

Witness Name: Shared Lives Plus

Statement No.: 1

Exhibits:

Dated: January 2025

UK COVID-19 INQUIRY - MODULE M5

WITNESS STATEMENT SHARED LIVES PLUS(SLP)

Witness Name: Lynne Harrison, Operations Director, Shared Lives Plus

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WITNESS STATEMENT OF SHARED LIVES PLUS

I, Lynne Harrison, Operations Director, Shared Lives Plus, will say as follows: -

1. Shared Lives Plus – Organisation information

Shared Lives Plus is a charity, formed in 1992 and supports 145 Shared Lives schemes and 19 Homeshare organisations in the UK, who in turn support 10000 Shared Lives Carers and 9500 people.

Shared Lives is designed to support people who are otherwise unable to sustain independent living, to allow them to live the rich, full, and ordinary lives. Shared Lives is a long-established, regulated, but niche model of care and support, an alternative to residential care that values the relationships in people's lives.

Shared Lives Plus is the membership charity for Shared Lives carers, schemes and Homeshare organisations. Our vision is a kinder, stronger society built on sharing our lives and our homes. We help build communities where everyone lives a full life, regardless of the support they need. We do this by turning Shared Lives care and Homeshare into thriving, mainstream options, with the right structures in place to support and guide people who want to share their lives and homes.

This year we supported 146 schemes, 6,315 Shared Lives carer members and 20 Homeshare organisations UK-wide.

Our unique knowledge of the sector enables us to support local Shared Lives and Homeshare organisations, and Shared Lives carers, through the sharing of policy, guidance, advice, and legal support. We also provide a forum in which members voices can be heard and harnessed to shape our approach to shared living.

Adults who need support move in with or visit an approved Shared Lives Carer. They are matched by a Shared scheme and share family and community life. The Shared Lives carer receives training and support. They work under contract and receive a fee to provide support. Combining personalised and professional care, Shared Lives deliberately blurs the distinction between care, support, and family life. People thrive in this authentic, loving environment and the outcomes are often transformational.

The people are supported either in a live-in arrangement at the carers home, a short break arrangement, or a day support arrangement, or a combination of these. Approximately 70% of people supported live with a learning disability or autism, 4% live with dementia, or frailty associated with old age and the remainder live with mental ill health or a physical disability..

Board and Leadership Team at Shared Lives Plus.

The management team at Shared Lives plus consist of an experienced and competent board of trustees and Senior Management Team (SMT).

Trustees

- **Richard Jones CBE– (Chair).** Richard has been a Director of Social Services, worked for government and been a senior executive in the NHS.
- **Ian Coleman (Treasurer) - has** been Treasurer at Shared Lives Plus for over 15 years. He is a previous Local Government Finance Director
- **Carol Lucas – elected (Shared Lives Scheme worker)–** Your Voice* Chair, representing Shared Lives Scheme workers.
- **Drusilla Lloyd** – elected (Shared Lives Carer) Your Voice Chair representing all Shared Lives carers. An experienced Shared Lives carer sharing her family and community life with adults with an assessed social care need.

- **Kate Allen** – Chief Executive of Ategi and previous Chief Executive at Kingswood a charity and support provider of services to autistic adults and young people in England
 - **Aisling Duffy** – Chief Executive of Certitude. Aisling is an experienced strategic director and has served as a Trustee on charity of boards including Shared Lives Plus.
 - **David Matthews** – elected Your Voice Chair representing Homeshare organisations. David is Head of Service at Shared Lives and Homeshare at Grace Eyre.
- *Your Voice forms part of Shared Lives Plus governance and provides a forum in which members voices can be heard and harnessed to shape our approach to shared living.

Shared Lives Plus Senior Management Team consists of the following:

1. **Ewan King, Chief Executive,** - Ewan is Chief Executive at Shared Lives Plus, the UK Charity which represents the Shared Living sector, which includes Shared Lives, and Deputy Director for Policy Embedding at IMPACT (Improving Adult Care Together), the UK centre for implementing evidence in adult social care. Before joining Shared Lives Plus, he was Deputy CEO at the Social Care Institute for Excellence (SCIE), a charity that identifies and promotes good practice in adults and children's social care, where he led the organisation's work on policy, communications, and delivery.
2. **Lynne Harrison – Operations Director.** Lynne has been at Shared Lives Plus since 2014 and was appointed as Operations Director in 2023. Lynne has responsibility for overseeing the support, information and guidance provided to Shared Lives Schemes and Shared Lives carers. Lynne is also responsible for looking at how Shared Lives Plus can develop, maintain, and share good practice to raise the quality of Shared Lives across the UK and to ensure that Shared Lives members' voices feed into and influence everything we do.
3. **. Suzi Clark – Head of Strategic Advice** - Suzi works as the Head of Strategic Advice at Shared Lives Plus and brings over 15 years of experience working for a breadth of charitable organisations in a variety of roles and settings. Prior to joining Shared Lives Plus, Suzi worked at the Social Care Institute for Excellence (SCIE) leading on support to local government and connecting with a wide range of stakeholders within health, social care and wider sectors, alongside people with lived experience. Suzi has extensive experience in the delivery of local transformation programmes and support to enable co-production, strengths-based practice improvement and change management. Suzi currently leads a Shared Lives Plus team working with over 12 ICS areas to support their ambitions to grow and develop shared lives, as part of DHSC Accelerating Reform Fund (ARF) programme activities this year across England.
4. **Phoebe Barber Rowell – Head of Communications** Phoebe has been with Shared Lives Plus since 2017 and has 16 years' experience in stakeholder engagement, media relations, change and crisis communications. She started her working life as VP of the student union, representing members on education and health issues, then moving into working in PR and media for both local and national housing associations, progressing to a social marketing PR agency for Department of Health, and delivering charity and public sector social change campaigns, where she also became CIPR qualified. In London, she delivered change management and stakeholder engagement for Scope, the national disability charity organisation, working on communications to promote independent living for the controversial closure of very traditional care homes.

2. Shared Lives Plus Members

Shared Lives Plus is the UK membership organisation and charity supporting a network of more than 6,000 Shared Lives carers and 145 local schemes. We work with our members to give them a strong voice with stakeholders as well as providing the framework and guidance about what makes a good, shared life. Shared Lives is fully regulated by the CQC (Care Quality Commission), Care Inspectorate Wales and Scotland Care Inspectorate. CQC consistently rate it as the best quality and safest form of social care where 96% of schemes rated 'good' or 'outstanding'. Currently there are more than 9,500 people in the UK supported by a Shared Lives arrangement. Shared Lives can support a wide range of people such as people with learning disabilities, mental ill health, stroke, dementia or young people leaving care.

145 Shared Lives Schemes are members of Shared Lives Plus. 106 of these are Local Authority run with the rest being commissioned out to Independent Providers. Shared Lives Plus has 6300 individual approved Shared Lives carer members, this equates to around 4000 Shared Lives households. A Shared Lives carer can support between 1 and 3 individuals.

3. Role of Shared Lives Plus in respect of its membership?

Shared Lives Plus has raised the profile of this model of care and is the voice of the sector. It supports shared lives schemes and carers through our membership programme. We are the UK's only membership organisation speaking up for Shared Lives carers and schemes. We provide support, advice, specialist insurance. We also connect carers through our carer helpline, online community chat forum, your voice forums and regional carer groups. We represent Shared Lives carers and schemes in government. We already do a lot of influencing work and have achieved some great outcomes for our members at various levels.

4. Pandemic/Emergency Contingency Plans in the Shared Lives sector prior to the Covid 19 pandemic

Shared Lives Plus does not have detailed data on how often Shared Lives schemes or carers had specific contingency plans for pandemics or epidemics, including stockpiles of medical equipment or PPE, before COVID-19.

Prior to the pandemic, it was not common for Shared Lives schemes to have detailed pandemic-specific plans or supplies. However, most schemes did have general business continuity and risk assessment plans in place.

Shared Lives Plus is aware of some aspects of these plans, which often addressed risks related to a lack of awareness about the Shared Lives model among other services, such as GPs and pharmacists. This low level of recognition may have made it harder for Shared Lives carers to secure necessary supplies.

In the event a Shared Lives carer became unable to provide care, for example due to illness, schemes generally had contingency plans to ensure care continuity.

Shared Lives Plus has consistently emphasised the need for robust continuity planning to handle various challenges, such as flu outbreaks. While the importance of pandemic preparedness was recognised, it was not implemented on the scale seen during the COVID-19 pandemic.

5. DHSC/Government policies and guidance for Shared Lives Plus – equipment and supplies

Shared Lives Plus is aware of policies from the Department of Health and Social Care (DHSC) and other organisations requiring care providers to have contingency plans, including business continuity plans set by local authorities, healthcare commissioners, and the Care Quality Commission (CQC). However, preparations specifically for pandemics, such as stockpiling PPE, were not a major focus until the COVID-19 pandemic highlighted their importance.

In December 2020, the DHSC issued guidance to care providers on maintaining continuity during the pandemic.

Shared Lives Plus has offered advice and guidance to help strengthen resilience within the Shared Lives sector. Much of this guidance was developed in response to the COVID-19 outbreak as new information became available. It is based on advice from organisations such as Public Health England, Health Protection Scotland, the Public Health Agency in Northern Ireland, Public Health Wales, and the Social Care Institute for Excellence. This guidance will continue to be updated as needed.**LiasingDuring the pandemic**

6. Demand for PPE during the pandemic - Shared Lives Plus approach to meeting demand of its members.

Shared Lives carers have generally taken a balanced, practical approach to PPE during the pandemic, as Shared Lives often occurs in family homes where PPE may not always be suitable. Appropriate PPE for Shared Lives includes items like gloves, aprons, and masks for tasks such as bathing, wound care, or other personal hygiene needs, based on risk assessments by individual schemes.

Shared Lives Plus advised schemes to follow Public Health England's PPE guidelines, applicable in all UK nations, with free PPE available through the DHSC's portal until June 2021. The DHSC's Winter Plan initially offered free PPE to CQC-registered providers, later extended due to demand. Shared Lives schemes were advised to place PPE orders weekly, with supplies arriving within four days.

Additional guidance on handwashing, waste disposal, and laundry was provided through the government's "Stay at Home" directive. Throughout 2020, Shared Lives Plus worked as part of the Care Provider Alliance (CPA) advocating for secure PPE, increased COVID-19 testing, and funding for extra work Shared Lives carers had to undertake.

Share Lives carers are not expected to care for 24 hours 7 days a week rather most individuals will have a package that provides meaningful daytime activities. As these activities were not available, Shared Lives carers found themselves without any breaks at all and therefore, with increased caring responsibilities which put a strain on many arrangements.

Shared Lives Plus worked on behalf of its members speaking to Directors of Adult Services, Commissioners and MPs. Hundreds of Shared Lives carers contacted their MPs using the template attached as: INQ000536357 and INQ000536357. The letter included the following:

We all need to stay at home. But many people using Shared Lives are high-risk and will be stuck at home for the longest, and so we are caring for people without a break, and have the additional costs of more food, utilities and expenses. The day services we usually rely on are closed.

Half of Shared Lives carers have lost vital income because they provide day support for someone who can no longer come to visit them. We are not yet eligible for the government's financial support for self-employed people due to the tax rules for Shared Lives. We are campaigning to change the way the government's financial support for self-employed people is calculated so that for Shared Lives carers, it will be calculated on our typical gross income, not our net income, which can be regarded as zero by HMRC.

Shared Lives Plus, our membership charity has taken up our case with senior politicians, and I hope as my local member of parliament, you will be able to do the same.

We would love to meet you on a video call, so that you can see how important our work is and what it means to the people we share our lives with. Please contact me on XXXXXX if you would like to arrange this.

7. Shared Lives Plus surveys/consultations about access and quality of PPE/LFT/PCR.

Shared Lives Plus carried out surveys throughout the pandemic, some were short doodle polls others asked for greater detail. Between the middle of March and the beginning of April, Shared Lives schemes reported significant difficulties in obtaining PPE. These difficulties were sometimes compounded by lack of understanding of what Shared Lives is amongst those distributing PPE. One Shared Lives scheme stated on 3 April that.

"We are a local authority run scheme, and I have contacted our in-house Covid-19 advice team who have said because our carers don't usually use PPE, they do not need it. They are asking me to refer to Government Guidance which talks about PPE in households."

Other problems included being told by the National Supply Disruption line they weren't on the list of recipients for PPE. On 30 March, another Shared Lives scheme manager reported that.

“We haven't even had a first delivery yet. I have been chasing for best part of last week and this has now been escalated to the complex case team as apparently, they have no record of our service on their delivery list”.

Other schemes who did receive PPE stated that they had only received masks, not gloves, aprons or hand sanitiser. Some Shared Lives scheme managers were forced to source hand sanitiser from hairdressers and mobile phone stores. A number of Shared Lives schemes reported that they were able to buy PPE privately to temporarily bridge the gap in supplies.

Shared Lives Plus contributed to the Care Provider Alliance survey about contingency planning. Shared Lives Plus surveyed members and inputted into this survey which closed on Thursday 26th March 2020.

The link to the survey results published on the 2nd April 2020 can be found here: <https://careprovideralliance.org.uk/assets/pdfs/contingency-planning-survey-report-to-providers-02Apr20.pdf>

The results showed that care providers were experiencing significant difficulties in accessing PPE. Suppliers were cancelling orders and stating that all PPE has been requisitioned for the NHS, or that goods were confiscated at importation/customs border for use in the NHS. Shared Lives Schemes faced difficulties logging into the portal.

Shared Lives plus provided twice weekly bulletins to all Shared Lives Schemes and Shared Lives carers keeping them up to date and gathering views (an example of these bulletins is attached to this email).

Shared Lives Plus reminded Shared Lives Schemes that “All regulated services should now have been **contacted by their CQC inspector to touch base and offer support**. And provided an email address for schemes to advise if this had not happened. Shared Lives Plus collated this information and made contact with CQC directly so that support was offered.

PCR and LFT tests were not available initially for Shared Lives carers and the people they support.

Shared Lives Plus are part of the Care Providers Alliance and contributed to the publication of 1st May 2020 in response to Coronavirus
<https://careprovideralliance.org.uk/cpa-shining-the-spotlight-on-social-care>

8. Problems with the PPE portal .

Shared Lives schemes relied on the PPE portal. Schemes reported difficulties as not all schemes were recognised because they were part of a Local Authority or they were independent providers, Schemes reported difficulties contacting LRFs with contact details unclear.

9. Impact and limitations of free PPE

Shared Lives Plus initially welcomed free PPE which provided essential relief, though it quickly became clear that supplies were insufficient and delayed. Before the PPE portal became fully functional, access through NSDR and LRF systems was inconsistent and inadequate in many areas. While the free PPE helped offset rising costs and ensured consistent quality, it often didn't meet demand or necessary specifications, raising concerns about the safety of Shared Lives carers, their families and the people they support. Overall, while helpful, free PPE implementation faced significant shortfalls and failed to fully meet sector needs. Trying to source PPE caused Shared Lives carers significant stress and impacted on the care they were able to provide from their homes.

10. Evolving concerns about the supply and the requirements for using PPE in Shared Lives households..

During the pandemic, Shared Lives Plus received a range of concerns regarding PPE from its members. These concerns evolved as the pandemic progressed, influenced by changing guidelines, and the ongoing needs of both carers and supported individuals. . Below is an outline of the key concerns raised, how they evolved, and the actions taken by Shared Lives Plus and its members in response.

Key Concerns Raised by Members

- Between the middle of March and the beginning of April 2020, Shared Lives schemes reported significant difficulties in obtaining PPE. These difficulties were sometimes compounded by lack of understanding of what Shared Lives is amongst those distributing PPE. One Shared Lives scheme stated on 3 April that. "We are a local authority run scheme, and I have contacted our in-house Covid-19 advice team who have said because our carers don't usually use PPE, they do not need it. They are asking me to refer to Government Guidance which talks about PPE in households."
- Other problems included being told by the National Supply Disruption line they weren't on the list of recipients for PPE. On 30 March, another Shared Lives scheme manager reported that. "We haven't even had a first delivery yet. I have been chasing for best part of last week and this has now been escalated to the complex case team as apparently, they have no record of our service on their delivery list".
- Other schemes who did receive PPE stated that they had only received masks, not gloves, aprons or hand sanitiser. Some Shared Lives scheme managers were forced to source hand sanitiser from hairdressers and mobile phone stores. A number of Shared Lives schemes reported that they were able to buy PPE privately to temporarily bridge the gap in supplies.

As guidance on PPE usage changed over time, members raised concerns about how best to interpret and apply these guidelines, especially given the unique settings and close nature of Shared Lives care arrangements. Shared Lives Plus endeavoured to interpret government guidance and provide daily updates to members.

Members frequently sought clarification on what PPE was necessary in various contexts, such as one-on-one care in a client's home, where the risk of transmission might differ from more traditional care settings. There was also concern about rules around what was necessary within the home-based support setting that Shared Lives carers provide. Shared Lives schemes were under increasing pressure to do individual risk assessments to provide peace of mind for Shared Lives carers, the individuals they support and their families.

9. Actions Taken by Shared Lives Plus and Its Members

(a) Advocacy and Communication with Government Bodies

- Engaged with government bodies and local authorities to represent member concerns about PPE access, advocating for inclusion in free PPE distribution.
- Lobbied for equal PPE access for Shared Lives members, securing priority in government allocation schemes.

(b) Regular Communication and Updated Guidance

- Developed resources like webinars, FAQs, and fact sheets to clarify evolving PPE guidelines for Shared Lives care. A copy of one of these bulletins is attached to this email 'Covid 19 bulletin'.

10. Impact of changes made to IPC Guidance

The guidance on PPE use during COVID-19 was complex and continuously evolving. We met as part of care providers alliance regularly and as part of that group met with Public Health England (PHE) and Department of Health and Social Care (DHSC) officials who were drafting these guidelines. It felt like a constant battle to make sure that the needs of Shared Lives households were considered.

The family-based ethos was also challenging and a more proportionate risk assessment approach worked best.

Securing compliant PPE for care staff proved to be a major hurdle, especially in the early months of the pandemic in spring and summer 2020. The government's Infection Prevention and Control (IPC) guidance on PPE was often delayed, slowed by lengthy approval processes. Compounding this, government-appointed PPE suppliers and distribution systems had limited familiarity with the social care sector, leading to challenges in meeting the volume and specific needs of care providers. This disconnect impacted logistics and distribution, with suppliers often unsure how to access Care Quality Commission (CQC)-registered facilities effectively.

11. Shared Lives Plus representations to the DHSC regarding IPC guidance

Shared Lives Plus actively liaised with the Department of Health and Social Care (DHSC) and other relevant government bodies regarding Infection Prevention and Control (IPC) guidance and the ongoing changes to that guidance during the COVID-19 pandemic. The following outlines the key points raised by Shared Lives Plus, the parties with whom they

engaged, the timing of these interactions, and any responses or outcomes from these discussions.

Key Points Raised by Shared Lives Plus

a) Need for Tailored IPC Guidance for Shared Lives Care Settings

Issue: Standard IPC guidance often focused on more traditional care settings, such as residential care homes or hospitals, which differ significantly from Shared Lives arrangements. The organisation emphasised that Shared Lives care takes place in family homes, which requires a more nuanced approach to IPC measures.

Request: Shared Lives Plus advocated for specific IPC guidance that was practical and applicable to home-based care models, taking into account both the close living arrangements and unique challenges in Shared Lives settings.

b) Clarification on PPE Requirements and Use in Home-Based Settings

Issue: Members were frequently uncertain about the appropriate use of PPE in Shared Lives homes, where care providers and clients often live together in close quarters, sometimes with other family members.

Request: Shared Lives Plus sought clearer, consistent guidance on PPE usage tailored to family-based care, including when PPE was required, and what PPE types were essential for different activities within the household setting.

c) Flexibility in Visitation and Quarantine Policies

Issue: Members expressed concern over visitation restrictions and quarantine requirements, as traditional guidance did not account for the familial, home-like environment of Shared Lives arrangements.

Request: Shared Lives Plus asked for more flexible guidelines around visitations and quarantining within households, suggesting risk-based assessments that took into account household structure, size, and the lower infection control risks associated with small home environments versus larger care facilities.

d) Support for Training and Resources on IPC

Issue: As guidance evolved, members required ongoing IPC training and resources specific to Shared Lives. However, accessing updated IPC resources and implementing them correctly posed a challenge, particularly for smaller Shared Lives independent organisations.

Request: Shared Lives Plus advocated for IPC training resources that were directly relevant to Shared Lives carers and households, seeking support from the DHSC to develop training or direct members to resources tailored to their model.

e) Clear Communication and Timely Updates

Issue: Shared Lives Plus members found it challenging to keep up with rapidly changing guidance.

Shared Lives Plus kept up to date with Government guidance, considered how it related to Shared Lives arrangements and provided regular bulletins sharing this information.

12. Engagement and Timing with Government Bodies

Shared Lives Plus engaged with the DHSC and other bodies such as Public Health England (PHE) through:

- a) Direct Communication with DHSC Officials: Regular meetings and correspondence with DHSC representatives occurred throughout the pandemic, particularly in response to major shifts in IPC guidance (e.g., initial COVID-19 outbreak, emergence of new variants, and during the vaccine rollout).
- b) Advisory Group Participation: Shared Lives Plus participated in advisory and stakeholder groups organised by DHSC and PHE, providing feedback on the real-world implications of proposed guidelines.
- c) Written Submissions and Feedback: Shared Lives Plus submitted written feedback and position papers outlining IPC concerns specific to Shared Lives settings, especially during times when new guidance was introduced.

Responses and Outcomes

- a) Adapted IPC Guidance for Community-Based Care:
- b) DHSC and PHE acknowledged the need for more flexible IPC measures for community-based care. Over time, Shared Lives Plus observed some adaptations to IPC guidance, which included options for risk-based PPE use and modified quarantine requirements for family-like care settings.
- c) The DHSC provided occasional specific updates for Shared Lives and similar models, although the pace and specificity of these updates varied throughout the pandemic.
- d) Increased Communication and Clarity on PPE Requirements Following advocacy from Shared Lives Plus, the DHSC provided clearer communications regarding PPE for non-residential settings. DHSC issued additional guidance on when PPE was necessary within a household and offered flexibility around shared spaces in family-like care environments.
- e) PHE also issued resource guides for Shared Lives and similar settings, which were disseminated through Shared Lives Plus to members, helping them interpret broader guidelines in a practical way

Additional Resources for Training and Support:

- a) Shared Lives Plus's advocacy led to the development of training modules and IPC support resources, which were made available through both DHSC and PHE

websites. While not all resources were tailored exclusively to Shared Lives, these additions provided members with a more solid foundation for understanding IPC protocols.

- b) In some regions, DHSC worked with local health authorities to make IPC training accessible to Shared Lives carers, which included virtual workshops and printed guidance distributed through Shared Lives Plus channels. Shared Lives Plus adapted this guidance into easy read versions so that carers could use this to explain things more easily to the people they supported.

13. Lessons Learned

Shared Lives Plus did not conduct a formal review with members however the information, learning and campaigning about the experiences of the Shared Lives sector since March 2020 was well documented and is summarised below:

a) Pandemic Preparedness and the Shared Lives Model

Shared Lives Plus highlighted the importance of recognising family-based, home-based care as integral to pandemic preparedness planning. The model supports individuals with physical, sensory, and learning disabilities, mental health challenges, and elderly people, focusing on person-centred care.

Recommendations included:

- Equitable access to essential protective equipment (PPE) for Shared Lives carers.
- Improvements in supply chain systems to avoid delays or shortages, including reliance on centralised systems like the PPE portal.
- Cross-sector collaboration for continuity of non-clinical goods and services.
- Development of centralised databases for real-time resource allocation.
- Provision of early, specific guidance on infection control and equipment specifications.

- **Key Reflections on Procurement and Distribution**

Pandemic resource distribution highlighted gaps in equitable access for Shared Lives carers and home-based care models.

The "one-size-fits-all" approach in pandemic response planning proved ineffective for diverse care settings like Shared Lives.

Some powerful observations/experiences provided by Shared Lives Plus members about the impact of the pandemic and a lack of understanding of both the Shared Lives and Homeshare models of care.

Several Shared Lives arrangements have broken down around family fears that a person being supported may be exposed to Covid-19. In one case, Shared Lives carers of an elderly person vulnerable to Covid-19 began to experience. Without testing available, the person they supported was moved to a care home which was deemed to be safer. The

person had been supported by their Shared Lives carers for 21 years. The person has since sadly died from Covid-19 complications.

Without readily available repeated testing, organisations such as Shared Lives lacked the knowledge needed to keep people safe. Increased regular testing was requested because it was felt that this would allow Shared Lives carers to offer respite, which is much needed as Shared Lives carers in long terms arrangements were giving 24/7 care, which was unsustainable.

Shared Lives Plus actively advocated for:

- Clearer, earlier guidance which is necessary to allow preparation time for home-based care models. Specific areas for improvement include distribution of FFP3 masks and fit testing for care workers Policy changes to ensure that home-based care models are recognised and prioritised in pandemic planning.
- Refinements in the distribution systems for PPE, with a particular emphasis on avoiding fragmented local systems and prioritisation of a centralised system to ensure timely and equitable access to supplies
- Collaboration with government and NHS bodies to streamline communication and resource allocation. The pandemic exposed limitations in fragmented local distribution systems for PPE and testing resources.

Future plans of Shared Lives Plus relating to procurement and distribution of PPE

Shared Lives Plus intends to:

- Continue advocating for the inclusion of home-based care models in pandemic preparedness plans.
- Support the development of systems that ensure equitable resource distribution across all care sectors.
- Promote flexibility in response strategies to address unique challenges presented by future pandemics.
- Strengthen partnerships with local authorities, the NHS, and other care providers to ensure a resilient and inclusive care system.

Statement of Truth

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

Signed:

Personal Data

Dated: ____6 January 2025____