

## **IN THE UK COVID-19 INQUIRY**

### **BEFORE THE RIGHT HONOURABLE BARONESS HALLETT D.B.E.**

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#### **THE WELSH GOVERNMENT'S MODULE 6 OPENING SUBMISSIONS**

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##### **Introduction**

1. The pandemic had a far-reaching impact on the social care sector in Wales and the Welsh population. The Welsh Government welcomes the Inquiry's examination and acknowledges that there are key lessons to be learned both in identifying good practice to be retained in respect of preparedness for future pandemics and in making recommendations on what could have been done better.

##### **Background to social care in Wales**

2. Social care has been a devolved function since 1999. The Welsh Government is responsible for social care policy and its functions extend to the regulation and inspection of the social care sector. The regulatory body for both adult social care and childcare is Care Inspectorate Wales which exercises functions on behalf of the Welsh Ministers.
3. Although the Welsh Government sets social care policy, the statutory responsibility for providing social care rests exclusively with Welsh local authorities pursuant to the Social Services and Well-being (Wales) Act 2014. The structure of social care services is divided into children's services, adult services, community-based care and residential care.
4. It has long been a priority of the Welsh Government to integrate health and social care. In 2018, 'A Healthier Wales'<sup>1</sup> was published. This sets out the Welsh Government's long-term plan for a 'whole-system approach' to integrate health and social care in Wales. Therefore, to discharge their statutory duties and functions, both local authorities and health boards are, as a matter of law and in practice, required to work together to identify the services required to meet the care and support needs (and carer support needs) of the population in their area. Health is also a devolved area for which the Welsh Ministers are responsible.

##### **Organisational structure of the Welsh Government and the Health and Social Services Group**

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<sup>1</sup> AH1/004-INQ000066130

5. The Health and Social Services Group is one of five groups within the Welsh Government. During the pandemic, the Health and Social Services Group consisted of the following directorates: (a) Cafcass Cymru, (b) Delivery, performance and planning for health and care in Wales, (c) Finance, (d) Mental health, vulnerable groups and NHS governance, (e) Nursing, (e) Population health (including the Chief Medical Officer's Office), (f) Primary care and health science, (g) Social Services and Integration (h) Technology, digital and transformation and (i) Workforce and organisational development.
6. Within the Health and Social Services Group, the Social Services and Integration Directorate had responsibility for adult social care policy throughout the pandemic. As noted above, provision of adult social care remained the responsibility of the 22 local authorities. The structure of the Social Services and Integration Directorate can be seen in an organogram.<sup>2</sup>
7. The Welsh Government comprised a number of groups and bodies that had a key role in informing and shaping the response of the health and social care systems to Covid-19 throughout the pandemic period.
8. During the pandemic, existing government infrastructure and systems were supplemented with bespoke groups or structures specifically established to manage the challenges of the pandemic. The response of the health and social care systems to Covid-19 was discussed in a number of these groups, for example:
  - (a) The Technical Advisory Group and Technical Advisory Cell provided expert advice. The Technical Advisory Group's advice often encouraged the integration of public health measures with social services;
  - (b) The Welsh Government's Knowledge and Analytical Services division established a Covid-19 analysis hub. The hub provided a central point of coordination within the Welsh Government for Covid-19 data and statistics and provided real-time data and analysis that informed policy development for social care;
  - (c) The Health and Social Services Planning and Response Group brought together strategic representatives of the Group, NHS bodies, and social care. Its role was to co-ordinate contingency response planning, share information and communications to raise awareness on contingency arrangements and actions, and provide a strategic interface for health, social care services and officials. Seven sub-groups were devised, including a social care subgroup;
  - (d) Other relevant groups included: the Covid-19 Moral and Ethical Advisory Group Wales, the Social Care Testing and Infection Control Strategy and Policy Development Group, the Nosocomial Transmission Group, the Social Care Fair Work Forum, the Health and Well-being subgroup and the Reconstruction and Stabilisation Boards.

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<sup>2</sup> An organogram can be found at AH2/001-INQ000495978

9. In addition to these groups, the Welsh Government maintained important relationships with external organisations across the sector including with the Welsh Local Government Association, Association of Directors Social Services Cymru, Public Health Wales, Care Inspectorate Wales, Social Care Wales and others, including the Care Forum Wales, the Older People's Commissioner for Wales, the Equality and Human Rights Commission (Wales), Regional Safeguarding Boards and Regional Partnership Boards.

### **Care Inspectorate Wales**

10. Care Inspectorate Wales is the operationally independent regulator of social care and childcare in Wales. Care Inspectorate Wales exercises its regulatory functions on behalf of the Welsh Ministers to provide assurance on the quality and safety of services. Care Inspectorate Wales registers, inspects, and takes action to improve the quality and safety of services for the well-being of the people of Wales.
11. During the relevant period between 1 March 2020 to 28 June 2022, Care Inspectorate Wales engaged extensively with its stakeholders to ensure that the voice of the sector was heard by policy makers. It also shared its findings as a result of exercising its regulatory functions and the contemporaneous feedback it received as part of its check-in or monitoring calls with providers.
12. In light of the pandemic, and to progress the flow of registration work, on 23 March 2020, Care Inspectorate Wales published a news article on its website stating the registration process would be adapted to help create additional capacity in adult social care.
13. The adaptation meant Care Inspectorate Wales registration teams prioritised areas of work in the order outlined below:
- (a) All registration and variation work that supported providers to provide services because of Covid-19;
  - (b) All registration and variation work that brought additional capacity to the sector;
  - (c) Registration of services operating without registration;
  - (d) High-risk registrations or variations, for example relating to the purchase of services in administration; and
  - (e) All other registration and variation work.
14. In April 2020, guidance<sup>3</sup> was produced for providers and applicants. Likewise, Inspectors were provided with guidance<sup>4</sup> to help them determine how they should adapt the registration process depending on the Covid-19 restrictions in place at the time.

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<sup>3</sup> GB2/014-INQ000501660

<sup>4</sup> GB2/015-INQ000497207

15. In November 2020<sup>5</sup>, Care Inspectorate Wales issued further revised guidance outlining the approach to registering services. The guidance retained many of the adapted processes from the April 2020 guidance and implemented a more nuanced approach to site visits and when the Inspectorate would visit services in person. This guidance was withdrawn in early 2022 as restrictions were lifted.
16. Data on the inspections undertaken in the relevant period is set out in the witness statement of Care Inspectorate Wales.

### **Hospital discharge decisions**

17. The hospital discharge process during the pandemic has elicited concern among stakeholders and the public. The unprecedented nature of the pandemic necessitated rapid decision-making in extraordinary circumstances with the primary focus on protecting patient safety and preventing hospital overcrowding. Decisions had to be taken at speed, under pressure and, in the initial stages, with incomplete information on the evolution of the virus.
18. The Discharge to Recover then Assess model formed the basis of the Covid-19 guidelines to help protect people from exposure to the virus in institutions and to maximise capacity in service provision.
19. On 13 March 2020, the Minister for Health and Social Services made a written statement explaining he had agreed a framework<sup>6</sup> of recommended national actions to provide care and support to the most vulnerable. This framework was developed to ensure timely hospital discharge during the pandemic and to eliminate any delay related to care home choice. This would ensure that hospital beds were available to patients who needed them with any surge in hospital demand as well as protecting patients by avoiding the risks associated by prolonged stays to inpatient admissions. These measures were formalised on 20 March 2020.
20. On 8 April 2020, the Public Health Wales Guidance on Admission and Care of Residents during the Covid-19 Incident in a Residential Care Setting in Wales<sup>7</sup> was published. This guidance mirrored the UK Government's guidance published on 2 April. The guidance did not require a negative test prior to transfer/admission to a residential setting and advised a risk assessed approach with a focus on infection prevention and control measures.
21. On 15 April 2020, the Welsh Government contacted Public Health Wales stating that it wanted a revised approach to testing in place as soon as possible, to include testing

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<sup>5</sup> GB2/017-INQ000496073

<sup>6</sup> AH2/134-INQ000198262

<sup>7</sup> AH2/174-INQ000283271

on hospital discharge. On 22 April 2020, the Deputy Director General of Health and Social Services and the Chief Medical Officer (Wales) wrote to all care home providers and local authorities confirming testing would be undertaken before hospital discharge and that both the Welsh Government Hospital Discharge Guidance and the Public Health Wales Guidance on Admission and Care of Residents during the Covid-19 Incident would be updated.

22. On 24 April 2020, a further letter was sent to health boards confirming the change in policy and that updated guidance was to be published. The letter also stated health boards and NHS trusts needed to ensure there were systems in place to test individuals 48 hours before their planned discharge from hospital, and to test care home residents and those in the community prior to a planned transfer or admission to a new care home.
23. On 29 April 2020, the Welsh Government Hospital Discharge Guidance was published. The advice required a negative test result before any individual was discharged from hospital to an existing placement or care package and included those receiving support in their own home or supported living facilities.
24. On 7 May 2020, the revised Public Health Wales guidance was published under its new title “Guidance to Prevent COVID-19 Among Care Home Residents and Manage Cases and Outbreaks in Residential Care Settings in Wales”. The updated guidance referred to the letters of 22 and 24 April 2020 and confirmed the Welsh Government’s policy required health boards to test all individuals being discharged from hospital to a step-down or care home setting regardless of whether they were admitted to hospital with Covid-19, and that people would not be admitted to a care home without a negative test.
25. Throughout this period, the Welsh Government liaised proactively with Public Health Wales officials to ensure bespoke technical guidance was produced for the social care sector.
26. A temporary suspension of the choice of care home upon discharge was put into place. However, this did not permit indiscriminate discharge into care home settings. This permitted discharge to an interim placement, capable of safely meeting the person’s needs until the individual’s choice of care home became available. This was a way of striking a balance between the need to ensure adequate in-patient capacity in hospital, reducing risks associated with hospital admissions and safely meeting patient’s needs amidst unprecedented pressures during the pandemic.

### **Infection prevention and control measures**

27. During all phases of the pandemic, health and social care providers in Wales were asked to adhere to the UK Infection Prevention and Control guidance. The guidance was based on a continuous review of the international evidence base and was issued

jointly by the Department of Health and Social Care, Public Health Wales, the Public Health Agency in Northern Ireland, Public Health Scotland, the UK Health Security Agency and NHS England – also referred to as the ‘UK IPC Cell’. UK-wide guidance updated in April 2020 provided that in care settings, including care homes, with a confirmed or suspected case of Covid-19, anyone giving direct care within two metres of a resident should wear surgical gloves, plastic apron, type IIR surgical mask and eye/face protection<sup>8</sup>.

28. The Welsh Government additionally established a Nosocomial Transmission Group, whose purpose was to provide advice, guidance and leadership for all healthcare and care settings, including care homes, to minimise transmission and to enable the safe resumption of services. The Group and associated policy team issued a range of guidance<sup>9</sup> as the evidence base emerged and which complemented the UK guidance referred to above.

### **PPE within the sector**

29. The provision of appropriate and high-quality PPE was a key priority in ensuring the safety and wellbeing of the health and social care workforce and recipients of care.
30. A Memorandum of Understanding<sup>10</sup> was entered into on 18 July 2018 between the devolved governments and the Secretary of State for Health in relation to PPE and pandemic influenza preparedness. Under the Memorandum, the UK acts as lead purchaser and undertakes procurement exercises on behalf of the four nations. The Welsh Government’s Health Countermeasures Group provided oversight of the national stockpile and the pandemic influenza stockpile of PPE proved crucial during the start of the pandemic.
31. During the pandemic, the pre-existing pandemic stockpile in Wales was supplemented by NHS Wales Shared Services Partnership (NWSSP), which procured and distributed additional PPE on behalf of the Welsh Government. From March 2020, the NHS Wales Shared Services Partnership rapidly expanded its existing NHS-only supply and distribution process for health boards, to one that supplied PPE to local authorities for onward distribution to the social care sector, as well as delivering to primary care settings. On 19 March 2020, this was outlined by the Minister for Health and Social Services in a Written Statement.<sup>11</sup>
32. A standalone PPE cell was convened, with an executive director chairing the group, in order to secure prominence and leadership in relation to PPE. The PPE cell met from late April 2020 to exchange information on local issues and the national response. The

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<sup>8</sup> Paragraph 468 Albert Heaney witness statement

<sup>9</sup> AH2/298-INQ0000227417

<sup>10</sup> AH2/289-INQ000177454

<sup>11</sup> AH2/296-INQ000383574

PPE Cell was tasked with (i) reviewing the sourcing of PPE for Wales, (ii) considering the stockpiling of PPE, and (iii) assessing the arrangements for the distribution of PPE across Wales for both the health and social care sectors: all of which were multifaceted and required working with a number of organisations. The PPE Cell reported regularly to the Director General Health and Social Services and also provided assurance to the Minister for Health and Social Services. It also liaised with the Deputy Minister for Economy to support the Welsh manufacturing of PPE.

33. In April 2021, the Auditor General for Wales issued a report 'Procuring and Supplying PPE for the COVID-19 Pandemic'<sup>12</sup> which provided an independent review of the national efforts to supply health and social care in Wales led by the Welsh Government, working with the NHS Wales Shared Services Partnership and local government. This report identified that joint working was not as developed between NHS Wales Shared Services Partnership, local government and the social care sector as it was between NHS Wales Shared Services Partnership and NHS organisation (as the previous core work of the NHS Wales Shared Services Partnership had not included supplying social care). By 7 May 2020, it was reported that around two thirds of the social care sector's PPE needs were being met by the NHS Wales Shared Services Partnership. Between 9 March 2020 and 2 February 2021, the NHS Wales Shared Services Partnership delivered some 630 million items of PPE to the sector; in the period April 2020 to January 2021, around half of this was to social care.
34. Importantly, NHS Wales Shared Services Partnership data showed that, nationally, stocks did not run out although stocks of some items got very low. At times, Wales drew on mutual aid from other countries but ultimately gave out significantly more in mutual aid than it received.
35. Overall, between March 2020 and March 2022, the NHS Wales Shared Services Partnership issued more than 1.3 billion items of PPE to the health and social care sector in Wales; around 550 million of these items were issued to the social care sector.

## **Testing**

36. One key challenge was that at the outset of the pandemic, there was evolving evidence in relation to testing, and the possibility of false readings. The Welsh Government received advice from Public Health Wales that careful adherence to general infection prevention and control measures (such as social distancing and PPE) was more effective than using testing as a tool to protect people. In the early stages of the pandemic, there was only a limited capacity for testing available through the laboratory

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<sup>12</sup> AH2/349-INQ000214235

system and this had to be carefully managed to ensure that it was being used in the most optimal way.

37. To improve alignment between clinical, technical, public health, operational and social care policy perspectives for testing in social care settings, in November 2020, the Social Services and Integration Directorate established a Social Care Testing and Infection Control Strategy and Policy Development Group with the aim of ensuring a more coordinated approach. The Group considered the design and implementation of testing and infection and control strategies for social care. A Social Care Testing Leads forum, which included testing leads from local authorities and local health boards, was convened.
38. The plan for social care was published on 23 December 2020<sup>13</sup>. This sector specific plan was the first of its kind in the UK, and linked the social care testing, infection, prevention and control arrangements to the National Alert Levels document published by the First Minister on 15 December 2020. The document was well received by the social care sector, which welcomed the clarity of the testing arrangements for all parts of the sector and the ability to foresee testing expectations should alert levels change.
39. Once lateral flow testing capability became widely available, and people became familiar with the testing technology, there were increasing requests for testing to be made available for wider social care settings and services, and over time these were added to the testing programme. The programme was regularly reviewed and updated in response to the needs of the population, the emerging evidence base and the increase in testing capacity.
40. As with all UK nations, the Welsh Government faced considerable challenges due to the limitations in testing capacity in the early stages of the pandemic. This required the Welsh Government to make difficult decisions about where those tests which were available should best be deployed to provide the greatest protection to people in Wales. Those decisions were based on advice from officials, SAGE, and Welsh Government scientific advisors. Establishing a testing infrastructure for a novel virus inevitably takes time for research and development, however, the Welsh Government acknowledges that ensuring Wales has a scalable rapid testing programme which can be deployed quickly in the event of a future pandemic is key to future preparedness.

### **Visiting restrictions and visiting care homes**

41. Care home restrictions sought to carefully balance the risk to those who could become acutely unwell if they contracted the virus with the need to promote the social needs and wellbeing of residents and risks to the care sector workforce. It was acknowledged

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<sup>13</sup> AH2/409-INQ000136834, AH2/249-INQ000081729



that care home visiting restrictions had a particular impact on the wellbeing of residents.

42. The Welsh Government produced non-statutory guidance, which was intended to support providers to make decisions about visits within the regulatory framework of the general Covid-19 legislative restrictions. The guidance was regularly reviewed in response to the changing level of risk:

- (a) On 23 March 2020, the Welsh Government sent a letter<sup>14</sup> to all registered providers of care homes in Wales stating that visits should only take place when essential and acknowledging the need to promote regular phone contact with family and friends;
- (b) On 27 May 2020, it was agreed, following a meeting with the Older People's Commissioner, that guidance should be co-produced with the sector on care home visits;
- (c) In June 2020, after two households were permitted to meet outdoors, assistance and guidance was offered to care home providers, including a recommendation that a risk assessment be carried out for all visits and social distancing be observed;
- (d) On 25 June 2020, version 1<sup>15</sup> of the Welsh Government's Care Home Visiting Guidance was published and a slightly amended version 2 was published on 7 July 2020. Indoor visits were reintroduced in version 3<sup>16</sup> published on 28 August 2020. Local restrictions had to be introduced in September 2020 in relation to outbreaks in "hotspot areas," suspending care home visits temporarily save in compassionate circumstances. Throughout this period, a number of providers continued to facilitate socially distanced outdoor visits;
- (e) Visits were again restricted during the firebreak lockdown from 23 October to 9 November 2020.

43. After the firebreak lockdown, on 23 November 2020, the Welsh Government announced the launch of the visiting pods scheme to allow outdoor visits during the winter period. By 17 December 2020, it was confirmed that the first visiting pods had been installed, and that 80 units would be ready for use by Christmas 2020. Under the pilot scheme, 100 visiting pods were provided free of charge to care homes and funding for 55 further visiting pods was made available for providers choosing to make their own arrangements.

44. Over Christmas 2020, the Coronavirus Control Plan: Alert Levels in Wales for Social Care Services<sup>17</sup> applied under which local and individual risk assessments were encouraged with blanket approaches to be avoided. It is acknowledged that over this period members of the public expressed frustration and confusion at the reluctance of

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<sup>14</sup> AH2/209-INQ000336332

<sup>15</sup> AH2/219-INQ000081250

<sup>16</sup> AH/222-INQ000337012

<sup>17</sup> AH2/257-INQ000081899

some care homes to facilitate visits and Welsh Government officials continued to meet with key stakeholders and those advocating for care home residents to discuss concerns and to encourage safe visits to be facilitated within the scope of the rules.

45. On 1 February 2021, version 4 of the guidance was published. By 22 February 2021, indoor visits resumed subject to various controls, as confirmed in version 5<sup>18</sup> of the guidance. In version 6 of the guidance, two permitted designated visitors for routine indoor visits were permitted. In total, there were 14 versions of the guidance, after which a move to Alert Level 0 in Wales enabled more routine visiting into and out of care homes.
46. In summary, the Welsh Government sought to strike a balance between protecting vulnerable care home residents from the virus and promoting family and social contact and residents' and care home staff wellbeing. The guidance was intended to encourage providers to respond on a case-by-case basis and was never intended to operate as a blanket policy. The government reminded providers in repeated letters of the importance of avoiding an unduly restrictive approach and in individually considering and risk assessing cases.
47. Alongside care home visits, an innovative approach was taken to ameliorate the impact of a lack of visits on recipients of care. A Device Loan Scheme operated and was extended to include care homes with the aim of reducing social isolation and loneliness. As of 6 July 2020, Digital Communities Wales had delivered 1,009 devices to 559 care homes across Wales and had provided training to 350 frontline staff.<sup>19</sup>

### **The social care workforce.**

48. Data shows that there were 75,711 adults in Wales in receipt of social care and support services as at 31 March 2019. As at 1 April 2020, there were 1,579<sup>20</sup>, adult care homes (nursing homes, residential care homes and domiciliary support services) in Wales.
49. During the pandemic, the Welsh Government recognised financial support for social care workers was vital. A series of specific measures were taken to promote the wellbeing of the workforce.
50. A workplace risk assessment tool ('the Covid-19 Workforce Risk Assessment Tool') was specifically devised to assess the risks posed to individual staff in their workplaces so risks could be properly managed. The tool, developed in conjunction with the Black, Asian and Minority Ethnic Covid-19 Advisory Group, took account of the higher risk

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<sup>18</sup> AH2/253-INQ000337529

<sup>19</sup> AH2/274-INQ000498715

<sup>20</sup> Paragraph 178 Albert Heaney corporate witness statement

posed to individuals by reason of their age, ethnicity and underlying health conditions. A specific Risk Assessment tool was published on 26 May 2020 alongside associated guidance<sup>21</sup>. A Workforce Wellbeing Conversation Guide was also devised with the aim of signposting staff to appropriate wellbeing support and interventions.

51. The Special Payment Scheme for social care workers was established in recognition of the significant degree of risk and responsibility taken on by care workers during the pandemic. A £500 one off payment to social care staff was approved after review of advice<sup>22</sup> based on an estimate of 64,600 eligible staff with guidance on the scheme being published on 7 August 2020<sup>23</sup>.
52. In addition, emotional support was also made available to health and social care staff via the 'NHS Wales and Social Care wellbeing support line' which was made accessible to the health and social workforce in both English and Welsh. The Welsh Government also commissioned Public Health Wales to undertake an employers' survey to understand the impact of the pandemic on the workforce.

### **Workforce capacity**

53. The Welsh Government set out the challenges of the sector in the Health and Social Care Winter Plan 2021-2022<sup>24</sup> and acknowledged that Wales continued to experience difficulty in retention and recruitment to the care sector workforce. These challenges pre-existed the pandemic and continued during the pandemic.
54. Work was also done to increase the workforce capacity within the social care sector. Since June 2022, the Real Living Wage, which was introduced in April 2022, has been paid to social care workers in Wales. Further, the Welsh Government funded a programme of work to increase recruitment comprising a TV and advertising campaign, a jobs portal and the funding of a free four-day introductory course to social care. Work was also done to promote apprenticeship schemes with the social care sector, supporting employers to employ apprentices. This activity was specifically aimed at recruitment to the sector in acknowledgement of staff shortages in both domiciliary care and care homes.

### **Vaccination**

55. The Welsh Government acknowledged that the vaccination of the social care workforce posed several challenges as a result of the 30% annual staff turnover rate, issues in defining social care roles given variations across the sector and that not all

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<sup>21</sup> AH2/279INQ000023242

<sup>22</sup> AH2/084-INQ000144869 and AH2/085-INQ000144895

<sup>23</sup> AH2/088-INQ000081223

<sup>24</sup> EM/078-INQ000480015

workers were required to be registered with Social Care Wales. However, the vaccination of the social care workforce was very successful with a very high percentage of the workforce receiving the vaccine.

56. Compulsory vaccination was *not* made a condition of deployment for health and social care staff in Wales. This issue was carefully considered by Welsh Ministers, and it was concluded compulsory vaccination was not necessary as a result of high voluntary uptake of the vaccine amongst the workforce.

57. As of 16 June 2021, 92.3% of care home workers had received their first dose of the vaccine and 85.7% had received their second dose. This greatly exceeded the minimum threshold recommended by SAGE.

### **Support for unpaid carers**

58. Steps were taken to support carers who may have felt socially isolated as a result of changes to their usual social contact and support structures during the pandemic. The Welsh Government's Third Sector Covid-19 Response Fund gave an additional £50,000 to Carers Wales to extend their mental health support for carers.<sup>25</sup>

59. A Carers Support Grant of £1 million was set up to support carers, to be managed by the Carers Trust Wales, with an allocation of additional funding £250,000 in December 2020<sup>26</sup>. The Carers Support Grant remains in place today.

60. In recognition of the impact on carers during the pandemic and lack of access to usual support networks, funding was committed to improve respite services to prevent carer burnout. A short breaks scheme for unpaid carers remains in place to date.

61. Acknowledging the key role played by unpaid carers, in March 2022, the Welsh Government agreed to allocate funding for a £500 one-off payment<sup>27</sup> to unpaid carers in Wales in recognition that unpaid carers had faced financial pressures as a result of the pandemic.

62. On 22 May 2020 the Welsh Government agreed to the inclusion of unpaid carers in the Welsh Government's arrangements for PPE supply.

### **Care homes**

63. On 18 March 2020, the 'Covid-19 preparedness and response: guidance for the health and social care system in Wales' was issued by the Health and Social Services Coronavirus Planning and Response Group. This guidance was to be read in

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<sup>25</sup> INQ000103916

<sup>26</sup> AH2/123-INQ000493728

<sup>27</sup> AH2/129-INQ000499750

conjunction with other guidance, particularly the 'Wales Health and Social Care Influenza Pandemic Preparedness and Response Guidance 2014'.

64. During the pandemic, the Welsh Government sought to implement learning from the first wave of infections promptly. The Care Home Action Plan was devised as a result of its wish to learn from the experience of the first response to Covid-19 and to prepare for any further wave. The Action Plan sought to address challenges faced in the first wave, including strengthening infection and control measures, improving support for staff and ensuring the wellbeing of residents.
65. Work on the Action Plan coincided with an independent rapid review of care homes' experiences during the pandemic by Professor John Bolton commissioned by the Welsh Government in June 2020 which made a number of key recommendations<sup>28</sup> for care homes.
66. On 17 December 2020, the updated Care Homes Action plan<sup>29</sup> was published. This had the wellbeing of care home residents at its heart with an emphasis on cross-sector strategic coordination of the social care response in advance of the second wave of infections. The plan confirmed that action in the sector would focus on infection prevention and control, PPE, general and clinical support for care homes, residents' wellbeing, social care workers' wellbeing and financial sustainability.
67. The final update to the plan listed the wide range of achievements delivered over the previous 12 months as identified including: (i) an infection prevention and control checklist for care homes, (ii) the successful roll-out of the vaccination programme for care home staff and residents, (iii) the introduction of enhanced statutory sick pay for care workers, (iv) pilot programmes for the use of visitor pods and visitor testing and the (v) sustained financial support via the Local Government Hardship Fund.

## **Funding**

68. Local government is funded from three main sources: the Welsh Government (comprising the Revenue Support Grant, pooled non-domestic rates, and a large number of specific grants), non-domestic rates and council tax<sup>30</sup>. Funding is allocated to local authorities for each to spend in line with local needs and circumstances on a range of services, including social care, for which they hold responsibility and in accordance with their own budget processes. Therefore, funding for the delivery of social care sits with the 22 local authorities in Wales.
69. Ensuring financial support for the social care sector was a key priority for the Welsh Government, with resources being made available to local authorities to meet changing demands on the sector.

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<sup>28</sup> Paragraph 170 Albert Heaney corporate witness statement

<sup>29</sup> EM/013-INQ000336943

<sup>30</sup> Paragraph 98 Albert Heaney corporate witness statement

70. The Local Government Hardship Fund<sup>31</sup> was established in April 2020 to give financial assistance to local authorities in respect of additional expenditure incurred or revenue lost because of the pandemic. An initial £40 million<sup>32</sup> was allocated to help adult social care providers to meet additional costs associated with the Covid-19 response. This was intended to cover the costs of maintaining existing care services and the additional costs associated with the role social care played in supporting hospital discharge.
71. In August 2020, a further £22.7 million<sup>33</sup> was agreed in respect of further funding support for adult social care providers. Local authorities were able to claim a temporary standard national fee uplift. Further funding was identified in respect of care home voids and the viability of residential care homes during the pandemic to be addressed via £7.550 million allocated to each Regional Partnership Board.
72. In June 2021, £2.116m<sup>34</sup> was agreed in respect of Specialist Palliative Care and Hospice Support. In November 2021, further £1.5m<sup>35</sup> in emergency funding was agreed in respect of hospices in recognition of a continued reduction in their income during the pandemic.
73. In September 2021, a bid of £48 million<sup>36</sup> from Covid-19 reserves was approved to support a Social Care Recovery Fund. Of this sum, £8 million was to be directly allocated to specific Covid-19 recovery priorities and £40 million to local authorities to use in work with their partners and providers of social care services and for specific recovery activities.<sup>37</sup>
74. In October 2021, funding of £42.7 million was sought in respect of a package of measures to address the ongoing impact of the Covid-19 pandemic and a significant increase in pressure and demand on the system. The Care Action Committee, chaired by the Minister for Health and Social Services, worked to identify immediate issues and agree solutions, which led to proposals being drawn up<sup>38</sup> and funding being agreed on 14 October 2021.
75. Overall, the Welsh Government regularly evaluated the need to provide additional financial support to the sector and how best to ensure the social care sector continued to meet the needs of the Welsh population during times of increased pressure and demand.

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<sup>31</sup> AH2/065-INQ000227906

<sup>32</sup> AH1/067-INQ000493730

<sup>33</sup> AH1/070-INQ000493732

<sup>34</sup> EM/128-INQ000145163

<sup>35</sup> EM-129-INQ000145158

<sup>36</sup> AH2/073-INQ000136861

<sup>37</sup> Paragraph 225 Albert Heaney corporate witness statement

<sup>38</sup> Table at paragraph 229 Albert Heaney corporate witness statement

## **Inequalities**

76. Ministers regularly evaluated how policies would affect different groups and efforts were made to engage with community groups and stakeholders representing diverse populations to ensure that the voices of those most affected by social care policies were included in decision-making processes.

77. The Welsh Government acknowledged and considered the differential impact the pandemic had on those from different groups, including those with protected characteristics:

- (a) Funding was allocated for learning disability health checks in recognition of the increased physical health risks associated with a learning disability. The health checks were aimed at reducing health inequalities and were to be delivered by primary care clusters;<sup>39</sup>
- (b) Significant work was done to assist those with dementia, their families and carers. The Dementia Care Covid-19 partnership, led by Improvement Cymru, operated during the pandemic and provided advice and guidance on dementia policy. A Dementia Action Plan<sup>40</sup> was developed which considered how to strengthen provision in response to Covid-19. Funding was also secured for two projects to support the carers of those living with dementia in care homes;<sup>41</sup>
- (c) Access to healthcare for those with pre-existing health conditions was promoted via the accelerated roll-out of the NHS Wales Video Consultation Service. This was an important step in ensuring continued access to healthcare during the pandemic, including recipients of social care, in a way which reduced the risk of transmission of the virus for both patients and health and social care professionals. We witnessed many care settings rapidly adopting new technologies and training staff in new protocols;
- (d) In recognition of the disproportionate impact of the pandemic on those from Black, Asian and Minority Ethnic backgrounds, a social care subgroup of the Black, Asian and Minority Ethnic Covid-19 Advisory Group was established. Many of the Group's recommendations were addressed in the Anti-Racist Wales Action Plan 2022<sup>42</sup>;
- (e) A wide range of different groups were used as a forum to discuss the effects of Covid-19 on mental health and wellbeing on people from a range of different backgrounds and with different protected characteristics including: (i) The Disability Equality Forum, (ii) the Race Equality Forum, (iii) Ministerial Task and Finish Group of a whole school approach to wellbeing, (iv) Wales Mental Health

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<sup>39</sup> Paragraph 180 Eluned Morgan witness statement

<sup>40</sup> [EM/113- INQ000273422]

<sup>41</sup> Paragraph 181 Eluned Morgan witness statement

<sup>42</sup> EM/112-INQ000227788

and Wellbeing Forum, (v) Wales Alliance for Mental Health, (vi) National Mental Health Partnership Board, (vii) Dementia Oversight and Implementation and Impact Group and (viii) Together for Mental Health Implementation Board.

### **Welsh Government review during the pandemic**

78. The Welsh Government sought to reflect on lessons learned during the pandemic to ensure these were embedded within the health and social care system and informed recovery strategies.

79. Key documents and plans were published during the pandemic period as knowledge and understanding progressed. For example:

- (a) In March 2021, 'Health and Social Care Wales – Covid-19 Looking Forward'<sup>43</sup> was published which set the direction for the overall recovery of the health and social care system, emphasising the need to manage the existing and long-term impacts of Covid-19 alongside making improvements to the system and focusing on the wellbeing of the health and social care workforce;
- (b) A Social Care Recovery Framework was drafted with a focus on whole sector recovery;
- (c) In October 2021, the Health and Social Care Winter Plan<sup>44</sup> was published for 2021-2022 which described how the Welsh Government intended to maintain and support social care services, including continued free PPE, additional finance and support to unpaid carers, additional investment in third sector services and supporting the resilience of care homes; and
- (d) In March 2022, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic'<sup>45</sup> was published.

80. These reports drew on the learning identified during the pandemic and ensured future decision-making was informed by the experiences of the sector during the pandemic with a focus on recovery and sustainability of the sector.

### **Reflections**

#### *Discharge to Care Homes Guidance*

81. On 15 April 2020, the decision was made by the Welsh Government that hospital patients should not be discharged into a care home until they had tested negative for Covid-19. This was confirmed in letters to all registered providers and responsible individuals of adult social care services in Wales on 22 April 2020 and to all Chief Executives of local health boards in Wales, amongst others, on 24 April 2020. The Welsh Government guidance followed this, on 29 April 2020. The Welsh Government

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<sup>43</sup> EM/115-INQ000066129

<sup>44</sup> EM-078-INQ000480015

<sup>45</sup> EM/123-INQ000066072



acknowledges that, in the state of urgency that existed at the time these decisions were made and implemented, that guidance ought to have been published sooner.

### **Lessons Learned**

82. Throughout the pandemic, the Welsh Government was committed to protecting the Welsh population. The Welsh Government worked with partner organisations, stakeholders, local authorities, health boards, health and social care workers, unpaid carers and recipients of social care to strengthen the response of the social care sector to the pandemic, to promote the wellbeing of recipients of care and to save lives.
83. The corporate witness statement of Albert Heaney sets out a table of the lessons learned in exercises the Welsh Government was involved in during the pandemic along with a summary of the actions recommended and the Welsh Government's response, which demonstrates its proactive approach to identifying and embedding learning.
84. Overall, the Welsh Government considers that the close and regular contact between local government and the independent sector worked effectively in ensuring that the Welsh Government had a real sense of what was happening on the ground within the care sector during the pandemic.
85. The Welsh Government acknowledges that there are lessons to be learned both on the successes that should be retained within the social care system for future preparedness in planning for pandemics, and in identifying improvements that can be made.