and communicated well. Civil society, including local government, stepped up with a determined aim to make a positive contribution.
11. The goodwill, experience and expertise of local government was there to be harnessed to overcome the Covid-19 virus from the very start, and the LGA worked hard to ensure that the best use was made of these strengths throughout.
12. Alongside public facing work such as bulletins, Parliamentary briefings, and press releases, the LGA also communicated its members' and officers' views, needs and insights to national Government's political and administrative decision-makers. Some

of this occurred through formal scheduled meetings with agendas and minutes, but there were also many short-notice informal meetings and discussions, at both the political and officer level, between organisations working at pace on a range of different difficult issues.

13. A key aim of the LGA in engaging with Government was to bridge the gap between policy and operation to help reduce the impact of the pandemic on communities. Much work focussed on sharing concerns about the impact of the pandemic on the ground, and in communicating the detail of challenges councils faced in supporting their residents and communities. In this way it sought to help Government to develop policies, practice and approaches, which were operationally feasible, and made a positive difference to people's lives.

Limits to the work of the LGA

14. However, there were clear boundaries to the work of the LGA.
15. It did not seek to influence the Government's science-led approach to making decisions about matters such as whether to impose lockdowns, the use of vaccines, social distancing requirements, or other restrictions. The LGA always recognised that to do so would have been inappropriate, since it did not have access to the scientific evidence and expertise that informed Government decisions.
16. Instead, the LGA's focus was on the implications that these decisions and related policies had for communities and local councils. The LGA's role was wide-ranging. In essence, the organisation sought to: capture the views and concerns of councils on the ground which were leading the local response; feed those into the Government's national policy-making machinery to best ensure guidance and policy reflected councils' experiences; and seek further views from councils on whether such guidance and policy was satisfactory. In short, the LGA played a critical role in providing a feedback loop between councils and Department of Health and Social Care in the interests of national policy and guidance which was deliverable locally and addressed local needs.
17. Throughout the period from March 2020 to the summer of 2022, councils were often the first port of call for the public, businesses, and local agencies, simply because they are at the heart of their communities and closely involved in delivering public services. Councils demonstrated flexibility, innovation, resilience, responsiveness and compassion, all of which enabled local government to play a critical role in responding to the pandemic and supporting and saving people's lives.

The LGA and councils: authenticity and establishing 'ground truth'

18. As a membership organisation that believes in the power of great local government to help transform lives and communities, councils will always be the LGA's primary stakeholder. This statement will detail at relevant points how the LGA worked with councils during the pandemic. All this work – whether in events, meetings, phone calls or emails – was about establishing what I shall describe as the “ground truth”.
19. I use this term to describe the flow of information and its subsequent use, a process in which:
 - the LGA first captured the lived experience of councils “on the ground” through multiple forms of engagement;
 - then it fed this detailed specific knowledge into Government so that it might best understand the reality of what has happening in local communities; and
 - thereafter, the LGA did what it could to ensure that government policies and decisions reflected, and were informed by, this local reality.
20. The LGA's work, throughout the pandemic, was rooted in the experience of councils. Councils' officers and members were regular speakers at many events hosted by the LGA and relevant issues emanating from these events were part of our ongoing feedback to Government.
21. I must say now that the LGA and I are keen to pay tribute to council members and officers, because they went above and beyond with their time and dedication. I saw this first-hand as a council CEX at the time, particularly as staff pivoted from their usual roles to something very different, and I can only say that it was humbling to do so. In my long professional life in local government, I cannot think of another time where councils have demonstrated the very best of themselves with such distinction. By so doing, they have demonstrated the extent to which they are an essential part of the fabric of our country.
22. Thus, though my statement may seem to be focussed solely or predominantly on what the LGA did, I also want to explain and give credit for the work of local government.
23. The work and commitment of my LGA colleagues must be acknowledged too. Everybody across the organisation played their part, whether they were current or former members, officers, leaders or more junior staff who moved from their existing

- roles to support different strands of LGA activity.
24. I believe that the Inquiry will readily understand that it was stressful and at times upsetting work. Many colleagues across the hierarchy regularly worked 12+ hour days and through the night to support the LGA's member councils and, in turn, local people and their communities. From speaking to colleagues when preparing this statement, I know that the LGA punched well above its weight and played a key role in our nation's response to Covid-19. The LGA is proud of the role it took on.
- Part B: Impact on community level sports, leisure and culture;
 - Part C: Impact on vulnerable groups;
 - Part D: Impact on housing and homelessness;
 - Part E: Impact on local authority key workers and workplace conditions;
 - Part F: Impact on bereaved services and funerals; and
 - Part G: Lessons to be learned.
25. Appendix A – Glossary includes a glossary of defined terms.

Summary of key points

Key workers

26. At the start of the pandemic the LGA set out its view that all local government staff (including firefighters and non-teaching school staff) were potentially key workers and likely to be critical to the delivery of local authorities' response to Covid-19, and the delivery of core statutory services irrespective of their substantive role. The LGA's position was that it should be for individual local authorities to determine which categories of staff were reasonably needed to deliver their Covid-19 response, and staff were redeployed from some services as work areas deemed to be critical changed over time. Collectively the role of local authority officers in ensuring vital local services continued to operate during the pandemic was no less important than that of staff in the NHS. Councils continued to support their communities by continuing to deliver the hundreds of services they are responsible for. To just pick two examples mental health support teams supported those clinically extremely vulnerable people coping with isolation and loneliness, while registrars, along with cemeteries and crematoria managers and staff assisted the bereaved make their farewells to loved family

- members.
27. In addition to keeping local services running, council and fire and rescue service staff were essential in the implementation of national Government initiatives. They were responsible for managing business continuity to keep the economy functioning, provided care and support to those already identified as vulnerable, as well as to those made vulnerable by the pandemic, maintained educational provision, supported the homeless, managed public health, provided open spaces and recreation, registered births and ran mortuaries, cemeteries and crematoria. They also set up or scaled up functions to deliver test and trace and vaccination programmes alongside the NHS.
 28. As a result, Covid-19 had a disproportionate impact on the local government workforce. Local authority officers made personal sacrifices, worked under pressure and some at risk to their health and wellbeing in delivering these vital services.
 29. As well as distributing government grants to support businesses, councils also played a key role in helping local businesses to understand the initial social distancing restrictions that were introduced. Councils themselves struggled with the practical consequences of these rules, which were often designed by central government, without consulting councils, local businesses or local trade bodies. The rules required councils, at times, to implement them immediately without guidance. As a result, social distancing regulations went through several iterations during 2020 as feedback from councils highlighted that sometimes regulations were impractical.

Vulnerable groups

30. Local authorities had an important role in supporting the vulnerable in their communities, in particular children, the clinically extremely vulnerable (“**CEV**”), the homeless, victims of domestic abuse, and those with a range of protected characteristics. In addition, local authorities had to manage the impact on their own capacity of those who were CEV in their workforce.
31. During Covid-19 councils, and their staff – particularly individual social workers, mental health support staff and residential support workers – did a heroic job working with their schools, nurseries, early years organisations, statutory agencies, community and voluntary sectors and other partners to ensure that children and young people were kept safe.
32. Schools and other settings, for example specialist support services, were kept open for

- the most vulnerable during lockdowns and new systems were established to protect the most vulnerable children, using robust risk assessment processes.
33. However, the lack of national planning for non-pharmaceutical interventions ('NPIs') based on social distancing – such as lockdowns – resulted in a failure to consider the needs of children fully during Covid-19. The imposition of social isolation had a significant impact on children's mental health, the consequences of which are still being played out in terms of lack of school readiness, reduced school attendance and poor in-school behaviours.
 34. There was also a particular impact on children with disabilities, including special educational needs. Covid-19 continues to impact therefore on the daily lives of those children who lived through it and of their parents and families.
 35. In the initial phases of the pandemic, councils worked hard to ensure the distribution of emergency food supplies assisted those who were CEV in their communities. As the pandemic continued, they contacted people who had not been reached by the national contact centre and provided care and assistance for people who needed it.
 36. Councils were not consulted about the design of the initial support package to CEV individuals and had to deal with issues about the quality and suitability of the emergency food provisions, as well as significant issues related to the data and communications provided by Government about and for CEV individuals locally. Local authorities were brought into co-design changes to the programme as the pandemic went on and the definition of CEV changed. This resulted in a new model for supporting the CEV to be adopted and funded.
 37. Councils were also instrumental in protecting people experiencing homelessness.
 38. Under the "Everyone In" initiative, councils were required by the Ministry of Housing, Communities and Local Government ('MCHLG') to ensure that people sleeping rough or in unsuitable shared accommodation (i.e., hostels and night shelters) were relocated to suitable accommodation at speed. Councils had issues with guidance and funding from central government in relation to the programme, as well as in implementing it when pre-pandemic measures continued in force, such as meeting the requirements and timescales in the Homeless Reduction Act 2017.
 39. As social distancing regulations and lockdown measures were put in place, councils and community safety partners raised concerns about support for domestic abuse

- victims, including children living in households where domestic abuse occurred.
40. The LGA worked with the domestic abuse support sector to produce guidance for councils, to help raise awareness of domestic abuse. Councils also highlighted that the stay-at-home messaging during lockdown did not apply in emergency situations, and domestic abuse support and refuges remained open and available. Woman's Aid, Refuge and wider support helplines reported a substantial increase in demand for their services, often coinciding with the lockdown periods.
 41. The LGA worked with the sector, the Home Office, and the Ministry of Justice to help secure wider funding for the domestic abuse helplines, and the funding went towards increasing the capacity on phonelines and live chat services to make them available on a 24-hour basis.

Bereaved services and funerals

42. As registrars of deaths, and as operators of temporary mortuary provision, cemeteries and crematoria, local authorities saw the impact of the pandemic on the bereaved on a daily basis.
43. Councils had to navigate lack of clarity around the number of people who could attend funerals (and who constituted immediate family), and do their best to assist distressed family members, while also maintaining safe conditions for their staff.
44. Councils, with the LGA, had to press Government on several occasions around the lack of guidance and restrictions related to funerals, and the respective responsibilities of councils, funeral directors and mourners to prevent Covid-19 transmission, including by using alternative means of facilitating attendance at funerals (such as through public libraries), as well as ensuring funerals were not delayed.
45. Decision-making about whether to instigate temporary mortuary provision by local resilience forums was hampered by lack of figures from the Government on the likely numbers of fatalities from Covid-19, even though councils pressed for that information.
46. Initially, there was a lack of clarity around the use of cemeteries and whether they could stay open when they were not in use for funeral services. The LGA and councils sought clarity on this issue from the Government which led to amendments to the Health Protection (Coronavirus, Restrictions) Regulations 2020.
47. In addition, councils struggled with the lack of personal protective equipment (“PPE”)

for their staff working in cemeteries and crematoria, and there were also concerns that there might not be enough qualified technicians available due to staff illness and staff self-isolating.

Part A: Background, aims and objectives of the LGA

History, structure and purpose of the LGA (Q1, Q2, Q3, Q4)

48. I will now set out a key passage from **LGA/ML/M1, (INQ000177803)** which explains the background, role and responsibilities of the LGA.
49. The LGA was set up in 1997 as an unincorporated association. In 2018, the LGA moved to a new structure as an unlimited company. Once all member councils had joined the new company, the former unincorporated association was dissolved. Membership is voluntary and councils make their own decisions on whether to join.
50. The full membership of the LGA in England and Wales now comprises:
 - All but two of the 317 principal councils in England (i.e., all but London Borough of Bromley and Leicestershire County Council), and
 - all the 22 principal Welsh councils through a corporate membership scheme with the Welsh LGA ("**WLGA**"), an independent organisation with its own business plan, priorities and governance structure.
51. In contrast to the WLGA, neither the Convention of Scottish Local Authorities nor the Northern Ireland Local Government Association are members of the LGA. They are independent membership bodies representing the interest of local government in Scotland and Northern Ireland, respectively.
52. The LGA is funded through a combination of membership subscriptions, central government grants and contracts and commercial income including from a programme of conferences and events.
53. It is a politically led but cross-party organisation, with the overall purpose to promote, improve and support local government. It provides a strong, credible voice for local government with national government.
54. Its Board of Directors is elected annually by the General Assembly, comprising representatives of all authorities in full membership of the LGA, and meets every six weeks.

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

- Providing the views of our members to Government on national policies, guidance, legislation or regulations.
- Acting as an interface between central and local government sharing information where this is necessary (for example, in relation to a specific issue or challenge).
- Developing guidance and other support materials (e.g., training programmes) for our members, including sharing good practice.
- Issuing media statements and other communications to provide information about the work of our members and to defend the reputation of local government.

Overview of the LGA's role during the pandemic (Q5)

Introduction

56. I addressed this topic in my witness statement for Module 6 and largely reproduce my answer here.

57. The Inquiry knows that the period covered by Module 10 was as challenging a period for good governance at both local and national levels as any since 1945. Decisions had to be made quickly and communicated well. Civil society, including local government, stepped up with a determined aim to make a positive contribution.

58. The goodwill, experience and expertise of local government was there to be harnessed to overcome the Covid-19 virus from the very start, and the LGA worked hard to ensure that the best use was made of these strengths throughout.

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

- difficult issues.
60. A key aim of the LGA in engaging with Government was to bridge the gap between policy and operation to help reduce the impact of the pandemic on communities. Much work focussed on sharing concerns about the impact of the pandemic on the ground, and in communicating the detail of challenges councils faced in supporting their residents and communities. In this way it sought to help Government to develop policies, practice and approaches, which were operationally feasible, and made a positive difference to people's lives.

Limits to the work of the LGA

61. However, there were clear boundaries to the work of the LGA.
62. It did not seek to influence the Government's science-led approach to making decisions about matters such as whether to impose lockdowns, the use of vaccines, social distancing requirements, or other restrictions. The LGA always recognised that to do so would have been inappropriate, since it did not have access to the scientific evidence and expertise that informed Government decisions.
63. Instead, the LGA's focus was on the implications that these decisions and related policies had for communities and local councils. The LGA's role was wide-ranging. In essence, the organisation sought to: capture the views and concerns of councils on the ground which were leading the local response; feed those into the Government's national policy-making machinery to best ensure guidance and policy reflected councils' experiences; and seek further views from councils on whether such guidance and policy was satisfactory. In short, the LGA played a critical role in providing a feedback loop between councils and Department of Health and Social Care in the interests of national policy and guidance which was deliverable locally and addressed local needs.
64. Throughout the period from March 2020 to the summer of 2022, councils were often the first port of call for the public, businesses, and local agencies, simply because they are at the heart of their communities and closely involved in delivering public services. Councils demonstrated flexibility, innovation, resilience, responsiveness and compassion, all of which enabled local government to play a critical role in responding to the pandemic and supporting and saving people's lives.

The LGA and councils: authenticity and establishing 'ground truth'

65. As a membership organisation that believes in the power of great local government to help transform lives and communities, councils will always be the LGA's primary stakeholder. This statement will detail at relevant points how the LGA worked with councils during the pandemic. All this work – whether in events, meetings, phone calls or emails – was about establishing what I shall describe as the “ground truth”.
66. I use this term to describe the flow of information and its subsequent use, a process in which:
- the LGA first captured the lived experience of councils “on the ground” through multiple forms of engagement;
 - then it fed this detailed specific knowledge into Government so that it might best understand the reality of what has happening in local communities; and
 - thereafter, the LGA did what it could to ensure that government policies and decisions reflected, and were informed by, this local reality.
67. The LGA's work, throughout the pandemic, was rooted in the experience of councils. Councils' officers and members were regular speakers at many events hosted by the LGA and relevant issues emanating from these events were part of our ongoing feedback to Government.
68. I must say now that the LGA and I are keen to pay tribute to council members and officers, because they went above and beyond with their time and dedication. I saw this first-hand as a council CEX at the time, particularly as staff pivoted from their usual roles to something very different, and I can only say that it was humbling to do so. In my long professional life in local government, I cannot think of another time where councils have demonstrated the very best of themselves with such distinction. By so doing, they have demonstrated the extent to which they are an essential part of the fabric of our country.
69. Thus, though my statement may seem to be focussed solely or predominantly on what the LGA did, I also want to explain and give credit for the work of local government.
70. The work and commitment of my LGA colleagues must be acknowledged too. Everybody across the organisation played their part, whether they were current or former members, officers, leaders or more junior staff who moved from their existing

roles to support different strands of LGA activity.

71. I believe that the Inquiry will readily understand that it was stressful and at times upsetting work. Many colleagues across the hierarchy regularly worked 12+ hour days and through the night to support the LGA's member councils and, in turn, local people and their communities. From speaking to colleagues when preparing this statement, I know that the LGA punched well above its weight and played a key role in our nation's response to Covid-19. The LGA is proud of the role it took on.

Part B: Impact on community level sports, leisure and culture

Impact on the ability to access leisure facilities, cultural institutions, and community level sport, recreation and physical activity (Q6)

72. At the Inquiry's request, in this section I provide the LGA's insights and analysis regarding the impact of the pandemic and related measures on the ability for people to access:

- local authority-run or funded leisure facilities;
- cultural institutions (including but not limited to libraries, museums, theatres, and galleries);
- and
- community level sport, recreation and physical activity.

Access to leisure facilities

73. Local government runs over 3,000 leisure facilities, including most of the publicly accessible swimming pools. They also maintain parks and green spaces. Management of many facilities are contracted out to private businesses or charitable organisations to run on behalf of the council – this accounts for about 70-75% of council leisure services.
74. Local authority-run or funded leisure facilities were seriously impacted during the Covid-19 period and have still not recovered. Closure of facilities meant that an immediate income stream was lost while there were still expensive running costs that could not be reduced. For instance, filters in a swimming pool cannot be turned off without then requiring replacement at the cost of over £20,000 per filter.
75. The LGA was invited onto a sport working group chaired by the responsible Minister on 18 May 2020. Public leisure was not immediately included in the group's membership,

- which focused more on traditional sport activities. However, coordination of this group was poor and dates for the meeting were often changed without notice, diverting LGA resources or meaning the LGA missed the opportunity to contribute to discussions. This was not the case across the other Department for Culture, Media and Sport ('DCMS') working groups, where there was more consistent communication.
76. Government was slow to recognise the value of physical activity to boosting immune systems and maintaining people's mental health at a challenging time, despite positive high-level statements to this effect from Professor Chris Witty. Public leisure was not included in initial actions to support the economy and businesses, requiring additional effort in lobbying to build the evidence case and feed into Government. Much of the research and approach to trying to reopen leisure centres safely was developed by ukactive, with the LGA adding its support to the advice and helping share it (**JK7/001 – INQ000654118, UKactive media release dated 23 April 2020 “ukactive sets out four-stage strategy to support reopening of physical activity sector”**).
77. The LGA assisted ukactive and Sport England to collate information about the number of people affected by closed facilities (i.e. registered users) and compared this with the social value they would be expected to gain through attending – such as improved health outcomes, better educational results and lower chance of engagement with the justice system. Sport England also looked at the economic impact of their closure through job levels and procurement chains. ukactive, Sport England and the LGA presented this collectively to DCMS to show why the sector was important to support through the Covid-19 period, and that allowing facilities to close permanently would result in significant costs to the public purse over the long-term. The LGA recommends that the Inquiry contacts ukactive and Sport England if it would assist to see more documentation related to this.
78. The LGA worked closely with Sport England, ukactive and other sport sector partners, including through the National Sector Partners Group, to build public support for Government funding for these important community facilities.
79. On 29 April 2020, the LGA published a guide to support councils with their leisure facilities as they responded to the Government's initial closure measures (**JK7/002 – INQ000654102, LGA guidance “Options for councils in supporting leisure providers through COVID-19”**). This analysis revealed that leisure providers delivering on behalf of councils fell between the cracks of most of the initial support. It found that leisure providers were exempt from most Covid-19 emergency support

funding, because:

- *the **Procurement Policy Notes 02/201 (PPN 02/20)** on supplier relief do not account for the income arrangements between councils and providers;*
- *leisure providers are unable to secure loan finance, either through the government backed scheme or commercially, due to judgement of viability being assessed and judged on historical profitable financial records rather than on future financial projections, tight contractual and operating margins and, for trusts, their reinvestment of surpluses into the community model;*
- *the majority have a rateable value above £51 000 so are not eligible to receive the retail, hospitality and leisure grants;*
- *they are not eligible for Sport England’s emergency response funds which are targeted at grassroots community organisations and were unable to be used to address financial impact on council service provision;*
- *trusts are not eligible for the Government’s £750 million for frontline charities, as they are not deemed ‘small’ nor ‘delivering frontline services’;*
- *closure has been required and that some are interpreting this as a ‘change of law’ event from central government – specifically closing gym and leisure facilities.*

80. In July 2020, the LGA followed up that publication with a wider research piece titled **“The impact of Covid-19 on culture, tourism, leisure and sport services” (JK7/003 – INQ000654042, LGA research paper (July 2020), “The impact of Covid-19 on culture, tourism, leisure and sport services”)**. This was based on interviews with frontline council staff. It found that these sectors were particularly negatively impacted by Covid-19 and unable to access many of the forms of support announced:

“Culture and leisure has been among the parts of the economy worst hit by COVID-19. Although the furlough scheme has provided a lifeline for many, much of the initial support package put forward by the Government

was inaccessible to the sector. In June 2020, Community Leisure UK, the national membership body for charitable trusts delivering public leisure and culture services, reported that only six of their 100 members had been successful in securing a Coronavirus Business Interruption Loan Scheme. The majority of culture and leisure organisations are relatively small, have narrow profit margins (where they generate any form of profit at all) and do not have significant reserves to rely upon. Some elements of the sector, including theatres and leisure centres have expensive venues which have costs associated with them irrespective of whether they are open to the public. For the most part these organisations are very reliant on income generation to support their business model and are often equally reliant on a volunteer workforce.”

81. Despite these challenges, many council services were able to innovate and move offers online or, in the case of parks and leisure, outside into social distanced settings. However, these were delivered as a free service to keep people mentally and physically well and they neither earned nor generated income. This work also revealed inequity of access to digital forms of engagement and in access to green spaces (covered later in our response). On 10 November 2020, the LGA published research summarising some of the ways in which these services had responded (**JK7/004 – INQ000547079, LGA case study report “Leisure under lockdown: how culture and leisure services responded to COVID-19 - full report”**).
82. Direct support for council leisure facilities was not announced until December 2020 in the form of the National Leisure Recovery Fund, following letters and lobbying from the LGA and sport sector partners, as was explained in more detail in my witness statement for Module 9 (see also, **JK7/005 – INQ000623074, Department for Digital, Culture, Media & Sport (DCMS) press release dated 20 March 2021 “Government announces allocation of £100 million to support recovery of leisure centres”**). For a briefing on the evolution of the LGA contribution to the National Leisure Recovery Fund, see the LGA’s internal briefing paper “Evolution of the National Leisure Recovery Fund” (**JK7/006 – INQ000547147**).
83. However, although the £100 million from the National Leisure Recovery Fund was welcome, there remained very significant financial challenges for leisure facilities as footfall remained low after lockdown and recovered slowly, with older demographics particularly slow to return according to ukactive data (**JK7/007 – INQ000654117, ukactive media release dated 17 February 2021 “UK fitness and leisure sector**

reports latest COVID-19 safety data”). On 23 June 2021, following several leisure providers closing from financial pressure and handing the keys to facilities back to councils, the LGA published “A guide on the emergency insourcing of leisure services” to support councils to maintain provision under this challenging context (**JK7/008 – INQ000654023**).

Access to cultural institutions

84. Different cultural organisations fared differently under lockdown. Libraries were quickly recognised as important providers of support for people, particularly those who were digitally excluded, and some were fast tracked for reopening to allow people to apply for benefits or financial support, livestream funerals (in private spaces), and access help for their mental health.
85. There was a very close working relationship between the LGA, the DCMS’ libraries teams, and the library sector organisations to support this. This included a letter from the Libraries Minister sent on 11 January 2021 identifying library workers as key workers, enabling them to support communities (**JK7/009 – INQ000182289, Letter from Libraries Minister (DCMS) on 11 January 2021 re confirming status of library workers as key/critical workers**). The LGA and DCMS also jointly wrote to library authorities (i.e. upper-tier councils) in July 2020 to assist councils with their delivery of libraries as a statutory service (**JK7/010 – INQ000653989, Letter sent 16 July 2020 from DCMS and LGA to Library Authorities**).
86. The LGA’s “Leisure under lockdown: how culture and leisure services responded to COVID-19” report highlights some of the ways in which services managed to continue their cultural support to the community (**JK7/004 – INQ000547079, LGA case study report “Leisure under lockdown: how culture and leisure services responded to COVID-19 - full report”**). This included moving children’s reading aloud and rhyme time sessions online, developing cultural activity packs to be delivered to families in the council area, using staff to contact every resident identified as vulnerable, and expanding the e-book offer with usage increasing by over 600%. Nevertheless, despite this good work, public access to cultural activities will have been significantly constrained.
87. This work took place in the face of significant challenges in securing support for services. Those cultural services delivered in-house – which is most libraries, and a smaller number of museums, theatres, and galleries – benefited from direct, albeit

limited, support provided to councils. They also allowed for many staff to be redeployed to direct Covid-19-support services. Contracted out services to trusts and private businesses reported more difficulty in accessing support and income generation was severely affected due to the difficulty in monetising online activity. The LGA's report "The impact of covid-19 on culture, leisure, tourism and sport" provides more detail on these challenges (**JK7/003 – INQ000654042**).

88. The LGA's May 2020 submission in response to the Digital, Culture, Media and Sport Select Committee call for evidence on the impact of Covid-19 on cultural services, highlighted the impact that closure of public facilities had on the wider cultural ecosystem, particularly in grassroots clubs which rely on public venues to operate (**JK7/011 – INQ000654035, LGA submission to the DCMS Select Committee dated 1 May 2020**). The volunteer base used to run many cultural activities was also hard hit, with many volunteers themselves having to shield and others needing to move to more direct Covid-19 response work. Initial analysis by partner organisations also revealed that audience numbers were slow to return to museums and heritage venues, as outlined in our briefing to the House of Lords on May 2020 (**JK7/012 – INQ000654081, LGA briefing to the House of Lords dated 21 May 2020 "Debate on supporting museums, galleries and historic buildings open to the public, affected by the restrictions in place to address the COVID-19 pandemic"**).

Sport, recreation and physical activity

89. The Government's announcement on 23 March 2020 that parks would remain open during the national lockdown to enable individuals to do one hour of exercise a day was a lifeline for many people. In line with the announcement, councils ensured that during this time most parks and green spaces remained open.
90. Councils understood that visiting a park had a positive impact on physical and mental wellbeing during this difficult time, particularly for residents without a garden or balcony. Councils had a critical but difficult role to play in ensuring people could access parks, whilst also balancing this responsibility with supporting the Government's efforts to reduce transmission to protect vulnerable groups and the NHS.
91. Almost all parks and urban spaces remained open, park closures only happened where there were concerns about the public not adhering to social distancing guidelines. These were mainly in areas such as country parks which are seen as tourist destinations, these tended to be managed through closure of car parks to deter out of

- area visitors. Other Park facilities such as playgrounds, cafes, toilets and sport courts were closed in line with Government guidance. Parks run by partners like the National Trust, Wildlife Trusts and Historic Homes also remained opened.
92. National bodies such as Sport England also promoted parks to keep active during this time. The increased demand on parks will have had relatively limited impact on the service, although it should be noted that parks budgets were among the hardest hit when public sector budgets started to be reduced in 2010, and in some cases reduced to zero. This meant that park staff teams were much smaller than pre-2010 and therefore lacked resilience if they were affected by the virus due to the smaller number of team members able to pick up the work. Parks and open spaces were also not often prioritised for maintenance and mobilisation within standard contingency plans for emergency situations (see **JK7/013 – INQ000654022**, House of Commons Communities and Local Government Committee report dated 11 February 2017 “Public parks”).
93. The LGA attended regular calls with Natural England. In addition to wider meetings with other national partners (The National Lottery Heritage Fund, Association for Public Service Excellence) to share intelligence and problem solve. Partners recognised that in order for parks to be safe, there was reliance on the public adhering to social distancing guidelines. There were pressure points when increased usage was expected such as the Easter bank holiday weekend 2020, which also coincided with the peak of the curve of the first Covid-19 wave. In some cases park closures were in response to police requests and were reopened as soon as they were lifted (**JK7/014 – INQ000654067, LGA case study dated 28 November 2020 “Financial impact of COVID-19 on parks and green spaces - Walsall Metropolitan Borough Council”**).
94. The LGA also supported and promoted Government social distancing messaging in relation to the use of parks and cemeteries. There was a shared goal to ensure that these spaces could be open and available to all who needed them, at such a difficult time. On 24 April 2020 we said, “it is important that the public continue to abide by the Government’s social distancing rules to ensure people are not put at risk unnecessarily” (**JK7/015 – INQ000654071, Email from LGA regarding Press Statement on Community Secretaries praise to council green spaces**).
95. In terms of park usage, the Association for Public Service Excellence (“APSE”) carried out a survey of council parks managers on 8 April 2020 to assess what was happening on the ground (see **JK7/016 – INQ000654080, APSE’s blog post “Let’s show some**

sensible behaviour in our Parks this Easter”; and **JK7/017 – INQ000654028, APSE’s “Parks and Open Spaces: COVID 19 Survey”**). Over 90 responses were received from across the UK. The survey showed that almost all parks and urban spaces were open, while also demonstrating the challenges and impacts on those services and the solutions that were put in place to ensure people could still access parks and green spaces:

- Almost all parks and urban spaces remained open. Almost all country parks were accessible.
- 79% said that nearly all visitors were observing social distancing. Some park managers experienced some problems with certain groups. 63% said groups of youths had been problematic, occasionally, a smaller percentage said issues had also arisen with other groups using councils’ park.
- Parks managers tried to encourage safe behaviour with 90% putting up reminder notices, 71% liaising with Police and Community Support Officers and 18% locking entrances to some parks. 70% also closed car parks at green spaces and parks to discourage people travelling long distances, and prevent large gatherings
- Almost all stopped playground provision, closed toilets and cafes. 73% had roped off or placed fencing around play areas and outdoor gyms. Areas where people were likely to congregate were also closed or taped off.
- 90% stopped or vastly reduced maintenance and the provision of sports pitches, golf courses and bowling greens, with many staff being re-deployed to help elsewhere on the local government public health frontline.
- There was a mixed picture for visitor numbers: 43% experienced increased numbers and 36% reported numbers across parks have decreased.

96. Additional information gathered by the National Lottery Heritage Fund from 23 April 2020 demonstrated similar findings to the APSE survey (**JK7/018 – INQ000654069, National Lottery Heritage Fund summary document, “Future Parks Accelerator: Parks Service/Operations Update in relation to COVID 19”, dated 23 April 2020**; see also **JK7/019 – INQ000654119, Email dated 24 April 2020 from National Lottery Heritage Fund to LGA and others re update on parks from the Future Parks cohort**).

97. It showed:
- Some maintenance and conservation activity were put on hold;
 - all activities and sport were stopped, and volunteering was put on hold;
 - small parks which contained a high proportion of play /gym equipment presented social distancing challenges, fencing/tape was needed to cordon them off and patrols used.
98. In response to concerns about the lack of timely and detailed Government guidance on parks services, the LGA collaborated with the National Lottery Heritage Fund, the National Trust, APSE, the Midlands Parks Forum and parks practitioners to co-develop and co-fund a guide, "Managing Public Parks during Covid-19", to help councils safely reopen following the Government relaxing its advice on 23 May 2020 (**JK7/020 – INQ000654092, LGA, National Lottery Heritage Fund, The National Trust, APSE, the Midlands Parks Forum and park practitioners guide dated 23 May 2020, titled 'Managing Public Parks during Covid-19'**). Media and usage analysis on 10 June 2020 showed the report was downloaded 4,271 times in seven days (**JK7/021 – INQ000654091, Managing Public Parks During Covid 19 Media / Usage Summary, dated 10 June 2020**).
99. Lockdown showed that communities were making more regular use of their parks. For example, in Walsall Metropolitan Borough Council, visitor numbers to parks were reported to have increased by 40% compared to the same period the previous year (**JK7/014 – INQ000654067, LGA case study dated 28 November 2020 "Financial impact of COVID-19 on parks and green spaces - Walsall Metropolitan Borough Council"**). This was particularly significant because as many as 40% of Walsall residents in the town centre did not have access to a garden.
100. Sport England commissioned Savanta ComRes to conduct a tracker to monitor physical activity attitudes and behaviour during the pandemic. (**JK7/022 – INQ000654039, Sport England summary report**). This broke down the impact into five phases depending on the level of social distancing restrictions (such as the national lockdowns in March 2020 and early 2021). The results of the tracker showed that when greater social distancing requirements were in place activity levels declined in some groups such as women, disabled adults and those lacking access to outdoor space. During the national lockdowns there was also a shift in the type of activity people participated in, with for example walking, running and cycling replacing activities that were no longer

- accessible. As social distancing restrictions eased, levels of activity changed, as did the type of activity people engaged in.
101. During the lockdown when leisure facilities were closed, some trusts and leisure operators offered their members access to online content to encourage people to be active at home (see, for example, **JK7/023 – INQ000654070, Email dated 23 March 2020 from LED Community Leisure to members**). A Sport England support package of £195 million including a new £20 million Community Emergency Fund, was opened to help support local sports clubs and community organisations through short-term financial hardship (**JK7/024 – INQ000654037, Sport England’s Community Emergency Fund**). Sport England also launched a 10-minute audio exercise routine aimed at keeping older people healthy and active via BBC Sounds, and a social media campaign #StayInWorkOut to support people to access physical activity opportunities.
102. The LGA has less information on community grassroots sports. However, the LGA did some work with the Lawn Tennis Association (“LTA”). We are aware that the LTA updated its guidance for venues, coaches and players in England following the lifting of restrictions to support the safe return to play. Although by September 2020 the LGA was informed two-thirds of community indoor tennis centres (the majority of which were owned by councils) had reopened, a small number had been impacted by the need to move gym equipment into the sports halls to maintain social distancing, making them unavailable for sports like badminton and tennis.(See **JK7/025 – INQ000654089, Email chain between LGA and LTA regarding their Parks Tennis video, dated 1 September 2020**). As the impact of Covid subsided the LGA also promoted to councils the LTA’s £8.4 million contribution to the Government’s package of investment in public tennis courts (see **JK7/026 – INQ000654121, DCMS press release dated 2 October 2021 “£30 million package to refurbish 4,500 public tennis courts in deprived parts of UK announced”**).

Cause of the above impacts (Q7)

103. In addition to the issues outlined in the previous section, the LGA reported in November 2020 that many leisure centres would be making a loss for at least 6-12 months, there was a serious risk that some providers would fold, and that leisure centres continued to fall outside of support provided by Government (**JK7/027 – INQ000654043, LGA briefing dated 18 November 2020 “COVID-19 restrictions on gyms and sport, House of Commons, 23 November 2020”**). For instance, a promise to match 75% of lost income for councils was not applicable to the almost 70% of the leisure services

contracted out to charitable trusts or 'for profit' providers, leaving these services requiring an immediate investment of at least £700 million from Government if communities were to retain their leisure centres.

104. Whilst parks remained opened, the pandemic had a devastating impact on council park services, which were already under significant financial strain due to historic underfunding. Park services are still in fact recovering from the impact of Covid. While the loss of external income due to the closure of facilities in parks has to a large degree recovered, volunteer numbers have not recovered to pre-Covid levels. The LGA undertook a jointly funded and co-produced piece of research with the National Lottery Heritage Fund to understand the financial implications and challenges facing park services as a result of Covid-19 (**JK7/028 – INQ000654103 LGA publication “Parks fit for the future”**). The LGA raised these concerns at the MHCLG playground stakeholder roundtable (**See JK7/029 – INQ000654093**, Email between LGA and MHCLG regarding Playground Stakeholders Roundtable, dated 10 February 2021). The headlines were (**JK7/030 – INQ000654062, LGA publication dated 28 November 2020 “Financial impact of COVID-19 on parks 2020-21 - case study key findings”**):

- The Covid-19 pandemic had a significant and varied financial impact on parks services. Specifically, the loss of income due to the closure of income generating facilities and the impact from lost hours provided by volunteers who play a key role in the preservation of parks and green spaces was devastating. Across our six case studies income losses ranged from £87,000 - £8.8 million. Key sources of lost external income included sponsorship opportunities, outdoor events, car parking charges, sports bookings and visitor attractions which ceased or were closed during the lockdown period.
- Despite many facilities reopening it was anticipated that there would be a continued loss of income as a direct result of the need to employ more staff or reduce visitor numbers to comply with social distancing guidelines. Additional costs to implement social distancing measures such as the provision of signage, PPE, enhanced cleaning regimes and the purchase of new equipment, a backlog of maintenance jobs due to redeployment of park staff to provide frontline services in crematoria, refuse, social care etc, and the deterioration of sites all resulted in extra costs. Additionally, capital projects were impacted.
- Most parks service staff were redeployed to support their council's local effort in response to the Covid-19 pandemic. They played an invaluable role

supporting the vulnerable and shielding residents through, for example, distributing food parcels and PPE, supporting children and adult social care services and utilising their skills in bereavement teams and crematoria.

- While most staff members have returned to the parks service, in some cases this was a phased return. There was a backlog of maintenance work, in some cases the council used this opportunity to progress their plans for biodiversity or trial new approaches to service delivery. However, councils also identified that additional staff or volunteers would be needed to return to pre-Covid-19 levels of services.
- The lack of timely and clear guidance supporting parks services with both the closure of facilities and the phased reopening following the lifting of lockdown restrictions; particularly concerning play areas, toilets and volunteers had a negative impact on the service's ability to return to normal operations.
- In some cases, volunteers were required to shield or were unable to continue providing their time, and in other cases, volunteering opportunities were ceased to reflect Government guidance. The loss of in-kind volunteer contribution was significant, ranging between £12,000 and £1.56 million across the six case studies.
- Although the pandemic had its challenges there were some unexpected benefits including increased biodiversity and an enhanced awareness at national and local level of how important parks and green spaces are to communities and how they benefit people's health and mental wellbeing. It helped to develop a movement towards making the recovery a green one (e.g. greater links between parks and their contribution to active travel) and pushed climate change up the agenda. In many of the councils, parks were featured in the council's Covid-19 recovery plans.

105. **Leeds City Council's financial impact case study (JK7/031 – INQ000654063, Leeds City Council financial impact case study, dated 28 November 2020):** Prior to the pandemic, the annual parks income budget totalled £16.6 million. During the pandemic the Council forecast a 53% loss of annual income (£8.8 million) due to the closure of income generating facilities like cafes, car park and visitor attractions. Pre-Covid-19 the Council valued their annual in-kind volunteer contributions at £2.61 million. The forecast loss of volunteer contributions in 2020/21 was between £1.07 million and £1.56 million.

As countryside rangers, landscape construction teams and other teams were redeployed to support bereavement services, the parks service incurred an additional cost of £101,000 related to bereavement services and Personal Protective Equipment (PPE). It would also cost around £1 million to implement the Safer Public Spaces guidelines. The majority of countryside rangers, landscape construction teams and wider teams were redeployed to supplement bereavement services whilst several retail and café staff undertook alternative work supporting adult and children's social care teams delivering food parcels to those shielding and to families where children receive free school meals. The cost for staff redeployment was estimated at £226,000. The rangers and landscape teams (around 10 staff) returned to normal duties in early July 2020 with catering and retail staff brought back as needed when facilities opened from June (take away and later for seated food). All volunteering ceased in line with Government guidance.

106. Nottingham City Council financial impact case study (**JK7/032 – INQ000654064, Nottingham City Council financial impact case study, dated 28 November 2020**): Before Covid-19 the annual parks income budget totalled £5.2 million. The forecast loss of annual income was 5.7% (£295,000) as a result of closure and temporary suspension of services and facilities in response to the pandemic. The Council had previously estimated that annual in-kind volunteer contributions of 10,300 hours were valued at £103,000. The forecast loss of volunteer contributions in 2020/21 was £63,000 - £82,000. Most of the grounds staff continued to work throughout the pandemic, albeit with limited duties focused on litter and volume grass cutting only. In addition, on a week on / week off basis to reduce overcrowding in depots, some staff had to be stood down for a short period and 30 members of staff were diverted to support waste management teams, five staff moved across to assist cemetery and crematoria teams and two were moved across to the PPE distribution centre. Monitoring of social distancing was delivered by the Community Protection Team with the assistance of park attendees.
107. Plymouth City Council financial impact case study (**JK7/033 – INQ000654065, Plymouth City Council financial impact case study, dated 28 November 2020**): The annual parks income budget totalled £553,000 before Covid-19 and a 31.8% forecast loss of annual income (£200,000) due to the closure of income from sports bookings, events, charging for external services like project management fees. In-kind volunteer contributions in 2019 were valued at £59,000, the loss of these contributions was estimated to have cost £12,000 in 2020/21. The parks service immediately lost 20% of its workforce (those in the vulnerable category) and many staff were initially redeployed

across the wider Street Scene department to assist with street cleansing, waste management and cemeteries (a further 20% loss). There was a need for increased maintenance on parks and local nature reserves due to increased use / a more consistent use throughout the week. The council had some issues at the skate park. This was dealt with through close dialogue with the tactical command group, the police and the local enforcement team (which had limited capacity to deal with the two issues to any great extent), and installed signage in line with government guidance and public messaging through corporate communications to encourage behaviour in line with the guidance.

108. Rugby Borough Council financial impact case study (**JK7/034 – INQ000654066, Rugby Borough Council financial impact case study, dated 28 November 2020**): The annual parks income budget totalled £111,650 and forecast a loss of annual income of 86.9% (£97,000) due to the closure and temporary suspension of income generating services and facilities such as cafes, concessions, sports bookings and hosting events. In 2019 it had 15,765 hours of in-kind volunteer contributions valued at £195,000, the 2020/21 loss of these was valued at £80,000 - £117,000. Most grounds maintenance staff were redeployed to the Rugby Foodbank and Community Hub, distributing food, medicines and PPE to those vulnerable members of the community who were shielding. During the lockdown period the Council's community wardens worked closely with the police supporting monitoring of social distancing, checking on closed play areas, replacing signage and intelligence gathering. To help manage social distancing the Council widened paths and mowed desire lines in grass.
109. Walsall Metropolitan Borough Council financial impact case study (**JK7/014 – INQ000654067, LGA case study dated 28 November 2020 “Financial impact of COVID-19 on parks and green spaces - Walsall Metropolitan Borough Council”**): Prior to the pandemic, the annual parks income budget totalled £408,900. The Council forecast a loss of annual income of 29.5 per cent (£120,500) due to the closure and temporary suspension of income generating services and facilities such as sports bookings, concessions and cafes. Before Covid-19, annual in-kind volunteer contributions were valued at £208,000, the Council forecast a loss of £127,000 - £166,000 in 2020/21. Staff were moved between service areas to cover duties during the initial lockdown phase – this saw grounds maintenance staff assisting with waste management and some of the Healthy Spaces team redeployed (part time) to help with food boxes and deliveries for those shielding. The impact of the latter cost the service £11,258 to the end of May 2020. Public health-funded events and activities such as

health walks, run by volunteers, were suspended. Regular play area inspections were needed because the hazard tape used to close off areas was often removed by residents. The Council proactively dealt with people not adhering to social distancing rules, which was a problem in parks in more deprived areas and amongst young people gathering and using closed facilities. Security patrols encouraged social distancing. Managing visitor numbers at its destination park, the Arboretum during the Easter period proved difficult and resulted in its closure following a request from local police. It was closed on Monday 13 April (bank holiday) but was open again by the Wednesday following further advice from the Government and police.

110. **Watford Borough Council financial impact case study (JK7/035 – INQ000654068, Watford Borough Council financial impact case study, dated 28 November 2020):** Pre-Covid-19 the annual parks income budget was £300,000 but the pandemic caused a forecast loss of annual income of 28.7% (£86,000) due to the loss of income from leases, concession rents and car parking. Car parking charges at Cassiobury Park brings in around £100,000 per year, 40 % of this income was forecasted to be lost. Additionally, businesses in the hub and park cafe lease holders were issued with a two-month rent relief, then 50 per cent to be reviewed on a regular basis. The Covid-19 crisis impacted the parks service to quite a degree as the service saw one member of staff redeployed to the cemetery and one to the crematorium (the council's park service had six staff). There was a significant impact on grounds maintenance when lockdowns were eased, as parks saw an increased use affecting business as usual. Park rangers worked closely with the police to manage social distancing, particularly in key parks where problems existed. It is believed that the closure of the car parks helped to resolve these issues.
111. The LGA worked with national stakeholders to understand the issues on the ground around park opening and closures. The LGA responded to MHCLG concerns about the closures of public parks, successfully demonstrating that most parks remained open and were only closed where social distancing was not being maintained, or where they comprised of play equipment which fell under the Government's closure order. The LGA promoted advice and messaging to support councils to implement safety measures, recognising that some councils would reluctantly feel they must close parks if they could not ensure the safety of park users (see **JK7/036 – INQ000654038, LGA Chief Executive bulletin sent 6 April 2020**).
112. On 25 April 2020, the Communities Secretary praised councils for keeping parks open where possible (**JK7/037 – INQ000654036, MHCLG press release published 25 April**).

2020 titled “Communities Secretary welcomes response to his call for parks to open”):

“The Communities Secretary has praised councils for ensuring that the vast majority of parks are open ahead of the weekend, so more people can get outside for exercise safely.

He welcomed the reopening of parks across the country following his request at last Saturday’s Downing Street press conference, while stressing that people must continue to observe social distancing.”

Impacts from restrictions affecting access to sports, leisure and culture (Q8)

113. In this section, I summarise the LGA’s insight and analysis (where relevant) on the direct and indirect impacts from restrictions affecting access to community level sports, leisure and culture. As requested by the Inquiry, this insight and analysis is limited to the impacts of the pandemic and related measures on physical activity levels. I also touch on the impacts relating to mental and wellbeing, and community participation and cohesion, but note that the LGA had limited involvement in collecting or analysing information on these topics. I again refer the Inquiry to organisations such as Sport England or ukactive for more information on these topics.

Physical activity levels

114. The LGA has not itself done any direct analysis of this impact. However, we have used research reports from Government, other organisations including Sport England, sport partners, and feedback from our members to monitor trends in activity levels. Participation levels varied from place to place and were also impacted by the different tiered approaches to social distancing restrictions which meant for some areas there was the potential for longer periods with limited activity. For example, Watford Borough Council parks were, at times, deserted, particularly during the initial lockdown phase (**JK7/035 – INQ000654068, Watford Borough Council financial impact case study , dated 28 November 2020**). When lockdowns eased, parks got much busier with destination parks even busier than usual and even small local parks seeing more use. More joggers and cyclists were using parks. Moving forest school activities (where nursery school aged children learn in a natural environment) online proved to be successful (**JK7/035 – INQ000654068, Watford Borough Council financial impact case study, dated 28 November 2020**).

115. The impact of Covid on physical activity levels is shown by the data from 12 April to 2 May 2021 available from Sport England's Moving Communities data portal. This was set up to collect evaluation data from emergency funding provided to leisure centres, showed emerging trends in feeling towards, and participation in, physical activity opportunities in leisure centres after they reopened in April 2021. The data also demonstrated trends among specific demographics (See **JK7/038 – INQ000654096**, Sport England Publication regarding Moving Communities titled 'Tracking disparate activity data sets to understand their contribution to active communities'). It showed participation in activities was holding steady from 19 April to 2 May 2021 but down a bit from the initial high after reopening on 12 April 2021. A limiting factor for people's return to leisure centres was activity and capacity restrictions linked to Covid-19 and concerns about exercising near others. At this early stage of reopening, a lower proportion of visits were from female participants, this was likely influenced by restrictions on Group Exercise programmes, which tend to have a higher attendance rate by females. The proportion of participation by ages 16-44 increased compared to figures for the same period in 2019, while there was a lower proportion of visits by children and people aged 45+. After facilities reopened in April 2021 the proportion of participation by higher deprivation groups Index of Multiple Deprivation (IMD) 1-5 increased, resulting in a more even distribution across the IMD bands than in 2019, yet an imbalance still remained in total participation levels. **JK7/039– INQ000654095, Moving Communities Sector Recover Analysis 12 Apr – 2May 2021** (OBJ)(OBJ) (OBJ)

Mental health and wellbeing

116. The LGA has not directly monitored the impact of closure of cultural and sports facilities during Covid-19 had on mental health and wellbeing, although we believe culture and sport can have a positive impact on good mental health. During Covid-19 the LGA's work around culture and sport focused on ensuring that residents either had access to cultural or sporting activities during lockdowns and ensuring that cultural and sporting services were able to reopen safely on relaxation of national restrictions.

Community participation and cohesion.

117. The LGA has not directly monitored the impact of closing culture and sports facilities on community participation and cohesion.

Disproportionate impacts on regions, groups or communities caused by changes to services (Q 9)

118. Neither have we directly monitored whether there were disproportionate impacts on particular regions, groups or communities. Our focus at the time of the pandemic was around general community-level access to sports, leisure and culture facilities given these had to close across the country as non-pharmaceutical interventions were put in place.
119. Research published by Public Health England (“PHE”) conducted before Covid-19 and published at the start of the pandemic, provides insights into the unequal access to greenspaces experienced by different communities during Covid-19. It showed ethnically diverse communities were disadvantaged and less likely to have good access to green infrastructure making them disproportionately affected during the pandemic. **(JK7/040 – INQ000654076, Public Health England report (March 2020) “Improving access to greenspace: A new review for 2020”)**. One study in the report from 2018, examined the association between expected deaths and access to greenspace. It found that “residents of more ethnically diverse lower level super output areas were at a higher risk of poor access to greenspace, predicting 8-11 deaths per 100,000 persons. When compared to white populations, there were 1-2 expected deaths per 100,000 population”. While another study in the report from 2013 analysed the UK Healthy Towns project and showed good access to green infrastructure was not available in areas with high non-white British populations.
120. Further analysis of the impact of access to parks and green spaces published by the Fields in Trust in 2022 found that access to parks was highly unequal for people living in more economically deprived areas making them more disproportionately affected during the pandemic. Local authorities in the then Government’s levelling up priority areas “had on average, 10 per cent less green space provision when benchmarked against the amount communities needed to thrive.” **(JK7/041 – INQ000654074, Fields in Trust media release dated 18 May 2022 “Green Space Index reveals importance of local parks for achieving Levelling-Up”)**.
121. The LGA is aware the current evidence and research base on the relationship between green space and health is growing, but it is still a relatively new research area and lacks evidence relating to certain characteristics, therefore limiting the potential to apply the evidence at local level. Improving the availability of high-quality data and evidence will be important to help inform local decision making and improve disadvantaged groups’ access to parks and green spaces.

Part C: Impact on vulnerable groups

Impact on access to support for people who were clinically vulnerable, CEV or advised to shield (Q10)

Background

122. As noted in the LGA's previous witness statements for Module 2 and Module 9, the LGA was involved in extensive work relating to the shielding system put in place to protect CEV people, working alongside our member councils and (the now) MHCLG on this issue. I have reproduced the relevant extracts from the witness statements for Module 2 and Module 9 in this section.
123. The decision about whether to introduce non-pharmaceutical interventions such as shielding is not something the LGA had the evidence or clinical expertise to advise on. Nor did the LGA have the data or expertise to advise on the impact of the pandemic on people who were clinically vulnerable, CEV, or others who were advised to shield.
124. The LGA did, however, provide Government with anecdotal feedback and detailed case studies from councils sharing their experiences of the impacts of Government decisions. These concerns were shared via the Government's engagement structures including, but not limited to, the Shielding Stakeholder Engagement forum and via Government's regional presence.

Impacts of food parcel use

125. Councils assisted the CEV at a local level in the initial phases of the pandemic through the distribution of emergency food supplies and then by contacting those who had not been reached by the national contact centre. Both the LGA and councils highlighted issues and complaints they were receiving from residents about the food parcel scheme and its impacts. In my witness statement for **Module 9 (INQ000655757)** I said at paragraph 162):

"From a council perspective, there were numerous issues with the system of food parcels, including:

- The quality / variety of the food provided and the lack of flexibility in meeting cultural or dietary needs.*
- Issues with missed deliveries, or people needing assistance with*

moving their food parcel.

- *The volume of food, with no provision for family members.*
- *The risk of creating a dependency culture, with people who had otherwise been able to support themselves becoming reliant on free food boxes and lack of work with supermarkets on different ways of meeting needs.*
- *Bypassing local food supplies businesses that were impacted by the pandemic but that could have been used instead to support local CEV population.”*

126. The LGA also raised concerns about the focus on food rather than wider wellbeing outcomes. Mark Lloyd the previous CEX of the LGA said in his witness statement for Module 2 (**INQ000215538**) at paragraph 216:

“Councils also raised concerns about the overall design of the scheme, highlighting that free food parcels were unnecessary for many CEV individuals who were not economically or otherwise vulnerable, and risked creating dependency amongst some who had previously been self-sufficient in accessing and paying for food. Many of the CEV group just wanted access or signposting to support such as befriending, gardening, or dog-walking; something that was better arranged at a local than national level.”

Impacts of data flow issues

127. There were also significant challenges around the quality and accuracy of data about the local CEV population provided by Government and the NHS to councils. This was said in the same witness statement (**INQ000215538**) at paragraph 213:

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

- *There were ongoing issues with the data provided to local councils to ensure they were aware of the CEV cohort in their areas and could provide support to them as required. Councils received multiple data flows on the CEV group, including datasets from the NHS, from GPs and from the national contact centre set up to try to*

contact the CEV cohort to confirm any support needs (broadly, councils were notified where the contact centre made ten outgoing calls but could not reach the CEV individual). There were frequent changes to the format of data spreadsheets, meaning it took time to combine it with the previous data or systems that had already been set up.

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

128. And at paragraph 147 of the same witness statement (**INQ000215538**), the LGA also highlighted the potential impact on people of not having their needs met quickly and appropriately as result of those data issues, and made some recommendations for future responses:

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

129. Councils reported that issues with data meant it was unclear when names were removed from the list if they should continue to try and contact those individuals, that

people who had for example previously received food parcels suddenly stopped receiving them without explanation, where people had been removed from the list of those who were CEV this information was not being passed on so councils which would have allowed councils to change the support being offered to those individuals. Councils also had difficulty contacting some individuals, resorting to door knocking to ensure individuals were not missed and prevented from receiving the support they needed.

Impact of lack of wider approach to vulnerability

130. Whilst this is covered in more detail in the following section, councils also provided care and assistance in response to a range of local needs for other vulnerable people alongside the CEV group within their communities and occasionally within one household. The national level support offer, however, initially only focused on those identified as being vulnerable due to their clinical conditions and on their access to food. The LGA highlighted the impacts of the lack of a joined-up approach to impacts and outcomes on all vulnerable people locally:

“The fundamental issue was that the dedicated approach to the CEV cohort ignored the reality that at the local level the shielded population was just one of many potentially vulnerable groups whom councils were supporting. ...

It is important to note that councils’ work did not distinguish between residents who were vulnerable due to being CEV and those who were vulnerable for another reason (for example, due to financial hardship or other circumstances). Work to support the shielded population was just one subset of a much wider suite of work to support vulnerable residents during the pandemic.”

(See (INQ000215538) paragraph 216A)

Impact of centralised approach

131. From early on, local government argued that enabling councils to support people who were shielding, and unable to source their own food, would have been more cost effective and produced better outcomes than a national model “However, on several occasions, the LGA disagreed with the approach Government pursued in relation to the operational activity required because of the NPIs [non-pharmaceutical interventions]

that were imposed. As noted above, the LGA argued in favour of more localised approaches to supporting the clinically extremely vulnerable cohort, and to contact tracing, than the Government initially implemented.”

(See (INQ000215538) paragraph 125)

132. The LGA highlighted the impacts of a centralised approach to communications to the CEV group, with a lack of coordination from national to local level, particularly in advance of central government announcements on significant changes. A joint approach would have allowed for the LGA and councils to influence draft guidance given their understanding of their local CEV population, and ensured local communications and support offers – which people trusted and turned to – were updated simultaneously:

“Councils and the LGA experienced regular issues with not having advance sight of the communications sent by the Government to the CEV cohort, despite requesting this. Councils also argued that they should be responsible for tailoring and distributing the communications sent to those in this cohort, highlighting the problems caused when generic national communications were sent to residents without local information that would have proactively answered any questions about the policy or signposted them to local support.”

(See (INQ000215538) paragraph 220)

133. The LGA's analysis was that this centralised approach also did negatively impact on outcomes for people:

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

(See (INQ000215538) paragraph 38)

134. During the pandemic, the LGA consistently stressed the need for an alternative model, with support best delivered locally by councils rather than through a national programme. This would also align support between the vulnerable CEV cohort, non-shielding vulnerable and people who were vulnerable due to self-isolating. This locally-led model would be based upon the principles of agency and self-sufficiency (JK7/042 – INQ000103854, LGA paper on 'The future of the programme' for discussion at the Shielding Stakeholder Engagement Forum).
135. Subsequently, this approach was broadly adopted by government in the autumn of 2021 ahead of the second national lockdown at the start of 2021, as a result of the greater involvement the LGA and councils had in the CEV programme design and development. The LGA did however note that there remained issues to the Government's approach which would continue to impact on outcomes for the CEV group, thus in my witness statement in **Module 9 (INQ000655757)** I said at paragraph 161 and 168:

“Although initial decisions on the national contract were taken without local input, from April 2020, MHCLG and other departments engaged regularly (weekly) with the LGA, council chief executives and operational leads to understand how the contract was operating and any issues. However, this did not always translate to councils then subsequently being forewarned of Government announcements / communications on changes to shielding. [...] The responsibility for supporting the CEV and other vulnerable groups was split across different departments with the LGA often having to act as a facilitator to bring departments and discussions together.”

Impact on access to support for people who became vulnerable as a result of the pandemic (Q11)

136. The starting point for an understanding of the impact on support for those who became vulnerable as a result of the pandemic is to focus on their different situations as the pandemic developed. Those already somewhat vulnerable because they were on low incomes, such as the self-employed and people working in the gig economy, were immediately affected as the economy closed down. Another example of a group who immediately became vulnerable was low-income parents facing the extra costs of having children home from school, and not accessing for example, free school meals. The LGA was quickly able to tap into its existing networks, such as those established

- through the Reshaping Financial Support programme, to understand how this was affecting demand for financial, and material help in local areas. This included information from councils and from Voluntary, Community and Social Enterprise (“VCS”) partners including Citizens Advice, and Trussell Trust who were monitoring advice inquiries and food bank use. The LGA also received intelligence from councils about rising inquiries for financial and material help via our covid helpdesk.
137. At the outset of the pandemic, the LGA largely worked on assumptions and anecdotal evidence, rather than data, because capacity for quantitative analysis was limited and the time lags would have been unacceptable. Councils quickly reported, however, that expanded provision of financial and in-kind support was being more than matched by expanded demand.
138. Later in the pandemic, the LGA began to get more data through, which showed some surprising results including reduced demand for debt advice and support. On analysis the LGA came to understand that the suspension of much debt recovery and other debt-related activity, including the suspension of evictions was the reason that many no longer perceived debts as an immediate threat to their wellbeing. Government also implemented a number of short-term measures in the benefits system including the £20 per week uplift in Universal Credit and lifting the freeze on the Local Housing Allowance rate. Analysis of the Households Below Average Income statistics showed that these measures reduced poverty and income inequality during the pandemic, but this was a temporary reprieve (See **JK7/043 - INQ000654045**, Resolution Foundation Publication ‘Emergency support helped to protect incomes and reduce poverty during the first year of the pandemic, dated 31 March 2022). Many households were in a precarious financial position prior to the pandemic. The quick removal of support, combined with the challenges presented by rising inflation, meant that councils quickly began to see a significant rise in demand for ‘cost of living’ support.
139. In the rule 9 request, the Inquiry has provided the LGA with a non-exhaustive list of groups who it has considered would have become vulnerable because of the pandemic; this list includes those affected by financial hardship, digital exclusion, social isolation, immigration status or disruption to usual services. In the next paragraphs I shall comment on the LGA’s knowledge of, and its actions relating to, these groups.
140. When the pandemic began, the LGA already had in place a number of networks and programmes that engaged with councils and partners to understand, monitor and mitigate the impact of policy decisions on people at risk of financial hardship or

- socioeconomic exclusion (see, for example, **JK7/044 – INQ000654112, the LGA’s “Reshaping Financial Support: Action Learning Programme”**).
141. The LGA built on, strengthened and expanded these to monitor impacts, shape national policy, share effective practice and shape local delivery throughout the pandemic (see, for example, **JK7/045 – INQ000103855, the LGA’s July 2020 “Good Practice Guide: Delivering Financial Hardship Support Schemes”**). It also used its convening and networking expertise to put researchers in touch with councils and improve data-sharing.
 142. The LGA’s reshaping financial support programme was engaged in funded pilots on strengthening local welfare provision when the pandemic began (**JK7/044 – INQ000654112; and JK7/046 – INQ000653988, LGA briefing note “Local Authority Coronavirus Response to Economic Vulnerability and Financial Hardship”**). The programme was quickly restructured to engage the participating councils, and a wider group of interested authorities, in helping Government to design its reinstatement of local welfare funding and enable the LGA to highlight key issues and priorities. These councils regularly engaged with relevant departments including the Department for Environment, Food & Rural Affairs (“**Defra**”), MHCLG and the Department for Work and Pensions (“**DWP**”) to shape new policies and funding streams, alongside the LGA, drawing on their real-time analysis of local impacts and challenges.
 143. The LGA developed a financial hardship and economic vulnerability report on its LGInform platform, which drew together nationally available data to enable councils to review local impacts across a basket of relevant measures (**JK7/047 – INQ000654020, LGA LGInform report “Financial hardship and economic vulnerability in England”**). This remained relevant throughout the cost-of-living crisis that followed the pandemic and continues to be updated and used by the sector.
 144. The LGA complemented this analysis with survey data and it then shared information via guidance and case studies (see, for example, **JK7/045 – INQ000103855, the LGA’s July 2020 “Good Practice Guide: Delivering Financial Hardship Support Schemes”**).
 145. The LGA and DWP also used their regular engagement networks on benefits delivery to assess impact on low-income households, benefit claimants and councils’ revenues and benefits delivery.
 146. The DWP also communicated with councils’ revenues and benefits teams via the Covid

Local Authority Welfare Direct, which included regular data and impact updates.

147. These networks and relationships gave the LGA access to a wide range of locally collected data and evidence that could be drawn on to shape national and local policy, services and support. Key initiatives that this information and engagement informed included -

- Development of the £63 million Defra-funded programme to support local people unable to afford food and essentials (see, for example, **JK7/048 – INQ000654001, 28 October 2020 report from Royal Borough of Greenwich; JK7/049 – INQ000654002, Emergency Support Scheme - Department for Environment Food and Rural Affairs report, dated 22 October; JK7/050 – INQ000654000, 29 October 2020 report from Liverpool City Council; and JK7/051 – INQ000653994, 28 October report from Cambridgeshire and Peterborough; JK7/052 – INQ000653995, CCC CLAS 20k spend summary on covid-19; JK7/053 – INQ000653996; CLAS update to BCP, dated 30 September 2020; JK7/054 – INQ000654034, CLAS update to BCP, dated 1 July 2020; JK7/055 – INQ000654032, CLAS Annual Service Report ‘Financial Year 2019-2020 and Quarter 1 Financial Year 2020/21; JK7/056 – INQ000653999, Cambridge Foos Poverty Alliance Emergency Food response March 2020 – September 2020 report).**
- Further iterations and delivery of food and essentials support grant-funded to councils from DWP (variously named winter support grant, covid local support grant and household support fund) (see, for example, **JK7/057 – INQ000653993, email chain dated 18 March 2020 between the LGA and members re the £500 million hardship fund; and JK7/058 – INQ000653991, email chain dated 2 December 2020 between the LGA and Colchester Borough Council re LGA’s research on council policies to support economically vulnerable households).**
- The Test and Trace support scheme (administered by councils) (see, for example, **JK7/059 – INQ000654018, email chain dated 4 January 2022 between the LGA and Gateshead Council re issues with self-isolation payments and claims; JK7/060 – INQ000654021, issued TTSP December 2021 update note, dated 23 December 2021; and JK7/061 – INQ000654041, Leicester City Council data set on number of Test and Trace support applications received, rejected and approved).**

- The Hardship Fund led by MHCLG and administered by councils to people in receipt of local council tax support (see, for example, **JK7/062 – INQ000654082, email chain dated 27 March 2020 between LGA and MHCLG re the administration of the hardship fund**).
 - Department for Education schemes to support households entitled to Free School Meals (see, for example, **JK7/063 – INQ000654016, email chain dated 19 January 2021 between LGA, Leeds City Council and Royal Borough of Greenwich re Covid-19 Winter Grant and child food poverty**).
 - Councils' local welfare schemes (see, for example, **JK7/064 – INQ000654003, email chain dated 28 October 2020 between The Trussell Trust and the LGA re publication of a report local welfare assistance; and JK7/065 – INQ000654004, The Trussell Trust report on local welfare assistance [see attachment to JK7/064 – INQ000654003 email]**).
148. The LGA maintained close working relationships with a wide range of VCS partners, think tanks and researchers to share contacts, data, learning and information and acted as a contact point between councils, researchers and policy makers.
149. The LGA was a member of several working groups including the VCS Emergency Planning group chaired by the Red Cross and the Crisis Support Working Group chaired by the Children's Society.
150. The LGA was on the steering groups (or similar bodies) for several programmes that monitored and mitigated impacts throughout the pandemic, and engaged regularly with a wide range of researchers including:
- The Children's Society's Co-ordinated Community Support programme
 - Covid Realities
 - JRF – Destitution in the UK
 - The Resolution Foundation
151. The LGA drew on regular monitoring of demand for advice and support from key partners including:
- Citizens Advice

- Money and Pensions Service
- Trussell Trust
- StepChange, Money Advice Trust and other debt advice charities
- British Red Cross.

152. The LGA also monitored the impact of welfare changes introduced by Government and used this information to inform its position on key issues including reinstatement of the Local Housing Allowance freeze and the £20 per week uplift in Universal Credit.

153. The LGA also engaged in a range of work around debt support, debt recovery and impacts on vulnerable debtors. This included working with the Cabinet Office fairness group to improve data-sharing and joint working across government and between national and local government.

Impact on the role of local authorities in coordinating and supporting voluntary and community responses (Q12)

154. In normal circumstances local voluntary and community groups are vital partners for councils in providing a wide range of care and support to enable vulnerable people live fulfilling and independent lives, and to maintain their health and wellbeing without the need to use statutory services. This relationship is even more important in a civil contingency, such as Covid-19, when the contribution of local VCS groups and volunteers working alongside councillors and councils was crucial in protecting and supporting vulnerable people and communities.

155. At the onset of the pandemic, councils and their local VCS groups worked together to provide rapid crisis support to communities. It soon became clear that in many places the VCS sector, often at a super local level, was able to respond fastest, during the periods of lockdown and social distancing, when so many were left isolated and at risk. Knowledge gained in the community infrastructure built up over time, often enabled the VCS sector to identify who needed help, what help they needed, and how to get it to them quickly.

156. The LGA's own work in relation to voluntary and community support to vulnerable people was concentrated around the initial lockdown in 2020, and the immediate impact that had on councils and their local VCS infrastructure. During that time, the LGA created a dedicated policy lead for volunteering in relation to supporting vulnerable

- people. Other LGA activity on the impact of the pandemic on specific groups continued during this time to draw on, and be informed by, pre-existing relationships with national VCS bodies.
157. The LGA's work around volunteering was shaped by the intelligence and good practice gathered from councils on their local response. This information came from a variety of sources including from communications from member councils, the bulletins sent out from the LGA's Chair and Chief Executive, insights from our regional improvement support teams, regular engagement with council chief executives and surveys. As I have already mentioned the LGA also engaged directly with national VCS bodies which also provided us with a range of information and insights, particularly the VCS Emergencies Partnership ("VSCEP").
 158. Covid-19 created several challenges for the VCS sector, with an increase in demand for their services, a significant impact on their funding as income from fund-raising and some commercial activities dried up. Additionally, the age profile and health vulnerabilities of many existing volunteers meant they could no longer carry on or had to reduce their work, and the social distancing restrictions meant many VCS bodies had to suspend or reconfigure their support offer.
 159. At a national level, bodies like the VCS Emergencies Partnership were able to put in place national structures to facilitate support to vulnerable people and coordinate VCS activity. Having secured government funding, VSCEP established five regional cells that collected, analysed and circulated data on the unmet needs of vulnerable people. The regional cells were also able to act as a brokerage for the supply of additional volunteers for regional and national initiatives that would test the capacity of local VCS. In addition, they developed intelligence and insight on a range of issues including food poverty, unmet need, the ongoing impact of Covid-19 on vulnerable people, and they were able to liaise with local resilience fora (" LRFs") and councils to ensure the supply and coordination of VCS support.
 160. One of the positive consequences of the pandemic was the huge upsurge in the number of people volunteering and signing up to local and national volunteering initiatives. Councils worked with VCS bodies in their areas to run local volunteer recruitment campaigns. This created opportunities to strengthen the local VCS sector but councils and their VCS partners also wanted to ensure volunteers were kept safe and used in the most effective way possible. However, that upsurge in the number of volunteers has not been sustained, and volunteer numbers are down across civil society bodies, with

- the decline in volunteering activity seen before Covid continuing after it.
161. There was though an impact on these local recruitment initiatives from national initiatives introduced by government. The LGA worked with Government to maximise the alignment and coordination between national and local schemes, most notably the NHS Volunteer Responders (“**NHSVR**”) and its associated GoodSam app. The NHSVR was set up to provide support to the CEV and other vulnerable people. Although conceived as a joint resource for the NHS and social care it was widely seen as just a resource for the NHS. The LGA sought to secure improvements to the NHSVR scheme through NHS England for example by better sharing of data on the number of NHSVR volunteers available locally and also by making it easier for the NHSVR programme to be accessed by the VCS, care providers, councils and directly by vulnerable people who needed support.
 162. The LGA also lobbied government around the provisions in the Coronavirus Act 2020 to introduce an Emergency Volunteer Scheme, which became known as the Emergency Placement Scheme (“**EPS**”). This was designed to allow employees to take unpaid leave of blocks of up to four weeks in a 16-week period to volunteer in skilled healthcare and adult social care positions in health and social care settings. It was designed to provide additional capacity into the health and social care workforce.
 163. As conceived, the EPS would involve volunteers being certified by councils and national health bodies that they were able to fill a post for a specific period and that they had the appropriate skills and clearances to fulfil the role, and that the correct indemnities were in place for a particular placement; certifying bodies would issue a certificate to confirm that a placement had been found, its duration and the official start date of the placement; Government would reimburse volunteers for their placement.
 164. The LGA discussed the proposed EPS with NHSX (a joint unit of NHS England and the Department of Health and Social Care) saying that these EPS provisions were neither necessary nor the most effective way of address workforce capacity issues in adult social care given the additional resources that would have been required of councils to introduce the certification process. As a result, Government decided not to proceed with the implementation of the EPS.
 165. What was clear during the first lockdown was that councils’ knowledge of their communities and their local VCS sector meant they were best placed to respond to changes in local need and identify additional support needed for VCS bodies in their

- areas. Councils put in place measures and funding to support their local VCS groups, and in many places also adapted their commissioning processes to ensure funding and support got to local VCS groups promptly.
166. These local initiatives between councils and the VCS were more effective in meeting local diverse local needs and could often mobilise quicker than top-down national approaches. Almost every area had their own successful recruitment campaign. Councils and partners had a key role in coordinating support locally, mapping assets, building partnerships and deploying resources (including volunteers) to where they were needed. They built on existing community infrastructure and pulled in new partners.
167. However, councils were clear that volunteers were not a free resource, nor could they be a substitute for trained adult social care professionals. Local VCS had to be supported through investment in infrastructure, training, quality assurance and coordination of support to be a sustainable and effective local volunteering resource to complement the work of councils. Before the pandemic the VCS sector was under significant financial pressure, and this pressure grew significantly during the pandemic. This was a key point concerning the extent of any local community resilience and neighbourhood working. Subsequently, the financial pressures on councils have made it hard for them to invest in, and then sustain, the infrastructure which made community working so successful during the pandemic.

Impact on groups or communities affected by barriers to accessing support during the pandemic (Q13)

168. I have already set out the impact of the barriers on accessing support on the CEV and those groups affected financially by the pandemic and the introduction of non-pharmaceutical interventions and later in my statement I will consider other groups such as the impact on the homeless. In statements to other modules held by the Inquiry I have outlined the impact for example on children and young people and on recipients of adult social care. It is worth noting that during the pandemic the LGA did not systematically gather data on the impact of barriers to support on specific groups or communities. A consistent theme in the LGA's evidence in other Inquiry modules has been the difficulties that local authority had in accessing data, which was available to Government and which, if it had been made available, would have better enabled councils to understand the barriers affecting access to support at that time.

Part D: Impact on housing and homelessness

Overview of the role of local authorities in delivering emergency accommodation or other support to address the impact of homelessness (Q14)

169. Local authorities played a central role in delivering emergency accommodation and support services under the 'Everyone In' initiative, launched by the Government in March 2020. In September 2021, the LGA published a report, "Voice of the sector: supporting rough sleepers at a time of national crisis" (**JK7/066 – INQ000654120, LGA published report, "Voice of the sector: supporting rough sleepers at a time of national crisis" dated 9 September 2021**). The report captured the overarching key themes and emerging learning following a programme of 28 delivery and impact panels. The report includes several case studies of councils' activity in supporting homelessness individuals and households. According to Government estimates, some 37,000 people were brought in off the streets (**JK7/067 – INQ000654077, The Kerslake Commission on Homelessness and Rough Sleeping report (September 2021) "A new way of working: ending rough sleeping together"**).

Challenges or limitations arising from the implementation of the Everyone In initiative and other policies and national guidance (Q15)

170. In this section, I set out the LGA's insight or analysis relating to any challenges or limitations related to the implementation of policies such as the 'Everyone In' initiative, including challenges linked to the interpretation or implementation of national guidance
171. Local Partnerships, a public sector owned consultancy group, was commissioned by the LGA to investigate lessons learnt from the 'Everyone In' response to the Covid-19 crisis in dealing with rough sleeping, and those at risk of it, and how this could inform future policy and practice, including planning for winter (**JK7/068 – INQ000547080, LGA publication dated 19 November 2020 "Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic"**). The report was published and disseminated with the local authority sector as well as relevant Government departments to inform ongoing policy development and lobbying.
172. This report looked at the challenges and limitations arising from implementation of policies to address the impact of the pandemic on homelessness. In summary, its key conclusions, recommendations and reflections were:
- How to assist those with no recourse to public funds ("**NRPF**") remained a problem. While work to assist people in resolving immigration status and in finding employment was successful for some councils, there usually remained

a proportion for whom there was no solution, and in some areas people without settled immigration status represented a significant proportion of those at risk of sleeping rough.

- The shortage of affordable housing was a significant problem. While the Next Steps Accommodation Programme (“**NSAP**”) capital programme provided additional supported housing capacity, there remained a need for more genuinely affordable one-bed accommodation in both the public and private rented sectors, given Housing Benefit and Universal Credit limits.
- Many councils had significant success with the ‘Everyone In’ cohort, but this one-off exercise was not adequate to maintain long-term reductions in rough sleeping in most areas; a sustained effort was needed. Whilst there was enthusiasm for maintaining a more proactive approach to accommodating rough sleepers and those at risk, most councils lacked the resources for this. Concerns about increasing homelessness and the costs of temporary accommodation, in light of the economic impacts of the pandemic were significant.
- Many councils were concerned about their ability to provide adequate cold weather provision in the winter in a way which would not increase the risk of Covid-19 infection.
- Despite the enhanced levels of co-operation between services, which were widespread during ‘Everyone In’, it was often difficult to get access to appropriate health services (especially mental health services), to work with the accommodated cohort. This seems to reflect the lack of specialist primary care services working in homelessness in many parts of the country and a continued wider lack of mental health resources relative to demand.

173. As discussed above at paragraph 169, in September 2021, the LGA published a report, “Voice of the sector: supporting rough sleepers at a time of national crisis” (**JK7/066 – INQ000654120, LGA published report, “Voice of the sector: supporting rough sleepers at a time of national crisis” dated 9 September 2021**). This involved 222 councils and was facilitated by MHCLG and the LGA between December 2020 and 2021. The report was published and disseminated with the local authority sector as well as relevant Government departments to inform ongoing policy development and lobbying.

174. Key conclusions, recommendations and reflections from this report on challenges or limitations arising from implementation of policies to address the impact of the pandemic on homelessness included:
- A need for longer term funding;
 - delivering an integrated approach to dual diagnosis to improve access;
 - addressing the wider challenges in the partnership environment;
 - managing the impact of the lifting of the evictions ban;
 - sustaining the current rough sleeping approach;
 - strengthening approaches to prison discharge;
 - improving access to social housing; and
 - clarity of guidance for rough sleepers with NRPF.
175. In July 2020, the Government published guidance on the **Next Steps Accommodation Programme** (NSAP) and information on the funding allocations received by local authorities through this programme following a bidding process (**Exhibit JK7/069 – INQ000547100, MHCLG guidance published 18 July 2020 “Next Steps Accommodation Programme”**), MHCLG guidance published 18 July 2020 “Next Steps Accommodation Programme”).
176. When NSAP was launched on 18 July 2020 the funding was not negotiated but determined by central government and allocated by competitive bidding. The deadline for applications for funding was by 20 August 2020. The LGA emailed Penny Hobman, the Director of Homelessness at MHCLG on 18 August 2020 expressing councils’ concerns about the short timescale to respond and other issues such as inconsistency of advice and the need for capital to be matched funded (**Exhibit JK7/070 – INQ000547101, Email from LGA to MHCLG dated 18 August 2020 re feedback on NSAP**). In our view the bidding process was unnecessary and restrictive. Though the LGA met with officials on 19 August, the deadline was not extended.
177. The remainder of this section is reproduced from paragraphs 209 to 220 of my witness statement for **Module 9 (INQ000655757)** and highlights challenges for local authorities relating to housing and homelessness.

178. Minister Luke Hall wrote to local leaders on 26 March 2020, asking them to ensure that, where necessary, people experiencing homelessness were accommodated by 29 March 2020 – a very short notice period (**Exhibit JK7/071 – INQ000090750, Letter dated 26 March 2020 from Minister Luke Hall to councils regarding homelessness accommodation**). Minister Hall referenced the £1.6 billion for local authorities to respond to other Covid-19 pressures including for services helping the most vulnerable, including homeless people. The LGA was not included in this critical communication to councils.
179. Although the Government provided an initial tranche of funding to councils in March 2020 to support ‘Everyone In’, there were a number of challenges for councils to grapple with, including the Government’s guidance to hotels, holiday accommodation, and park homes that they should close, impacting rough sleepers, homeless households accommodated by local authorities under statutory duties more broadly, and households living in these types of accommodation as their permanent residence. The LGA received intelligence on this from existing networks of senior homelessness officers in councils, and, alongside other organisations, escalated this intelligence to MHCLG officials (see, for example, **Exhibit JK7/072 – INQ000547053**, internal LGA email chain dated 26 March 2020 regarding concerns raised by Calderdale Council over closure of temporary accommodation).
180. MHCLG officials maintained lines of communication, which enabled the LGA to continue to escalate local intelligence (see, for example, **Exhibit JK7/073 – INQ000547051**, email chain between LGA and MHCLG dated 25 March 2020).
181. The Government also worked to issue revised guidance to hotels, hostels and AirBnBs (see **Exhibit JK7/074 – INQ000547082**, letter from MHCLG dated 27 March 2020 regarding closure of caravan and park home sites; and **Exhibit JK7/075 – INQ000547050**, letter from MHCLG dated 24 March 2020 regarding closure of hotels, hostels and B&Bs). However, local intelligence suggested that evictions had already taken place and would be difficult to reverse.
182. The LGA consistently sought clarity on the support that could be provided to those with NRPF because of ambiguous and inconsistent messaging from Government. At the outset of the Government’s ‘Everyone In’ initiative, local authorities were encouraged to assist all rough sleepers into emergency accommodation, regardless of their immigration status. On 20 April 2020, the LGA wrote to the Home Secretary to ask that the NRPF condition was universally and temporarily suspended.

183. On 28 May 2020, Luke Hall issued a letter to councils asking them to utilise local discretion in supporting people experiencing homelessness, and to focus on vulnerable rough sleepers (**Exhibit JK7/076 – INQ000104712, Letter dated 28 May 2020 from Luke Hall MP to councils regarding support for homeless and rough sleepers**). This message on NRPF had changed:

“The rules as to eligibility relating to immigration status, including for those with NRPF, have not changed. Local authorities must use their judgement in assessing what support they may lawfully give to each person on an individual basis, considering that person’s specific circumstances and support needs.”

184. This was seen by the sector as potentially signalling the end of the “Everyone In” approach. Support from MHCLG to councils to procure bed spaces also wound down from this stage. However, the letter’s intention was ambiguous, and councils continued to accommodate people as per the ‘Everyone In’ approach, with an additional 15,000 people accommodated between May and September. The LGA consistently pressed MHCLG for clarity.

185. On 4 June 2020, the LGA wrote to the Secretary of State, Robert Jenrick and Minister Luke Hall highlighting our key concerns around a lack of clarity from Government – including the support that could be provided to those with NRPF (**Exhibit JK7/077 – INQ000547043, Letter from Cllr David Renard (LGA) to Minister Luke Hall MP dated 4 June 2020**).

186. In July 2020, the Government published guidance on the NSAP and information on the funding allocations received by local authorities through this programme following a bidding process (**Exhibit JK7/069 – INQ000547100, MHCLG guidance published 18 July 2020 “Next Steps Accommodation Programme”**).

187. As part of the bidding process MHCLG had an expectation that all successful councils would engage in a peer support process, which they asked the LGA to deliver.

188. The LGA also highlighted key issues for local authorities in evidence to the Housing Communities and Local Government Select Committee inquiry “Protecting the homeless and the private rented sector: MHCLG’s response to Covid-19” (see **Exhibit JK7/078 – INQ000547014 Written evidence submitted by the Local Government Association [IOC 165]**, May 2020; and **Exhibit JK7/079 – INQ000547013, Written evidence submitted by the Local Government Association [IOC 323]** November 2020).

189. Mark Lloyd, the then LGA CEX also wrote to Minister Tolhurst in November 2020 to outline local government's priorities for the coming months (**Exhibit JK7/080 – INQ000115037**, Letter dated 10 November 2020 from the LGA to Kelly Tolhurst MP outlining local government's priorities for the coming months). Minister Tolhurst responded on 15 December 2020 ((**Exhibit JK7/081 – INQ000547046**, Letter from Minister Tolhurst to Mark Lloyd (LGA) dated 15 December 2020).

The LGA's analysis of impacts on housing and homelessness (Q16)

190. The LGA did not undertake its own tracking of changes in levels of statutory homelessness, rough sleeping, hidden homelessness and individuals in temporary or emergency accommodation during the pandemic. However, other organisations such as Crisis did collect data (**JK7/082 – INQ000654075, Crisis report dated 19 November 2020 "The impact of Covid-19 on people facing homelessness across GB (2020)"**). The LGA also did not undertake analysis relating to the quantity, quality and suitability of temporary accommodation that was available during the pandemic period. However, as outlined in answer to question 15 there were specific challenges relating to closures of temporary accommodation e.g. hotels, because of a lack of clarity in government guidance.
191. The LGA publication dated 19 November 2020 "Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic") provided some insight into the variety of provision of health or support services for individuals housed under emergency measures (**JK7/068 – INQ000547080, LGA publication dated 19 November 2020 "Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic"**):

"Whilst it was possible for rapid health screening and cohort segmentation of those placed in hotels to take place, for example in London and other areas where specialist health services exist, this was much harder to achieve elsewhere. Councils and their partners were greatly assisted by the NHS guidance on 'COVID-19 Clinical homeless sector plan: triage – assess – cohort – care' produced in early April, which sets out measures to protect those at increased risk of severe illness, reduce transmission risk for residents and staff, and prevent mortality. In London, a pan London Drug and Alcohol Service (HDAS) was commissioned to work with people in hotels, new protocols were developed on drug and alcohol treatment, and a Covid Care hotel for those with symptoms was set up in

East London, with a number of Covid Protect hotels for those assessed as vulnerable established by the GLA and some of the boroughs.

A new assessment tool (CHRISP) was also developed to capture the health and care needs of those accommodated in London, which has provided invaluable information on the population previously unknown. Information on CHRISP as well as a wealth of COVID-19 related health and homelessness advice is available from the Healthy London Partnership.

Whilst this level of engagement was not repeated across the country, a number of councils we spoke to reported an increased willingness of health services to work with homelessness services during the crisis, and to work together to resolve issues around individual rough sleepers.

This kind of support, coupled with provision of accommodation, food and other services undoubtedly improved health and wellbeing amongst many of those accommodated under Everyone In.”

192. The LGA's Voice of the Sector report also provided some insights as to what was good practice, and what provision of health and support services could be improved (**JK7/066 – INQ000654120, LGA published report, “Voice of the sector: supporting rough sleepers at a time of national crisis” dated 9 September 2021**) -

“Delivering an integrated approach to dual diagnosis to improve access

Over half of councils responding to the follow up questionnaire identified dual diagnosis (clients experiencing both mental health and addiction issues) as a key barrier to service provision, where the ability to navigate and access mental health services was a particular challenge. Whilst there were some examples of good practice shared, most participants said there are opportunities to strengthen approaches and develop more integrated responses with mental health services to support those with multiple and complex needs.

Addressing the wider challenges in the partnership environment

Partnership working was highlighted as a key consideration in the

effective provision of services to rough sleepers. Councils recognise the need to build holistic, integrated approaches to address complex needs. During the pandemic, there have been many examples of strong and effective partnership working to deliver 'Everyone In'. However, within some councils, there are opportunities to strengthen approaches to match the acute vulnerability of the client group.

Common issues included:

- how to support staff in navigating local partnerships to ensure clarity of understanding about respective roles and responsibilities of public health, primary care, clinical commissioning groups and provider trusts*
- variable experience of engagement with NHS mental health trusts; there are opportunities to strengthen partnership working to support those with complex needs. In some cases, often correlating with trusts deemed to be poorly performing, mental health services need to be more visible in local rough sleeping responses*
- examples of robust gatekeeping by adult social care services, setting access thresholds that did not always immediately reflect the complex and acute needs of the client group. Within some councils, this had been effectively resolved by better technical awareness of the Care Act on the part of rough sleeper services*
- in some areas, there are opportunities to strengthen engagement with non-commissioned voluntary services and develop new ways of working together that do not perpetuate rough sleeping (food provision, clothing etc)*
- importance of place-based leaders/commissioners co-designing integrated systems that meet the complex needs of rough sleepers."*

Difficulties in reconciling pre-existing statutory requirements with emergency pandemic measures (Q17)

193. If an individual has permission to enter or stay in the UK, that permission may be subject to a NRPF condition. Likewise, those lacking but needing permission to be in

the UK, will also be subject to NRPF. The NRPF condition means individuals are not able to claim most benefits, tax credits or housing assistance that are paid by the state (**JK7/083 – INQ000654104, GOV.UK Guidance on Public funds, updated 9 April 2025**). An important issue arose from this: what support could be provided to those with NRPF. To expand on this, I have reproduced content from my witness statement for Module 9 (**INQ000655757**) and this is set out in full at paragraphs I refer to these passages at paragraphs **182 to 185** above.

Changes that have remained in place in homelessness and housing support and services (Q18)

194. The LGA drew on its own and the sector's experience during Covid to assist councils in their work around supporting the homeless. This included a report published in December 2020 on rethinking homelessness prevention (**JK7/084 – INQ000654110, LGA Publication "Re-thinking homelessness prevention | Local Government Association"**) and subsequently in September 2021 a report on some of the key learning from supporting rough sleepers (**JK7/066 – INQ000654120, Voice of the sector: supporting rough sleepers at a time of national crisis | Local Government Association**). As part of the changes in data collection during the pandemic, government started to record the number of rough sleepers accommodated using council powers. This data is still being published in government data sets, with the latest figures for January to March 2025 (see **JK7/085 – INQ000654114, GOV.UK Publication of Statutory homelessness live tables, Published 10 November 2012**) showing there are 750 people in accommodation of this type. However, this does not provide a detailed breakdown that enables us to say whether rough sleepers are still being accommodated in a similar way to under the 'Everyone In' scheme, and the LGA has not undertaken further analysis of local changes that remain in place.

Part E: Impact on local authority key workers and workplace conditions

Definition of key workers and essential workers

195. At the time, the LGA did not agree with the Government's definitions of key workers. As has been emphasised in the LGA's evidence to other Modules, this appeared to be the result of a widespread lack of understanding of the role of local authorities in Whitehall. Government did not appreciate the flexibility and pace with which councils were able to reorganise the delivery of key services and redeploy workers who were not needed in their primary roles into supporting other areas of work.
196. The LGA's own views on the role of all local authority staff as key workers was set out

in a circular of 23 March 2020 (**JK7/086 – INQ000654050, National Joint Council for local government services Circular regarding 'COVID-19: critical workers' dated 23 March 2020.**

197. The LGA did not, and still does not, agree with the definitions of key, critical or essential workers that:

- Might restrict local authorities' ability to provide support both as part of the Covid-19 response or in delivering core services;

or

- Does not fully recognise the full impact of Covid-19 on all parts of the local government workforce, including school support staff, teachers, brigade managers and firefighters and the substantial number of local government workers who took on new and/or additional roles and responsibilities, irrespective of their formal job role.

198. It was and remains the LGA's view that all directly employed staff should be regarded as key workers as should the many workers who deliver local government services on an outsourced or commissioned basis. The position of the National Joint Councils ("NJC") for Local Government Services was set out in its circular of 23 March 2020 (**JK7/086 – INQ000654050 National Joint Council for local government services Circular regarding 'COVID-19: critical workers' dated 23 March 2020**).

Impact on key workers employed by local authorities (Q19)

199. The LGA conducted surveys of local authorities from May 2020 to October 2021, initially on a fortnightly, then a monthly basis, See evidence: **JK7/087 – INQ000654083, LGA Research Report – COVID-19 Workforce Survey dated 1 May 2020; JK7/088 – INQ000654084, LGA Research Report dated COVID-19 Workforce Survey – 5 March 2021; and JK7/089 – INQ000654085, LGA Research Report – COVID-19 Workforce Survey dated 8 October 2021**) in order to collate relevant information affecting the local government workforce. This data was shared with government departments and discussed with MHCLG officials as were the summary documents produced in summer 2020 and 2021 (**JK7/090 – INQ000654054, LGA Workforce Capacity Data Report, dated Summer 2020; and JK7/091 – INQ000654055, LGA Workforce Capacity Data Report, dated Summer 2021.**

200. The surveys illustrate the impact of the pandemic on key workers employed by local

- authorities, particularly as to staff availability and its impact on key services' sustainability, by looking at factors such as the availability of appropriate staff, the additional recruitment councils undertook, the use of furlough for staff who could not be redeployed, death in service numbers.
201. Feedback on the impact of the pandemic on the workforces was also fed through to the LGA from the nine Regional Employer Organisations (in addition to WLGA and the Northern Ireland Local Government Association ("**NILGA**"). Many regional employer organisations also collated data themselves and the LGA shared information with those organisations through updates from the National Association of Regional Employers ("**NARE**"). These 'NARE Updates' flagged relevant information/guidance, experience or issues. This group met frequently, sometimes weekly, during the Covid-19 response to pick up on concerns and issues councils were facing. The updates shared with that group are shared with the Inquiry (see evidence: **JK7/092 – INQ000654013, LGA NARE Workforce COVID-19 Weekly Issue 1 dated 27 March 2020; JK7/093 – INQ000654014, LGA NARE Workforce COVID-19 Fortnightly Issue 12 dated 3 July 2020; and JK7/094 – INQ000654017, LGA NARE Workforce COVID-19 Update Issue 34 dated 1 September 2021**).
202. The dialogue between the LGA (on behalf of National Employer bodies – see Q21) and national trade unions was an important facet of the organisations response providing a clear route for feedback from employees in the sector and those who employed them on a national level. Just as the unions could see patterns and areas of concerns, they were able to share that information with the LGA enabling us to produce guidance and advice for employers that addressed the needs they were facing more appropriately. One illustration of this can be seen in the NJC for Local Government Services joint circular of 15 May 2020 (**JK7/095 –INQ000654056**, National Joint Council for local government services COVID-19: General update #2 that was one of a series of regular NJC updates (see evidence: **JK7/086 –INQ000654050**, NJC Circulation Coronavirus and Critical Workers 23 March 2020; **JK7/096 –INQ000654098**, NJC Circulation Coronavirus and return to working at home 09 December 2021; and **JK7/097 – INQ000654099; NJC Circulation Coronavirus General Update #3 dated 14 April 2021**), this one highlighted the issue of public abuse of local government workers.
203. As part of the LGA's COVID Hub, frequently asked questions ("**FAQs**") that related to employment law, collective agreements and guidance were kept up to date going through regular iterations as the volume of information increased and messages evolved see evidence: **JK7/098 –INQ000654027; Amends to FAQs 2, 3, 5, 6, and 15**

dated 5 January 2021; JK7/099 – INQ000654048, FAQs update dated 2 July 2020; and JK7/100 –INQ000654049, FAQs update dated 19 August 2020). The priorities of councils and guidance or interpretation in relation to the workforce issues are were covered in those FAQs and in Advisory Bullet see evidence: **JK7/101 –INQ000654024. Advisory Bulletin, Employment Law Update no. 678, dated March 2020; JK7/102 – INQ000654025, Advisory Bulletin, Employment Law Update no. 682, dated July 2020; and JK7/103 –INQ000654026, Advisory Bulletin, Employment Law Update no. 691, dated May 2021.**

Roles played by local authorities in enforcing workplace safety regulations prior to the pandemic (Q20)

Council role in enforcing workplace safety regulations

204. Both prior to 2020 and still, councils' main role in ensuring workplace safety was through their shared regulatory responsibility for enforcing the Health and Safety at Work Act 1974 with the Health and Safety Executive. Other regulatory responsibilities (e.g. petroleum licensing) would also contribute to this, but not in a workforce specific context.
205. A list of the sectors and premises which district/borough and unitary councils are responsible for regulating is available on the Health and Safety Executive ("HSE") website, but in broad terms councils have oversight of more localised premises e.g. retail, offices, hotel and catering, warehouses and distribution and consumer and leisure (see **JK7/104 –INQ000654046, Health and Safety Executive webpage "Local authority enforcement allocation"**).
206. Local authority health and safety activity had reduced significantly in the decade prior to 2020. The Health and Safety Executive/Local Authority Enforcement Liaison Committee paper H27/02 – LAE1 returns (Sept 2019) provides an overview of councils' health and safety work for the year 2018/19, but also provides a summary of local authority health and safety activity between 2010/11 to 2018/19 (see **JK7/105 – INQ000654106, HELA paper H27/02 (25 September 2019) "Data collection – analysis of LAE1 2018/19 data from local authorities"**).
207. The data shows a very large fall in the total number of inspections / visits by councils in Great Britain from 324,300 to 63,900, and likewise a large fall in the number of full-time equivalents ("FTE") council inspectors with health and safety powers from 1,020 to 480. Similarly, there were significant falls in the number of immediate prohibition notices and

- (particularly) improvement notices issued over the same period.
208. This decline can be attributed to two related factors: austerity measures and cuts to local government funding which led to regulatory services having reduced resources. The LGA, Chartered Institute of Environmental Health (“**CIEH**”) and Chartered Trading Standards Institute’s (“**CTSI**”) 2021 spending review submission cited CIEH’s April 2021 local authority environmental health workforce survey which estimated a loss of 1,000 FTEs in food, health and safety, environmental protection over the past decade (see **JK7/106 –INQ000654113, CIEH and LGA joint submission (6 October 2021) “Spending Review 2021: Regulatory services submission”**; and **JK7/107 – INQ000654031, CIEH report (April 2021) “Environmental health workforce survey report: local authorities in England”**).
209. The 2020 spending round submission by the LGA, CIEH and CTSI cited independent research also indicated that that numbers of council environmental health officers in England and Wales fell by a third (33%) from 2009/10 to 2016/17 (see **JK7/108 – INQ000654111, CIEH, CTSI and LGA joint submission (23 September 2020) “Regulatory services submission: Comprehensive Spending Review 2020”**; and **JK7/109 – INQ000654116 Unchecked.uk report (undated) “The UK’s Enforcement Gap”**).
210. At the same time, HSE introduced the National Local Authority Enforcement Code in 2013. This was specifically intended to provide greater direction over councils’ health and safety activity by HSE, as well as to enshrine a risk-based approach to regulation. Many councils understood the code to steer them away from proactive health and safety activity in sectors other than those highlighted by the HSE’s supplementary guidance to the National Code.

Impact of the pandemic

211. The main impact of the pandemic on councils’ regulatory workforce was to shift work away from programmed, planned inspection activity to focus on Covid-19 activity, including business compliance and enforcement, workplace regulation and contact tracing. The spending review submissions for both 2020 and 2021 from the LGA, CIEH and CTSI highlight the additional work and challenge for services such as environmental health (usually responsible for health and safety activity) and trading standards (See **JK7/108 –INQ000654111, CIEH, CTSI and LGA joint submission (23 September 2020) “Regulatory services submission: Comprehensive Spending**

Review 2020”; AND JK7/107 –INQ000654031, CIEH report (April 2021) “Environmental health workforce survey report: local authorities in England” .

212. The shift away from routine work to Covid-19-focused work had more of an impact in reducing activity in areas such as food regulation, which involved a much greater programme of planned activity than health and safety. Overall, however, the pandemic created more pressures on a workforce which was already extremely stretched due to funding and staffing cuts over the previous decade.
213. A specific issue that arose in terms of workplace safety regulations, and wider business compliance, was the regulatory framework and tools that were most effective.
214. As the LGA stated at **paragraphs 359-363 of Mark Lloyd’s Module 2 statement (INQ000215538) -**

“Following the reopening of premises in summer 2020, there was some confusion as to which legislation should be used by councils to promote and enforce safe practises (including social distancing measures) in businesses and venues. While politicians seemed keen to point to health and safety legislation to enforce covid safety (with additional funding provided by Government to HSE to undertake covid secure spot checks), there were conflicting views on whether health and safety legislation could be used this purpose. There was also a clear view among local enforcement officers that the powers within the legislation were unsuited to a pandemic, with improvement notices issued to businesses having a 21-day timeframe – which did not require timely enough action - and the HSE making clear it’s view that the threshold for issuing prohibition notices (which would immediately close an unsafe business) would not be met by Covid-19.

With other difficulties linked to using fixed penalty notices and the Covid-19 direction powers to enforce Covid requirements, the LGA and others therefore successfully lobbied Government for the introduction of coronavirus improvement and prohibition notices. Councils were able to issue these to require urgent changes to the operation of a business to ensure covid secure requirements were implemented; and to close businesses down if these steps were not quickly taken. Coronavirus improvement and restriction notices were announced in October 2020,

replicating powers that had already been introduced in Wales. These proved far more workable, although it should be noted that these were to enforce Covid-specific regulations rather than workplace safety per se.”

215. The key learning from this, as the LGA has consistently highlighted throughout its statements to the Inquiry, is that those developing policy, regulations and guidance, must engage with local practitioners who can provide helpful advice on the workability of different approaches.

Experiences of local authority key workers in relation to the impact of interventions and safety measures in the workplace (Q21)

216. Some of the experiences of local authority key workers in relation to the impact of interventions and safety measures in the workplace have been covered in paragraphs 185 to 189 above.
217. In particular, the survey referred to in paragraph 185 also asked about the availability of PPE and Covid-19 tests for staff at appropriate points and asked wider questions around capacity and risks to service delivery. While some standard questions were asked throughout, others varied in response to the key issues of that time.
218. The LGA manages the collective bargaining for 15 national workforces and in several of those (including local government, school support staff, fire and education) regular meetings were held between the joint secretaries on the employer and trade union sides and where possible, joint guidance was issued. Where joint guidance wasn't possible or appropriate, employer side guidance was issued [see **JK7/110 –INQ000654057, LGS National Employers’ circular 12 August 2020 re relaxation of shielding** ,and, see **JK7/111 –INQ000654044, DfE School Workforce QA on Recruitment - Covid-19, JK7/112 –INQ000654086, LGA web page - Schools news update April 2020;** and **JK7/113 –INQ000654087, LGA Workforce round-up re schools dated 8 January 2021 on schools**]. The LGA also engaged with government departments around workplace guidance and produced tailored guidance for local government employers to enable them to implement the necessary steps. This involved working at pace with limited clarity on government intentions to provide workable guidance for employers.
219. The joint circulars, reflecting agreed positions reached with relevant national trade unions (see evidence: **JK7/086 –INQ000654050**, NJC Circulation Coronavirus and Critical Workers dated 23 March 2020; **JK7/096 –INQ000654098**, NJC **Circulation**

Coronavirus and return to working at home dated 09 December 2021; and JK7/097 –INQ000654099; NJC Circulation Coronavirus General Update #3, dated 14 April 2021); and, JK7/114 – INQ000653990, National Joint Council for Local Authority and Fire and Rescue Services Circular NJC/3/20 regarding statutory leave carry over dated 4 April 2020 , JK7/115 –INQ000653992, National Joint Council for Local Authority and Fire and Rescue Services Circular NJC/1/20 regarding corona virus dated 21 February 2020, and JK7/116 –INQ000654100,LGS National Employers' circular 12 August 2020 re relaxation of shielding), primarily cover the local government and fire sectors. There is also a number of National Employer circulars which reflect the positions and guidance produced by those bodies for England, Wales and Northern Ireland in relation to local government – council and non-teaching schools staff; and UK wide in relation to employees covered by fire collective bargaining (See **JK7/110 – INQ000654057, National Employers for local government services Circular regarding 'COVID-19: relaxation of shielding and return to work' dated 12 August 2020; JK7/117 -INQ000654058, Fire & Rescue Services National Employers Circular EMP/1/21 regarding COVID Support Agreement, dated 13 January 2021; and JK7/118 –INQ000654059, Fire & Rescue Services National Employers Circular EMP/2/21 regarding COVID Support, dated 22 January 2021).**

220. Including teachers, firefighters and all local government workers there are around two million local government workers. Inevitably with a workforce of that size there were workers who were CEV, or had caring responsibilities, and whose health was affected either directly by Covid-19 or its mental effects. The LGA also produced guidance on issues such as how employers could support employees experiencing domestic violence.
221. Many of the circulars produced highlighted to employers (and by extension to employees) those provisions, contained within sectoral collective agreements, that applied in the various circumstances that applied during Covid-19, such as self-isolating, taking/refusing vaccination, changing job descriptions, working from home, quarantine, the use and operation of PPE and social distancing, shielding, and many more topics. An example from 12 February 2020 confirms that employees covered by national collective bargaining in local government should receive full pay for self-isolation or quarantine and re notice periods for teacher (See **JK7/119 – INQ000654060, National Joint Council for local government services Circular regarding 'Novel Coronavirus: COVID-19' dated 12 February 2020; and JK7/120 – INQ000654061, Jointly agreed statement between ASCL, LGA, NAHT, NASUWT NEU**

and NGA 'Covid-19 pandemic guidance: Burgundy Book notice periods for teachers and school leaders' dated 30 March 2020).

222. Of course, due to the nature of their work, a significant section of the local government workforce could not isolate at home. School support staff for example were keeping schools open for those children that needed to attend. Firefighters and numerous redeployed council workers were delivering food, checking on vulnerable people and running testing and vaccination services. In addition, many core local government services had to continue to operate. Councils also had to manage the self-isolation of colleagues which at times caused significant difficulties in sustaining service delivery as reflected in the survey already shared with the Inquiry (See **JK7/089 - INQ000654085, LGA Research Report – COVID-19 Workforce Survey dated 8 October 2021**).

Disparities in workload and access to support between different types of key workers employed by local authorities (Q22)

223. Some of the disparities in workload and access to support between different types of key workers employed by local authorities have been referred to in paragraphs 185 and 201.
224. During the pandemic the local government workforce's workloads both changed and increased. The necessity of continuing to deliver various services, while accommodating the necessary self-isolation, quarantine, and illness, of colleagues, put a huge pressure on the whole workforce. As the survey summary papers (See **JK7/090 – INQ000654054, LGA Workforce Capacity Data Report, dated Summer 2020**; and **JK7/085 – INQ000654114**; and **JK7/091 – INQ000654055, LGA Workforce Capacity Data Report, dated Summer 2021**, highlight, this followed more than a decade of reducing staffing numbers and recruitment challenges brought about, in part by reduced funding and a consequent inability to maintain pay comparability with either the private sector or other parts of the public sector.
225. The work of firefighters in the pandemic illustrates many of the issues faced across the workforce. In fire, NJC agreements were reached between the National Employers and the Fire Brigades Union setting parameters for new work to be undertaken by firefighters as part of the Covid-19 response and, critically, the safety measures to be put in place to protect firefighters and the public. Some joint positions were also reached with the National Fire Chiefs Council bringing together the three organisations key to the delivery of Covid-19 support by the fire sector (See **JK7/121 – INQ000654051, His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)**

COVID-19 Interview Briefing Note, dated Friday 23 October.

226. Reaching such agreements at national level meant each fire service had a set of parameters to use and, as a result, time was saved at the local level. This also facilitated consistency of treatment and activity nationally.
227. All the documents shared with the Inquiry reflect a picture of the huge contribution of the sector to the Covid-19 response and the significant lengths local government workers and employers went to ensure key services continued and the skills and how the expertise of the two million workers in the sector were put to the best possible use. Reflections on this can be found in the Covid-19 blogs (**See JK7/122 –INQ000654052, COVID Blogs**). The breadth of the collaboration also went beyond the collectively bargaining units including for example joint work between the LGA and NHS on the social care workforce (**See JK7/123 –INQ000115360, Joint LGA and NHS Employers' Guide 'Managing the wellbeing of social care staff during the COVID-19 pandemic**, dated April 2020).

Part F: Impact on bereaved services and funerals

Overview of relevant local authority responsibilities (Q23)

228. Funeral provision, mortuary capacity, cemetery and crematorium, and bereavement services, are provided by a mixture of public, private sector, and community organisations. No one organisation is responsible for the whole process of management of deaths; it requires a range of organisations working together and the involvement of the deceased's next-of-kin, where applicable.

Funerals and bereavement services

229. Local authorities are legally required to arrange funerals for people who have died with no known next of kin, or when relatives were unwilling or unable to make the necessary funeral arrangements under Section 46 of the Public Health (Control of Disease Act 1984). These funerals are known as public health funerals. Alongside support accessing such funerals, councils may provide bereavement services, which may include signposting or provision of wellbeing and grief counselling services, and support and information on Funeral Expense Payments and public health funerals.

Coronial services and registrars

230. Local authorities, with the consent of the Chief Coroner and Lord Chancellor, are also

responsible for appointing coroners, who are independent judicial officers who have a statutory duty to investigate deaths reported to them when there is a reason to suspect the death may have been violent or unnatural, of unknown cause or in custody or state detention. Local authorities and police provide funding for resources and staff to support the coroner. Coroners rely on hospitals and local authorities for the provision of post-mortem examination facilities.

231. All deaths within England must be registered with a registrar within five days of death, unless the coroner is investigating the death. Registrars are employees of the respective local authority. Funerals cannot take place until certificates for burial and cremation have been issued by either the registrar or the coroner. Additionally, a death certificate cannot be issued until the registrar has registered the death.

Mortuaries and body storage facilities

232. Local authorities do not generally directly maintain or manage mortuary capacity, although they may fund provision in other settings, such as in hospitals. Body storage facilities are needed for the initial storage of the deceased pending death certification and registration or when awaiting investigation by a coroner or burial or cremation. These facilities are usually found within hospitals, public and private mortuaries and funeral directors' premises. Prior to the pandemic, there were also some temporary body storage facilities maintained as part of the legacy from the former National Emergency Mortuary Arrangements.

Cemeteries and crematoria

233. The Local Authorities' Cemeteries Order 1977 empowers councils to provide, manage and maintain cemeteries in line with other legislation. Councils may also operate crematoria, either directly or through partnerships.

Emergency response

234. As Category 1 responders under the Civil Contingencies Act 2004, local authorities must plan for the consequences of an emergency including large-scale loss of human life. Government guidance on managing the deceased during a pandemic, published in March 2020, set out expectations on councils to have business continuity plans covering all aspects of the death management process for which they have responsibility. This includes death registration, funding and staffing coronial services, the disposal of the deceased where no other parties are available, and maintaining and

operating public mortuaries, cemeteries and crematoria.

235. In addition, local authorities as Category 1 responders are expected to provide advice on business continuity and assistance to organisations, such as small-medium enterprises and the voluntary sector, in their area. This includes private cemeteries and crematoria as well as funeral directors, although in the case of funeral directors there is no legal requirement under the Civil Contingencies Act for them to contribute to local contingency planning even though they are a key part of the death management process and maintain vital infrastructure and services in the event of a pandemic where higher levels of mortality can be anticipated.

Impact of the pandemic on local authority's ability to deliver the above services

Modelling and information sharing

236. Planning for the potential excess deaths that the system might need to manage was initially challenging due to the lack of information about the virus and how it would impact communities. This lack continued to be an issue for local authorities even after the Government established a method of systematic modelling of the virus and the number of excess deaths. Despite ongoing promises from the Government, modelling on the “reasonable worst-case scenario” for excess deaths was not shared with local authorities with sufficient specificity to support them to make appropriate local provision (See **JK7/124 –INQ000654005**, LGA internal email regarding Excess death meeting minutes between LGA, CCS and MHCLG, dated 27 May 2020). This information was vital for targeting support where it was most needed at different times during the pandemic. Had such targeting been enabled it could have reduced the overall burden on local authorities and their partners at a time when capacity across the public sector was significantly strained. This would have reduced expenditure on unnecessary additional provision (See **JK7/125 –INQ000654011**, Note of online deaths management workshop, dated 27 May 2020).

Guidance

237. Prior to the pandemic, a range of guidance existed concerning local authorities' roles during ordinary times and also emergencies which might result in excess deaths. During the pandemic, more guidance was produced to support specific activities and issues relevant to the Coronavirus. The Government worked at pace to produce this guidance, but in some cases, the guidance was not easy to distribute to all relevant partners. A

prime example of this was the updated Excess Death Guidance (**See JK7/126 - INQ000654006, LGA Internal Email regarding Excess death guidance only available through Resilience Direct system, dated**), which the Government provided only through the Resilience Direct system, which was only accessible to local resilience forums and could not be downloaded or printed initially.

Workforce capacity

238. Throughout the pandemic, public sector organisations and associated private sector bodies had a number of staff and workforce issues. Staffing for bureaucratic processes, such as death registration was a concern. There were also shortages in more manual roles including the transport, storage and preparation of bodies, funeral directors, and burial and crematoria teams as a result both of the temporary isolation of staff with Covid-19 and those with a medical vulnerability who were long-term shielding. These challenges were particularly acute when the role was specialised and impossible to perform remotely. For example, there was a significant shortage of available and trained crematoria technicians, and in some cases, this led to reduced crematoria provision over significant areas. To address this, the Institute of Crematoria and Cemetery Managers and the Federation of Burial and Crematoria Authorities amended their routes to certification, to speed up certification and increase crematoria capacity.

Death certification, coroners, and registration during the pandemic

239. The Inquiry well knows that the Coronavirus Act 2020 introduced easements and these included easements on the process of death certification and cremation forms, vital to the appropriate flow through the system. These easements included:
- Allowing any medical practitioner to complete the Medical Certificate of Cause of Death (“**MCCD**”) if certain conditions are met.
 - The removal of the requirement to attend registrars' offices in person to provide details of a death, instead providing information by telephone or electronic means.
 - Extending the list of qualified informants of a death to include funeral directors working on behalf of the family.
 - The electronic transmission various documentation relating to certification and registration, including the MCCD from the medical practitioner to the registrar

and forms for burial or cremation from the registrar to the relevant burial or cremation authority.

- The removal of the requirements to hold juror inquests for Covid-19, despite Coronavirus being a notifiable illness.
- The suspension of Form Cremation 5, which was a confirmatory medical certificate that had to be completed by a second medical practitioner before cremation could take place.

240. These flexibilities were key to ensuring death certification and death management steps occurred timeously, particularly in community settings where it was likely that some individuals would not have seen a medical practitioner within the relevant period before their death. Without amendments around death certification, many individuals who died in the community would have unnecessarily been referred to the local coroner, and this could have overwhelmed coroner services. However, some settings were not explicitly referenced in the Act, specifically deaths in custody and prisons, and this led to concerns about individuals passing away while in custody due to Covid-19 being inappropriately referred to coroners.

241. Coroner's services in some areas had experienced difficulties during the pandemic in hearing jury and other complex inquests due to difficulties with securing facilities etc that would enable them to abide by social distancing rules (**See JK7/127 – INQ000654012, Minutes of MoJ Coroners Service Committee Meeting, dated 11 November 2020**).

Mortuary capacity

242. Local authorities do not usually run mortuary facilities, although they may financially contribute towards their provision. During the pandemic impact local authorities' ability to appropriately resource mortuary capacity with partners through their local resilience fora.

243. The first issue was that, despite ongoing assurance from Government, modelling on the "reasonable worst-case scenario" for excess deaths was not shared with local authorities with sufficient specificity to allow planners to local areas to plan their body storage capacity appropriately and proportionately. This resulted in some areas being full to capacity (such as London in the first wave) and others setting up additional capacity, at significant cost, that was never used during the pandemic (**See JK7/124 –**

INQ000654005, LGA internal email regarding Excess death meeting minutes between LGA, CCS and MHCLG, dated 27 May 2020).

244. In establishing additional mortuary provision, councils struggled to identify appropriate sites for additional mortuary space, and in some cases, planning requirements made siting additional mortuary provision challenging. The market for additional provision was not equipped to provide temporary mortuary provision across the whole country. Without information indicating priority areas, many councils competed against each other to procure temporary provision. There was also a shortage of qualified staff to maintain such provision.
245. Planning for additional mortuary capacity was also confused by multiple requests from different parts of the Government to identify potential sites. For example, the Cabinet Officer commissioned One Public Estate (**See JK7/128 –INQ000654101, LGA Publication regarding 'One Public Estate' undated**) on NHS partners' behalf to identify temporary mortuaries sites. Simultaneously, the Civil Contingencies Secretariat was working through LRFs and local authorities to identify temporary mortuary provision.
246. The Government also provided some additional support in procuring appropriate additional mortuary capacity, including modular buildings which could be requested through the Civil Contingency Secretariats.
247. Mortuary capacity was also directly affected by the social impact of measures introduced to ensure public safety and reduce transmission. Mourners were sometimes unwilling to plan funerals because of the restrictions on the number of mourners at funerals introduced to ensure social distancing. This was particularly the case at the beginning of the pandemic, as many initially assumed that the restrictions would be of short duration. This led to refusals to plan funerals and reduced flow through the system and ultimately led to mortuary capacity being filled to capacity in some places.
248. The Government did provide powers under section 58 of, and Schedule 28 to, the Coronavirus Act relating to the transportation, storage and disposal of dead bodies and other human remains. These included requiring companies and corporations to provide information related to death management and a power that enabled national authorities to “designate” a local authority area where there was, or was likely to be, insufficient capacity to support death management. However, no local authority area was designated during the pandemic.

Funeral provision and delivery

249. PHE produced guidance in late March outlining the process for caring for the deceased with suspected or confirmed Coronavirus. This guidance provided advice for staff who manage the deceased including processes they might create a risk of infection and options to reduce the risk of infection, including the use of personal protective equipment such as fluid-resistant surgical mask and eye or face protection.
250. During the early stages of the pandemic access to PPE was restricted and there was a lack of appreciation of the requirements for PPE for public and private organisations involved in handling bodies during the pandemic. There were significant concerns that a lack of PPE would result in a reduction in the capacity of the death management system to processes the deceased due to a range of impacts including:
- Staff being unwilling to work without appropriate PPE.
 - Staff becoming unwell due to contracting coronavirus due to lack of PPE, inappropriately fitted PPE or low quality PPE.
251. Additionally, although the guidance suggested that this PPE was only necessary for suspected and confirmed Covid-19 deaths, attribution for deaths in the community was a complex matter. Early shortages of home testing kits meant that deaths were treated as possibly Covid-19 related or as death with Covid-19 because it wasn't possible to prove or disprove infection. PPE was therefore seen as necessary for any deaths where a negative test couldn't be provided close to death.

Funeral poverty and public health funerals

252. Funeral poverty is an issue for many people, particularly when someone passes away unexpectedly. During the pandemic, many deaths were unexpected, and the deceased's next-of-kin did not always have appropriate funds available to pay for a funeral. In such cases, the deceased's next of kin could apply for funding for funeral expenses via the DWP, if they were in receipt of certain benefits. However, in the first wave of the pandemic, the waiting list for assessment of these applications was 10 weeks long. This 10-week-long wait put additional pressure on mortuary spaces. This resulted in upset for the deceased's next-of-kin, who were unable to provide the deceased with an appropriate funeral in a timely manner. Additionally, as local authorities are responsible for public health funerals, where the next-of-kin cannot fund the funeral costs, the delay in funeral funding may have resulted in more public health funerals and associated costs during this period.

253. In September 2020, the Government published Public Health Funerals: good practice guidance, (**See JK7/129 -INQ000104728, GOV.UK Guidance on 'Public health funerals: good practice guidance' published 16 September 2020**), outlining the statutory role of local government in providing public health funerals as well as good practice for these funerals.

Attendance restrictions at funerals (numbers)

254. Funerals and people gathering and travelling to funerals presented a risk of transmission between mourners and between mourners and staff conducting the funeral, cremation, or burial. The Government dealt with funeral attendance differently depending on the stage of the pandemic but was generally more generous in terms of the number of attendees than for other life events, such as weddings.

255. There were four distinct phases in relation to restrictions on the number of people permitted to attend funerals:

- 1st phase 23 March – 2 July 2020 – No limit on the number of funeral attendees, numbers depend on venue size and social distancing but limiting the numbers to as low as possible. Only the following should attend: members of the person's household; close family members or if these people above are unable to attend, close friends; a celebrant of choice, should the bereaved request this.
- 2nd phase 3 July 2020 – 16 May 2021 – Limit of 30 at funerals (but could be less based on the size of the venue and social distancing) and 15 at wakes/commemorative events, this remained the same across lockdown two and three and all the tiers.
- 3rd phase 17 May – 13 July 2021 – No limit on the number of funeral attendees, numbers depend on venue and social distancing.
- 4th phase 14 July onwards – All restrictions lifted and no restrictions on the number of funeral attendees.

256. During the 1st phase, the lack of a statutory cap on the number of attendees proved difficult for councils providing cremation and burial services. On 31 March 2020, PHE published new guidance on setting out the ways to ensure that funerals were conducted safely, consistent with social distancing principles, working with faith leaders. This guidance did not set a specific cap on the number of attendees. However, the guidance advised that attendance should be kept to a minimum to reduce the risks of transmission

as well as that those displaying symptoms of Covid-19 should not attend. This guidance was similar to other guidance, such as the Cabinet Office's Staying at home and away from others guidance and the first set of Covid-19 regulations, which set out that people could attend the funeral of a close family member, a member of their household, or a friend if no one from their close family or household is attending.

257. This put a lot of pressure on local authorities and faith organisations as they had to make individual decisions about the maximum numbers of attendees permitted at funerals at their facilities and places of worship. Numbers of attendees were usually determined by the space available in each venue. However, other factors, such as the availability of PPE for staff and mourners to mitigate transmission risks, and the need to protect staff to ensure business continuity, impacted how many mourners were permitted. These decisions were complex, and explaining why a specific cap had been put in place to the public was often challenging. Without a statutory cap on the number of attendees or powers to limit attendance or address over-attendance, some local authorities found that large numbers of mourners were attending funerals in contravention of the regulations limiting attendance to close family or friends when no family was in attendance. This put their staff and other mourners at risk and led to some councils resorting to no-funeral burials and cremations to manage transmission risks. Concerns about staff having to self-isolate were a particular issue as workforce shortages were significant, particularly in relation to cremation technicians.
258. This became more challenging when, on 17 April 2020, the then Local Government Minister, Simon Clarke, sent a public letter to all councils in England setting out that funerals should be going ahead and saying, "...it is important to strike a careful balance between enabling families and mourners to witness the funeral, and ensuring the health and safety of mourners and crematorium and funeral staff..." implying that mourners wider than the close family should be enabled to attend funerals

Attendance restrictions at funerals (self-isolating and symptomatic mourners)

259. The initial funeral guidance from PHE issued in March 2020 outlined that those with Covid-19 should not attend funerals (See **JK7/130 –INQ000654007**, PHE funeral Guidance announcement, dated 31 March 2020). This was then amended in April 2020 and outlined that those who had symptoms of Covid-19 must not attend funerals and must stay at home (See **JK7/131 –INQ000654009**, Email from Public Health England to LGA RE Guidance updated to support the safe management of funerals, dated 20 April 2020), although Simon Clarke's letter to councils set out that family members

- should have the choice to attend the funeral of their loved ones (See **JK7/132 – INQ000104692**, MHCLG Letter from Simon Clarke MP to councils regarding Guidance updated to support the safe management of funerals, dated 17 apr-20).
260. On 28 September 2020 the Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 were introduced (See **JK7/133 –INQ000203856**, The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020, dated 28 September 2020). These required people who were self-isolating to stay at home, subject to various exemptions including attendance at a funeral of a close family member.
261. There was much concern regarding the attendance of both CEV people and Covid-19 positive (and symptomatic) people at funerals and the need for appropriate guidance to help councils to manage this effectively. There were examples of councils saying that they were concerned about safety (**See JK7/134 –INQ000654094**, Warrington Guardian article 'Mourners with coronavirus cannot attend funerals in Warrington' dated 23 October 2020). Updated funeral guidance was subsequently published in October 2020, though there were concerns that it did not provide sufficient clarity on all aspects including the coordination of decisions as to the attendance of Covid-19 positive and CEV people, the responsibility for PPE and social distancing. Further guidance was issued in November 2020 for funerals, which was felt to pick up some of these concerns.
262. On 17 May 2021, the restriction to 30 people attending a funeral was ended and further guidance was published for funeral services. Funeral organisers could set their own capacity limit by reference to a Covid-19 risk assessment of the venue and with the aim of ensuring two-metre social distancing between individuals whether inside or outside. For commemorative events, 30 people were now permitted to attend (up from 15).

Restrictions on the use of crematoria and burial grounds

263. Many local authorities maintain both their own crematoria with grounds, burial grounds and cemeteries, and crematoria and burial grounds owned and operated by other agencies and organisations. The Health Protection (Coronavirus, Restrictions) Regulation 2020 imposed restrictions on these from 23 March requiring a person responsible for a crematoria or burial ground to ensure that, during the emergency period, the crematorium was closed to the public save for funerals and burials. This caused considerable confusion in the death management sector as the Regulation did not consider the wide range of settings in which burials take place. At one point there were three competing interpretations of the Regulation's requirements:

- All crematoria and burial grounds of any kind should be closed to the public except when a cremation or burial is taking place.
 - Burial grounds where a crematorium is situated should be closed to the public except when a cremation or burial is taking place.
 - Burial grounds can remain open if there is no crematorium in the grounds.
264. There was guidance from the Crown Prosecution Service that stated that “Those responsible for a crematorium or burial ground must ensure it is closed to members of the public, except for funerals or burials” See **JK7/135 -INQ000083981**, Coronavirus: Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 effective from 13.00 on 26 March 2020 – 3 July 2020 | The Crown Prosecution Service).
265. During his press conference on Saturday 18 April, Robert Jenrick, the Secretary of State, asked councils to keep cemeteries open, or to reopen them, to allow “people to make that private visit and seek solace at the grave of someone you’ve loved”. On Monday 20 April, the MHCLG confirmed that, in its view, cemeteries and burial grounds should be open for people to pay their respects. It indicated that Government was considering whether any further clarification would be helpful through technical Regulatory amendments.
266. On the 22nd April 2020 the regulations were amended to clarify that burial ground, and the grounds surrounding a crematorium including any garden of remembrance do not have to close See **JK7/136 – INQ000654010 (Email chain between LGA and MHCLG dated 22 April 2020)**.

Reflections and lessons on the delivery of funeral and bereavement services by local authorities (Q24)

267. In May 2020, the LGA conducted two webinar sessions, one with registrars and one with death management officers to provide an overview of the key issues that had been experienced and capture any lessons learned. These informed a board report that went to the Safer and Stronger Communities Board in June 2020 outlining the key issues that the sector had undergone during the pandemic. These were:
- Body storage capacity: LRFs worked to increase temporary body storage capacity. Many councils incurred significant costs on behalf of their LRFs to provide the capacity that Government figures suggested would be necessary. It was emphasised to Government how important it was to ensure that councils

were recompensed for this early action to ensure that body storage was in place. Councils were now making decisions on the future of that capacity and need certainty on funding.

- Section 58 of, and Schedule 28 to, the Coronavirus Act 2020: The LGA worked with Government as it produced statutory guidance on how Schedule 28 to the Coronavirus Act (dealing with local death management) should operate. Schedule 28 introduced new powers allowing local or national government to direct the transportation, storage and disposal of the deceased if capacity is exceeded locally or nationally. The LGA brought together a group of officers from around the country to help Government turn outline thoughts into a practical set of requirements, ensuring local authorities would be at the centre of any decisions as to how the powers to direct businesses and local authorities would be operated.
- Cemeteries: The LGA encouraged Government to amend regulations to provide clarity on whether cemeteries could be kept open. The original regulations caused confusion across the country. The Government was initially not convinced that there was an issue with the regulations, however, Government's view changed to providing clarification (along with a statement from the Secretary of State that they should be open), and then finally to an amendment to the regulations. This required consistent lobbying over more than two weeks.
- Funerals: The LGA worked to persuade Government to strengthen guidance around delaying funerals and to clarify its position on funeral attendance. This led to PHE publishing much needed guidance on managing funerals during the pandemic and emphasising the importance of social distancing at funerals. The LGA continued to emphasise the importance of local decisions on appropriate social distancing for funerals, based on the capacity at individual crematoria chapels.
- PPE and body bags: as in other areas there were shortages of PPE for those dealing with the deceased. The LGA highlighted these issues to Government.
- Registrars: registrars' services were changed significantly by the Coronavirus Act 2020, with the electronic sharing of forms between doctors, registrars and burial and cremation services and the ability to do death registrations over the telephone. Registrars' services stopped taking notices of marriage, conducting

wedding services and birth registrations as well as all other registration activities during the outbreak. The changes to make death registration easier with the electronic transfer of documents and telephone appointments had been well received by registrars. The LGA shared information with councils on registrars' services, as well as providing MHCLG with information on how the registrar service was working during the pandemic.

- Crematoria technician's qualifications: The LGA worked with the Institute of Cemetery and Crematoria Management and the Federation of Burial and Cremation Authorities to agree responses to councils who were concerned about operating crematoria without more flexibility on remote operation or qualifications of staff. This was on the LGA's website as an FAQ.
- Modelling: Many areas raised concerns about the lack of modelling from central Government to aid their planning at a local level. The LGA and others raised this issue with Government on a number of occasions. This continued to be an issue, however, due to the difficulties posed by the large number of unknowns and variations as restrictions were eased, the LGA did not expect this issue to be resolved easily.
- Funeral poverty: there were concerns that the coronavirus outbreak would lead to higher levels of funeral poverty and possibly to public health funerals. The DWP made modifications to their processes to try and expedite the payment of the funeral expense's payments to claimants. Anecdotal evidence from councils suggested a mixed picture on the numbers of public health funerals councils were carrying out.

268. My reflections overall on councils' delivery of funeral and bereavement services is that there was unnecessary confusion for the families of the bereaved and councils because the UK did not have an effective pre-pandemic plan for something like Covid-19 and had not planned on NPIs. Councils had to interpret national guidance at a local level on social distancing and what this meant for funeral attendance. This was then overridden at a national level by Government saying funerals would continue. The guidance on continuing funerals then created a greater risk to council officers working in cemeteries and crematoria. All of this could have been anticipated if there had been proper pre-pandemic planning and the LGA and the local government sector had been invited to participate in it.

Recovery

269. As with other areas of work the LGA is now looking at recovery and what the impact of a return to business as usual might look like following the coronavirus outbreak. The LGA has held two workshops with its sounding groups to determine what their lessons learned had been and if there were any particular concerns for their areas.

Registrars

270. Registrars noted several concerns with returning to business as usual, with the resumption of their wider registrar duties including, but not limited to, registering births, conducting wedding ceremonies and providing marriage notices:

- There was a significant backlog of births that needed to be registered. The Government has now outlined that these can begin again – considering public health guidance around social distancing.
- Registrars discussed the positive impact that telephone registration had had for services and were interested in exploring how telephone registration and electronic sharing of information could be expanded. However, this would require primary legislation. Using secondary powers to enable pre-population of the birth certificate and partial telephone process would be the next best option. There is currently a pilot trialling video calling for birth registration.
- There were concerns around the validity of existing notices of marriage and venue availability to carry out marriages in line with social distancing guidelines. It was also clear that public pressure on these services would increase.

Death Management

271. Death management colleagues outlined concerns around several issues including:

- The future of the temporary body storage facilities that had been put in place, especially the financing of those facilities. The investment made by some councils to procure temporary body storage facilities was significant, though there were sizeable variations across councils on how much had been spent. Areas are now considering what the next steps should for those facilities should be and were taking steps to decommission this provision. Many areas now have a better understanding of what body storage capacity there was in local areas, for example through funeral directors, and will be considering how this storage

could be best utilised in the future.

- The impact of seasonal flu on this work area, and the potential for it to coincide with a second wave of infections was a particular concern to practitioners.
- The number of Government departments involved in death management during the coronavirus response led to confusion. Practitioners stated that it would be helpful to have one government department that was responsible for all death management issues in any second wave to help provide clarity and a clear point of contact for all queries. They said that the provision of clear and timely guidance was key for councils and needed to be given alongside announcements.
- Social distancing was identified as having a continuing impact on funerals, however there are concerns that if restrictions were to be reintroduced in particular areas or for limited periods, public support would be difficult to maintain.

Part G: Lessons to be learned

Particular challenges for local authorities (Q26)

272. Local authorities, their staff and councillors played a critical role in the pandemic response. They sought to both reduce the impact of Covid-19 on the individuals, groups and communities they serve, but also to aid the most vulnerable people or those otherwise in need of support or assurance. As they were uniquely placed at the heart of their communities and so closely involved in public service delivery, local authorities were at the very heart of this crisis, and demonstrated flexibility, innovation, resilience, and responsiveness.
273. However, there were several challenges that made the role of local authorities in supporting their residents and communities more difficult:
- The financial position in which local government entered the pandemic having had to make substantial savings and efficiencies since 2010/11 in response to funding cuts. This had reduced the capacity of the local government to fund those services that supported the wellbeing of individuals and communities.
 - The lack of recognition from Government in the initial stages of the pandemic that potentially all local government workers were key workers, which left

councils in an initially uncertain position about whether they would be able to provide support both as part of the Covid-19 response or in delivering core services.

- The lack of national planning for a pandemic response that included a range of non-pharmaceutical interventions such as lockdowns, and the impact this would have on individuals, communities and the services local authorities deliver.

LGA's recommendations or observations that could have reduced the adverse impacts on local communities (Q27)

274. As the Inquiry has already concluded, the UK was not prepared for a pandemic event such as Covid-19. National planning for future pandemics must as a matter of course consider how to minimize the impact of any response to the pandemic such as non-pharmaceutical interventions on individuals, communities and society, especially in relation to the bereaved and the effects on wider mental health and wellbeing.

275. Given the crucial role played by local government in supporting the individuals and communities they serve these plans must be developed and co-designed with the local government sector and relevant representative bodies of, for example, the voluntary and community sector and the funeral industry. As part of this co-designed planning process, Government must:

- Consider the definition of key workers, drawing on the local government sector's experience during Covid-19 to ensure it arrives at a definition agreed with local authorities ahead of a future pandemic; Assess the economic consequences on individuals vulnerable to financial hardship as a result of the introduction of mechanisms designed to slow the rate of transmission, such as lockdowns;
- Take into account the learning from the "Everyone In" approach such as the need for greater provision of social housing so there are less issues with access to move on accommodation, how to provide treatment in the case of dual diagnoses of mental health and addiction needs, and what is needed to support individuals with NRPF;
- Ensure that as well as putting in place measures to ensure funerals can take place safely (including the provision of PPE and vaccinations to relevant council staff), the modelling process around the likely number of excess deaths and additional temporary mortuary is improved so councils and LRFs are provided in a timely manner with the data they need to put into place relevant measures;

and

- Consider how greater equality of access to cultural and sporting activities can be facilitated as the UK population grows, thereby ensuring there is greater capacity to access activities that support mental health and wellbeing in a future pandemic.

276. Councils need to be sufficiently resilient to play their role alongside central government in supporting individuals, communities and the voluntary and community sector during a pandemic. As the LGA has already said in relation to Modules 1 and 2, councils entered the pandemic in a financially vulnerable position. The sector had been making substantial savings and efficiencies since 2010/11 in response to funding cuts. This had reduced the capacity of the local government to fund those services that supported the wellbeing of individuals and communities such as leisure and cultural services, the regulatory services that supported the wellbeing and health of workers, and the ability of councils to support their local VCS bodies and organisations. Government should reform the local government sector's funding arrangements to build greater financial resilience across all councils.
277. It was also clear from the pandemic that councils, working in partnership with their own communities and the VCS sector, are best placed to understand the needs and assets of their communities and any additional needs because of a pandemic. Government must ensure local perspectives are considered in future volunteering initiatives prior to national recruitment drives. Volunteering, by its nature, is a local activity and the pattern of VCS organisations are unique to the needs of each place. Voluntary campaigns and recruitment drives are best built from local communities upwards.
278. It is crucial that there is continued collaboration and regular communication between local government and the Department for Health and Social Care to improve the alignment, coordination and interoperability between national and local volunteering schemes. Councils effectively work with the VCS in supporting local vulnerable people and work at national level must complement this.
279. To meet increased demand on VCS organisations during a future pandemic in relation to homelessness, food poverty, economic deprivation amongst others, the voluntary sector needs the capacity and resource to continue supporting communities and rebuilding resilience. The Government, therefore, must ensure that councils have the resources to continue to improve the resilience of the VCS and its long-term

sustainability.

Examples of measures that proved particularly effective in addressing the impact of the pandemic on local communities (Q28)

280. During the pandemic local authorities demonstrated that locally designed services were the most effective mechanism for addressing the impact of the pandemic. Due to the fact councils are rooted in their communities and have existing relationships with local partners, including the voluntary and community sector, they were able to act swiftly and effectively to implement measures to support their communities. Councils were able to devise solutions that were effective "on the ground," precisely because they knew best how things could be made work in their communities. Many aspects of the response that were dictated from central government — from shielding to volunteering schemes — demonstrated the problems in trying to design, control and manage from the centre, activities that required local responses to widely differing community-based challenges.
281. Where Government co-designed policies, schemes and initiatives with local government, such as changes in the way support was delivered to the CEV and self-isolation payments, they were more effective than equivalent nationally designed approaches.
282. The LGA has exhibited all relevant key reports, analyses and documents that it produced or holds in relation to the topics being considered in this module or likely to be relevant to it or that assess or describe the impact of the pandemic and associated measures on any of the topics. It does not hold reports or analyses on these topics conducted by our member authorities and would only be able to provide them if it surveyed English local authorities to seek details of what reports and analyses, they hold.

Statement of Truth

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

Signed:

Personal Data

Dated: 27 October 2025

APPENDIX A – GLOSSARY

Term	Definition
APSE	Association for Public Service Excellence
CEV	Clinically Extremely Vulnerable
CEX	Chief Executive
CIEH	The Chartered Institute of Environmental Health
CTSI	Chartered Trading Standards Institute
DEFRA	Department for Environment, Food and Rural Affairs
DWP	Department for Work and Pensions
EPS	Emergency Placement Scheme
FAQs	Frequently asked questions
FTE	Full time equivalent
HSE	Health and Safety Executive
LTA	Lawn Tennis Association
LGA	Local Government Association
LGA/ML/M1	The evidence of Mark Lloyd for Module 1 (INQ000177803);
LGA/ML/M2	The evidence of Mark Lloyd for Module 2 (INQ000215538);
LRF	Local resilience forum / fora
MCCD	Medical Certificate of Cause of Death
MHCLG	Ministry of Housing, Communities and Local Government
NARE	National Association of Regional Employers
NHSVR	NHS Volunteer Responders
NHSX	A joint unit of NHS England and the Department of Health and Social Care
NILGA	Northern Ireland Local Government Association
NJC	National Joint Council
NPIs	Non-pharmaceutical interventions
NRPF	No Recourse to Public Funds
NSAP	Next Steps Accommodation Programme
PPE	Personal protective equipment
Rule 9 request	Covid-19 Inquiry's Rule 9 Request to the LGA dated 22 May 2025
VCS	Voluntary, Community and Social Enterprise
WLGA	Welsh Local Government Association