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MODULE 6 OF
THE COVID – 19 INQUIRY

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CARE SECTOR

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OPENING STATEMENT FOR WLGA

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Good morning/afternoon Madam Chair, Lady Hallett,

Introduction

As you know from other Modules, I represent the interests of the Welsh Local Government Association as well as the 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.

Adult Social Care in Wales

I must note first that social care is a devolved matter in Wales and the Welsh Government has set out the main duties for its provision in the Social Services and Well-being (Wales) Act 2014, supported later by the Regulation and Inspection of Social Care (Wales) Act 2016.

The 2014 Act established a statutory framework based on five key principles reflecting the human rights of those adults in need of care and support –

- voice and control,
- prevention,
- well-being,
- co-production, and multi-agency working,
- and
- alignment with the UN Principles for Older Persons.

These principles have been given effect in the 2014 Act by placing prime responsibilities on local authorities for -

- Consultation and liaison.
- Promoting individual well-being.
- Preventing the need for care and support.
- Promoting integration of care and support with health services.
- Providing information and advice.
- Promoting diversity and quality in provision of services.
- Co-operating with organisations in other sectors such as charities; community groups, and housing associations.
- and
- Safeguarding individuals at risk of abuse or neglect

As in England, Welsh local authorities provide a wide range of social care services, either directly, or, by commissioning them from the private, voluntary, or third sectors. These include –

- Residential and nursing care
- Home care (domiciliary care)
- Day services
- Respite care
- and
- Advocacy services
- authorities.

The Role of the WLGA in respect of social care

The WLGA strongly supports this enlightened legislation and has long been committed to joint working with the Welsh Government and its member local authorities.

During the pandemic the WLGA facilitated consultation and engagement between local authorities and the Welsh Government (and other partners as appropriate) through regular meetings, formal structures, and bilateral discussions on Covid-19 issues.

It has coordinated and represented local government input into national policy, including proposals on funding, service recovery plans, and advice on PPE, testing, and vaccinations (including roll out).

And it has supported local authorities, via its policy role, in the delivery of financial assistance to individuals, businesses, and social care providers, and shared service impact data via the Data Cymru central dashboard.

Local government itself engages with the Welsh Government via high-level mechanisms for elected members such as the Partnership Council for Wales and through WLGA networks for elected members.

While the WLGA emphasises that in some respects this could have been better, in fact, during the pandemic the close working relationship between it and a range of governmental bodies continued and provided a means for better policy making and service delivery.

Social care sector challenges

This was very important when addressing the challenges to social care during the pandemic.

Across the UK, the challenges for adult social care existed before the pandemic, with specific and long-term concerns about the fragility of the sector. And this was very definitely the case in Wales

Key issues included

- A growing demand for services due to an ageing population and increasing complexity of care needs, which placed significant strain on already stretched resources.
- Workforce shortages with significant difficulties in recruitment and retention, low pay, and limited career progression opportunities contributing to instability in the sector.
- Significant funding challenges that undermined the sector's stability and effectiveness –

- One of the core issues was the lack of financial sustainability, with funding arrangements often being short-term and fragmented, making long-term planning difficult.
- During this time councils faced significant budget constraints due to austerity measures, leading to reduced service capacity and increased pressure on care providers

In short, the social care sector was then and continues now to face urgent workforce challenges, particularly around recruitment, retention, morale, status, and the need for better career development opportunities. Concerns about the future funding of social care are widespread, with calls for greater investment not only in staff pay and conditions but also in infrastructure and training.

Moreover, there has been – and this remains so - a strong demand for parity with health services, as social care is seen as undervalued despite its vital role.

WLGA research in 2020 recognised the impact of Covid and highlighted longstanding, interrelated issues showing a social care system under enormous pressure.

While local government has stressed the importance of prevention and early intervention to reduce demand, and deliver better outcomes for the citizen, it is acutely aware of the tensions between its' desire for tailored, area-specific approaches and national or regional policy decisions.

It must also be noted that most of the above are interrelated e.g. funding pressures affects the ability to retain existing staff and to recruit new staff, and the ability to increase provision to meet people's different needs

Care needs during the pandemic

It will be obvious that the pandemic had very considerable implications for, and impacts on, the delivery of adult social care and support to many vulnerable people in all areas of Wales.

The crisis significantly exacerbated many of these issues, such as staffing shortages and demand for services. These pre-existing challenges highlighted the need for a long-term, sustainable approach to social care reform.

Just how great those implications were can be seen through some statistics which I shall now share with you, though again the full detail is set out in Mr Llewelyn's witness statement. I shall look at this from two perspectives, (1) Infection and Mortality Rates in the ASC sector and (2) Workforce issues.

Infection and Mortality Rates in the ASC sector

As to the first of these -

- By November 2021, approximately 24% of domiciliary care workers in Wales had confirmed or suspected COVID-19 infections.
- Of the 13,630 deaths registered in care home settings in Wales across all waves of the coronavirus pandemic, 30.8% of deaths were registered during the first wave (4,196 deaths), 40.0% were registered during the second wave (5,454 deaths), and 29.2% were registered during the third wave (3,980 deaths).
- Co-morbidity was a serious issue. Thus, of the Welsh care home resident deaths where COVID-19 was the underlying cause up until week ending 31 December 2021 (2,077 deaths), 81.3% (1,688 care home residents) had at least one pre-existing condition.
- Social care workers were particularly ~~hardly~~ harshly affected compared with health careworkers, thus between 9 March and 28 December 2020,
 - male social care workers had a mortality rate of 79.0 deaths per 100,000 males, while male healthcare workers the mortality rate was 44.9 deaths per 100,000 males,
 - while female social care workers had a rate of 35.9 deaths per 100,000 females while female healthcare workers had a rate of 17.3 deaths per 100,000 females.

These statistics highlight the significant impact of the COVID-19 pandemic on the social care sector in Wales, particularly in terms of mortality rates, infection rates, and the challenges faced by the workforce.

Workforce issues

Turning to the second approach, it will be obvious from these figures that Social care workers in Wales, as elsewhere across the UK, played a vital role in supporting vulnerable individuals and communities during the COVID-19 pandemic, despite facing numerous challenges and risks to their own health and well-being. The stresses they faced included

- a greatly increased workload,
- continual health and safety concerns,

- risk of infection both to themselves and in infecting very vulnerable persons,
- adaptation to new guidelines and protocols,
- emotional and psychological impacts,
- and
- new training and development needs.

So, the pandemic has highlighted long-standing – but unresolved - workforce issues in the social care sector in Wales, including -

- The need for improved pay and conditions to reflect the essential nature of social care work and to retain care workers.
- The need for parity between NHS and social care workers in relation to terms and conditions, as well as recognition of all workers in the social care sector (including cleaners, cooks etc).
- Greater investment in the sector to address staffing shortages and improve resilience in times of crisis.

The Welsh Government's response

I must also make some initial comments on the Welsh Government's response.

Regrettably, in the early stages, communication and consultation from senior officials in Welsh Government (outside of the social services division) to local government was inadequate and neither effective nor precise.

Put bluntly initial discussions were inadequate when considering local governments specific social care sectoral needs.

Moreover, there was a perceived lack of understanding of the social care sector within the broader Welsh government as well as with Public Health Wales. This meant that, because the NHS was prioritised and better understood, the experience for health care was then thought to be appropriate to be applied to the very different settings of social care, an example of this was the guidance on the use of PPE.

Despite its clear frontline role, it was felt social care was less valued or important compared to the NHS. This was particularly the case with the prioritisation of vaccinations, testing and provision of PPE.

Overall, the WLGA considers that better engagement would have

- sped up responses,
- lead to better delivery,
- and

- had the potential to head off difficulties that were encountered.

Clear and consistent sector specific guidance was required. There were inevitable delays and time lags in getting guidance out to the front line. This caused confusion for the staff, residents and families. Local decisions often filled those gaps locally until guidance was issued.

WLGA engagement during covid

Understandably the WLGA was very deeply involved in trying to facilitate the best possible engagement between the Welsh government and its members.

It must be said that the engagement with local government *politicians and Ministers* was strong and based on confidence and trust.

The WLGA provided the political leadership that helped to manage the social care aspects of the pandemic at the local level.

So, what changed in the approach of the WLGA?

The prime difference on engagement with the Welsh Government during the pandemic compared to pre-pandemic was the considerable increase in the nature and frequency of contact and liaison which was needed to deal with what was an unprecedented situation.

I shall only mention a few ways this worked though much more is set out in the witness statement for this Module provided by Chris Llewelyn CE of the WLGA for this Module, who will later appear before you in person, naming –

- Various Local Authority and Welsh Government Group, Chief Executive and Leaders Meetings
- The Partnership Council for Wales
- The Covid-19 Social Care Planning and Response Group
- The National PPE Working Group
- Public Health Strategic Co-ordinating Support Group
- The Care Action Committee

Key decisions made by the Welsh Government and local government concerns

Local government had to be extremely persistent and vocal to address some of these key challenges. Interventions, persistence, and influence by WLGA, Leaders and local government professional officers improved the outcomes for the most vulnerable in our communities.

I can indicate now some of the key decisions of the Welsh Government in addressing the new threats to good adult social care caused by the pandemic.

These included the development of policy and guidance on for example

- hospital discharge,
- visiting restrictions,
- the supply of PPE,
- the testing of staff and service users,
- vaccination and prioritisation for social care staff.

Much more about these issues is set out in Mr Llewlyn's witness statement.

Data to assist real time planning

One key frailty, exposed during the pandemic, concerned the lack of accessible reliable and timely data regarding the social care sector, about such matters as

- the numbers and whereabouts of residents,
- staff absences,
- agency worker availability,
- and
- other matters concerned with workforce planning.

This made it hard to predict and address shortages. The improvements to data collection and sharing which evolved over time need to continue to be embedded.

Conclusion

The key recommendations made by the WLGA are set out in detail in Mr Llewelyn's statement. Above all else the ongoing financial sustainability of the social care sector remains a considerable concern to the WLGA.

The pandemic highlighted major issues in relation to the financial viability of private care providers, which had long been an area of risk prior to the pandemic but was suddenly brought into very sharp focus.

Overall, the ability of the social care system to be able to cope with the peak of another pandemic is still a cause for concern to local government.

So, the WLGA emphasises that -

- Social care must be seen as a primary and equal part of an integrated health and social care system-wide approach, not as a secondary service or "add-on".

- There should be further investment in social care, with a focus on delivering care in the community; this investment should be based on a policy of preventative and early intervention, reducing pressures on the NHS.
- There should be ongoing training and awareness raising of effective infection prevention and control measures across social care settings to minimise spread of viruses.
- Social care should be recognised for the critical front-line services it delivers equal to that of the NHS, and there should be parity of value, reward and recognition, training and development, and health and well-being protection and support for staff.
- Consider the optimal response of, and role for, regulators in a pandemic situation.
- There should be better alignment between policies, plans, and communications and action to be taken at national, regional and local levels, and guidance should be updated using lessons learned from the pandemic.
- While recognising that guidance must be reviewed and updated steps need to be taken to reduce the changes needed to be made during the pandemic.
- All these lessons learned must be embedded in organisations' contingency planning and crisis management frameworks.

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Cloisters

13 June 2025

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