

## **UK Covid-19 Inquiry**

### **Social care roundtable**

17 March 2022

Online

(Participants were offered an in-person meeting in Winchester but either chose to attend online or we moved the meeting online due to a lack of in-person attendees)

#### *Participants*

Ben Connah, UK Covid-19 Inquiry

James Crockford, Citizen Coaching & Counselling

Katie Hitchinson, Citizen Coaching & Counselling

Naomi Paterson, Care Quality Commission

Catriona Filmer, Access Social Care

Ruthe Isden, Age UK

George Appleton, Care England

Cathie Williams, Association of Directors of Adult Social Services

Joyce Pinfield, National Care Association

Alison Cook, Care Inspectorate Scotland

Lisa Rooke, Care Inspectorate Scotland

Nana Gyamfi, UK Covid-19 Inquiry

**Ben Connah:** [00:00:14] Good morning everybody. Thank you very much for joining us this morning and for being so prompt. It's much appreciated. My name is Ben Connah. I'm the Secretary to the UK Covid-19 Inquiry. As you all know, the Covid-19 Inquiry is an independent public inquiry chaired by Baroness Hallett, who is a retired Court of Appeal judge who, like me, thanks you for joining us today.

The Inquiry has been set up to look at the UK's response to the pandemic. We recognise, of course, and I think it's important for me to say this at the start, that the pandemic has had a huge impact on all of our lives and as well as the professional focus that you all bring today. Each of us will have had a personal impact to deal with, whether large or small, and today's meeting might, therefore, be difficult for some of you because I'm anticipating that we will get into some potentially quite difficult territory.

In view of that, we, at the Inquiry, have asked a company called Citizen Coaching and Counselling to join us at these sessions. Today, we're joined by James Crockford and Katie Hitchinson, who are going to be available to anyone who wants to access any support at all either in the meeting

or afterwards. Their contact details are on the first page of your agenda. But if I may, I'll just handover to Katie, who can say a little bit about how to access that support, if you'd like to.

**Katie Hitchinson:** [00:01:57] Thank you, Ben. My name is Katie. I'm from Citizen Coaching and Counselling and I'm here today with my colleague, James. If at any point, you do feel that you'd like to access any emotional support, if you could raise your hand and come off the screen and then we'll arrange to phone you to make that contact and offer you that support. As Ben explained, if you do want support after the event, then also our contact details are on the contact sheet for you to make contact then. Thanks.

**Ben Connah:** [00:02:31] Thanks very much indeed, Katie. So, today's is a purely virtual meeting. I'm not joined by anyone in the room apart from Katie and a couple of members of my team who will be making notes today.

We're in Winchester today and the reason that we're here is that this is the third date on a tour of the UK. We're visiting all four nations and meeting different groups, sector organisations as we go. The reason we're in Winchester though is that we're also meeting groups of bereaved families, and so later this afternoon, we'll be meeting with a group of bereaved families who are from Hampshire and the surrounding area.

There is no penalty at all for the fact that you haven't been able to join us in Winchester today, and indeed, it is probably quite helpful that all of us are joining this meeting virtually. As a result, I'm not going to tell you where the toilets are but I will let you know that we're not expecting any fire alarms today.

So, as I say, over the coming weeks, we will be meeting groups of bereaved families and organisations that have been affected by the pandemic. Because this is a virtual meeting, I will occasionally need to look away from the camera at my screen, which is just to the left of me so that I can, first of all, see your faces in slightly higher resolution, but also check for any hands that are up.

Each of these meetings is focused on the consultation exercise that we kicked off last Friday, and that's the consultation on our draft Terms of Reference. You will have seen a version of this on our website and something would have been sent to you in advance of this meeting. But the Terms of Reference set out what the Inquiry will investigate during its lifetime.

I need to be really clear at the outset, if I may, that these sessions are not about giving evidence. The giving of evidence will come later once the Terms of Reference are finalised and the Inquiry has formally begun its work and of course, we'll be in touch near the time when that happens.

We've been grouping organisations according to sectors or the communities that they represent, and as you will know, today's is focused on social care.

We began in Cardiff on Tuesday with a roundtable session on equalities, because equalities cuts through so much of what we do. We were keen to start with that and now, we're moving on through those sectors that have been most affected by the pandemic.

You probably know that the public can also give their views on the consultation via our website and if I can ask you, please, for a favour before we even get going, it would be that you make your

members aware of the public consultation so that they can contribute and give their own views as well as receiving them from their representative groups.

We are recording this meeting today because we're keen to get a transcript of it that can be fed into our overall analysis of the consultation and in the interest of openness, we will be making that transcript available on our website at the end of the consultation period.

The information that we get today and the responses that we get throughout the consultation period will be used to inform the outcome of the consultation and the Chair's recommendation to the Prime Minister, who sets the Terms of Reference about what the final version of the Terms of Reference should look like.

Because we're recording this and it will go into a transcript, you should expect to be named in that transcript when it goes on our website and a verbatim record of all our contributions will be published. So, please let us know if you do not wish to be named in that transcript.

I'll say a little bit about how today's meeting will be structured. The bulk of the session, as you'd expect, will be in answering the four questions that are posed within our consultation exercise and we'll work through those one by one. I'll try to keep us to time to make sure that each of us gets the chance to give our full contributions to the consultation.

Now, the chat function will be open on the call and colleagues here will be keeping an eye on it. But we're not going to be able to respond fully to the points that are made within the chat today. Instead, what we'll be doing is we'll be collecting that chat at the end of the call and making sure that, like the transcript, that also feeds into our analysis of the consultation.

So, if I could ask people, when they wish to come in and make a point, rather than using the chat to raise their hand, that would be incredibly helpful in managing the meeting as smoothly as possibly we can and from time to time, I may ask others to come in or I may interrupt if we're in danger of running over because I do want to make sure that everybody gets their chance to speak but also that we run through all four of the questions.

At the end of the session, I'll attempt to summarise some of the key points. But please, rest assured that even if I don't say one of the things that you've said, it will be taken on board and the full transcript will be properly analysed to make sure that all views are fed into Baroness Hallett's thinking ahead of the recommendations that she'll make on the final Terms of Reference.

I hope that is all clear. If I may, I will move to some introductions. Could I ask people to just briefly share their name and the organisation that they are coming from? Perhaps I could start with Naomi Paterson because you're at the top of my screen. Naomi.

**Naomi Paterson:** [00:08:57] Hi, Naomi Paterson, Head of Governance and Private Office at the Care Quality Commission.

**Ben Connah:** [00:09:06] Thanks very much, Naomi. Could I move on to – apologies, I don't know if it's 'Cat-ree-o-na' or 'Cat-ree-na'.

**Catriona Filmer:** [00:09:13] That's fine. It's 'Cat-ree-na'. Hi, everyone. I'm a Legal Director at the charity Access Social Care. We provide legal advice to people requiring social care and we

work on a membership model. So, we're responding on behalf of about 20 member organisations that provide social care today.

**Ben Connah:** [00:09:33] Thanks very much indeed, Catriona. Ruthe.

**Ruthe Isden:** [00:09:39] Hi, I'm Ruthe Isden. I'm the Head of Health and Social care at the charity Age UK.

**Ben Connah:** [00:09:45] Thanks very much indeed, Ruthe. George.

**George Appleton:** [00:09:49] Good morning, all. George Appleton, Policy Manager at Care England. We're the largest representative body of independent adult social care providers in England.

**Ben Connah:** [00:09:58] Thanks, George. Cathie.

**Cathie Williams:** [00:10:03] Hello, I'm Cathie Williams. I'm ADASS's Chief Executive and for those who don't know, our 152 members are all of the directors of adult social services in England.

**Ben Connah:** [00:10:38] Forgive me. We may need to come back to Joyce. Joyce, we can't hear you, if you did just introduce yourself.

**Joyce Pinfield:** [00:10:45] Sorry. Somehow, you just dropped out, Ben. Yes, I'm Joyce Pinfield. I'm Vice-Chairman of the National Care Association and we represent small and medium-sized care providers.

**Ben Connah:** [00:10:59] Thank you very much indeed, Joyce. Alison, can I come to you, please?

**Alison Cook:** [00:11:04] Hello, I'm Alison Cook. I'm Senior Solicitor with the Scottish Care Inspectorate.

**Ben Connah:** [00:11:10] Thank you very much indeed, Alison. Lisa, are you still there?

**Lisa Rooke:** [00:11:20] Hi there, yes. I'm Lisa Rooke. I'm Head of Corporate Policy and Communications at the Care Inspectorate in Scotland as well.

**Ben Connah:** [00:11:28] Great. Thanks very much indeed, Lisa. I think everyone has introduced themselves. Can I just check that there's no one who I missed? It doesn't look like it. I should explain the other names that you can see on the call, including the recording bot that is going to produce the first cut of the transcript. Nana works in my team and the other organisations are those that are helping us with the virtual magic that you see before you, they're our audio-visual providers.

Thank you very much indeed for the introductions and it's very nice to have you here and to meet you.

So, we've shared with you the draft Terms of Reference, which are also now online after they were published by the Government on Thursday. There are four questions that we have framed our consultation around and I'm going to suggest that we spend around about 15 or 20 minutes on each of those questions. The first of which is to ask, and I suspect this is the biggie, really, because it goes to the heart of what the scope of the Inquiry will be. To a greater or lesser extent,

the other three are about how the Inquiry will do its work. But the first of those questions is, do the draft Terms of Reference cover all of the areas that you think should be addressed by the Inquiry? And if I may, I'm going to open the floor now to take views. I'll ask people to be relatively brief but, of course, there aren't that many of us and so, we can elaborate if we need to. Catriona, your hand is up.

**Catriona Filmer:** [00:13:27] Thought I'd try and get in there early. So, in relation to the comments that have been set out for health decision-making, we've got a couple of suggestions for additions. In relation to how decisions were made, communicated and implemented, we would recommend giving consideration as to whether a rights-based approach was adopted and in particular, consideration was given to public equality and impact assessments because clearly throughout the pandemic, there was a tension between legislation and the Human Rights Act to keeping people safe but potentially a particular imbalance.

Who was involved in that decision-making? As it appears at times, there may have been some blind spots that could have been avoided if those with lived experiences, sector experts had been involved. The focus of using digital as the primary means of communication, where it was successful and where it excluded individuals. How local authorities responded to those decisions, as to some extent, it appears there was a bit of a postcode lottery, guidance particularly in the early days. It was translated differently by different local authorities and finally, under this section, how it was decided what should appear in regulations and what should appear in guidance and that was particularly important because at times, the regulations and guidance contradicted each other and it was difficult, certainly for some of our members to understand the different legal implications of guidance versus regulations and I've got other things to say under this first point but I can stop there.

**Ben Connah:** [00:15:12] Thanks very much, Catriona. Yeah, so we'll come back to you if time allows. That's very kind. Ruthe.

**Ruthe Isden:** [00:15:22] Yeah. I'm just wondering the best way to do this because I have a few points for the different sections. So, perhaps if I just pop through them briefly and then maybe we can circle back if more information is needed.

**Ben Connah:** [00:15:32] By all means.

**Ruthe Isden:** [00:15:33] So, firstly, emphasise the point that Catriona has just made. I think there was a lack of expertise in different parts of the decision-making system and expert advice from SAGE and other bodies about some of the groups or people that were going to be particularly impacted in this. So, for example, no geriatric expertise, and I think that sort of expertise in care homes and in others and that certainly showed at different points. So, certainly, that was one of the points that I was going to make and I would agree as well, the big issues around equalities and impacts, issues on impact, big issues on access to care. The older people or disabled people - there was formal policy consideration about thresholds for access to care and things like that, which were at different points through the pandemic and exactly how were those decisions made, how were those policies being considered, I think, is going to be a very important part of this.

Thinking about some of the omissions, some additional points, in the first section. There's consideration of people who are clinically vulnerable and shielding. But I think it's important to look at the support provided to and the impact of lockdown particularly on other vulnerable groups, so people who did not meet the threshold of being clinically vulnerable but were extremely vulnerable to some of those impacts perhaps through poverty, social isolation, loneliness and other kind of challenges they might be facing in their life that were exacerbated by that.

Then in terms of thinking about those – I think perhaps more consideration needs to be given to care and support being provided outside of residential settings, so care homes and hospitals. So, I think there's a big package of things for the Inquiry to look at around care and support for people in the community, both clinical support and access to social care support, domiciliary care. The impact on carers, family carers has been particularly acute. We know that there have been consequences for the assessment and provision of care. So, I think there's a local authority component to this and how people who've acquired care needs over this period or seen a change in their care needs have been able to access the support that they required and also around the provision of primary and community-based services, healthcare services both in terms of the management of Covid in the community for people who didn't meet the threshold for hospital admission, particularly in the early phases where that threshold was really quite high and of course as well, thinking about bereavement and mental health support.

A couple of points around care homes. End of life care specifically in care homes was a huge issue, particularly in the first wave of the pandemic. The regulations made it very difficult for the provision of end-of-life care. Drugs and medication, symptom control medication was a really significant problem. I think that needs to be given specific consideration in the care home community setting as well as in hospitals and also, that question about joint working between care homes and hospitals. I think you kind of allude to that but I think that needs to be drawn out more clearly and then two other areas, which I think it would be really helpful for the Inquiry to look at. The first is workforce, both health and social care workforce. I mean, the impact across has been huge. So, thinking about looking, I think, in a bit more detail about the consequences of that, the management, the support that was provided to the workforce directly and within that, I think the impact of VCOD and the decision-making around that is quite key.

**Ben Connah:** [00:18:50] Sorry, Ruthe, forgive me, the impact of what?

**Ruthie Isden:** [00:18:53] Mandatory vaccination in the workforce [vaccine as a condition of deployment].

**Ben Connah:** [00:18:55] Great. Thank you. Forgive me, I didn't recognise the abbreviation.

**Ruthie Isden:** [00:19:01] No, no. I could see other colleagues nodding. Apologies for that. We've all slipped into our own acronyms over this period of time, haven't we? And then the last point that I just wanted to make was, I think, that's missing from the Terms of Reference is around the third sector as well, so the contribution of the voluntary and community sector and then the engagement with and the support for them in order to do some of that work because I know from my colleagues or my own organisation and colleagues across the sector, it's been a hugely – I mean, we've done a huge amount of work to support the people that we work with over this time

and I think that the relationships have not always been smooth and therefore, the contribution of the sector has not always been able to be leveraged in the best way possible and that would be worth considering particularly in the context of future, you know, thinking about recommendations for the future. So, thank you.

**Ben Connah:** [00:19:56] Great. Thank you very much indeed. George, I think you are next.

**George Appleton:** [00:20:00] Thank you very much and I'll do my best not to cover the same grounds that Catriona and Ruthe have just covered as well. I think starting off with the key point, is that instead of a catch-all phrase, which is used within the drafts Terms, so the management of the pandemic in care homes and other settings, is relatively catch-all in terms of what it can encompass but saying that there were a few points that I wanted to raise and trying not to duplicate what's already been said.

I think examining the specific relationship between the NHS and social care is really key in terms of the Inquiry. So, looking at the differential treatment between the NHS and social care, so the parity of esteem between sectors and how the Government prioritised the NHS in terms of putting a protective ring around the NHS as opposed to social care whilst also looking at the support given to the NHS from Government as well as they can get the support from the NHS to the social care sector.

The next point, which I didn't spot in the Terms of Reference, was around the sort of financial support given from Government specifically to social care and particularly, how that funding was allocated and how that funding was used by local government in terms of supporting the sector. And finally, and I think it was Catriona who mentioned this, but particularly, the sort of guidance flow from central Government and how that guidance was interpreted at both a national level and local government level and how that impacted care providers.

The omission for me when reading the Terms of Reference really comes in relation to the focus upon residential care. So, the omission of the wider nuances of the sector. So, looking at other settings: domiciliary care or supported living, and that particularly has implications for the likes of younger adults with known disabilities and autism. So, the caring and management encompasses both older adults, those with long-term conditions as well as younger adults with known disabilities and mental health problems. Certainly something which we found throughout the course of the pandemic was the prioritisation given to residential care as it's probably slightly easier to interpret from a Government level, sorry, and I think it's that omission in terms of recognising that this sector is far wider than care homes and residential care. It's extremely diverse and desperate in terms of its shape and size. So, [inaudible] recognition upon that as to what the Inquiry would look at.

**Ben Connah:** [00:22:34] George, thank you very much indeed. Yeah, we're already seeing so much nuance, aren't we, what hasn't been captured by the Terms of Reference. Cathie, before I come to you, just a point that I've heard Baroness Hallett make a few times is that inevitably, the Terms of Reference won't list every single issue that is to be covered but that she is keen that as she breaks down and thinks about how to investigate this Inquiry that she will try to be as clear as possible on the kind of sub-issues that will fall under each of these bullets, I suppose. This

conversation, at the very least, will inform that even if not every single thing that we've talked about so far and we'll come on to talk about will end up being included in the Terms of Reference themselves, which are inevitably somewhat high level, and as you put it, George, a bit catch-all. Cathie, can I come to you, please?

**Cathie Williams:** [00:23:35] Thank you. So, I think from our point of view, we would really hope that the Terms of Reference do focus on learning and there are many, many, many people who have been incredibly impacted by the pandemic, not just the people who've lost their lives, which is a tragedy but their families, people who are working in social care, in every dimension and probably, none of us will be quite the same after these two years.

There are, I think, three things I'd want to emphasise though, which other people have alluded to. First of all, could the Terms of Reference focus on the impact of the pandemic on existing inequalities in every way, shape and form. Everything from rough sleepers with mental health problems, people from poorer and black and minority ethnic communities, older and disabled people, the list is long but important and also important, the largely female workforce in social care. Then secondly, in terms of social care, I think it's important to look at the fact that it was pretty much an afterthought to focus on acute NHS hospitals and it's worth thinking about how that happened and how the voice of social care wasn't engaged at the beginning and wasn't on SAGE, for example, and remained an afterthought. There are a number of examples to that and I think we can still see this happening in how this winter has run through and in relation to that, the impact of the pandemic on a sector that was already extremely fragile. So, its status in relation to providing essential support care and safeguards, but its status also in relation to its staff and in effect to older and disabled people, people with mental health issues and so on and I think even when the sector has spoken, its voice hasn't been heard to the same extent as other parts of the economy and the health service. My third point would be around, could the Terms of Reference encompass the national, regional and local dynamics and all the issues about responding from a national, regional and local level. There's, obviously, a lot underneath all of those but they're some of the key things that we'd hope could be addressed.

**Ben Connah:** [00:26:57] Cathie, thanks very much indeed. Catriona, if I may, I'll loop around and come back to you last. Can I come to Joyce next, please?

**Joyce Pinfield:** [00:27:09] Yes, hello. I must echo a lot of what has already been said. It was extremely clear from the very beginning that the Government was not prepared for a pandemic of this type and we do feel that the NHS was definitely prioritised over social care and, of course, the financial aspect.

It's clear that we are still not out of this pandemic and so, I hope lessons will be learned that this is still continuing. There are many care providers, as we speak, who are still fighting Covid even though their residents and their staff are vaccinated. It's a great shame indeed that the staff are not being included on the booster programme for the fourth round. It's a great shame.

Many care providers at the moment are facing – it seems to be that the new variant goes – the transmission just goes through care home staff in about two and a half days. I do know of care providers with 18 staff who are having to isolate as we speak. So, if in the lessons learned, it can

be that the workforce is definitely looked at and prioritised because we are looking after people. We're not looking after finances. We need the finance though to look after the people. So, we need the workforce.

We went into this pandemic with a tremendous shortfall in workforce and it has only exacerbated it including the mandatory vaccination programme. So, we need to concentrate on how we are going to find that workforce to be able to look after the most vulnerable period when our own staff are having to isolate due to a different pandemic, a flu pandemic, a norovirus pandemic. So, it's not just purely on this pandemic but whatever else we might be facing in the future.

It was an absolute farce to begin with trying to get PPE. Indeed, we were fighting day after day and of course, the grants have been a great help. It has been helping many of our members of the National Care Association to actually get through the pandemic. However, what we need is consistent funding, long-term funding, not these small chunks of funding, which actually is a drain on trying to administer it and we need continuity of funding to be able to get through these types of pandemics in the future.

So, that's what I have to add to everything else, which has already been said, to concentrate on the staff and to be more prepared in the future for whatever we may be facing.

**Ben Connah:** [00:30:06] Super. Thanks very much, Joyce. Just on that last point, I can assure you that the Chair, me and my entire team are entirely focused on making sure that the nation as a whole is as prepared as it can be in the future. Thank you very much for that.

**Joyce Pinfield:** [00:30:21] Yes. Could I just add that, yes, the communication between the NHS and social care was very poor indeed. It still is. I am a care provider. I am taking people from hospital, helping with bed blocking and if the system around which, I hope in the reform programme around trusted assessors and the assessment of people coming out of hospitals into care facilities is accurate. At present we get very poor assessments. We are trying to help the hospital because they are still fighting with Covid and bed blocking. So, we need a better system around getting true and accurate assessments to be able to take those people from hospitals. Of course, they are still being tested, thank goodness, regarding Covid because we still need to protect our vulnerable people in our care homes from the pandemic and from Covid.

**Ben Connah:** [00:31:21] Yes.

**Joyce Pinfield:** [00:31:22] And so, if those assessments can be somehow looked at so that we have accurate information.

**Ben Connah:** [00:31:29] Thank you very much indeed, Joyce. Can I go to Alison perhaps for a Scottish perspective?

**Alison Cook:** [00:31:36] Thank you. Firstly, a basic point. It wasn't clear to me from the Terms of Reference what period of time the Inquiry will cover. So, I thought that was something I would mention.

Also, the Scottish Covid Inquiry has specifically, in its Terms of Reference, given the power to the Chair to consider the impact of any elements of the pandemic handling and on people's human

rights. I think that's obviously something that's been touched on by others but that's specifically in the Terms of Reference for the Scottish inquiry.

I think as well, there are maybe issues around what steps were taken and to ensure people's rights when they were being moved from hospitals into care services, particularly homes, especially where people may have had capacity to consent and what steps were taken to ensure that their views were taken into account when decisions were made to move people.

**Ben Connah:** [00:32:40] Thank you so much, Alison. Really helpful and points well made. Lisa, perhaps we'll come to you and then Naomi and then we'll finish with Catriona on this item.

**Lisa Rooke:** [00:32:57] Yes, very much agree with Alison and the other comments made already and that real focus on the lessons learned and using that to inform our future approaches. We've contributed to the Terms of Reference for the Scottish inquiry and I know that that's referenced in your Terms of Reference looking across the UK. So, it's just really, I suppose, a plea for that alignment with the other inquiries that are taking place just to ensure that approaches are aligned, that the inquiries are looking at the similar areas, the Terms of Reference are lined up and avoid any duplication, just trying to make that a streamlined approach as possible.

**Ben Connah:** [00:33:45] Super. Thanks very much indeed, Lisa. I can't give you absolute assurance on that but what I can tell you is that certainly, I'm speaking to my opposite number in Scotland at least weekly and sometimes more. Lady Hallett is speaking to Lady Poole, the Chair of the Scottish inquiry. We're as keen as you are to make sure that we avoid duplication but also that we avoid confusion for the public generally and for people in Scotland in particular. Thank you very much indeed. Naomi.

**Naomi Paterson:** [00:34:17] Thank you. So, I'd agree with what's been said before including the period of time that's just been raised by Scottish colleagues. Obviously, CQC covers health and care. So, in relation to that, it seems the way it's drafted is very much focused on hospitals rather than the other health-related settings: primary care, mental health provision.

Likewise, towards the end of that bullet point, it focuses on hospitals. As others have mentioned, it talks about DNACPR, the approach to palliative care, those things all apply to social care as well and yet, the only one that's kind of repeated in there in the social care bullet point is changes to inspections. But as others have mentioned, a lot of those points cover social care in the same way. So, otherwise, I'd just like to agree with what others have said.

**Ben Connah:** [00:35:14] Thanks very much indeed, Naomi. That's a really good point. Thank you very much indeed and thanks for going last and still having something to say. Catriona, back to you.

**Catriona Filmer:** [00:35:44] Thank you. I just wanted to go back to one point. I appreciate we don't want to go over ground. But just in [inaudible] and I take on board that but I do think in relation to this issue of other care settings, one of the things that we were recommending to look at as part of the Inquiry is not just ensuring that you are considering different care settings but actually understanding there was at central policy level of the different types of care settings because I think from our perspective, we would say this is an important area where you are listing them all out. So, because some very significant different decisions were made, it would appear

as a result of a very big misunderstanding as to how social care is primarily delivered in this country. So, one example was we got involved in litigation around visiting rights into supported living provision, which hadn't been provided in this way, the same way it has for care homes and in conversations we had with central Government. It was very clear that there was just a very basic lack of data and understanding around how social care is delivered. So, I would very much obviously echo what everyone else says that give consideration to the fact that you actually do list those all out.

In terms of some other areas which we think are probably important to highlight, in relation to prisons and other places of detention, I'm sure this will be covered but consider listing out particularly those detained in assessment and treatment units as there were some significant human rights breaches and a number of those happened to children as well as adults. We had teenagers in those settings with some very significant and distressing issues.

In relation to visiting rights, it's referenced in relation to care home settings but not hospital settings and for our cohort, particularly for our clients with learning disabilities and autism, that was a significant impact because you had people who were going into hospital and who were being cared for by staff who perhaps didn't have the training or understanding how best to communicate with those individuals. You had people who're very distressed and it led to some knock-on effects there as well and just a few – sorry?

**Ben Connah:** [00:38:16] Catriona, I wonder, I'm sorry to interrupt. I'm acutely aware that this is the biggie, as I said, and there will be an awful lot of input needed. I wonder if I could ask you to be brief but also –

**Catriona Filmer:** [00:38:31] Yeah.

**Ben Connah:** [00:38:31] – and this goes to everyone on the call, I'd be really grateful if there are things that you haven't had the opportunity to mention through the course of this meeting, please do either put them on the chat or we'd be really grateful for online responses as well. This isn't your only chance to get your views across. So, Lisa, back to you but if I can ask you to be brief. I'm so sorry, I called you Lisa - I meant Catriona.

**Catriona Filmer:** [00:39:05] No problem. Sorry, yes. Just final two points. Just to finish on a positive, really, and it was something Ruthe touched on, is really capturing the good practice that emerged from the pandemic. We had a lot of our member organisations talking about the responsiveness of local authorities to their services. But also in terms of, I guess, looking at lessons learned particularly around communication, there were some really good responses from peer support and grassroots organisations particularly supporting individuals who may not be digitally capable of being able to access information and I'll stop there.

**Ben Connah:** [00:39:43] Fantastic. Thank you, Catriona, and apologies for misnaming you. We've had some hands going up and some hands coming down. George, I've got your hand up at the moment. If you're able to be brief, then please do come back.

**George Appleton:** [00:39:55] Yeah, of course and I think I'm going to ask a question rather than give an answer, I suppose. I think it'd be helpful to understand – and this is owing to the point you just made, if you'd be open to written submissions from the likes of Care England and other

bodies separate to the online consultation given that it would likely be difficult to express all the viewpoints that we wish to make within the consultation process. I suppose, whether or not we can submit written evidence.

**Ben Connah:** [00:40:22] It's a simple answer, yes.

**George Appleton:** [00:40:26] Thank you very much.

**Ben Connah:** [00:40:27] Thank you. Others have their hands up. I don't want to completely curtail this discussion. So, I think I saw Lisa and Naomi with hands up. Do come back in now if you'd like to.

**Naomi Paterson:** [00:40:40] No, it's just I hadn't lowered my hand. Apologies.

**Ben Connah:** [00:40:43] Great. Thank you. Lisa?

**Lisa Rookie:** [00:40:46] No, same. I hadn't lowered my hand either.

**Ben Connah:** [00:40:48] Thank you very much indeed. Some really rich input there and clear expertise, including on the need for expertise, which we will reflect on and make sure is properly represented as we go through the consultation. I'm going to move us on to question two, if I may, which I'm going to suggest we do in a rather more quick-fire fashion because the Inquiry will look in detail at each of the issues that are listed in the Terms of Reference and, as I say, there will be umpteen sub-issues that sit beneath those that Baroness Hallett will be wanting to explore in discharging her Terms of Reference. But we can't do everything at the same time and so, we're really keen, over the course of this consultation exercise, to understand how we ought to prioritise the investigations that we make and the hearings that we have. So, you know, I'm going to ask people not to reiterate the points that they've already made. They're all captured and well made. But if there are issues or topics that you think the Inquiry should look at first, then please do let us know and Ruthe is first up.

**Ruthe Isden:** [00:42:12] This does not quite answer the question but I think it's rather about ordering about how we hear from people is going to be really important. So, I would really strongly recommend that we prioritise hearing from individuals, bereaved families, frontline workforce, you know, to really ask those people to come forward first partly because – for the reasons that you've expressed, kind of the nuances. There's so much here to unpack.

But also from, you know, particularly thinking about it from the perspective of older people, time is of the essence. People's memories, their understanding of what has happened to them will fade. Some people will sadly no longer be with us, you know, if it's several years down the track.

So, I think if we can prioritise ranking those groups of people first, I think that would help set the tone for the Inquiry really effectively and also make the best use of the evidence and the answer that they can provide.

**Ben Connah:** [00:43:11] Fantastic, Ruthe. Thank you. You've rather pre-empted something I was going to say later and I'll say it now if I may, which is that public inquiries by their nature are very detailed and can take a while and Baroness Hallett said last week when she launched the consultation that she is not expecting hearings, in the formal sense, to begin until next year, so 2023.

But mindful exactly of what you've just said, we are mindful of the fact that not everyone will want to come and stand in a really formal setting and give their evidence to a member of the House of Lords and a retired judge.

So, we're also planning to establish some kind of nationwide listening project. We need to think of a better name that is not already copyrighted but some way of hearing from people in greater numbers and in, frankly, less formal settings and settings over which they've got a bit more control. So, we're absolutely planning to do that and in fact, for those of you that are able to stay for the fourth question, I'm really keen that we get your advice on how we might do that. Thank you.

So, we've had some views earlier on about the importance of preparedness, the importance of making sure that this isn't all about the NHS and that there's more parity of esteem to use, George's phrase. So, George, I'll come to you.

**George Appleton:** [00:44:40] Sorry, I know I should move the conversation on but I'd just bring it back quickly for two seconds. So, I think it would be really useful to sort of hear about the structure and timetable of the Inquiry, I suppose. So, as you say, the statements made by the Chair appear to suggest that she wants to be reasonably quick, as you say, in terms of Inquiry terms with the aim of starting hearings next year. But it would be helpful to understand what you can say, really about sort of practical arrangements in that respect.

It also appears to me, going back to the actual question which you posed at the start, that the structure that you could decide to pursue hearing evidence in some sort of chronological order, so looking at issues across all sectors. However, I think from my perspective, it may well be impractical in terms of witness management and trying to publish interim reports that make a difference. So, my preference would be for a thematic approach with health and social care sort of taken together, if you will, and that does appear to be what's hinted at by the Terms of Reference. But I think that would achieve the best balance between focusing on issues relevant to social care whilst enabling us as hopefully core participants, so those able to contribute evidence, to make the points about the issues which we already discussed today.

**Ben Connah:** [00:46:17] Thanks very much indeed, George. So, that's a really helpful steer. Thank you. On your point about practical arrangement, so the Chair has been really clear with us and to the extent that she can publicly, that she intends to be absolutely open about the progress of the Inquiry and the plans for it. I'm afraid we are simply at too early a stage to be able to give anything. But the most high level estimate, for example, of when hearings will start and certainly until the Terms of Reference are concluded, I don't think it's going to be possible for her to say anything more about the practical arrangements that will sit beneath those.

There will be, as you can imagine, a lot of work, which we will do rapidly but thoroughly to make sure that we've got some proper plans in place and that they're communicated as soon as possible because one of the things we're extremely aware of is the need to, first of all, build public trust and we hope that events like this and the consultation exercise will help us to do that but then maintain it and that means keeping people updated and showing progress.

So, we will attempt to do that. Your point is heard but I'm afraid that's a fairly pale response to it at this stage.

**George Appleton:** [00:47:38] No, that's fair. Thank you.

**Ben Connah:** [00:47:40] Thank you very much. Catriona.

**Catriona Filmer:** [00:47:43] Sorry. I probably am jumping to question four again but just because you raised the issue of trust, I think one of the things that we just wanted to flag was whether considerations being given to using NGOs or other trusted intermediaries is a way of gathering some information because obviously, there is a lack of public trust, in particular, with some groups with public decision-making bodies and although I fully appreciate this is an independent inquiry, that doesn't necessarily always translate and then in addition to that, if you're thinking about particularly our cohort of people we represent with learning disabilities and autism, using particular communication methods or advocates who they have a trusted relationship with, you know, that will take time but it means that it's not just about the setting of where you're gather the evidence but it's often the people who are around assisting in gathering affect evidence as well.

**Ben Connah:** [00:48:44] Catriona, fantastic. Thank you so much. I suppose the answer to your question is, yes, consideration has been given but that we're really at a very stage of that consideration.

**Catriona Filmer:** [00:48:53] Yeah.

**Ben Connah:** [00:48:55] One thing we are doing is learning from what's come before. So, your mention of intermediaries, they have really helped. I know, the Infected Blood Inquiry that's been running for the last few years, to gather not just evidence but insight from people who wouldn't necessarily otherwise engage with the formality of a public inquiry. We will be looking at every avenue to access every community that we can in every way that we can over the next few years to get people a chance to give their experiences and maybe help them and help the nation to move on a little bit from what's happened.

**Catriona Filmer:** [00:49:35] Sorry, just on this final point, I think it's also just about potentially emphasising those groups who were disproportionately affected.

**Ben Connah:** [00:49:41] Yeah.

**Catriona Filmer:** [00:49:42] You know? So, people with learning disability and autism, there were high numbers of people who died. So, it may be that greater, not weight, but effort, for want of a better word, is given to engaging with particular groups who have had that disproportionate effect.

**Ben Connah:** [00:50:04] Yeah, thank you very much indeed and I think that echoes some of the very early thinking that we've been doing. Thank you. As you say, we have rather moved on to question four but I make no apology for that because I think it's a really rich conversation. I'm just going to give people another opportunity to come back to us either on question two, the issues or topics that ought to be prioritised for early consideration but I'm also happy to continue this conversation. So, if others have got views, and in particular can help us around question four - how we make sure that not just bereaved people, although bereaved people will, of course, be incredibly important but all those who've suffered harm as a result of the pandemic, how we can

design the Inquiry to make sure that their voices are heard. You're the experts on this, not us. Naomi.

**Naomi Paterson:** [00:51:08] Thank you. So, yeah, if we're looking at question four, a couple of things, I think it seems the Inquiry is already doing some meaningful involvement and people in organisations that represent people in the set-up, so co-production with what the Inquiry is going to focus on these discussions. So, I think that's already been taken on board.

Equally, early conversations with organisations that represent people most affected have just been alluded to shape that Inquiry at that early stage. Something that CQC does is setting up an expert advisory group and we use that for some of our work to support how we develop things. So, that might be something for the Inquiry, having a number of people in organisations that can kind of look at that and explore that a bit further with the Inquiry.

Investing time and money to enable organisations that represent people most affected and individuals to contribute. Likewise, investing time and money to ensure that people's voices are heard, exactly the point that Catriona's just made about people most disproportionately affected and finally, keeping people informed and having a kind of end-to-end versus so that there's a feedback loop sharing timelines and progress updates and that sort of thing.

**Ben Connah:** [00:52:45] Naomi, thanks very much. That's really helpful. Ruthe.

**Ruthe Isden:** [00:52:54] – I had a few thoughts on this question. One of the first ones was I think it should be expanded, actually. We need to give some [inaudible] consideration to staff and frontline workers because I think there are some really, I mean, this is not the time to go into it but as colleagues will recognise. I think there's a lot of really important stories that need to be heard from those individuals and those stories may, I think, shed a lot of light on things that happened, the way in which it happened, where official narratives and official accounts of what happened differ quite substantially from the experience, the on-the-ground experience and I think those individuals will need to feel confident that they can come forward in a safe environment to provide that information for you.

So, I'd really urge you to consider those individuals – as well as obviously people who may have suffered harm. So, that was my first thought and then I think in this question about how to ensure people's voices are adequately heard, I think there's a few things. Firstly, I think recognising that huge amounts of this information has already been gathered so I can only speak, for example, on behalf of Age UK but I have at least three and about to go for a fourth round of gather – a huge process of gathering information, data, verbatim comments about people's experience. We've got tens and tens of thousands of verbatim comments from older people about what has happened to them over this period of time, the way in which they've already, you know, that they've experienced this, the harms that they've experienced as a result both quantitative, qualitative and I'm sure many other colleagues in the sector will have the same.

So, I think there's a huge amount out there that you can already work with and so, a process for perhaps submitting that up front so that that can be sifted through and you could think a little bit more carefully about how that might help inform and shape the design of your engagement process. I think absolutely some of those informal and others have alluded to this, I think,

intermediaries, trusted organisations who can bring people into the right types of conversation. Who can support those conversations in the right way are going to be really key and obviously, we'd be very delighted to help with that in any way that we can.

But I wouldn't underestimate as well, I think there will be people who want to come and tell their story to you very directly in that formal environment and so, thinking about how we find the people who, you know, because obviously, you can't hear from thousands and thousands of people in that way. But I think how we work with your time, people who can and do want to come and do that will be really, really important and then just a final point, which is a little bit nuanced, but thinking about how you work with organisations such as mine and others who are working with these groups who've been particularly affected, there's two probably two tracks and I don't – I suppose I'm just conscious. I don't think it's helpful for us to get pigeonholed into either one. Yes, we can absolutely have this huge body of information about what's happened to people and are very happy to share that and to facilitate contact and engagement with people in any way that we can. But separately, I wouldn't want to just be seen in that box. I think it's really important, you know, we're involved in huge numbers of discussions and part of the processes which we'll all be looking at as part of this Inquiry and we will have light and information to shed on how well those processes work, the types of conversations that we'll have, the areas where expertise is lacking or whereby, again, policy making or implementation is not where it needed to be. So, I think, you know, ideally, we'd be looking to contribute on both tracks.

**Ben Connah:** [00:56:26] Thank you, Ruthe and that will be extremely welcome. Alison.

**Alison Cooke:** [00:56:32] Thanks. I'm probably already duplicating what others have said but I think it would be quite important if there are people who want to give evidence but who feel vulnerable about doing so that there is maybe some sort of formal support set up for them.

Also, if they wanted to give evidence, statements could be taken from them in private, maybe even in their own home, for example. That's maybe too much of a resource but if that was able to be done and their statement could be recorded in some way and even in writing or however they want and agreed with them, that evidence could then be read and sent to the Inquiry, their statement could perhaps be read out by someone else. So, if they were feeling too vulnerable to do it themselves, then that would be an option for them.

**Ben Connah:** [00:57:19] Thanks very much, Alison. Yeah, I think we have a real opportunity given how far technology has advanced since even the last set of public inquiries got set up to think of innovative ways to hear people's stories both somewhat more informally and formally in evidence. Thank you very much indeed.

So, I'm going to make a last call on questions two or four, and apologies that I've jumped the agenda somewhat. We will come to question three, of course. But either on things we ought to prioritise or any other tips on how we might make sure that we're designing an inquiry that properly engages with people and if there are no more views, then I will – sorry, Cathie, forgive me.

**Cathie Williams:** [00:58:19] No, my apologies. Just a comment really. It's really welcome that you're focusing on social care. We think about social care as about care support and safeguards.

So, I don't think there's an inference that it would be otherwise, but I'd want to advocate for not just looking at people who needed or need personal care now, but a wider spectrum of people's needs and the people who work with them and the communities who work with them. Secondly, it's very welcome that you're focusing on social care. Please continue. I would say strongly to consider social care in its own right and not as so often happens, talk about health and social care and then talk about acute hospitals and find that social care has dropped off the agenda. Thank you.

**Ben Connah:** [00:59:36] Cathie, thank you very much. We will do our best to honour that. Can I just check that first point you made? So, I think I understand what you're saying but let me just unpack that. So, you talked about social care being about both the care that is given but also vulnerabilities and safeguards. So, I used to do a bit of work in the children's social care sector where we talked about edge of care. Are you talking about something similar there, so not quite at the acute end of social care where people are receiving care but all of the things that look after vulnerable adults?

**Cathie Williams:** [01:00:17] I think what I'm talking about is personal care, social support, which might not involve help with things like washing, dressing and so on that actually are vital to people, which might be about connecting with their families, that might be about giving people enough confidence to live independently, it might be about a range of issues. Safeguards in terms of the acute relevance it has in terms of particularly the impact of lockdown, domestic abuse, quality of care and so on and the issues were amplified for people who need care and support because of isolation, whether they were at home, not seeing anybody or if they were in an institution.

**Ben Connah:** [01:01:14] Cathie, that's incredibly helpful and I hope you'll forgive the question, none of us is going to pretend to be expert in every single point within our Terms of Reference so speaking to the experts and unpacking that is incredibly helpful to us. Thank you very much.

**Cathie Williams:** [01:01:27] Thank you for asking.

**Ben Connah:** [01:01:29] Not at all. Thank you. I think if there are no more hands, then I will move us on to what shouldn't be but is the last question, question three. Now, we're asking a question here about whether the Inquiry should set a proposed end date for its public hearings so as to help ensure timely findings and recommendations.

Now, the reason we're asking this question is that Baroness Hallett is clear that she will want to be making recommendations that matter and that are made in time for, well, if necessary, the next pandemic but actually, if there are other recommendations around public services or funding that they are made in a timely way and one way of ensuring that is through the requirement that is now baked into the Terms of Reference to issue an interim or interim reports. But another way might be to set a proposed end date for public hearings.

There is, of course, a trade-off here. Any inquiry that is very swift inevitably can't look as deeply into issues. Equally, any inquiry that looks very, very deeply into issues will take a long time. So, we are keen to get views, if indeed there are any, on whether we ought fairly early in the Inquiry's

lifetime, to be aiming to set an end date for public hearings and I have to tell you that so far, views on this have been few and far between. Ruthe.

**Ruthe Isden:** [01:03:19] I don't know. I completely understand the trade-off that you're articulating. As a personal view, I think, given that you are intending to issue interim reports and therefore, you've already provided the scope to comment as early as necessary on any kind of big themes, any issues that you think need more urgent resolution that come out of the Inquiry, I would say that depth is more important than speed.

This has been such a profound period for society as a whole. This really isn't a contained issue which has had an impact on a sort of discrete or kind of ring-fenced number of people. It's been so profound and so traumatic for so many people that I think that question of trust and faith that you've already articulated is best served by people at the end of this process being able to see and recognise in the findings the experience that they've had. And I don't think that can and should be rushed, the depth, the complexity, the nuance, just the sheer scale and scope of what's happened. Yeah, that would be my personal view on the matter.

**Ben Connah:** [01:04:44] Thanks, Ruthe. That's really clear. Cathie.

**Cathie Williams:** [01:04:47] I don't envy you this decision. I think I can only give you a personal opinion as well, but I think I tend to agree with Ruthe. I am not sure that we know where we will be this time next year. But what we do know is that we maybe didn't learn the lessons well enough from the previous winter for this winter. So, I would support the notion of an interim report and a degree of thoroughness in this.

Having said that, there's also a question about when the closing date will have the most impact. Sorry, that's not very good English in terms of the sentence.

**Ben Connah:** [01:05:40] Cathie, I'm terribly sorry, we lost you just at the crucial moment or at least I lost you. I don't know whether others – perhaps others could nod if they also lost you. Yes. Would you mind making the point again?

**Ruthe Isden:** [01:05:53] I can hear you, Cathie.

**Cathie Williams:** [01:05:56] Thank you.

**Ben Connah:** [01:05:57] Right. I think it might have been our system in that case. So, I'm very sorry. Cathie, would you be kind enough just to make that final point again?

**Cathie Williams:** [01:06:06] The final point was around the timeliness and the impact for the end date really and some consideration of that, of which I'm sure there'll be many factors.

**Ben Connah:** [01:06:23] Thank you very much indeed. I can see no other hands up. I know Joyce has had to leave us. But given that Cathie will be leaving us at ten past for the memorial for social workers and social care workers, I wonder whether we might draw this conversation to a close. I'm happy to continue.

Before I do, I wonder if we might just have a minute's silence for those social workers and social care workers before Cathie leaves us because I think, obviously, it's [inaudible] today and forgive me, I hadn't realised that the memorial was happening today.

Thank you very much indeed and thank you all. I'm incredibly grateful to you for coming and sharing your views on such an important topic and on such a day. As I say, we will take your views into account. We will make sure that any views that we get today but also over the course of the consultation process are read into our analysis that ultimately informs the Chair's recommendation.

We will make the transcript of today's discussion available on our website at the end of the consultation and can I just remind you that we do have counsellors available. Katie and James are here with us today but if you'd like any support, then I think we've provided some details in the material that was sent out.

I will, in that case, close this meeting now in the hope that Cathie can make it to the memorial in time and that the rest of you have very good days indeed. I'm really grateful. Thanks very much indeed. Goodbye.

[END OF TRANSCRIPT]