

First Witness Statement of Cathie Williams

Chief Executive of the Director of Adult Social

Services Local Government Association

14 December 2022

**IN THE MATTER OF MODULE 1 OF
THE UK COVID-19 PUBLIC INQUIRY**

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**WITNESS STATEMENT OF
CATHIE WILLIAMS
ON BEHALF OF
THE ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES**

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Content

1. I am the Chief Executive (CE) of the Association of Directors of Adult Social Services (ADASS) of 18 Smith Square, London, SW1P 3HW. I was appointed to this role in January 2015 having previously worked for the Local Government Association and prior to that as a Director Social Services. I am authorised by ADASS to make this statement on its behalf.
2. ADASS applied for Joint Core Participant Status together with the Local Government Association (LGA) and the Welsh Local Government Association. The chairs decision letter on 7 September 2022 made a provisional decision not to designate ADASS as a Core Participant in Module 1, thereby declining its application (“the Provisional Decision”), on 7 September 2022. ADASS was provided with an opportunity to renew the application in writing by 4pm on 16 September 2022.
3. On 16 September 2022 ADASS submitted a renewed application for Core Participant status in Module 1. On the 28 September 2022 the Chair issued her determination and declined to designate ADASS as Core participant in respect of Module 1 stating that ADASS did not play a direct and significant role in relation to the matters to which Module 1 relates, nor does it have a significant interest in an important aspect of the matters to which Module 1 relates.
4. Paragraph 16. Of the determination letter stated as follows:- Further, there are a number of ways in which ADASS can, if necessary, participate in Module 1 without being a Core Participant. For example, it is not necessary for an individual or organisation to be a Core Participant in order to provide evidence to the Inquiry.

ADASS considers it has information to share with the inquiry, for the following broad reasons.

ADASS has, for the last 10 years at least, documented the decreasing resilience of social care. Concerns about the increasing fragility of social care were documented regularly, both privately and publicly.

Its membership has a statutory duty for service continuity and safeguarding people needing care and support. Therefore, responsibility for and engagement in resilience and risk planning for people needing, caring or working in social care has been critical. ADASS

members have a responsibility for contributing to planning and preparedness for service continuity, including during a pandemic, for a very large cohort of people in England. It has experience of working with government and partners to manage national incidents to ensure service continuity, has engaged in national contingency planning exercises including for EU Exit. It undertook work for the Department of Health and Social Care on pan-flu planning.

ADASS was, and remains, a critical interface between local government functions, the NHS, providers, the third sector and government departments (in particular the Department of Health and Social Care (DHSC) and the Department of Levelling Up, Housing and Communities (DLUHC) amongst others ADASS has worked alongside its sister organisations such as the LGA, ADCS and ADPH on a wide range of issues of concern.

It is likely that from a local government perspective, the inquiry will benefit from ADASS input as well as from LGA.

ADASS has a material contribution to make to the issues at the heart of Module 1 of the Inquiry.

Context

Association of Directors of Adult Social Services

The Association of Directors of Adults Social Services (ADASS) is a charity.

Our members are current and former directors of adult care or social services and their senior staff, including Principal Social Workers’.

Membership includes all the Directors of Adult Social Services for the 152 councils with social services responsibilities in England. These Directors have statutory responsibilities to lead, commission and deliver social care for adults in England. DHSC has had a contract with ADASS for a number of years for sector leadership and independent advice.

Social work and social care are directed to the support and safeguarding of people, sometimes in the most vulnerable of circumstances to enable them to live the lives they want to lead. This includes older and disabled people, unpaid carers, people with mental ill health or who misuse substances, and those needing care and support who are experiencing abuse or neglect. Their responsibility extends to people who have critical or substantial needs in a range of settings: at home, in care homes, in prison and police cells and people leaving hospitals.

The remit is extensive. While state-funded adult social care services support over 1.1m people, the Directors also have responsibilities for service continuity for people paying for their care privately if providers fail for financial or civil contingencies reasons. There are estimated to be 17,700 organisations that provide adult social care and significant numbers of personal assistants employed by individuals in receipt of direct payments from councils. 1.54m people work in adult social care, compared to 1.37m in the NHS. Additionally, 6.5 million people in the UK are carers (Census 2011)

Advice to DHSC

It was ADASS experience that knowledge and understanding of social care and how it is operationally delivered has been limited across government. This is despite a substantial number of White and Green Papers, parliamentary select committees and its prominence in elections. The work of the House of Lords Committee in 2022 specifically addresses this invisibility. DHSC has commissioned ADASS to provide leadership and independent advice to:-

‘... support DHSC in its stewardship of the Adult Social Care system in England and contribute intelligence and co-ordination to the design and delivery of national programmes including work on the Green Paper and Working Age Adults, and Sector Led Improvement. ‘(CW/01 – INQ000000)

As a result of both the statutory responsibilities and the contracted work with DHSC Directors and their professional body, ADASS, were important in relation to the following which has a bearing on module 1 of the Covid-19 Inquiry.

Information of direct relevance to module 1

Resilience of the social care sector: Over the past decade civil servants and government, Parliament and Select Committees, partners and the media have been regularly informed by ADASS through its annual Budget/ Spring and other surveys, about the increasing need for, and the decreasing resilience in, the provision of social care. Examples of such surveys are:

- The ADASS budget survey 2016 (CW02/ - INQ000000), which was shared with Department of Health on 11 July 2016 (CW03/ - INQ000000)
- The ADASS budget representation 2017 (CW04 – INQ000000) shared with DH on 22 January 2017 (CW05/ - INQ000000)
- The ADASS budget survey 2018 (CW06/ - INQ000000), which was referenced in a letter to the Prime Minister, Theresa May, dated 8 June 2018 (CW07/ - INQ000000).

- The ADASS autumn survey 2019 (CW08/ - INQ000000), which was shared with DHSC via email on 26 November 2019 (CW09/ - INQ000000) and referenced in a letter to the Prime Minister, Boris Johnson on 18 December 2019 (CW10/ - INQ000000).

In addition, the Association has written to various key members of the government to raise concerns about the resourcing and resilience of the sector: to the Chancellor Phil Hammond (21st October 2018) (CW11/ - INQ000000) and the Health Secretary Matt Hancock (29th July 2019) (CW12/ - INQ000000) and Prime Minister Boris Johnson (28th August 2019) (CW13/ - INQ000000), including a statement of how to reform social care (CW14/ - INQ000000) for example.

These surveys underline that over the course of the past decade, councils made cumulative savings of £7.7bn in a climate of austerity, which has contributed to the number of people able to access state-funded long-term support decreasing year on year since 2015/16. This resulted in a level of fragility and challenge to resilience, not previously experienced.

The surveys also reported Directors decreasing confidence in meeting their statutory duties (in relation to prevention and wellbeing, information and advice, managing markets and safeguarding for example).

Directors have a duty 'to facilitate an effective open market, driving quality and cost-effectiveness so as to provide genuine choice to meet the range of needs and reasonable preferences of local people who need care and support'. However, ADASS has reported how social care providers have been failing, closing or handing back contracts, in pre-pandemic times. ADASS also reported increasing concerns about workforce recruitment and retention.

It has alerted government to the need to make preparation for the much greater demands for social care that would arise in an emergency. ADASS communicated that it was vital that national emergency plans incorporated provision for reduced staffing and unpaid carers during a pandemic and for additional foreseen extra social care need (see ADASS reports on pandemic preparation referenced later in this statement).

Simulation exercises and advice on emergency social care planning related to potential pandemic.

ADASS representatives were involved in a number of exercises and discussions with DH/ DHSC so as to inform their national contingency planning. These focussed on service

continuity and the risk of the failure of providers in the market impacting on a national scale, including the following exercises:

Exercise Mercury June 2016 – examined the failure of a large domiciliary care provider – ADASS involved

Exercise Thorne 2018 – Led by DHSC - explored the failure of a large social care provider. ADASS involved

Exercise Fulcrum 2018 – explored the commercial failure of large adult social care providers. ADASS involved. The resulted in PHE publishing its report in February 2019

Exercise Cygnus was held in Summer 2016 which covered civil contingency planning for flu pandemic. While individual DASSs might have been engaged with this through their local authorities, ADASS itself was not a participant.

Subsequently DHSC (DH as was) did recognise that work was needed nationally to plan for a pandemic civil emergency. Because of its expertise, ADASS was commissioned by DHSC late in 2017 to produce reports relating to emergency social care planning in such an event (CW15/ - INQ000000). One was a Guide for Pandemic Flu Planning for DASSs and which was, in terms of relevance for service continuity, referred to in Brexit contingency planning (work was also commissioned by DHSC from ADASS on Brexit).

In early 2018 ADASS produced the following reports and strategy documents which were sent to DHSC in March and May 2018 (CW16/ - INQ000000) and (CW17 – INQ000000):

- Introductory report (CW18 – INQ000000)
- Key message from the survey of Directors of Adult Social Services (DASS) (in England) about local area preparedness for a flu pandemic (CW19 – INQ000000)
- Critical information and data needed for DASS and local partner decision makers to plan for and make timely and rationale decisions about the reprioritisation of services in response to a flu pandemic (CW20 – INQ000000)
- The Communications and Support Infrastructure required by DASSs to support them communicating service reprioritisation in a future Pandemic Flu response (CW21 – INQ000000)

- Recommendations on regulatory and process easements that DASSs require to manage the reprioritisation of needs and delivery of services in a future Pandemic Flu response (CW22 – INQ000000)
- Proposals to support local areas prepare now for a future pandemic (CW23 – INQ000000)

Apart from the guide for DASSs, we are unclear how DHSC made use of the reports once they had been received. They were not made public, to the best of our knowledge, until ADASS published the full suite of reports on its website in May 2020 in agreement with DHSC officials (CW24 – INQ000000).

National Incidents prior to the pandemic relevant in terms of service continuity

Specific national incidents where service continuity was threatened and where ADASS critically worked with a National Steering Group convened by DHSC (and including other government departments, CQC, NHSE, the LGA and others), included Operation Magnify (CW25 – INQ000000) and the Allied Healthcare failure where service continuity for people was threatened (CW26 – INQ000000) and, in the case of the latter, where, working with its regions, ADASS co-ordinated the transition of care for over 9,000 people.

Significant interest ADASS has in the Inquiry.

Where social care services are not effective or working as they could the impacts are apparent and immediate on wider communities, the ability of unpaid carers to work, and our health and social systems. The NHS has spoken clearly of the impact of the pressures in social care on delivery of health services, now and into the winter. Prior to the pandemic the social care system was becoming increasingly fragile. Both pandemic planning and early responses epitomised, in our view, the under-recognition of social care and the people needing and working in it, that it is not well understood and an afterthought to health care and the economy. This point was supported by the Joint Parliamentary Committee report on Covid-19 Preparedness *'The Government and the NHS both failed adequately to recognise the significant risks to the social care sector at the beginning of the pandemic'*. (CW27 – INQ000000) A significant interest of ADASS is that although the imbalance in prioritisation between health and social care has been recognised to a degree, this bias continues in decision-making on national priorities and funding. Thus Lord Kamall, Parliamentary Under-Secretary of State DHSC, said in the House of Lords on the 8th September 2022, that *"The*

Government recognise that for a long time the social care sector has been treated like Cinderella: a poor relation of the health system” (CW28 – INQ000000)

I, Cathie Williams, declare that the contents of this my statement are true and accurate to the best of my knowledge and belief,

Signed

Personal Data

Dated ...14.12.2022.....