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MODULE 6 OF
THE COVID – 19 INQUIRY

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CARE SECTOR

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OPENING STATEMENT FOR LGA

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Good morning/afternoon Madam Chair, Lady Hallett,

Introduction

As you know from other Modules, I represent the interests of the Local Government Association and the Welsh Local Government Association in this Inquiry.

The two Associations work very closely together and welcome the opportunity to contribute as Core Participants in this Module and in others. Together they represent the collected voice of local government, with 100% of the Welsh, and over 99% of the English, principal local authorities.

The importance of this Module

In choosing to give adult social care its own Module the Inquiry has already acknowledged its importance in a general way.

The LGA too is very well aware of the terrible toll felt by so many involved in the Adult Social Care sector as a result of the pandemic, in whatever role. The witness statement of its CE Joanna Killian has acknowledged this from the start. For its part

the LGA hopes that this Module can do very important work to bring some address this suffering.

The Care Act responsibilities

You have already heard how local authorities with adult social care responsibilities played a major role in bringing these countries through the pandemic and they will do again should there ever be another one.

One of the most significant contributions that they made was do everything they could to meet their responsibilities under the Care Act 2014 were fulfilled and that all people with reason to draw on care and support received support .

You will hear much about the Care Act 2014 in this Module so it will be helpful now to remind you that the range of their obligations included -

- Assessing people's needs under the Act and determining their eligibility.
- Planning how those needs will be met and then meeting them either themselves or through a local provider market, whose diversity and quality councils must promote.
- Assessing people's financial means to determine their contribution to the cost of their care.
- Keeping people safe from harm through safeguarding provisions.

I will add, particularly for those many that know little of Adult Social Care, that these responsibilities are very wide, applying -

- To adults **of all ages**;
- To the supporting family carers as well as to the 'needs' of who access 'social care';
- To those receiving support in their own home or community in domiciliary situations just as much as to those in care homes,
and
- To those who self-fund their care just as much as to those whose care is funded in whole or in part by councils.

Moreover, the population of those who receive adult social care is not just “old”, but includes a significant proportion aged 18-64 who, for example, are autistic, have a learning disability, or need mental health support.

One long-standing concern for local government about these responsibilities is that they are just as important as the state’s responsibility for health care, yet they have not received the same prioritisation in the formation of policy. It is greatly to be hoped that the Inquiry’s report on this Module will help ensure that this failure to accord equal priority does not continue.

Some statistics

I would like to give you some statistics to frame the Inquiry’s knowledge and discussion of the roles of local government in ASC.

But first, though statistics are numbers or proportions, it must never be forgotten that they represent people who struggled to the best of their ability during COVID and who in many cases suffered terribly.

They represent unsung heroes and victims, who I cannot name personally in this Opening Statement - they will though be known to their families and loved ones - and will be a major and true focus of this Inquiry.

What these statistics can do though is to provide some shape to what will come to be understood by the Inquiry a financial and administrative context, startling in its size and importance, in dire need of reform and improvement.

And that was even before the pandemic tested the provision of ASC by local government to its limits.

First some figures to demonstrate that the size of provision of ASC -

- In FY 2019/20, the total core spending power of Local Authorities in England, was £46.6 billion
- Of that, about 37% - some £16.7 billion – went on ASC.
- But this does not represent the full national cost of ASC since much such care is self – funded; the figures are –
 - About 23.5% of people accessing domiciliary care
 - and
 - About 37% (or about 137000) of care home residents

- There are around 1.65 million jobs in ASC demonstrating the enormous personal effort required,
- Yet there were only about 1.52 million people actually working in ASC at the material time since it is estimated that about 7% of these jobs were vacant
- That is to say that the ASC workforce in England was about 112,000 short of the necessary number of people.
- Significant areas of job vacancies were in some 12.3% of registered nurse and 8.2% of care worker roles.
- To put that into some perspective - about 300,000 more persons than the number of NHS workers.

Now some statistics about the workforce

- At 82%, it is overwhelmingly female
- And very different to the situation of women in the national economically active population, which is about 47% female
- It is a disproportionately older workforce – some 27% were aged 55+ compared to 20% nationally.
- 21% of workers identified as black, Asian, mixed or minority ethnic (compared to 14% nationally), in recent research about 12% identified as black (compared to 3% nationally).

What about the statistics showing the demand for ASC?

- In 2023/24, councils received just under 2.1 million requests for support from new clients (0.66 million requests from people aged 18-64 and 1.43 million requests from people aged 65+), equivalent of 5,715 requests per day.
- Now I want also to add a significant fact about safeguarding enquiries under section 42 of the Act, which occur following a suspicion of a risk of abuse or neglect of persons unable to protect themselves. From the start of the Covid-19 lockdowns, such enquiries -
- increased markedly for those living in their own home,
- yet decreased for those in care homes.

Cuts to local authority funding and increasing demand

This bare recital of the scope of their duties, the persons involved, and the demand does not do full justice as a description of the stress in this sector. It is a fact that I have mentioned on several occasions in other Modules that local government had suffered huge cuts in funding since 2008. For this Module it must also be noted that the demand for adult social care had increased even before the pandemic began.

So, you will see that, in summary while fulfilling Care Act and related ASC duties during ordinary times was a huge and very costly task, fulfilling them during the pandemic required an effort under the overall oversight and direction of local authorities.

So, the LGA wants to say - and to ensure that it is heard loud and clear not only in this hearing but to the public at large - that the pandemic imposed a huge physical and emotional toll on all those who worked in ASC, whether in local government or in the voluntary or private sector, supporting the increased and complex social care needs of adults of all ages just as it did for people drawing on care and support

The consequences of this system stress

These consequences including the financial constraints are discussed eloquently and at length in the witness statement of the LGA's Chief Executive Joanna Killian.

In this Opening I can only summarise that they entailed -

- care provider instability,
 - deleterious impacts on the nature and quality of provision,
 - serious detrimental impacts on recruitment and retention issues for the care workforce (linked in large part to poor pay),
 - greater strain on unpaid carers,
 - inadequate investment in prevention,
- and
- high levels of unmet and under-meet need.

Nonetheless I do not want to suggest that the Adult Care Sector was failing overall, but to emphasise the dedication and commitment of those working in the sector under such great stresses.

Here are some further statistics from the Care Quality Commission -

- At the material time it is estimated that 80% of ASC provider services were rated as 'Good' and 5% as 'Outstanding' 7.
- Only 3% of care homes (512 homes accounting for just under 23,000 beds) had never been rated better than 'Requires improvement'.
- Likewise, only 3% of community social care providers (supporting more than 9,000 people) had similarly not been rated better than 'Requires improvement'.

The perception problem

The Inquiry will want to know how the nation has approached policy on ASC?

The sector faced what I shall call "**a perception problem**", which though wholly unjustified, has been in place for too many years *before the pandemic*.

I need to explain this problem since it will be of great significance if the Inquiry is to get to the heart of how policy was made and how operations were carried out during the pandemic.

It can be understood easily by looking at the results of an LGA commissioned research project shortly before the pandemic.

Carried out in 2018, this public survey of more than 1,700 people found that –

- Nearly half of respondents (48%) had little to no understanding of what 'social care' meant;
- 44% believed social care to be provided by the NHS;
- Over a quarter – some 28% - believed social care was provided free, paid for through national taxation;
- Finally, I should note that there was so little understanding of this sector that in some cases, those who had interacted with ASC, were not even aware that they had done so!

With the public so ignorant of what was adult social care and how it was staffed and paid for, national politicians had little incentive to really get to grips with the needs

and obligations to meet statutory duties. The perception problem was a barrier to appropriate understanding, prioritisation and policy making.

I have pointed out that the statutory duties applied to all adults but at the political level and in public discourse the belief seemed to be that it was only older persons. This had consequences for instance policies were re-written numerous times by government simply because of a failure to appreciate the full range of ASC.

The tragic situation in care homes, the disproportionate number of deaths by people with learning disabilities, and the similarly disproportionate mortality of the black, Asian and minority ethnic care workforce, are just some of the ways that a historic lack of national attention played out in local communities.

One example of this, which is discussed in detail in this statement, is the Government's decision to implement a policy of discharging people from hospital back to the community, particularly care homes, without first being tested. I cannot overstate the level of sympathy the LGA and local government holds for those who lost loved ones in this way, nor the toll it took on council colleagues and sector partners. I shall have much to say about this policy.

If this Inquiry is to do any good, in understanding Adult Social Care, and in planning for the future, this perception must change.

I hope that counsel to the Inquiry will dig further into the causes and effects that has had.

The LGA's role

The LGA well understood that its duty during the pandemic, as before and after, was to act to the best of its ability to ensure -

- that the stresses and strains of working under such pressure were known to central government,
- and
- that so far as possible central government understood what was needed and gave that support timeously, sensitively and appropriately.

This role was really of the greatest importance and well described in Ms Killian's statement since many councils felt marginalized in the decision-making process at central government particularly when it revealed a disconnect between national policy and local implementation.

Although there is much that went well there were serious mistakes which need to be explored in this Module and not just in relation to discharge from hospital which this Inquiry will have to investigate as set out in Ms Killian's statement.

It should be unsurprising that the pandemic intensified existing problems within the ASC sector, and I shall mention now some of these issues though they are much more fully described in Ms Killian's statement.

- **Government response:** First the LGA noted that the government's response, particularly in the early phase of the pandemic and particularly concerning hospital discharges, was often reactive, leading to safety concerns about discharges to care homes without adequate testing protocols.
- **PPE Shortages:** There were significant difficulties in obtaining adequate personal protective equipment for ASC workers, affecting their ability to provide safe care.
- **Testing Protocols:** There was inconsistent COVID-19 testing protocols, particularly for asymptomatic individuals being discharged from hospitals to care homes, raised concerns about virus transmission.
- **Workforce Challenges:** The ASC workforce faced unprecedented challenges, including increased sick leave and the urgent need for training to adapt to new roles.
- **Vaccination Efforts:** The LGA welcomed the prioritization of social care staff for vaccination and collaborated with the Government and NHS to facilitate vaccine access. The Association stressed the importance of accurately recording vaccine uptake due to the sector's diversity. Furthermore, the LGA addressed vaccine hesitancy through various initiatives, including publishing guides and conducting research on vaccination behaviours.
- **Concerns about Vaccination as a Condition of Deployment:** The LGA raised concerns regarding the policy of vaccination as a condition of deployment for social care staff, noting potential inequities between social care and NHS staff, increased vaccine hesitancy, and negative impacts on recruitment and retention.
- **Care Act Easements:** While the LGA recognised the government's decision to introduce Care Act easements, allowing councils to prioritize urgent care needs during the pandemic, it expressed concerns about the public disclosure of councils using these easements without prior notification.
- **Grant Conditions and Funding:** The LGA emphasized the necessity for sufficient funding to support the ASC sector amid rising demands and costs.

It raised concerns about the conditions attached to key grants, such as the Infection Control Grant, where the requirement for detailed assurances could hinder the ability to access funding.

- **Data Collection and Reporting:** The LGA has highlighted the need for accurate and timely data to inform decision-making and support for local authorities and care providers. Yet, there were very significant challenges in data collection related to the ASC sector, particularly during the pandemic.
- **Infection Control and Testing:** Concerns regarding infection prevention and control (IPC) measures were prevalent, particularly regarding the risks posed to care recipients and the challenges faced by providers in implementing these measures. Additionally, the LGA raised issues about the testing regime for care homes and the disparities in testing access for social care staff compared to NHS workers.
- **Personal Protective Equipment (PPE):** The LGA reported significant challenges related to the supply and distribution of PPE during the pandemic, with many care providers struggling to access adequate PPE, impacting their ability to deliver safe care.
- **Visiting Restrictions and Impact on Recipients:** The impact of visiting restrictions on care recipients, was another critical issue. This caused great emotional toll as a result of the isolation and the increase in safeguarding concerns due to reduced face-to-face contact with professionals and family members.

Lessons Learned and Recommendations

The LGA's CEX, Joanna Killian, has noted many recommendations in her witness statement emphasising the importance of learning from the pandemic to improve future responses in the ASC sector. They are set out in Appendix 5 in tabular form under the headings

| Pre-pandemic challenge | Recommendations for the future of ASC | Recommendations for a future pandemic | Future pandemic issues in scope |
|------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| | | | |

The rows of this table address in turn –

- The Acute financial pressure on the delivery of ASC

- The problem of Government understanding, and public perception of, ASC
- The lack of parity between the NHS and ASC
- The need for Government prioritisation of ASC and a commitment to wider reform

In summary Ms. Killian's statement emphasises the need for better integration of local government in national decision-making processes, improved funding mechanisms for the sector, and enhanced support for the ASC workforce.

The LGA underscored the necessity for comprehensive reform and investment in the ASC sector to tackle the long-standing issues exacerbated by the pandemic. Recommendations include improving funding mechanisms, enhancing workforce support, and ensuring that ASC is prioritized alongside the NHS in future policy decisions.

Conclusion

Before closing I want to make a final and deeply significant point.

Her statement fully reflects the LGA's commitment to enhancing the ASC sector's resilience and to ensure that local people – whether drawing on care and support or other council services – receive the necessary support during crises.

This Inquiry must note the compassion, kindness and simple but profound humanity of everyone involved with ASC, ran through so much of the response to the emergency. This was evident in the dedication of care workers, as well as the wider care workforce, people drawing on social care and their families and other loved ones and volunteers.

The pandemic brought out the very best from the community of people involved in ASC. The LGA knows, and shares with, the pride that local authorities have in their efforts to do the very best during this terrible time. Though we never wish to see the like again, the LGA has confidence that this energy and commitment to support ASC is there and would emerge again.

It is up to this Module to see how that commitment of the workforce in this sector could be best harnessed should the worst happen again.

And how the Inquiry reports on this Module will provide important information not just for the management of for a future pandemic event, but for the current ASC reform agenda.

Thank you for your patience in hearing this Opening Statement. The LGA stands ready to help in every way it can in making this a very incisive and productive Module.

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Robin Allen KC

Cloisters

13 June 2025

Thelma Stober

LGA Designated Solicitor