



Homecare Association

Module lead solicitor

By email only - solicitors@covid19.public-inquiry.uk

15 May 2023

Dear Ms Whittaker,

UK COVID-19 Inquiry: Module 2B - Rule 9 Request to Homecare Association Wales
Reference: M2B/HAW/01

We are writing to respond to the Rule 9 Request to the Homecare Association dated 14 April 2023 (Reference: M2B/HAW/01).

We have responded to each question below in turn.

We have sought to respond to the questions raised as fully as we can in the time permitted, however, given the scope of the issues covered in the response it has not been possible to carry out a review of all relevant information that we hold.

1. A brief overview of the history, legal status and aims of the organisation or body. Please explain whether the work of the organisation or body is UK wide, or is instead confined to Wales only.

The Homecare Association is the UK's only membership body exclusively for homecare providers. It is a private company limited by guarantee and was established as a not-for-profit Association in Autumn 1989. Founded by 75 homecare providers to represent the interests of the homecare sector, the original aims were to advocate for the sector, develop quality standards and to campaign for regulation. Up until 2003, the Homecare Association's (previously UKHCA) Code of Practice was the only quality standard in homecare.

Non-Executive Directors are all homecare providers, elected by the Homecare Association's members, representing small, medium, and large providers in both the state-funded and self-funded market.

The Homecare Association represents members across England, Scotland, Wales, and Northern Ireland. We currently have over 2,300 members, representing about one-third of registered regular domiciliary care providers across the UK. In Wales we have 75 members. The Homecare Association uses its trusted voice to bring people together in shaping and advancing homecare. Together we ensure that homecare is valued so that all of us can live well at home and flourish within our communities.

Shaping homecare together

Homecare Association, Mercury House, 117 Waterloo Road, London, SE1 8UL

Irrelevant & Sensitive

E enquiries@homecareassociation.org.uk W homecareassociation.org.uk

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Registered Office: Mercury House, 117 Waterloo Road, London, SE1 8UL



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As a membership association, our focus is on working with central government, local government, regulators, the media, and the public to represent homecare providers, as well as providing the hands-on support and practical tools our members need.

2. A brief description of the group(s) which the organisation or body supports or represents.

The Homecare Association represents regulated domiciliary care providers across the UK. For historic reasons there is a small number of unregistered introductory agencies in membership, representing fewer than 1% of the total. Only regulated homecare companies are now admitted to membership. Members include nearly all the largest providers of homecare (who between them employ almost half of the homecare workforce) and nearly 1200 SMEs. Our members encompass the full diversity of the regulated market: from small to large; predominantly state-funded to predominantly private-pay funded; generalist to specialist; and from start-ups to mature businesses.

Homecare providers support around [28,500 adults in Wales \(StatsWales, 2019, Adults Receiving Services by Local Authority and Age Group\)](#). In contrast, 18,000 are supported in care homes.

Homecare members provide a range of homecare services, including:

- Regular visiting domiciliary care
- Extra care
- Live-in care
- Supported living
- Housing with care
- Complex care with nursing

3. A brief overview of the work of the organisation or body in supporting or representing the relevant group(s) between January 2020 and May 2022 as it relates to the response to COVID-19 of the Welsh Government.

The Homecare Association provided practical support for homecare providers and represented their interests in the COVID-19 pandemic.

Throughout the pandemic we provided members (including in Wales) with helpline advice and regular communications about changes in policy sending out email updates specifically about the situation in Wales. We set up a COVID-19 web-page which listed links to key guidance for care providers (this had a specific section on Wales).

The Homecare Association raised many concerns on behalf of our members with the UK Government and the devolved administrations (for details of our engagement with



Homecare Association

the UK Government, see our previous response to Module 2 dated 09/12/22; Reference: M2/R9R/HA/TJS, more on our engagement in Wales below). Due to our level of involvement in supporting the UK Government and the size of our team we provided fewer interventions on behalf of our members in the devolved administrations, including Wales.

However, we do jointly fund a Policy Advisor who specialises in domiciliary care with Care Forum Wales. In some cases, our Policy Advisor will be attending meetings representing both organisations. We value working alongside Care Forum Wales and others in the National Provider Forum's Expert Reference Group on Domiciliary Care to give expert input about homecare and ensure a clear joined-up voice for care providers operating in Wales.

Some of our work during the pandemic representing our members with the UK Government also had a direct impact on Wales as decisions by the UK Government about funding and procurement of testing, for example, have affected the parameters within which the devolved governments, including the Welsh Government, have been able to act. Another example was work we commissioned from Accenture to analyse likely additional costs of COVID-19, particularly regarding PPE. Our analysis was shared with HM Treasury and was instrumental in ensuring funds were released quickly for social care.

In Wales we attended routine meetings with the Welsh Government to represent our members and to ensure we were able to provide clear communication of any policy changes to our members. We also engaged with the Welsh Government (and regulatory bodies in Wales) on an ad hoc basis where a concern was raised with us about a particular policy (such as some of the temporary funding grants being paid in arrears).

While there were some specific areas of concern for our members in Wales regarding COVID-19 (such as continued access to the Statutory Sick Pay Enhancement); much of the feedback we received from our members in Wales during the 2020-2022 period was regarding concerns about the adequacy of funding and recruitment and retention of workforce. These long-standing issues were exacerbated by the pandemic in complex ways. This also meant that the focus of some of our work during this period was more on general aspects of funding and workforce than on infection control measures specifically; but nonetheless crucial to sustaining the sector through the pandemic and beyond.

At a national level we conducted surveys to understand key issues faced by homecare providers. We used the data from our research to engage journalists and broadcasters with matters of importance to people receiving and giving homecare and achieved substantial traction and national coverage on a range of topics. This reinforced our influencing work.



Homecare Association

- 4. A list of any articles or reports the organisation or body has published or contributed to, and/or evidence it has given (for example to Senedd Select Committees) regarding the impact on the group(s) which the organisation or body supports or represents of the response to COVID-19 by the Welsh Government. Please include links to those documents where possible.**

The Homecare Association conducted surveys and held member meetings/webinars to understand key issues that members were facing; as well as reviewing themes emerging from our helpline calls. We used the evidence to produce blogs on the Homecare Association website and to respond to consultation responses and parliamentary inquiries. The key blogs, articles, consultation responses and evidence provided that has some relevance to COVID-19 in Wales are listed below.

Blogs, research and articles

- Homecare Association blog on homecare in the time of coronavirus
- Homecare Association blog on homecare needs recognition not rationing
- Homecare Association blog on homecare workforce shortages deepen
- Homecare Association contributed to the NAO review on supply of PPE during the COVID-19 pandemic (has some relevance for devolved administrations)

Consultation responses

- Response to HM Treasury consultation on the comprehensive Spending Review 2020
- [Response to Welsh Government's consultation on market stability reports 2020](#)
- Response to HM Treasury consultation on the spring Budget 2021
- Response to HM Treasury consultation on the comprehensive Spending Review 2021
- [Response to Welsh Government's White Paper on rebalancing care and support 2021](#)
- Response to [Social Care Wales draft workforce plan 2021](#)

Parliamentary Committees

- [Homecare Association's response to Welsh Government's Health, Social Care and Sports Committee inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales](#)

We also met with Audit - Wales as part of their research on Direct Payments in 2021, and met with officials from the Senedd Committee on Health and Social Care as part of their Hospital Discharge work.



Homecare Association

5. The view of the organisation or body as to whether the group(s) it supports or represents was adequately considered when decisions about the response to Covid-19 were made by the Welsh Government. Please also explain the reasons for the view expressed by the organisation or body in this respect.

There are some staff in the Welsh Government who have a good understanding of domiciliary care. Routes specific to homecare were also established (such as the Welsh Government Domiciliary Care Collaboration meetings). This meant that, in some cases, issues were resolved early on through regular engagement with the sector and a clear understanding of what was needed. We found this engagement useful and often productive. Some of the issues that emerged in England, such as the attempt to implement Vaccination as a Condition of Deployment, did not emerge in Wales due to higher vaccination rates and a different policy approach.

Despite this, other issues were not resolved or given the urgency that they merited. The reasons for this appear to have been complex and whilst in some cases were related to relationships between the UK Government and Welsh Government; or between Welsh Government and local authorities this does not ultimately excuse inaction by the system as a whole.

Relatedly, neither the UK Government nor the Welsh Government had undertaken sufficient pre-pandemic planning to be able to respond quickly and effectively when events began to unfold in early 2020 and there was an initial lack of clarity about how the care sector fitted into the emerging response.

The homecare sector entered the pandemic in a state of fragility. In 2018 only 3 Councils in Wales were paying our 'Minimum Price' rate for commissioned care, which is what we believe is needed to pay staff minimum wage, meet necessary business costs and meet regulatory requirements. While the Welsh Government Minister might note ([p. 5](#)) that "Years of UK-wide austerity has made its mark on public finances, and a further challenging period lies ahead of us". Underfunded services remain unsustainable.

Fragile community services have a cost. By the end of July 2022, the number of deaths in private homes in England and Wales was 29.5% above the five-year average (709 excess deaths per week). By November 2022, it was 23% above the 5-year average (616 excess deaths per week). Even at the height of the pandemic, only 3% of these were recorded as directly related to COVID-19. By July 2022, this had reduced to 2.2% and by November 2022 to 1.4%. Primary causes of death are reportedly heart disease, dementia, and some cancers. The physical and mental health of people at home has clearly not been adequately addressed, which is having serious consequences for individuals, families, communities, health and care services and the wider economy. The increase in excess deaths, has been exacerbated by



Homecare Association

government policy in the COVID-19 pandemic and beyond. Prevention, intervention and community-based solutions are often spoken about but need to be urgently brought about.

Unmet need for health and care services is high and rising. The Senedd Health and Social Care Committee's [evidence on hospital discharge](#) noted that as of February 2020 19 out of 22 local authorities were reporting amber or red ratings on their capacity to provide domiciliary care services, with 11 of those being red (para 95). This impacts patient flow through hospitals. Whilst NHS waiting lists are beginning to come down [waiting lists are still excessive](#) with tens of thousands waiting more than a year for their first outpatient appointment. Poor access to health and care services adversely affects us all, directly and indirectly.

Long-standing staffing issues became more severe both during the waves of COVID-19 (when many providers were reporting high percentages – in some cases in excess of 30% - of their workforce off sick) and as the lockdown eased and retail and hospitality businesses re-opened. Compounded by multiple other factors, including changes following Brexit, providers have been struggling to retain staff since spring 2021. The Welsh Government has attempted numerous interventions including the WeCare Wales recruitment campaign; temporary relaxations to registration requirements and other initiatives such as funding driving tests for careworkers. These are welcome. However, two crucial factors remain unaddressed. Firstly, parity of pay and terms and conditions of employment with NHS staff and staff in competing sectors – the Real Living Wage commitment was a welcome improvement but has not achieved this. Secondly, (while we support registration as a principle) the level of training required to maintain registration with Social Care Wales is disproportionately high compared to equivalent level health sector jobs and can make it harder to retain part-time and casual workers.

The social care sector had to work under guidance from both Welsh and local government. Careworkers in Wales were also seeing UK news about policy changes in England, which led to confusion about the position in Wales and the need for clear communication from managers. This led to fragmented approaches and messages being issued at both a national and local level. Local authorities at times took a different approach from national guidance. Care managers were left with significant additional work in keeping up to date with changes, interpreting these and communicating them to staff.

There is a lack of published data on some aspects of social care in Wales. This was highlighted by the Older People's Commissioner for Wales during the pandemic ([see p.12](#)). Issues around identifying the care workforce also came to the fore when the Welsh Government announced the bonus payments and Real Living Wage arrangements.



Homecare Association

Some changes were put in place to support homecare workers, such as access to parking, an Employee Assistance Programme via Social Care Wales and a care worker card to help careworkers to be recognised and avail themselves of faster checkout, for example, when shopping for essentials for the people that they supported. However, careworkers and their managers still could be challenged by policies including guidance around travelling when needing to car share or travel distances or across borders.

The pandemic presented significant additional costs for homecare providers who provide a necessary public service, but additional funding supplied (such as the Hardship Fund and Statutory Sick Pay Enhancement), as well as the Real Living Wage payments was sometimes paid late or in arrears. The Hardship Fund was sometimes only agreed for short periods of time that did not allow adequate time for financial planning for providers with some funding decisions appearing last minute.

6. Whether the organisation or body raised any concerns about the consideration being given to the group(s) which it supports or represents with the Welsh Government, when the Welsh Government was making decisions about its response to Covid-19. Please provide a list of any such correspondence or meetings with the Welsh Government, including the dates on which the body or organisation wrote or such meetings were held, to whom the correspondence was addressed or with whom the meeting was held, and any response received from the Welsh Government addressing such concerns.

The Homecare Association raised many concerns on behalf of our members with the UK Government and the devolved administrations (for details see our previous response to Module 2 dated 09/12/22; Reference: M2/R9R/HA/TJS). Due to our level of involvement in supporting the UK Government and the size of our team we provided fewer interventions on behalf of our members in the devolved administrations, including Wales, and worked closely with Care Forum Wales, the National Provider Forum and the National Commissioning Board to provide specialist input on homecare as required.

During this period we were represented on the following groups which met routinely and provided feedback to the Welsh Government and its regulators on policy issues, some of which related to COVID:

- Welsh Government Domiciliary Care Collaboration Group
- Flu and COVID vaccines group (2021)
- National Provider Forum
- National Provider Forum Expert Reference Group on Domiciliary Care
- National Commissioning Board sub-group on homecare costs
- Care Inspectorate Wales Engagement Stakeholder Group
- Social Care Fair Work Forum (Pay and Progression workstream)



Homecare Association

- Social Care Wales Wellbeing Network

On 14 May 2021 we wrote to the Minister for Health and Social Services requesting that the Hardship Fund support for adult social care be extended beyond June 2021. We received a response from the Deputy Minister for Social Services on 21 June 2021.

We also issued press releases in response to Welsh Government announcements, which came to the attention of some in Welsh Government:

- [Real Living Wage for careworkers in Wales must be funded](#) (23/12/21)
- [The Homecare Association's response to the NHS Wales Health and Social Care Winter Plan](#) (21/10/21)

In March 2022 the National Provider Forum (of which we are a part) shared a paper with Welsh officials and Ministers: "Key issues for social care providers: how to ensure the sustainable reconstruction of a (re-)balanced social care market for Wales" outlining key issues facing providers. Some of the issues in the paper existed pre-COVID-19, others were exacerbated by the pandemic or have emerged more recently.

We also attended ad hoc meetings with Welsh Government officials – either on invite or at our request following issues being raised by our members - on topics such as testing and sector data. We supported [the OSCAR study](#) into risks to the wellbeing of domiciliary careworkers during COVID-19. Our Policy Advisor attends some of the Regional Partnership Boards. We also participate in the Five Nations Care Forum [which issued a communique in 2021](#).

- 7. A brief summary of the views of the organisation or body as to any lessons, if any, that can be learned from any consideration which was given to the group(s) that the organisation or body supports or represents by the Welsh Government they were making decisions about their response to COVID-19.**

Lesson 1: resilience in a pandemic requires underlying strength – central and local government need to invest in social care, particularly homecare, and move away from time and task commissioning over the long term.

The pandemic occurred against a backdrop of persistent issues in social care, including workforce shortages, funding pressures and provider instability which have failed to be addressed over many years. These long-term issues meant that the sector entered the pandemic in a weakened state, hampering its ability to respond to the impact of COVID-19.

The Welsh Government is aware of these issues as indicated in the [Rebalancing Care White Paper](#) where it notes that "the pandemic has put the social care system under great strain and made the fragility of the sector more visible" (p.5). [Our 2018](#)



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[research](#) found that only 3 Councils in Wales paid fee rates at or above the minimum price we think is required to safely provide care, cover necessary business costs and meet all regulatory requirements. [By 2021 only 2 did](#) (p125).

Lesson 2: being able to identify the workforce is key – registration of careworkers across the board would help keep everyone safe. By the time of the pandemic the homecare workforce was largely registered with Social Care Wales (the deadline was 1 April 2020). We would argue that all careworkers – including Personal Assistants and those working in micro-care organisations - should be registered (taking into consideration the discussion that the National Provider Forum are currently undertaking with Social Care Wales about creating another tier of registration to enable part-time and casual workers to undertake less complex roles with a lower training commitment). There were key points in the pandemic where careworkers needed to be identified in order to communicate key policy guidance (on PPE, testing etc), provide financial bonuses or access to benefits such as Social Care Wales' careworker card so that they could identify themselves in shop queues, for example. This becomes harder to do when parts of the workforce remain unregistered. Registration would ensure that all careworkers have the guidance, tools and training they need to do their jobs safely.

Lesson 3: recovery did not end in Spring 2022. Workforce wellbeing continues to be important.

The Welsh Government began discussions about recovery in 2020 and produced a [COVID-19 Recovery Framework](#) in July 2021. However, the guidance for social care on COVID-19 only really reached a 'new normal' during spring 2023 when testing was finally stepped down. Having dealt with ongoing testing and PPE requirements, high case loads and ongoing staff shortages, many managers and careworkers are saying that they feel people don't necessarily appreciate that they haven't 'recovered' yet. Staff wellbeing needs to continue to be a priority and expectations about workload and capacity to support system changes need to reflect this.

Lesson 4: pandemic planning and operational delivery must consider keeping people safe, building and maintaining capacity in social care as well as the NHS. Health colleagues must treat social care as equal partners, and pay adequate rates.

There were and are disparities in treatment in Wales between health services and social care services. Care and support for people in their own homes is a vital part of the health and social care system.

At the start of the pandemic the response, following a lack of pandemic planning, appeared to prioritise resources (such as testing and PPE) and guidance for the NHS over the care sector. Whilst policy attention was extended to the care sector as the situation developed there remain disparities.



Homecare Association

In late 2021 the [Senedd Health and Social Care Committee began an inquiry into hospital discharge](#) (reporting back in summer 2022). This area fundamentally highlights the importance of social care services to the function of health services. At times of peak demand on hospitals (as we have seen in the pandemic) it is crucial that people are able to be discharged quickly, safely and appropriately. The report's findings on lack of capacity in the homecare sector in Wales were stark. The Committee suggested that to address this, parity of conditions with NHS staff needed to be considered:

“The Deputy Minister highlighted a number of Welsh Government initiatives, such as prioritising driving tests for domiciliary care workers and paying for driving tests but we believe there are far more fundamental issues that need to be addressed to equalise the pay and working conditions of social care staff with their NHS counterparts” (para 125)

We have heard of providers who have lost staff to the NHS due to inability to match employment terms and conditions. The NHS in Wales commissions care provision from homecare providers at fee rates which we believe are insufficient to cover reasonable operational costs and minimum wage; let alone at a rate that would allow employment terms and conditions equivalent to NHS staff of a comparable skill level (see [Homecare Deficit Report 2021](#), p.184; and our [Minimum Price for Homecare](#)). It should be noted that we would expect healthcare commissioners to pay higher fee rates for social care than average because they typically commission more complex packages that require careworkers with more advanced skills; but this often doesn't materialise.

To sustain capacity in homecare in Wales, funders, decision makers and colleagues in health services all need to ensure that social care services are treated with the parity of esteem they deserve.

Lesson 5: chain of command needs clarity in an emergency. Balance between UK wide, devolved and local decision-making in a pandemic needs to be addressed.

Decision making that affected the homecare sector in Wales during the pandemic was fragmented. Splits between different decision-making bodies can lose time, cause confusion and leave issues hanging between different parties unresolved.

Some of this fragmentation was between the UK Government and Welsh Government, which could complicate or delay decisions on procurement of necessary resources (e.g., PPE) and funding.

However, we also saw fragmentation in decision making within the Welsh Government with decisions requiring liaison between Public Health Wales, Social Care Wales, Care Inspectorate Wales and separate Welsh Government departments dealing with local authorities on the one hand and health and social care on the other.



Homecare Association

Funding, PPE and testing were often distributed through local authorities. In some cases this resulted in different approaches being used by different local authorities (many providers deal with more than one local authority). In some cases this made funding harder to access in some areas than in others.

Clearer chain of command, guidance and better multi-agency decision making (or a simplified structure) might help to prevent some of the confusion and delays that arose from this situation.

Lesson 6: clear communication and timely communication

Providers reported receiving information from multiple sources and wanted clear, consolidated information about what was happening in Wales from a single source. We did provide email updates specifically to members in Wales; however, more coordinated messaging should be considered by public sector actors in Wales. This might help to mitigate concerns about confusion over guidance differing in England and Wales also.

There were instances when confirmation of policy positions was left right until the last minute. For example, the arrangements for the continuation of the Hardship Fund in the summer of 2021 was announced on the evening of the final day the previous arrangements had been agreed until. This is far too late to enable providers to adopt the policies in question, communicate with the staff, commissioners and service users and adjust their own procedures, fee rates and so on. On other occasions guidance was changed just before the weekend, which makes it hard to absorb, communicate and implement as managers may not be working at the weekend.

Lesson 7: we need better data on social care.

Data collection on social care needs to be simplified and improved. Data must be shared with providers as well as with central and local government. Data requests need to be realistic and costs recognised. This was highlighted by the Older People's Commissioner for Wales during the pandemic ([see p.12](#)). Work has been undertaken by Social Care Wales and others to improve data. Further work is required.

Yours sincerely,

Personal Data

Dr Jane Townson
Chief Executive