Witness Name: Dr Chris Llewelyn

Statement No.: 8

Exhibits: 143

Dated: 7 May 2025

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF CHRIS LLEWELYN

ON BEHALF OF

THE WELSH LOCAL GOVERNMENT ASSOCIATION

Introduction

1. I am the Chief Executive of the Welsh Local Government Association ("WLGA") of One Canal Parade, Dumballs Road, Cardiff, CF10 5BF. I took up this office in January 2019 having joined the WLGA as Director of Lifelong Learning, Leisure and Information in 2002 and later becoming the Deputy Chief Executive in 2010. I am authorised by the WLGA to make this statement on its behalf in relation to Module 6 of the Covid-19 Inquiry (the Inquiry).

2. On 18 November 2024, the Lead Solicitor for Module 6 of the UK Covid-19 Inquiry ("the Inquiry"), wrote on behalf of Baroness Heather Hallett, the Inquiry Chair, with a request for documentation and witness evidence under Rule 9 of the Inquiry Rules 2006 [Ref - M6/WLGA/02]. I am authorised by the WLGA to make this statement on its behalf in response to this request.

3. In responding to Rule 9 requests for other Modules, I have already provided seven witness statements: two for Module 1; two for Module 2B; one witness statement for Modules 3, 4, 5 and 7 respectively. As in previous submissions, I must say that while I have broad oversight of the WLGA's work, I do not have first-hand knowledge of everything that it does. Accordingly, in making this statement I have had to rely from time to time on information provided to me by officers of the WLGA. It is my belief that they have diligently and fairly undertaken this task.

4. After reviewing the information requested within the Module 6 Rule 9 request, the WLGA sought permission from the Inquiry Team to confidentially consult the 22 local authorities in Wales on a small number of issues the WLGA itself did not feel it could address. This request was accepted by the Inquiry Team. The information from the local authorities has been drawn upon to inform the WLGA response.

5. My statement should be read as representing a statement concerning the collective understanding and knowledge of the WLGA of matters relating to adult social care. The WLGA's officers are highly professional, and it is my belief that they have again diligently and fairly reported to me the information I have set out in this statement.

6. In parts of my statement, and with the Inquiry's permission, I draw on information provided to the Inquiry by local authorities in response to survey questions set out in a R9 request earlier

this year ("the survey"), the results of which were included in a report prepared by the Local Government Association (Exhibit CL8/01 – INQ000400522: Covid Inquiry Module 6 Survey - Report Final). The report disaggregated the results for local authorities in England and Wales. The Inquiry's survey has proved helpful to me in responding to the Inquiry's questions and in describing relevant matters in Wales.

The WLGA's role, function and aims

7. The WLGA was established in 1996 as an unincorporated Association and the membership body for local authorities in Wales. Membership is voluntary and councils make their own decisions on whether to join. All 22 Welsh local authorities are members and all 3 fire and rescue authorities, and the 3 national parks authorities are Associate Members.

8. The WLGA is politically led and cross-party. It works to give local government a strong, credible voice with national government. As the national membership body for local authorities and the voice of local government, the WLGA's purpose is to promote, improve and support local government.

9. Among its core objectives, it seeks to:

- Represent and negotiate, wherever possible by consensus, the interests of member authorities to the Senedd Cymru / Welsh Parliament, the Welsh Government, and the Government and Parliament of the United Kingdom.
- Formulate sound policies for the improvement and development of local governance, effective management in local authorities and the enhancement of local democracy in Wales and elsewhere, now and for future generations.
- Provide forums for the discussion of matters of common concern to Member Councils and Associate Authorities, and as a means by which joint views may be formulated and expressed.

10. The WLGA is funded through a combination of membership subscriptions, top-slice funding and Welsh Government grants for the delivery of specific projects or programmes. The WLGA Council ("the Council") includes 72 members from the 22 local authorities. These are appointed proportionately by reference to population size, together with 6 further non-voting members, one from each of the Associate Members. The Council considers constitutional and business

issues, and it has a deliberative role which can be used in furtherance of Association policy. The Council also sets the budget of the Association.

11. At each Annual General Meeting, the Council appoints the Association's senior office holders which include the leader, Deputy Leader and Spokespersons. The leader of the largest political group is the Leader of the WLGA and has responsibility for promoting the policies of the WLGA supported by other Officer Holders. The WLGA is a cross-party organisation and seeks to operate based on consensus where leaders and senior members from different political groups are involved in the business of the WLGA, thereby representing the collective voice of local government.

12. The Deputy Leader supports the work of the Leader and other Group Leaders to provide collective advice and support and to represent the WLGA where necessary. Spokespersons promote the policies and views of the WLGA in specified policy areas, including social care, and undertake bilateral meetings with relevant Welsh Ministers and UK Government Ministers.

13. The WLGA's Executive Board comprises the 22 leaders of each Welsh local authority and is the main policy and deliberative forum of the Association which seeks to deal with issues at an all-Wales level.

14. The WLGA is a small organisation. At the start of the Covid-19 pandemic, it had approximately 85 employees. The pandemic placed a significant demand on the WLGA's resources as it transitioned from a representative body focused on making the case for greater flexibilities, funding for local government, and medium-term policy development and legislation to working in an unprecedented emergency response environment. The WLGA facilitated urgent and regular consultation and engagement between the Welsh Government and other national stakeholders, with council leaders and with the 22 local authorities across many aspects of the collective COVID-19 public service response.

The WLGA's role, function and objectives in adult social care

15. I described the WLGA's broad role and objectives in paragraphs 8-9. These apply equally to social care as for the range of responsibilities of local government. The functions are discharged by the WLGA's organisational structure, which has roles covered by elected members, with five spokespersons on social care, and by policy officers. I say more about the

structure and delivery of social care and the pre-pandemic structure of adult social care in paragraphs 29-33.

16. Groups, committees, sub-committees, and policy boards are a common feature of local government and other public services They reflect action and scrutiny at local, regional and national levels. Those relevant to adult social care are set out in Table 1 below:

Table 1 – Groups, committees and boards

Group or Committee	Membership	Main purpose	WLGA involvement
Local Authority Cabinet	Elected members	Collective decision making on strategic and operational matters including budgets, scrutiny of social care performance.	None
Regional Partnership Boards	Local authority elected members and officers; NHS officers; representatives of third sector organisations and service users.	To ensure partnership bodies work effectively together to deliver efficient and effective services to meet population needs and statutory requirements, and to develop integrated health and social care.	None
WLGA Council	Seventy-two members from the 22 local authorities; 6 non-voting members, one from each of	Considers constitutional and business issues. Has a deliberative role to further WLGA policy. Occasionally considers social care matters.	WLGA arranges and facilitates

Table 1 – Groups, committees and boards			
Group or Committee	**Membership**	**Main purpose**	**WLGA involvement**
	the Associate Members		
WLGA Social Care & Wellbeing Cabinet Members Network	Local Authority Elected Members with a responsibility for social care	Cabinet Member Networks are a mechanism to engage with, and develop, a thorough understanding of priorities on local authorities' programme areas. They also help to shape the WLGA's business plan and inform the strategic priorities set by the WLGA Council	WLGA arranges and facilitates
WLGA Executive Board	Twenty-two leaders of local authorities plus joint representatives of the Association authorities	Main policy and deliberative forum of the WLGA. Deals with issues at the all-Wales level. Its Coordinating Committee reports to the Council.	WLGA arranges and facilitates
Association of Directors of Social Services ("ADSS Cymru")	Directors of Social Services, Heads of Adult Service; Heads of Children's Services; Chief Executive of Social Care Wales; Director of Social	National professional leadership body for social care. Develops and implements programmes of work and strategic and operational matters. Influences legislation, policies and practice. Shares best practice.	Attends regular meetings

Table 1 – Groups, committees and boards			
Group or Committee	**Membership**	**Main purpose**	**WLGA involvement**
	Services and Housing, WLGA		
All Wales Heads of Adult Social Care	Heads of Adult Services of each local authority	As above with specific focus on adult care and associated services	Attends regular meetings
Senedd Health and Social care Committee	Elected members of the Senedd	Considers policy and legislation, holds the Welsh Government to account on specific issues including population well-being and social care.	WLGA provides written and verbal evidence as requested
National Commissioning Board	Local authorities, Health boards, providers, Social Care Wales, Care Inspectorate Wales, Welsh Government	A collaborative with the broad purpose of improving the quality of social care and health commissioning in Wales and to develop effective practice in relation to integrated commissioning between local authorities and local health boards.	WLGA host the National Commissioning Board which is funded by Welsh Government via a grant. WLGA attend meetings.

17. There will be some variation in the precise arrangements for groups and meetings across Wales. The work of adult social care might also be considered by local authorities' scrutiny committees. I do not hold the terms of reference for all the above but by way of illustrating the work of a Regional Partnership Board, I provide the following example (CL8/02 – INQ000581729 - Terms of Reference and Membership, Cardiff and Vale Regional Partnership Board).

Work with other UK local authority bodies

18. Welsh local authorities are also members of the Local Government Association ("LGA") of England and Wales through the WLGA's corporate membership of the LGA. There is bilateral liaison between the LGA and the WLGA. The LGA leads on non-devolved matters on behalf of local government in Wales, including employment matters. The WLGA is represented on some of the LGA's boards, including its Executive Advisory Board.

19. The Northern Ireland Local Government Association ("NILGA") and the Convention of Scottish Local Authorities ("COSLA") are independent membership bodies representing the interest of local government in Northern Ireland and Scotland respectively. The WLGA undertakes wider work with the LGA, COSLA and NILGA, with a particular focus on the overall financial needs of local government and workforce planning, typically undertaken through an arrangement known as the UK Forum. Meetings of the UK Forum provide opportunities for the 4 local government representative bodies (WLGA, LGA, COSLA and NILGA) to come together on a reasonably regular basis to discuss issues of mutual interest and concern, such as the sustainability of local government finance but there is no joint formal work programme on emergency planning across the national associations. The WLGA does not have dedicated officers responsible for engagement with the UK Forum but provides appropriate senior management representation based on the issues to be discussed. Should there be an agreement that the associations work together more closely on specific matters in the future, the WLGA would contribute as required within existing resources and structures.

20. The Council of European Municipalities and Regions (CEMR) is Europe's association of Local and Regional Governments. Whilst the WLGA had no specific interaction with the CEMR on matters set out in the Provisional Outline of Scope for Module 6 during the relevant period, nor in the lead up to it, we remain members. We are represented politically on the CEMR's Policy Committee through the WLGA's Visitor Economy Spokesperson, and WLGA officers can participate in the numerous thematic working groups.

Covid-19 specific arrangements within the WLGA

21. In response to the pandemic, a Coronavirus Coordination Team (CCT) was introduced, which involved regular internal and informal meetings of several officers supporting the WLGA's response to the pandemic. The team provided feedback from meetings, shared latest updates

and coordinated the arrangement of meetings of elected members and officials within local government and meetings with the Welsh Government. All WLGA's senior managers were part of the CCT, including the Director of Social Services and Housing, and regular feedback was given to other officers across the Association as appropriate to take forward any actions agreed.

22. Throughout the pandemic, the WLGA did not play a decision-making role but facilitated consultation and engagement between local authority leaders and senior professionals and the Welsh Government. The WLGA's Leader, Group Leaders and Spokespersons played a lead role, meeting with Welsh Ministers and raising key matters of local government concern.

23. WLGA officers played an advisory role, supporting and/or convening meetings between local leaders and Welsh Ministers, local government professionals and Welsh Government officials. They also represented local government views, including social care, in discussions with the Welsh Government and national partners, such as Public Health Wales. Older People's Commissioner for Wales, and the Association of Directors of Social Services Cymru ("ADSS Cymru").

24. The WLGA convened and supported regular meetings of all 22 leaders, attended by Welsh Ministers, to provide views on the Welsh Government Covid-19 response including non-pharmaceutical interventions, availability of testing, PPE, and adult social care. The meetings provided opportunities to highlight local issues on social care, operational and resourcing and to develop local solutions to challenges. I exhibit examples of relevant notes and action from the meetings later in my statement.

25. The Welsh Government's approach to engagement with local government was a key feature of the public service response to the pandemic, which differed in many respects in Wales compared to England. This includes specific matters such as Test Trace Protect, which is being considered separately in Module 7 of the Inquiry, and the broader approach and ethos of joint working, with regular meetings between elected members in roles with the WLGA and Welsh Government Ministers, and between WLGA policy officers and Welsh Government officials.

26. Throughout the period covered by this module, the WLGA worked closely with all 22 local authorities, the Welsh Government and other national partners. Key actions included:

- Consultation and liaison, which involved local authority Leaders, Chief Executives and senior officers.
- Convening and facilitating regular informal meetings between Leaders and Welsh Ministers to discuss Covid-19 matters and to escalate local issues and bilateral meetings between the WLGA Leader, Spokespersons and Welsh Ministers and other key partners, including the Wales Office and Public Health Wales.
- The development of proposals and submissions for consideration by the Welsh Government, including local government funding support and recovery.
- Support for engagement through formal structures, including the Partnership Council, and the Recovery Sub-Group and Finance Sub-Groups.
- Providing and facilitating professional and elected member advice and views to Welsh Government on a range of matters, including PPE, the testing of core workers, and vaccinations. Provision of a regular information bulletin for councillors (an example of these bulletins can be found at CL8/03 – INQ000581730: WLGA daily coronavirus email update 29_04_2020 with associated attachments CL8/131 – INQ000581731: 28_04_2020 FINAL Explainer for LAs.pdf and CL8/132 – INQ000581732: 28_04_2020 FINAL Explainer for LAs Cym.pdf).
- Supporting the coordination through local authorities of the distribution of financial support to individuals and businesses. For adult social care, this included payments to residential care homes from the Hardship Fund and the £500 payment to social care staff.
- A regularly updated dashboard of information about services affected by local or national restrictions provided through Data Cymru, which is a company owned by local government. An example of this can be seen in Exhibit CL8/04 – INQ000581733: 200528 - Data Cymru Dashboard on Current Service Update.xlsx.

Evidence I have included later in my statement illustrates some of the roles and functions listed above in action.

27. The WLGA undertook a significant amount of communications work during the pandemic. Over and above the communications methods described above, action included press releases and social media posts via Twitter (now "X"). These tweets, which have been exported into a single Excel spreadsheet including matters relating to adult social care. Examples of specific posts relating to adult social care can be found in rows 486, 628, 937, 1077 and 1234 of Exhibit CL8/05 – INQ000083020 - WLGA Twitter Archive 2019-2021].

28. I provided a detailed list of press releases issued by the WLGA in a witness statement for Module 2B (Exhibit CL8/112 – INQ000410950: Second M2B witness statement of Chris Llewelyn WLGA.pdf). Table 2 sets out examples of press releases specific to adult social care.

Table 2 – Press releases			
Date	**Title**	**Exhibit reference**	
16 December 2019	191216 - Significant funding increase welcomed by WLGA.doc	CL8/06	INQ000082946
5 June 2020	200605 - £500 extra payment to care staff welcomed.doc	CL8/07	INQ000082962
9 July 2020	200709 - Coronavirus Senedd social care report welcomed by local government.doc	CL8/09	INQ000082967
17 March 2021	210317 - Extra pay for social care workers welcomed.doc	CL8/10	INQ000082988
14 September 2021	210914 - Extra funding for social care welcomed.doc	CL8/11	INQ000083001
14 February 2022	220214 - WLGA welcomes social care bonus.doc	CL8/12	INQ000083016

Pre-pandemic structure and capacity of the Adult Social Care Sector

29. The operation of the adult social care sector is subject to a range of legislation, including generally employment law, the Equality Act 2010 and the Human Rights Act 1998, and specifically in relation to social care, the Social Services and Well-being (Wales) Act 2014 (the "2014 Act") and the Regulation and Inspection of Social Care (Wales) Act 2016. The 2014 Act contains the core statutory framework and is designed to ensure Wales complies with the United Nations Principles for Older Persons (as adopted by the General Assembly of the United Nations on 16 December 1991).

30. The 2014 Act is built on five key principles namely: voice and control; prevention and early intervention; well-being; co-production; multi-agency working. These are reflected in the prime responsibilities of local authorities which, under the Act, are:

- Consultation and liaison, which involved local authority Leaders, Chief Executives and senior officers.
- Promoting individual well-being.
- Preventing needs 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 e.g. third sector organisations providing services and support to people e.g. charities; community groups, housing associations.
- Safeguarding individuals at risk of abuse or neglect

31. Section 144 of the 2014 Act requires a local authority to appoint a statutory Directors of Social Services. The Director, who is responsible for both Adults and Children's Services, provides professional leadership for the delivery of care and support in line with the Act. Their responsibilities include:

- Ensuring efficient and effective services and performance.
- Service quality and the outcomes for those who receive care and support.
- Budget management.
- Other important matters such as safeguarding.
- Achieving political and corporate support for social services.
- Developing and maintaining effective working relationships internally with other local authority departments and externally e.g. with local health boards.

32. The precise structure of local authority social services departments varies but all have a Head of Adult Services or equivalent. Heads of Adult Services manage the range of services to meet identified needs of individuals who need care and support and unpaid carers, which include needs assessments, care planning, service delivery and/or the commissioning of services from external providers. They lead and support teams of staff and ensure compliance with legislation, regulation, policies and procedures.

33. Adult social care and support is delivered by local authorities and independent providers. The latter includes private sector businesses and third sector organisations e.g. charitable and not-for-profit organisations. Local authorities which have their own in-house services may deliver adult social care directly to individuals or commission care from independent providers. This is set out in ADSS Cymru's report – Rebalancing Social Care (Exhibit CL8/13 – INQ000581759: ADSSC Rebalancing Social Care: A report on Adult Services). A significant amount of funding for social care and support is provided via grant from the Welsh Government. The cost of some care is met by individuals i.e. self-funders, and some support is also provided via funding for the NHS in Wales under the Continuing Health Care scheme.

Adult Social Care functions in Wales

34. In Wales, councils play a fundamental role in the delivery of social care services. Councils are accountable for the quality, efficiency, and sustainability of social care services in their areas and are monitored by bodies such as Care Inspectorate Wales (CIW) and Audit Wales. Their responsibilities are defined and guided by national legislation and policy, primarily the Social Services and Well-being (Wales) Act 2014. Below is an outline of their role.

35. Councils have a legal obligation to provide or arrange social care services for individuals who meet the eligibility criteria under the 2014 Act. This includes care for:

- Older adults
- Individuals with disabilities
- Children in need or at risk
- Carers who require support

36. Councils are also responsible for assessing the care and support needs of individuals and carers within their communities. This includes:

- Identifying those eligible for support
- Collaborating with the person to develop a care and support plan tailored to their needs
- Reviewing and adjusting care and support plans as circumstances change

37. Local authorities may provide services directly or commission them from private, voluntary, or third-sector providers. Services include:

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

38. Councils have a duty to protect vulnerable individuals from abuse, neglect, and harm. This involves:

- Responding to safeguarding concerns
- Working with other agencies, such as health services and the police
- Supporting safeguarding boards for both adults and children

39. Councils collaborate internally and with other organizations to ensure an integrated approach to health and social care, such as:

- Local Health Boards (LHBs)
- Housing associations
- Voluntary organisations

40. Councils have a duty to recognise and support unpaid carers. This includes:

- Conducting carer assessments
- Providing respite services
- Offering tailored advice and support

41. Councils must work to enhance well-being across various dimensions, such as physical, mental, and social health. This is achieved by focusing on ensuring the right support is available at the right time and empowering individuals to take part in decisions about their care.

42. Councils are responsible for understanding and responding to the specific social care needs of

their local communities. They achieve this through:

- Local Well-being Assessments
- Developing Population Needs Assessments with Regional Partnership Boards
- Market Stability Assessments

43. The above shows that by far the most of adult social care functions are fully devolved to local authorities. The regulation and inspection of adult social care is the responsibility of Care Inspectorate Wales, which works closely with local authorities in discharging its functions and the development of its approach and sharing best practice to drive service improvement. The development of primary and secondary legislation is the responsibility of the Welsh Government, which it takes through the legislative processes the Senedd has in place to make law.

44. Organisations with a role in social care such as ADSS Cymru and the WLGA are engaged in such developments. The WLGA represents the interests of local government and promotes local democracy in Wales. Its primary purposes are to promote better local government, to promote its reputation and to support authorities in the development of policies and priorities which will improve public services and democracy. The WLGA plays an important role in supporting and advocating for local authorities in Wales, including their work in social care. the WLGA acting as a collective voice, resource hub, and strategic partner for local authorities in Wales, enabling them to deliver effective and sustainable social care services. Its work ensures that councils are supported in navigating challenges and meeting the diverse needs of their communities.

45. The WLGA represents the interests of Welsh local authorities to the Welsh Government, UK Government, and other national bodies. In the context of social care, this involves lobbying for adequate funding to meet social care demands, highlighting local government priorities and challenges in delivering social care, and ensuring that the voices of councils are heard in policy development and legislative discussions.

46. In support of this the WLGA also provides advice and guidance to local authorities on social care issues, helping them to: understand and implement key legislation and develop strategic responses to challenges such as workforce shortages, demographic pressures, and financial constraints.

47. The WLGA also facilitates collaboration between local authorities, promoting shared learning and joint working on social care initiatives. A key aspect is also working closely with the Welsh Government to ensure effective implementation of national policies affecting social care, such as the integration of health and social care services.

WLGA engagement with Welsh and UK Government

48. The Welsh Government, local government, and the WLGA itself have a strong mutual commitment to joint working. Local government engages with the Welsh Government via high-level mechanisms for elected members such as the Partnership Council for Wales which is a statutory body established by Section 72 of the Government of Wales Act 2006 to facilitate co-operation between the Welsh Government and local government in Wales. During the pandemic, issues affecting social care were highlighted as part of the discussions on recovery from Covid 19, as evidenced in minutes of the 24 November 2020 Partnership Council meeting (Exhibit CL8/14 – INQ000089914: Draft minutes - Partnership Council for Wales 24 November 2021).

49. More specifically on professional and service matters in adult social care, the WLGA and ADSS Cymru work closely with the Welsh Government via regular and ad-hoc meetings. Members of ADSS Cymru are officers of local authorities. While some UK Government policies and decisions e.g. fiscal measures might affect adult social care and the care market, the UK Government does not directly support it. The WLGA will engage with the Wales Office or other UK Government departments from time to time to discuss matters relating to Wales, as evidenced in a letter to the Minister for COVID Vaccine Deployment regarding vaccine rollout supplies (Exhibit CL8/126 – INQ000546126: 210202 Vaccine Supply - Minister for COVID Vaccine Deployment).

50. ADSS Cymru receives annual grant funding to support the development of social care and more integrated health and social care services. As stated in paragraph 10, the WLGA receives funding by way of Welsh Government grants for the delivery of specific projects or programmes. This includes grant funding to support the work of the National Commissiong Board as set out in Table 1 of paragraph 16 and the National Neurodivergent Team who work with local authorities, health boards and others to improve the provision of services for people

with neurodivergent conditions.

51. 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. The situation had considerable implications for, and impacts on, the delivery of adult social care and support to many vulnerable people in all areas of Wales. The pandemic also saw regular, more extensive, engagement at the national level with organisations such as Public Health Wales.

52. I stated earlier in this statement how in broad terms the WLGA worked with local authorities, the Welsh Government, and other organisations. I describe this in more detail in paragraph 62 onwards.

53. Local authority social services departments, the WLGA, and ADSS Cymru played a vital role in the response of the adult social care sector to the pandemic, working closely with the Welsh Government, local health boards, independent social care providers, and third-sector organisations. New models of operation were required to deliver as much care and support as possible during lockdowns, as were new programmes of work e.g. arrangements for the supply and distribution of PPE. The WLGA's role was one of representing the views of local authorities alongside social care organisations such as ADSS Cymru, ensuring the needs of adult social care were considered, monitoring the situation across Wales and, when necessary, escalating matters to Ministers. The joint statement issued by the WLGA and ADSS Cymru is one example (Exhibit CL8/15 – INQ000082951: 200320 Coronavirus Joint Statement WLGA and ADSS Cymru).

Adult Social Care sector in Wales

54. I am unable to provide a full detailed picture of the state of the adult social care sector before the pandemic in every local authority area in Wales. However, drawing on the information available to me, supplemented by the survey results, I can provide a reasonable overview of the position. I will also describe the challenges which were being faced then, and which were exacerbated by the pandemic.

55. Local authorities hold information on staffing, bed capacity and care providers. The WLGA does not as a matter of routine collate and report national information on these subjects. However, I can provide some national figures from this time that demonstrate the make-up of the adult social care sector in Wales. The care estate is large and varied, consisting mostly of smaller private providers with narrow margins and limited financial reserves. On 22 December 2019, there were 1076 care home services for adults, 229 care home services for children and 570 domiciliary support services, registered with Care Inspectorate Wales (CIW). Of the 570 domiciliary support services, 23 were provided by local authorities or local health boards. The majority (75per cent) of care homes for older people in Wales are owned by a single owner who own one care home or an owner who has less than five care homes. A much smaller percentage of homes are owned by larger group providers (8%). As of 2018-2019 approximately 80% of adult residential care was delivered by private sector providers and around 86% of domiciliary care services commissioned by local authorities were provided by private sector entities.

56. As set out in ADSS Cymru's report Rebalancing Social Care (Exhibit CL8/13 – INQ000581759: ADSSC Rebalancing Social Care: A report on Adult Services) as of 31 March 2020, the composition of the social care workforce in Wales included various registered professionals, including:

- Social Workers: Approximately 6,000 registered social workers.
- Adult Care Home Managers: Around 1,200 registered managers overseeing adult care homes.
- Domiciliary Care Managers: About 1,000 registered managers responsible for domiciliary care services.
- Domiciliary Care Workers: Over 20,000 registered domiciliary care workers.

I am aware that other organisations such as Care Inspectorate Wales and Social Care Wales hold further detailed information on the makeup of the social care workforce in Wales.

57. There were challenges in adult social care before the pandemic. The adult social care sector was fragile before the pandemic. Given the make of up of adult social care provision in each area varies, it is reasonable to say there was variation in the scale of the challenges across local authority areas. That said, in broad terms, the main issues facing the sector (in no specific order) were:

a) Workforce:

- Recruitment and Retention: One of the biggest ongoing issues was the ability to recruit and retain a sufficiently skilled workforce. Social care work is physically and emotionally demanding. Wages were often low, with care workers earning less than those in other industries, which made the profession less appealing.
- Aging Workforce: Many social care workers were older, and there was a lack of young people entering the sector. By 2020, over 40% of the social care workforce was aged 45 or older. The aging workforce, combined with a shortage of new recruits, raised concerns about the sustainability of the sector (Source – Exhibit CL8/119 – INQ000546119: WG SCW - Social care workforce report 2022).
- Brexit Impact: A portion of the workforce in Wales' adult social care sector came from EU countries. With Brexit and changes in immigration policy, there were fears that these workers would leave or be unable to come to Wales, exacerbating the workforce shortages.

b) Increasing Demand and Complexity:

- Aging Population: Wales, like many countries, has an aging population, and older adults are more likely to require social care services. According to 2020 figures, the proportion of people aged 65+ in Wales was steadily rising (Source – Exhibit CL8/120 – INQ000546120: 2020 Mid year estimates of the population).This means more people with complex health needs, including dementia, long-term illnesses, and mobility issues, required care.
- Complex Care Needs: The number of people needing support for complex medical and mental health conditions increased and have continued to increase. Many adults, particularly older adults, have multiple needs that require personalised, integrated care, such as those with chronic conditions, physical disabilities, and dementia.
- Supporting close to home: There was a focus toward community-based care rather than residential care. Supporting people to stay in their homes for as long as possible, increasing demand for domiciliary care services. This shift put additional pressure on a system already strained by workforce shortages and financial limitations.

c) Funding:

- Government Budget Cuts: Local authorities faced significant financial pressures. Many

councils were required to reduce spending due to austerity measures in the years prior to the pandemic, and this directly impacted the amount of funding available to support social care.

- High Costs: The cost of providing adult social care has historically risen at a higher rate than inflation. Despite this, the available funding from central government did not always meet the increasing costs, leading to difficult decisions for councils about which services could be prioritised.
- Sustainability of Private Providers: Many adult social care services in Wales are delivered by private providers, often with limited profit margins. The combination of low public funding and high operating costs led to financial difficulties for many private providers, some of whom faced the risk of closure or cutting services.

d) Public Perception and Recognition:

- Low Pay and Status: Social care workers, despite the demanding nature of their work, were often poorly paid compared to other healthcare professionals. The low pay did not reflect the importance of their roles, which contributed to low morale among staff and difficulty in recruiting new workers.
- Underappreciation of Social Care Work: Social care, as a profession, was often undervalued compared to healthcare. This stigma affected public perception and made it harder to attract people to the sector. Additionally, the profession lacked the same professional prestige or recognition that other sectors, like the NHS, received.
- Career Pathways: While the social care sector offers many opportunities for training and progression, the lack of clear career pathways or professional recognition impacted on whether people considered the possibility of a career in care.

58. These issues are set out in the following Exhibits:

- CL8/16 – INQ000581762: Sept 2018 WLGA and ADSS Cymru Position Statement on Adult Services
- CL8/17 – INQ000581763: CL8 17 - WLGA Resourcing Local Services 2020-21.pdf
- CL8/18 – INQ000681764: 190923 WLGA Budget Letter to HSC Ministers.pdf

59. The COVID-19 crisis significantly worsened many of these issues, such as staffing shortages

and demand for services, but these pre-existing challenges highlighted the need for a long-term, sustainable approach to social care reform. 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.

Pre-pandemic concerns and challenges

60. Social care is a significant part of local authorities' services and as such, the WLGA's portfolio of work in representing local government. The main challenges of delivering adult social care are set out above. Due to the combination of these factors, the social care market before the pandemic is reasonably described as "fragile" particularly for residential care homes and nursing homes but also for domiciliary care, where there are also workforce issues. Cost pressures and funding levels both affect financial viability. All were, and continue to be significant concerns for the WLGA, with adequate funding being the foundation to provide the level and type of services to meet demand and people's needs. These matters often featured in discussions which took place as part of regular engagement with the Welsh Government. The WLGA encouraged local authorities to participate in research and other action by the Welsh Government to address such matters. The WLGA also contributed to such work via its policy officers.

61. During 2022 the WLGA undertook research examining the challenges facing the social care sector in Wales and local government's priorities for addressing these key challenges which drew together the views of senior local government politicians and officers as well as from organisations that deliver, or support, social care in Wales (Exhibit CL8/19 – INQ000581765 – WLGA: A question of priorities research).. Whilst the research recognised the ongoing impact of the pandemic, it also pointed to the longstanding issues that were impacting on the social care sector prior to the pandemic. The context, illustrated vividly by many participants, is a system under enormous pressure due to rapid demographic changes across Wales, workforce challenges, and funding difficulties. Key conclusions from the report included:

- The range of significant issues affecting the social care workforce which need to be addressed with urgency. In particular, the recruitment and retention of staff, but also morale, status, and the need for support for career development and progression.
- Future funding of social care is a key concern. Many participants felt pessimistic about the financial future of social care and emphasised the need for investment, not just in

staffing through increased pay and better conditions, but for investment in infrastructure such as buildings and support required for career development and gaining qualifications.

- The need for parity with health services. Participants highlighted the great value of social care in supporting and protecting the most vulnerable in our society, but that this work was under-valued and insufficiently recognised and rewarded.
- The importance of reducing demand on the social care profession through prevention and early intervention programmes. There is an ongoing tension in the sector between the call from many local authorities for greater powers to customise their services to the needs and specific features of their area compared with policy decisions from national government which focus on more regional and national approaches.

Liaison and communication with Government and other stakeholders

62. As stated in paragraph 53, the WLGA engaged more frequently and with more national organisations during the pandemic. This included providing information on the adult social care sector to other organisations, ensuring adult social care and, importantly, social care staff, were considered as part of action to respond to the pandemic, and providing a communications channel for the two-way flow of information between local authorities, the Welsh Government and other organisations.

63. Table 3 provides an overview of the extent to which the WLGA worked with other organisations and the nature of joint working. Partnership working is well established across public bodies in Wales and some cross organisation engagement is informal (as well as formal) although these may also lead to agreed actions but not formally recorded:

Table 3 – WLGA joint working arrangements

Organisation	Indicative frequency	Nature
Welsh Government	Very often	Extensive joint working to manage the pandemic; two-way flow of information; engagement with task groups; escalating issues of concern where necessary.
UK Government (including	Rarely if at all on	No contact on adult social care itself but

Table 3 – WLGA joint working arrangements		
Organisation	**Indicative frequency**	**Nature**
the Office of the Secretary of State for Wales)	adult social care)	some liaison between the WLGA might have touched on issues which could be relevant to social care e.g. safeguarding in the context of refugees.
Public Health Wales	Regular	Chief Executive to Chief Executive meetings. Public Health Wales Chief Executive attended some meetings of Leaders and Chief Executives and arranged regular updates. Occasional participation by WLGA in meetings of Public Health Wales' specialists.
ADSS Cymru	Fairly often	Sharing information and intelligence; joint working to address issues and concerns. Collaboration on communications to /from the sector.
Care Inspectorate Wales	Occasional	Sharing information on regulation and inspection. Regular liaison established during pandemic and continuing after it.
Older People's Commissioner for Wales	Regular	Informal meetings (not minuted), monthly or bimonthly – sharing concerns and intelligence to inform input to management of the pandemic.
National Commissioning Board	Occasional	Sharing information on providers' experiences and needs from the commissioning perspective. Officer works for the Board but is employed by WLGA.
Care provider representative bodies	Occasional	Liaison is undertaken by the national Commissioning Board (see line above) on matters affecting commissioned services and providers; providing information on what

Table 3 – WLGA joint working arrangements		
Organisation	**Indicative frequency**	**Nature**
		was happening in the sector; issues of concern.
Individual care providers	None	Utilised information and feedback from individual care providers but this was provided via local authority social services departments and the National Commissioning Board
NHS Confederation	Regular	Sharing information and partnership working to address mutual concerns via respective engagement channels; use of information to influence the work of various task groups and fora etc.
Social Care Wales	Regular	Sharing information and partnership working to address mutual concerns via respective engagement channels; use of information to influence the work of various task groups and fora etc.
Data Cymru	Regular	Liaison on the collation and reporting of information e.g. Data Cymru Developed of dashboard information for the Welsh Government; work to improve information on free beds in care homes.

64. The above table reflects the main organisations with which the WLGA worked. In addition to these, there was very occasional contact with other organisations e.g. the British Association of Social Workers, as evidenced in correspondence between the WLGA spokesperson for health and social care and BASW Cymru's National Director - Exhibit CL8/20 – INQ000581766: RE_ Covid-19 BASW email.

65. In describing the WLGA's work with stakeholders, I also mention the way local authorities worked and communicated with people using adult social care service and their families, others who needed help because of measures introduced to manage the pandemic e.g. lockdowns, and the public more generally. Local authorities provided information and assistance, and often reached out to people, both during lockdowns and in the intervening periods. An extensive range of communications methods were used, including new methods e.g. video meetings, and markedly increased use of existing channels e.g. social media. Communication was often undertaken in a co-ordinated way in partnership with other organisations such as the Welsh Government, ADSS Cymru, and local care providers.

66. The WLGA worked with other organisations, including ADSS Cymru, Welsh Government, Public Health Wales, Care Inspectorate Wales and Social Care Wales on a range of matters. They key ones were:

- PPE – to ensure social care staff had adequate PPE to discharge their role on the front line safely for themselves and for those to whom they provided care and support.
- Testing – to ensure effective and efficient testing arrangements for social care staff and to ensure they were prioritised.
- Vaccinations – to secure better access to vaccinations and priority for social care staff.
- Visiting arrangements for care homes - contributing to guidance; raising queries about the guidance and its application, and changes in guidance over time.
- Equality with NHS staff – to press the importance of social care as a front-line service alongside the NHS as part of the health and social care system and to try and ensure social care staff had the same benefits as those given to the NHS e.g. free public transport.

Key decisions made by the UK Government and devolved administrations

67. From time to time, the WLGA corresponded with UK Ministers on matters including finance, welfare, prisoner matters and the general approach to the management of Covid-19. For example, the Leader and I had a teleconference with the Secretary of State for Wales on 19 March 2020 to discuss the emerging pandemic. Local authority Leaders met the Parliamentary Under Secretary of State on 20 April 2020 and the Secretary of State for Wales on 13 and 16 November 2020 to discuss the UK Government's approach and support for the Covid-19 response in Wales, and future UK Government regional funding. The WLGA also liaised informally with officials in the Office of the Secretary of State for Wales at various points during

the pandemic. The WLGA, local authority representatives and Welsh Government officials also met with Home Office officials and HM Prison and Probation Service to consider the implications of the COVID-19 response on asylum seekers' resettlement, homelessness and prisoner release. Adult social care did not feature as a specific subject of discussion as it is a devolved matter.

68. I consider the key decisions made by the Welsh Government during the pandemic and affecting adult social care were in the following areas:

- Hospital discharge,
- Visiting restrictions.
- Supply of PPE
- Testing (staff and service users).
- Vaccination and prioritisation of vaccination for social care staff

I comment on these below and later in the statement under the relevant sections.

69. The considerable pressures on the NHS and the work they did in managing the impact of the outbreak are acknowledged, however, hospital discharge was a major concern. There is some stark information in the survey which the WLGA would suggest the Inquiry must examine carefully and, I would suggest, it should make specific recommendations to avoid the repetition of the defaults which the Survey has noted (Exhibit CL8/01 – INQ000400522: Covid Inquiry Module 6 Survey - Report Final).

Hospital Discharge

70. In responding to the Inquiry's survey, all local authorities said that consultation had taken place between the NHS and their council about the discharge policy for moving people between hospitals and care homes. However, three-quarters of local authorities (73%) said they experienced the NHS discharging people from acute hospitals into local care homes without testing them routinely first and a similar proportion (77%) said there were times when care homes were unaware of patients' Covid-19 status on receiving them from hospital. Whilst there were discussions at the local level about the hospital discharge policy WLGA was not consulted on any national policy or approaches to hospital discharge. WLGA did raise

concerns about individuals being discharged from hospitals into care homes without testing at an early stage. It is likely that any discussions or engagement about changes to policy and implementation would have been had at an operational level with Directors of Social Services.

71. Hospital discharge and testing, or the lack of it, was a significant issue and a sensitive one for local authority leaders who were hearing anecdotally of deaths in care homes but not seeing them reflected in statistics. This matter was raised in questions to Welsh Government (Exhibit CL8/21 – INQ000581767: 200415 Questions for Welsh Government) and discussed in leaders' meetings (as evidenced in Exhibit CL8/22 – INQ000115673: 200417 Leaders Meeting Notes and Exhibit CL8/23 – INQ000115696: 200429 Leaders Meeting Notes). The system was playing catchup with the data. Hospital discharge featured in a WLGA response to Welsh Government's 'Rapid Review of Care Homes' which was submitted on 17 July 2020 (Exhibit CL8/24 – INQ000108934: 200701 - WLGA Evidence - Welsh Government Rapid Review for Care Homes). The response highlighted care homes at the frontline looking after the people most at risk and vulnerable, along with hospitals]. Local authorities had significant concerns about the impact of COVID-19 in care homes and the hospital discharge processes and its potential impact on the number and level of outbreaks and deaths in care homes if people were Covid-19 positive on discharge. During the initial stages of the pandemic there were concerns about the pressure placed on social services and care providers to admit people into care homes from hospitals without receiving a Covid-19 test.

72. As given in evidence to the Senedd Health and Social Care Committee's inquiry into Covid-19, the WLGA raised this issue of hospital discharge directly with Welsh Government Ministers at an early stage (Exhibit CL8/25 - INQ000082940 - WLGA Evidence - Inquiry into the Covid-19 outbreak on health and social care in Wales 21-05-20).

73. The WLGA met Welsh Government Ministers on 18 March 2020. The Minister had made a public statement about testing. Unfortunately, the meeting made no reference to plans for social care testing. This was disappointing, especially given the need to discharge people from hospital as soon as possible. I do not know for sure, but this might have been based on the Welsh Government's assessment of prioritisation. This was an issue the WLGA believed it should continue to press and did so. This is shown in the following exhibits:

- Exhibit CL8/26: INQ000581772: Email - Follow on from phone call today 200318
- Exhibit CL8/27 – INQ000115581: 200323 Leaders Meeting Notes
- Exhibit CL8/28 – INQ000115584: 200324 Leaders Meeting Notes

- Exhibit CL8/29 – INQ000115599: 200327 Leaders Meeting Notes
- Exhibit CL8/30 – INQ000473075: 200410 Leaders Meeting Notes
- Exhibit CL8/21 – INQ000581767: 200415 Questions for Welsh Government

74. On 7 April 2020, the WLGA told Welsh Government officials it would be helpful for Ministers to give updates the following day on three subjects, one of which was care homes. The email included a copy of the email I had sent to the Welsh Government the previous day. I said there was growing concern about increasing deaths in residential care homes due to suspected Covid-19. There were also concerns about patients with COVID 19 being transferred to care homes without proper briefing or support. This can be seen in Exhibit CL8/31 – INQ000108914 : 200407 - Email - Chris Llewelyn & Daniel Hurford to WG Officials - Note of WLGA Leaders Teleconference. The Welsh Government published Covid-19 Hospital Discharge Service Requirements on 8 April 2020. The guidance and accompanying letter can be found at Exhibits CL8/32 - INQ000227334 - COVID-19 Hospital Discharge Service Requirements (Wales) and CL8/33 – INQ000236770 - 20200408 - Letter - AG and AH to LHBs, LAs and RPBs - Publication of COVID-19 Hospital Discharge Service Requirements

75. Later in April 2020, testing for patients being discharged from hospitals into care homes was made a priority. This helped ensure care homes could take the action necessary to support the individual and to protect other residents and staff from transmission when a positive case was reported. This change in policy was confirmed in a letter from the Welsh Government on 22 April 2020. I believe this was a direct result of the issue being raised with the Minister for Health and Social Services.

76. During the COVID-19 pandemic in Wales, hospital discharge policies into care homes underwent significant changes in response to evolving public health concerns, informed by what councils were reporting from the ground. Initially, in early 2020, patients were discharged from hospitals into care homes without mandatory testing for COVID-19, a policy aimed at freeing up hospital capacity, but which contributed to outbreaks in care settings. As evidence of the virus's impact on vulnerable residents grew, the Welsh Government introduced stricter measures, including mandatory testing before discharge, enhanced infection control protocols, and increased provision of personal protective equipment (PPE) for care home staff. These were calls made by and supported by local government. By mid-2020, funding was also allocated to support infection prevention measures, such as the creation of designated settings for COVID-positive discharges. These changes reflected a shift towards greater caution and

accountability in hospital-to-care-home transfers, aiming to better protect residents and staff from further outbreaks.

77. The pandemic highlighted existing challenges in the social care sector, including staffing shortages and resource constraints, which were exacerbated by the crisis. The experience underscored the need for robust infection control measures, clear communication channels between hospitals and care homes, and the importance of comprehensive testing strategies to manage hospital discharges safely during public health emergencies.

The management of the pandemic

78. My evidence regarding the management of the pandemic is set against a background of the unprecedented nature of the Covid-19 pandemic and the challenges in responding to it. In the survey, half of all local authorities (n=11) said the capacity of the care sector to respond was not very good and their ability to increase its capacity to manage the pandemic was even less. Eight authorities described it as being not very good and a third of local authorities said it was not good at all. The reasons behind this are the same as those set out in paragraph 57 but with increased pressures because of higher levels of staff absence due to sickness, including physical and mental health e.g. anxiety, burn-out, and the need to isolate for reasons of their own health or those of family members.

79. Social care staff in went above and beyond to support vulnerable individuals, often putting themselves at risk to ensure that essential services continued. Social care workers worked long hours under extreme pressure, providing emotional and physical support to those in need while coping with PPE shortages, staff absences, and the emotional toll of the crisis. Councils played a vital role in sustaining the sector by redeploying staff from other departments to assist with care duties, ensuring continuity of service despite workforce shortages. In some cases, Directors of Social Services stepped in to provide frontline care, demonstrating extraordinary commitment and leadership during a time of unprecedented crisis. From delivering food and medicine to isolated residents to covering care shifts when regular staff were ill or isolating, the dedication of social care professionals was instrumental in protecting the most vulnerable in society. Their efforts were widely praised, highlighting the resilience, compassion, and adaptability of the sector during one of the most challenging periods in modern history. They made a very significant contribution to local and national efforts alongside the NHS but one which perhaps did not receive the same level of recognition.

80. From a WLGA perspective, officials in the Welsh Government's social care department had a good awareness of adult social care, the challenges pre-pandemic and those which occurred because of the pandemic. There was less knowledge of adult social care in other Welsh Government departments such as health and in other organisations e.g. Public Health Wales. Public Health Wales appeared to understand residential care but domiciliary care less so. It understood the NHS but attempted to apply the same approaches to social care , which is not possible given the difference between the organisations and sectors. It is also reasonable to say that social care was less valued compared to the NHS and not as important despite its clear front-line role. This has been raised in several of my previous statements to the Inquiry:

- Exhibit CL8/35 – INQ000474532 - Module 4 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association – paragraph 94:

  "The health services are critical in a response to a pandemic. However, all employees in health services appeared to be given priority access to vaccination in the early phases irrespective of their roles. The NHS in its totality is a huge employer with a significant proportion of its employees being in non-medical management, professional services and administrative and clerical positions. The prioritisation of health employees could have been more defined and restricted, to enable early priority access for other front-line and emergency oversight workgroups in other parts of the public sector such as the aforementioned."

- Exhibit CL8/36 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association – paragraph 19:

  "From a local authority perspective, it appeared at the outset of the pandemic that Welsh Government's efforts were predominantly focussed on securing the supply of PPE to the NHS. Guidance, where available, was predicated on NHS applications and did not easily translate into non-hospital care settings, it also was not clear about the specific application of PPE required in different situations. For example:
  - *The term 'Domiciliary Care' covers a range of activity from single workers visiting multiple people and households for short periods within a single day, to small staff teams working in a single household or building shared by multiple co-tenants with communal and personal accommodation. The risks, rights and requirements of the settings differ, however the care sector felt that guidance did not take account of*

these differing contexts and approached domiciliary care with a 'one size fits all' approach.

- *Guidance relating to care sector transportation was considered lacking or unworkable by the care sector. Where a care worker was required to transport an individual within their own car, it was not practicable for the driver to wear a PPE visor and drive safely. Guidance was also lacking with regards to the cleansing of a vehicle used to transport care recipients, with workers unsure how to approach transporting members of their own family in the same vehicle.*
- *As set out in guidance, there was an expectation for care workers to wear full PPE when accompanying people shopping or undertaking other community activities, however this would clearly mark individuals as 'cared for' and could be seen as discriminatory.*
- *Where workers were required to travel together in a single vehicle and are unable to maintain social distance, there was a lack of guidance as to whether workers should continue wearing the mask worn when supporting last client before donning a fresh mask at the next client, wear a new mask each time they entered the vehicle, or have a separate mask to be worn when travelling. Each scenario would have a different impact on the daily demand of PPE .*
- *Guidance on the disposal of PPE in the community (Covid-19 Waste Arising from Healthcare Worker activities in the community & household Municipal Waste – attachment to Exhibit CL/092 - INQ000473667) referred to "nurses" and "patients" and stated that "this position does not relate to […] care workers providing residential care within a house holders premises" despite being issued for this purpose. This guidance also referred only to supporting individuals that were "self-isolating or positive COVID 19" and did not reflect the most usual scenario of caring for people whose Covid status was unknown."*

- Exhibit CL8/36 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association – paragraph 36:

  […] guidance issued on PPE in the care sector left room for interpretation, and this impacted upon how accurately demand could be estimated. Some questions were unanswered, such as how often to change gloves and masks if undertaking a variety of personal care tasks with an individual, or when to wear a visor and whether reusable visors could be cleansed and re-used. A specific example is Public Health Wales guidance (May 2020) that stated eye protection could be used as a 'sessional product'.

Domiciliary care providers, who's workers would see 15-30 individuals per 'shift' were left unsure whether visors needed to be changed between individual visits or keep the same visor for a whole shift. This was further complicated by differing products being provided to care providers – the same provider might be issued both reusable safety goggles and single use visors. Local authorities reported that in some cases visors arrived without instruction as to whether they were single use, sessional use or multi-use cleanable products. Additional confusion was created at times when PHW issued guidance stated visors were single use, but providers were issued visors clearly labelled as multi-use.

I am aware that Welsh Government will have met with Local Authority directors directly through ADSS Cymru and the WLGA will not have been involved in these discussions.

Consultation and Communication with the Adult Social Care Sector

81. Adult social care is a significant public service and as such is one of local authorities' main functions. Consultation, communication, and joint working with the Welsh Government is therefore focused on two main departments in this area, i.e. the department responsible for local government and the social care department, which is part of the larger health and social care department. During the pandemic, other structures designed for engagement and joint working were established. I outline these in Table 3 at paragraph 63. A Director General post for Covid-19 Crisis Coordination for the Welsh Government was also created.

82. In my second statement to the Inquiry for Module 2B (Exhibit CL8/112 - INQ000410950 – Second M2B witness statement of Chris Llewelyn WLGA – paragraph 13) I refer to communication and consultation with Reg Kilpatrick, who was the Director General, COVID-19 Crisis Coordination for the Welsh Government. I said:

"Communication is not however the same as consultation and still less is it co-production. The WLGA considers that in several ways Mr Kilpatrick's views about the extent of communication fail to recognise the extent to which there was inadequate early engagement with local government – engagement which could have ensured that the operational issues which local government would encounter were properly taken into account and which, had they been, could

have much improved outcomes."

83. My point about communications is amplified by an email I sent to the Permanent Secretary on 21 March 2020 (Exhibit CL8/37 – INQ000089875: Email 200322 - Email - Communications and Engagement with Local Authorities).. It followed meetings with all council leaders and all chief executives. As the crisis escalated, leaders and chief executives were concerned that collectively, there was a need to communicate more effectively, more efficiently and with greater precision. It was considered earlier engagement with Councils and greater trust between senior officials would speed up responses, lead to better delivery and potentially head-off some of the difficulties which had been encountered. At that time, it was not happening effectively.

84. Engagement at a political level, which was based on confidence and trust, was demonstrably strong and close. Examples included a joint press conference held at the start of that week by Local Government Minister, Julie James AM, and Councillor Andrew Morgan, Leader of the WLGA. And there was more dialogue over that week. The respective communications teams were also working well together on sharing public messaging. I made a plea for local government to be trusted in advance of announcements and to allow it to contribute constructively to all aspects of these arrangements not just the immediate delivery. I established a small group for this purpose. It comprised four local authority chief executives to act as advisers and a sounding board to the WLGA on new initiatives and policies.

85. While the above provided the backdrop to local government and Welsh Government engagement, I will describe the position specific to social care, which includes adult social care.

86. The social care response to the pandemic saw the WLGA and ADSS Cymru play key roles. ADSS Cymru provided the professional and operational leadership via its nominated lead officers at Director of Social Services level. The WLGA provided the political leadership that helped to manage the social care aspects of the pandemic through Senior Office holders and lead political spokespeople. Policy officers supported, helping to ensure social care was adequately covered in the interface between local authorities' Leaders and Elected Members and the Welsh Government.

87. I do not know the details, but I understand ADSS Cymru's officers, who led the operational

response for social care, engaged with the Welsh Government's social care department from the start of the pandemic and throughout with frequent, regular, meetings with the Director of Social Care and team. There was also engagement via working groups the Welsh Government established to manage the pandemic e.g. the Covid-19 Social Care Planning and Response Group. WLGA officers were also part of this Group which met on a weekly basis during the initial stages of the pandemic. This provided a helpful platform for engaging with the sector, highlighting key issues in a relatively timely manner and for taking coordinated action as necessary.

Welsh Government Guidance

88. The rapid onset of the pandemic and initial gaps in knowledge of the Covid-19 virus created the need and demand for clear and consistent guidance to ensure consistent and robust approaches to managing it. Inevitably, there was a time-lag in getting the guidance out to the front-line. I understand that during such gaps, Gold Command Structures were sometimes used to make decisions locally at pace. Decisions and approaches were then adjusted considering the guidance if necessary.

89. I fully appreciate the efforts of all who were charged with producing new guidance as quickly as possible. Anecdotally, I understand the timing of the distribution of guidance was an issue in some cases e.g. guidance issued on a Friday afternoon without warning for, or consultation with, local authorities. The effect of this was to delay it being followed by care homes. This caused confusion for staff, residents, and families.

90. Some guidance underwent several updates, sometimes because of concerns about clarity and other times after knowledge increased about the Covid-19 virus and what was needed to control it. I have commented on hospital discharge guidance under that heading earlier in my statement. According to the findings of the Inquiry's survey, most local authorities (59%) rated it as being "not very good – poor guidance, with a number of elements missing or unclear/inconsistent, and/or not very timely".

91. Concerns were raised when necessary. For example, the Joint Council for Wales wrote to Ministers in mid-April 2020 to say there were still some elements of PPE guidance which were not sufficiently clear and called upon the Welsh Government to clarify it (Exhibit CL8/38 – INQ000473204: 200417 - Letter - Cllr Philippa Marsden to MfHSS - JCW PPE for Social and

Home Care Workers).

92. Working with other organisations, the WLGA was also involved in the production of guidance. In March 2020, after the LGA had published guidance on its website for commissioners and providers, the WLGA was asked by Care Forum Wales, a representative body for independent care providers, whether something similar would be provided (evidenced in Exhibit CL8/39 – INQ000581785: FW_ Article on support for commissioned provider). Working with ADSS Cymru, a draft was prepared. This was developed in conjunction with ADSS Cymru, Care Inspectorate Wales, Social Care Wales, and the Welsh Government to support local authority commissioning teams. The guidance was designed to enable the teams to assess and summarise pressures on their local social care providers in Wales because of Covid-19 and to put forward ways in which commissioners could help to alleviate these pressures (Exhibit CL8/59 - INQ000473286 - Coronavirus (COVID-19) - Support for commissioned providers - Updated 17 June).

WLGA involvement in Welsh Government stakeholder and working groups

93. Considerable engagement and joint working were notable features of the management of the pandemic. Working arrangements such as liaison meetings, stakeholder groups and working groups evolved very quickly at the time a pandemic was declared and continued throughout the pandemic, albeit with some changes e.g. in the frequency of meetings.

94. Table 4 below provides an overview of the range of meetings and working groups and outlines the WLGA's involvement (in no specific order):

Table 4 – WLGA involvement in working groups	
Stakeholder or working group	**Nature of WLGA involvement**
Local Authority Leaders Meetings and Conference Calls	Secretariat, facilitation of, and input to, meetings. Action and follow-up action on matters raised.
WLGA Group Leaders / Welsh Government	Secretariat, facilitation of, and input to, meetings. Action and follow-up action on matters raised.

Welsh Government Core Covid-19 Group	Representing local government in meetings to manage the pandemic.
WLGA Chief Executives Meetings and Teleconferences	Secretariat and facilitation of meetings. Action and follow-up action on matters raised.
Partnership Council for Wales	Secretariat, facilitation of, and input to, meetings. Action and follow-up action on matters raised.
Partnership Council for Wales Finance Sub-Group	Provides secretariat and input to discussions, which cover all local authority functions including social care
Covid-19 Social Care Planning and Response Group – Social Care Sub-Group	Weekly meetings to discuss and plan action for social care to manage the pandemic. Attended by WLGA officials.
National PPE Working Group	Representing the interests of local authorities. Assessing the position across Wales, contributing to action on supply, and escalating issues when necessary.
Public Health Strategic Co-ordinating Support Group	Public Health multi-agency forum for strategic co-ordination of public health advice, guidance and contingency arrangements for COVID -19. Attended by WLGA Regulatory and Frontline Services Policy Officer and key information reported through to the WLGA CCT.
Shadow Social Partnership Forum	Chaired by the First Minister to bring together social partners, employers, trade unions and others from across the public, private and third sectors with Welsh Government. Attended by WLGA Chief Executive and Leader.
Care Action Committee	Established in 2022; chaired by the Minister for Health and Social Care; met regularly in the 2022-23 winter period. It oversaw work across health and social care to ease system pressures and reduce anticipated delayed discharges.

	WLGA Leader, Health and Social Care Spokespeople and Chief Executive attended
Visitor Guidance Action Group	Care Inspectorate Wales led meetings to discuss development of visitor guidance for care homes. WLGA officers attended.
Cross-Authority Covid-19 Conference Call	ADSS Cymru led weekly meeting bringing together local authority officers to discuss covid related issues. Attended by WLGA officers
Daily Covid 19 Procurement & Supply Chain.	Meeting with Welsh Government Procurement Leads. Co-ordination and situation monitoring. Escalation of issues when necessary. Feedback to WLGA members.
Joint Council for Wales	Local authority employer representatives and trade unions. Raised issues about employees, including social care.
Care home and domiciliary care workers and flu jab	*Welsh Government led group made up of social care sector representatives and involving the WLGA that focussed on encouraging the uptake of both the flu and covid vaccination with the social care sector.*
Social Care Wales Social Care Wellbeing Network	*Social Care Wales led group made up of social care sector representatives and the WLGA, focussed on identifying and encouraging the wellbeing support available for social care workers.*
Working Group Meeting for SSP Enhancement Scheme	*Welsh Government led group established to support the establishment of the Statutory Sick Pay Enhancement Scheme and the WLGA was a member of the group.*
Social Care Fair Work Forum	*The WLGA is a member of the SCFWF which is a tripartite social partnership group committed to embedding fair work and improving terms and conditions for those working in the social care*

	sector. Independently chaired and facilitated by Welsh Government.

95. The WLGA convened and supported regular meetings of elected members and officers from all 22 local authorities. There were meetings of Leaders and Chief Executives which spanned the range of local authorities' functions. There were also meetings of Social Care and Well-being Cabinet Members Network. To their credit, Ministers and Welsh Government officials attended some meetings to discuss and action the response to Covid-19. Matters relating to adult social care e.g. PPE; hospital discharges; vaccinations, support for the sector, featured in some meetings and are reflected later in my statement. There were also bilateral meetings between the WLGA Leader, Spokespersons and Welsh Ministers and other key partners, including and Public Health Wales. All parties contributed to setting the agendas for meetings.

96. There were differences in the focus and work of the above groups. Some were specific to health and social care. Others covered several policy areas of which social care was one. Most of the groups were set up to manage the pandemic. The role of WLGA representatives included speaking up for local authorities' social care services, sharing information and intelligence from the WLGA's monitoring of the situation, facilitating connections between local government and other organisations to support joint working and, when necessary, escalating concerns.

97. The Welsh Government's Covid-19 Social Care Planning and Response Sub-Group was a key means of liaison for the management of the pandemic. I do not hold copies of the notes of all the meetings but show the following as an example – Exhibit CL8/40 – INQ000581786: RE_ Note of social care planning and response sub-group – 20_03.

98. The Partnership Council for Wales was established by section 72 of the Government of Wales Act 2006 and was therefore in existence before the pandemic. Its role is to promote joint working and co-operation between the Welsh Government and local government. Members include Welsh Ministers, leaders of local authorities and wider public service representatives. Its functions have been summarised in the Partnership Scheme as follows:

> *"The Partnership Council for Wales may give advice to the Welsh Ministers about matters affecting the exercise of any of their functions, make representations to the Welsh Ministers about matters affecting local government and give advice to those involved in local*

government in Wales. The Partnership Council therefore provides a forum for collaboration by the Welsh Ministers and local government to promote important cross-cutting issues and seek to agree how they can improve outcomes for citizens in Wales."

99. During the pandemic, the WLGA's membership of the statutory Partnership Council was expanded from 8 leaders and senior members to include all 22 leaders in 2021, to ensure all leaders were engaged in discussions. This arrangement has continued post-pandemic.

100. The Partnership Council has a Finance Sub-Group which includes Welsh Ministers and WLGA representatives. The Sub-Group has an advisory and consultative role as opposed to a decision-making role. Meetings took place in April, August and November 2020, February, July and October 2021, and February 2022.

101. The Partnership Council and its sub-groups continued to meet during the pandemic, the main interface between local government and the Welsh Government were the regular meetings between leaders and Welsh Ministers and bilateral meetings between WLGA Spokespersons and Welsh Ministers. These meetings spanned the range of local authority functions but unsurprisingly, social care was frequently the subject of discussion.

102. As mentioned in my statement for Module 2B, (Exhibit CL8/42 – INQ000469686: First M2B witness statement of Chris Llewelyn WLGA), I am aware a review of activities and achievements of the Partnership Council for Wales covering the period January 2019 to March 2022 was in a Written Statement on 13 July 2022 published on the Welsh Government's website (Exhibit CL8/41 - INQ000181663: Review of activities and achievements of the Partnership Council).

103. As stated in my witness statement for Module 2B (Exhibit CL8/42 – INQ000469686: First M2B witness statement of Chris Llewelyn WLGA), during March, as the pandemic worsened. Several meetings were held between leaders and Ministers and the WLGA began to convene daily meetings of the 22 leaders from 20 March 2020, and subsequent meetings between the WLGA Group Leaders (Cllrs Andrew Morgan, Hugh Evans, Peter Fox and Emlyn Dole) and the Minster for Housing and Local Government (Julie James MS). Later in this statement, I provide examples of meetings and subsequent action involving social care.

104. Overall, and from an adult social care perspective, the Welsh Government's approach to joint

working to manage the pandemic was commendable. The arrangements put in place allowed the WLGA to ask questions on behalf of local authorities and to voice their concerns and later in this statement, I provide examples of concerns being escalated and, in some cases, more than once.

Key meetings and concerns raised

105. As shown in Exhibit CL8/08 – INQ000581737 - M6 Chronology of Meetings, some key meetings took place before the daily meetings of local authority leaders commenced from 20 March 2020. The Welsh Government held an emergency summit with local government on 12 March 2020. The summit covered the range of local authority functions and duties in the context of the Covid-19 pandemic. Questions were raised by local authorities that spanned several policy areas. The key questions on social care were:

- Relaxation of certain statutory requirements.
- Concerns about potential legal action against councils for not providing a service to meet assess need.
- Access to PPE, sanitiser.

106. The following day, 13 March 2020, the Welsh Government responded addressing each issue raised by local authorities (Exhibit CL8/44 – INQ000108897: 200313 - Welsh Government Answers to questions raised by local authorities). In relation to social care the note identified the following action taken or being taken:

- The appointment of a lead Covid-19 Director of Social Services by ADSS Cymru to chair a weekly meeting of fellow directors to help identify and respond to concerns and act as a conduit of intelligence to wider partners.
- A weekly group chaired by the Welsh Government's Director of Social Services with sector leads including ADSS Cymru, the WLGA and service and workforce regulators.
- Guidance to be provided for the changed measures (adults only) to be put into practice. The Bill would be introduced shortly to Parliament and was scheduled to receive Royal Assent by the end of March.
- Any easements to apply during the emergency period, with decisions on timings made by the Welsh Ministers in line with the Welsh Government's approach to Covid-19.
- A pragmatic and flexible approach to inspection and regulation of local authority and

regulated care services – as set out in a letter sent by the Care Inspectorate Wales Chief Inspector to Local authority commissioners on 10 March 2020

- Confirmation that the Welsh Government was working closely with Public Health Wales and NHS Shared Services to ensure that along with the NHS, front-line social care requirements for accessing PPE will be fully considered.

107. Welsh Government and WLGA also issued a joint letter on 13 March 2020 from the Minister for Health and Social Care and the WLGA's Leader to the leaders of local authorities (Exhibit CL8/45 – INQ000108896: 200313 - Letter - MfHSS and Cllr Andrew Morgan to Leaders - Covid-19 Response). This letter does not make any specific points in relation to matters within the scope of Module 6, but updates leaders on the co-ordinated response to the Coronavirus pandemic and outlines current scientific advice relevant to some local authority services such as schools and childcare settings.

108. On 16 March 2020, and following a meeting, an email was sent to one of the Welsh Government's special advisers. The email listed subjects where flexibility would be of help to local authorities in the prevailing circumstances of the pandemic. The WLGA's Leader had sent these to the Welsh Government and was awaiting feedback on the proposals. As evidenced in Exhibit CL8/46 (INQ000108898: Email - 0200316 - Email - NR WLGA to Paul Griffiths WG – flexibilities, the subjects directly relevant to adult social care were:

- *"Relaxing social care choice procedures."*
- *"Care staff ratios and relaxing regulations e.g. allowing other staff with social care qualifications to provide care/cover."*
- *"Access to health procurement such as hand sanitizer, barrier kit etc."*

[Further attachments to this email can be found at Exhibit CL8/133 – INQ000108899: FW: Coronavirus, Exhibit CL8/134 - INQ000108896: 200313 Joint WG WLGA Letter.docx and Exhibit CL8/135 - INQ000108897: Answers to questions raised by local authorities.docx]

109. The WLGA's Leader wrote to the Welsh Government's Minister for Housing and Local Government on 20 March 2020 to re-emphasise the role of local authorities in tackling Covid-19 (Exhibit CL8/47 – INQ000581796: 200320 - Letter - Cllr Andrew Morgan and Cllr Anthony Hunt to MfHLG - Finance pressures). He welcomed the continued support and dialogue with Welsh Government in accessing emergency funding. He referred to an announcement that social care in England would benefit from £5 billion which was badged as NHS funding and

requested that as much funding as possible from the consequential funding for Wales was directed to supporting social services. A response from the Minister for Housing and Local Government was received on 9 April 2020 (Exhibit CL8/48 - INQ000115632: Letter - MfHLG to Cllr Andrew Morgan and Cllr Anthony Hunt – Finance).

110. On 25 March 2020, the WLGA wrote to the Minister for Health and Social Care highlighting the growing concerns of local authority leaders and staff about supply of PPE to local authorities and front-line workers. The letter was cross-party, signed by the WLGA's Leader, the spokesperson for social care, and the leaders of three other political parties. It welcomed the Minister's announcement about PPE and the guidance provided on availability, distribution and use. However, it explained that the reality on ground was limited availability of PPE, lack of clarity on stock levels and inconsistent and incomplete supplies. It expressed concerns about the risk to the health and safety of core workers. Too many staff who should have been using PPE did not have the appropriate equipment (Exhibit CL8/49 - INQ000108908: 200325 - Letter - Group Leaders to MfHSS – PPE).

111. Two days later, on 27 March 2020, a teleconference was held between the Leaders of local authorities and Welsh Government Ministers and officials. Some issues were addressed during the meeting and some issues were taken away by the Welsh Government. A WLGA Chief Executives' teleconference also took place the same day. I emailed Welsh Government officials with the actions and issues from both meetings (Exhibit CL8/50 - INQ000089877 - 200327 - Email - Chris Llewelyn to WG Officials - Note of Leaders Teleconfernce). I have outlined the problems which arose from the latter in my statement under the section on PPE. The other actions and issues raised with Welsh Government's Director General for Education and Public Services relevant to social care were:

"LHBs [Local Health Boards]

- *Emergency led provision and working with LAs [local authorities] – some positive local work between LAs and LHBs [local health boards], but not all health boards being proactive. Need consistent and coordinated approach from LHBs, early dialogue about requirements, specifications etc.*
- *Border counties and the English NHS – need reassurance that those counties and communities who rely on English hospitals will not be affected by cross-border issues e.g.* **I&S**

- *Testing sites – Caerphilly had offered 2 sites to its LHB but had received no response."*

"Future Planning

- *LA CEs [Local authority Chief Executives] can be trusted to have confidential information shared – essential to plan response and services.*
- *LAs [Local authorities] need sight of longer-term projections including likely morbidity rates in order to plan resources better e.g. crematoria capacity etc.*
- *Need heads up on likely next stage of "lockdown" – essential in order to plan services and staffing especially social care.*
- *Future Recovery Planning – in midst of emergency now, but soon need to start planning to rebuild and recover following the crisis e.g. local economies and services."*

"Other Issues

- *Health workers doing brilliantly, but important to keep championing and highlighting role of social care too in any public messaging.*
- *Issue (in VoG [Vale of Glamorgan]) of* I&S *looking to move all their agency staff into the NHS. Major impact on council in terms of residential and domiciliary care.*
- *Shielding scheme – need clarity on food supplies asap. Is it national, is it via supermarkets? Idea of 'free food' for some recipients is problematic and may cause local tensions.*
- *Key workers definition still needs refining*
    - *some major employers regarding all their staff as key workers, rather than relevant sections of workforce.*
    - *Construction an ongoing issue – need clarity, emergency and reactive construction works should be key workers, previously planned construction should not.*
- *LRF [Local Resilience Forum] in Gwent – communication to WG poor. WG had committed to address for today's LRF meeting."*

112. The email also noted that some parts of Welsh Government were operating as "business as usual"; consultations on non-priority matters were still being issued. It also expressed concern

about the Welsh Government "catch-up" and delay following UK Government announcements, needs better coordination; the public hear UK Government messages via the media.

113. The Welsh Government responded on 29 March 2020 (Exhibit CL8/51 - INQ000089878: 200329 - Email - WG Officials to Chris Llewelyn - Note of WLGA Leaders Teleconference) thanking the WLGA for the information from Leaders and Chief Executives, which was considered hugely informative. The Welsh Government was pleased the WLGA felt engagement with the Welsh Government had increased significantly and the participation of both the Health and Local Government Ministers as well as the Chief Medical Officer was welcomed and appreciated. The email noted that several of the concerns were being actioned and said the others would be "fed into the system".

114. Another teleconference with local authority leaders was held on 30 March 2020. I emailed the Welsh Government with the key points and provide a copy here (Exhibit CL8/52 - INQ000089879: 200330 - Email - Chris Llewelyn to WG Officials - Note of WLGA Leaders Teleconference). Aside from PPE, which I cover later in my statement, those of most relevance to social care were:

*"**Finance***

- *Clarity needed on £1.1 billion Covid-19 funding package announced by the Welsh Government over the weekend. Need clarity on what is new money and how much will support social care and front-line services?"*

"Shielding

- *Concern about roll-out of programme continues, communication and information/data sharing with authorities and planning of programme. Councils responsible for dealing with public queries but programme not fully developed before roll-out.*
- *Lack of clarity around proposed food parcels, mixed messaging in communications and guidance on weekend (covered in statement not in guidance). Some concerns over equity of free food boxes for some being shielded and not for others who have to self-isolate."*

"Communications

- *Welcome the involvement of Ministers on Friday and proposed future engagement*

- *General view that better communication and engagement with local government is needed before announcements are made e.g. £1.1 billion announcement, most leaders found out via the BBC and information is limited.*
- *Limited correspondence and communication directly with leaders, a lot being channelled via WLGA, but correspondence and information should also be sent to leaders – risk of overload of information, but some felt too little information at present."*

115. The first months of the outbreak saw an extensive range of action undertaken at pace by the staff of many different organisations. Inevitably, it took time to see improvements come through the system and there continued to be many challenges. On 7 April 2020, I emailed the Welsh Government with a note of the leaders' conference which had taken place the previous day (Exhibit CL8/31 – INQ000108914: 200407 - Email - Chris Llewelyn & Daniel Hurford to WG Officials - Note of WLGA Leaders Teleconference). Much of the discussion focused on concerns over testing and an increasing number of Covid-19 related deaths in care homes. I acknowledged there had been further announcements that evening about testing arrangements but there had been significant anxiety expressed about the process that was in place at that point in time. It was also felt the availability of PPE, testing arrangements and the emerging position within care homes were interrelated. PPE and testing were two of the issues, which I cover under the relevant sections later in my statement. The local issues I asked to be shared with Welsh Government Director Generals and Special Advisers were:

"Care Homes

- *There is a growing concern about increasing numbers of deaths in residential care homes due to suspected Covid-19. Adequate PPE is also a key part of this but there is a need for clearer guidance on dealing with Covid19 in care homes, which we understand is being compiled, but also increased dialogue between providers and public health specialists on local arrangements and in providing urgent advice and support when there is a suspected case in a residential home. There are also concerns about patients with COVID 19 being transferred to care homes with proper briefing or support."*

"2m Distancing Regulations

- *LAs [Local Authorities] seeking clarity and dispensations for certain roles in key local authority services through guidance published on Tuesday."*

116. The Covid-19 situation in care homes deteriorated. On 14 April 2020, the WLGA's Leader and Spokesperson on Social Care wrote to the Minister for Health and Social Care (Exhibit CL8/34 - INQ000108917: 200414 - Letter - Cllr Andrew Morgan and Cllr Huw David to DMfHSS - COVID 19 in Care Home). The letter was copied to Care Inspectorate Wales. It expressed local authorities' concerns about the impact of Covid-19 in residential care homes. Elected members were increasingly hearing of deaths in care homes and suspected cases as testing had not been conducted and individuals had not been confirmed as having the virus. The recently published Public Health Wales guidance 'Admission and Care of Residents during Covid-19 in a Residential Care Settings in Wales' (Exhibit CL8/55 – INQ000581804: 2020 04 09 - PHW guidance - Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales) emphasised the importance of preventing infection, was welcomed. However, there were still concerns about PPE.

117. The 14 April 2020 letter (Exhibit CL8/34 - INQ000108917: 200414 - Letter - Cllr Andrew Morgan and Cllr Huw David to DMfHSS - COVID 19 in Care Home) referred to previous discussions about the availability of PPE for social care staff, support for the roll-out of testing, and that a planned increase of testing capacity would happen. It was hoped that suspected cases in care homes would be a priority. The letter highlighted that there would be an opportunity to discuss the issues raised at the Leaders Teleconference to be held later that week on 17 April to discuss how there could be a shared understanding of the actions being taken or others required to ensure appropriate support is provided to residential care homes. During the meeting on 17 April the Minister for Health and Social Care considered Leaders' points about assurance and willingness of the care home sector taking residents back following discharge from hospital and highlighted that he was due to say more publicly on testing imminently (meeting notes can be found at Exhibit CL8/121 – INQ000115673: 200417 Leaders Meeting Notes).

118. On 18 April the Minister for Health and Social Care published a review of the coronavirus testing regime. The review described a range of delays and supply chain issues and confirmed that "we will not reach 5000 tests by the 3rd week of April". It included a commitment to provide weekly updates setting out expected and actual increases in testing capacity. The WLGA does not hold a copy of this review, but it can be seen noted within a National Assembly for Wales Research Briefing (Exhibit CL8/122 – INQ000546122: National Assembly for Wales Senedd Research - Coronavirus timeline).

Engagement with the LGA, COSLA and the NILGA

119. During the pandemic, the WLGA's prime focus was supporting local authorities in Wales with the emergency response and engaging with the Welsh Government and other organisations. This extended across all local authorities' functions, one of the most significant is social care.

120. The WLGA was represented on the LGA's Executive Advisory Board by the Deputy Leader. The Board met every six weeks throughout the pandemic. It provided a forum to compare respective approaches and issues in England and Wales. The local government response to the pandemic and the relationship with the UK Government was a key topic of discussion.

121. The four local government associations, the WLGA, LGA, COSLA and the NILGA, met twice during the pandemic, on 7 August 2020 and 3 June 2021, through the UK Forum of local government associations. Agendas and papers of these meetings are provided at Exhibit CL8/56 – INQ000581805: Agenda UK FORUM of LOCAL GOVERNMENT ASSOCIATIONS [17904] and Exhibit CL8/57 – INQ000581806: Agenda UK Forum June 2021. Approaches to the pandemic were compared. The respective finance teams met regularly from May 2020 onwards, exchanging information on income losses due to Covid-19 and recovery from the pandemic, and sharing approaches to engagement with the UK government and devolved governments. Officials from the LGA, WLGA and NILGA and English regions also met regularly to discuss issues on asylum and migration and through the National Association for Regional Employers to discuss common issues relating to workforce matters.

122. The forums were opportunities to exchange information and compare approaches. They did not agree common lines or joint documents for consideration by national government. devolved or UK Governments. The general view was that the approach in Wales to partnership and regular engagement between local government and the Welsh Government, particularly at a political level, was a model which was uncommon across the UK.

123. As a significant service and function, social care did feature in some discussions as part of information sharing and exchanging views. For example, on 17 March 2020, the LGA and the Association of Directors of Social Services ("ADASS") circulated a briefing about resilience for care homes during the Covid-19 pandemic. The WLGA is unable to provide a copy of this briefing, however it was used in Wales by the ADSS Cymru, CIW, Social Care Wales, the Welsh WLGA and Welsh Government to co-produce their own guidance to health board and

local authority commissioners (as evidenced in Exhibit CL8/58 – INQ000581807: Email FW_ Guidance for Commissioners [attachment Exhibit CL8/136 – INQ000581808: Support for commissioned providers V.2.docx] and Exhibit CL8/59 – INQ000473286: Coronavirus (COVID-19) - Support for commissioned providers - Updated 17 June) [embedded documents Exhibit CL8/137 – INQ000183723: Guidance Issued on Initial £40 Million for Adult Social Care Providers Covid-19 Costs.pdf, Exhibit CL8/138 – INQ000273667: Putting on PPE.pdf and Exhibit CL8/139 – INQ000273666: Taking off PPE.pdf]).

Data in the Adult Social Care Sector

124. Even before the pandemic, Wales' social care sector struggled with access to reliable and timely data. The COVID-19 crisis exposed and highlighted these issues. During the pandemic there were several data-related challenges that impacted decision-making, service delivery, and resource allocation. This included data availability and collection issues, where there was a lack of real-time data on care home residents, staff absences, and infection rates which made it difficult to respond quickly to outbreaks. The pandemic also highlighted workforce data gaps with difficulty in tracking staffing levels, absences, and the availability of agency workers, the limited workforce planning data, made it hard to predict and address shortages in care staff.

125. Several measures were taken to improve data collection and sharing, this included the development of 'checkpoint data', a system used by Welsh Government to collect key data from local authorities at regular intervals and to try to provide more timely and consistent information to support decision-making. This was also an attempt to better co-ordinate the data and information requests coming from Welsh Government in relation to council's responses to Covid-19 and the impact it was having on the social care sector.

126. On 29 April 2020 Welsh Government wrote to local authorities (Exhibit CL8/93 – INQ000581850: 240420 - Letter to LAs - Data collection and accompanying email Exhibit CL8/60 – INQ000581813: 6_5_2020 E-mail on social care data collection ask, includes WG letter [attachments Exhibit CL8/140 – INQ000581814: ADULT_WEEKLY_XXX_date_004.xls, Exhibit CL8/141 - INQ000581850: 240420 - Letter to LAs - Data collection.doc, Exhibit CL8/142 - INQ000581816: CHILD_WEEKLY_XXX_002.xls and Exhibit CL8/143 - INQ000581817: WORKFORCE_WEEKLY_XXX_date_002.xls) to set out the new reporting arrangements which was looking to pull together Wales' Social Care Covid-19 information and

data to provide national oversight of the impact on the sector. As a result, local authorities were asked to compete and return weekly data collections, commencing on 4 May 2020. These collections include:

- Adult social care collection
- Children social care collection
- Social care workforce

127. The primary purpose was to inform planning around the response to Covid-19 and as such the data collected was, and still is not published, though it has been shared back with local authorities.

128. This data collection evolved during the pandemic and has continued post-pandemic, albeit on a monthly rather than weekly basis now. This has demonstrated the benefits of having much more timely information available and the need to ensure that moving forward we are able to access data that is as close to 'real-time reporting' as possible reducing delays in accessing crucial information.

129. Authorities monitored the local pandemic situation using a variety of sources of data, including the NHS, Public Health Wales, Welsh Government, the Office for National Statistics, and information from councils' own service provision (where it existed) and from independent social care providers. A regularly updated dashboard of service information was also available through Data Cymru. The WLGA's role was one of co-ordination, using information to build a picture of the position across Wales and using this information to inform discussions with officials and Ministers in the Welsh Government and other organisations such as Public Health Wales and Care Inspectorate Wales.

130. The availability of data i.e. statistics, was a concern for WLGA's members , as evidenced in Exhibit CL8/34 - INQ000108917: 200414 - Letter - Cllr Andrew Morgan and Cllr Huw David to DMfHSS - COVID 19 in Care Home. There was increasing media reporting of deaths but the number of suspected deaths from Covid-19 in care homes were not reported as a matter of course and therefore were not reflected in national figures. This was seen as a worrying omission. It did not enable appropriate oversight to be provided for any local risks facing the residential care sector and care homes. The Office for National Statistics had started to report such data but there was a time lag. This did not allow a swift and proactive response to any

identified hotspots. Data from the NHS and the Office for National Statistics were not combined or reported jointly so there was no accurate picture of the trajectory of the virus. Local authorities asked for their need for timely information to be discussed at the next Leaders conference on 17 April 2020.

131. Data on deaths, including in care homes, also featured in a letter from the Joint Council for Wales i.e. local authority employer and trade union representatives to the Minister for Health and Social Care on 17 April 2020 (Exhibit CL8/38 – INQ000473204: 200417 - Letter - Cllr Philippa Marsden to MfHSS - JCW PPE for Social and Home Care Workers). However, its prime purpose was to highlight a desperate need to ensure that key issues such as PPE and testing were urgently prioritised for social and home care workers. I say more about the problems under the section on PPE (paragraphs 173 - 187).

132. Data, data modelling and projections had been an issue since the beginning of the outbreak, and it featured again in correspondence with the Welsh Government at the end of the April after a meeting of the WLGA's Executive Board and local authority Chief Executives. I wrote to Welsh Government on 28 April 2020 (Exhibit CL8/61 – INQ000581818: 200429 - Email - Chris Llewelyn to WG Officials & WG Officials Reply - WLGA Executive Board Meeting), highlighting that There were still localised concerns about the robustness and timeliness of data. Consistent data was critical to local authorities' ability to plan and deliver services and to inform a collective decision on a phased exit from lockdown. It was vital for local authorities to be engaged early in dialogue and informing any national announcements ensuring consistent public messaging and managing of expectations. Decisions to relax restrictions and re-open facilities or reinstate services could not be made or announced without the full engagement of the organisations responsible for those services. The Welsh Government responded on 29 April 2020 (Exhibit CL8/61 – INQ000581818: 200429 - Email - Chris Llewelyn to WG Officials & WG Officials Reply - WLGA Executive Board Meeting) to say that arrangements had been made to enable its most senior officials to meet the WLGA later that week in the WLGA's meeting of local authority chief executives on 1 May 2020 (CL8/62 – INQ000115711: 200501 Chief Executives Meeting Note).

133. The WLGA raised the issue of data with Ministers in a meeting on 1 April 2020 (Exhibit CL8/63 – INQ000115604: 200401 Leaders Meeting Notes) . The Welsh Government's note of the meeting (Exhibit CL8/64 – INQ000115605: 200401 WG Notes of Ministerial discussion with LA Leaders) reflects the WLGA's view that Public Health Wales' website was not user friendly and did not contain important real time data which local authorities needed to have confidence on

data received, especially from hospital / health colleagues. There appeared to be a time lag between matters happening and being reported on the website. The Welsh Government said officials would investigate the timeliness of information being provided on the Public Health Wales website and report back to Leaders. Assurances were given to Leaders on 8 April 2020 that this was *"in hand – plans in place to ensure timeliness all guidance is being placed on WG website."* (Exhibit CL8/65 – INQ000115610: 200408 Welsh Government Updated actions table).

134. I also set out the WLGA's lobbying on data issues in the notes of a Leaders' update meeting on 3 April 2020 (Exhibit CL8/66 INQ000115609: 200403 - Leaders Meeting Notes). I said the WLGA had been lobbying the Welsh Government and Local Health Board colleagues on the importance of sharing planning data and modelling work. Local authorities needed to know the assumptions of what would happen, when and where, to plan support for field hospitals, temporary mortuaries etc. The Welsh Government had issued several communications with local authorities in the past day which investigated GDPR and data protection issues. The Minister for Housing and Local Government said in the meeting that they were working towards sharing health data and modelling with LAs, but modelling was marked "official sensitive" so it was difficult to share. However, it would be shared through Local Resilience Forums 'Resilience Direct', a secure emergency planning portal, to which the Forum Chairs and Coordinators would be granted access. While this meant that individuals within local authorities were receiving this information, LRF Chairs and Coordinators were not always the right person and delayed local authorities' ability to plan and react to modelling.

Adult Social Care workforce

135. In my oral evidence for Module 2B on 6 March 2024 (Exhibit CL8/114 – PHT000000077: C19 Inquiry 06 March 2024 - Module 2B Day 7 [page 134, line 21]) , I said I thought there was a general sense that the needs of social care staff were not being appropriately considered. I mentioned testing arrangements and the provision of PPE. I felt there was a sense within the workforce they were being neglected and weren't taken into consideration and account in the same way as other service areas such as health. I stand by my words, which are borne out by evidence of differences in the way social care staff were treated compared to NHS staff.

136. Table 5 below provides an overview which aims to highlight some of the areas where social care workers were treated differently to healthcare from a WLGA perspective, despite playing

an equally critical role in caring for vulnerable populations.

Table 5 – Workforce conditions		
Category	**Healthcare Workers**	**Social Care Workers**
Personal Protective Equipment (PPE)	NHS staff were prioritised for PPE distribution. By March 2020, the Welsh Government had ensured that NHS staff were well-stocked with PPE.	Social care workers experienced significant PPE shortages in the early stages of the pandemic, leading to some workers having to source their own equipment or reuse items. There were also delays in receiving adequate supplies.
Pay	Healthcare workers, working primarily in the NHS, benefit from more structured, standardised terms and conditions, including better pay, training opportunities, job security, and pensions. Their terms are dictated by national agreements (like the NHS pay system), offering clear progression, benefits, and workplace protections.	Social care workers often face less favourable conditions. Pay and job security is generally lower, and benefits such as sick pay and pensions are less generous. The sector is fragmented, with significant variation in terms and conditions between employers, especially in the private and voluntary sectors
Access to Testing	Welsh NHS staff were prioritised for COVID-19 testing, especially those in direct patient care roles. Testing was made available through a national testing scheme.	Social care workers were not initially prioritised for testing in Wales, which led to delays and worries about being exposed to the virus without the ability to confirm infection. Testing capacity expanded later but was not as immediate as for NHS staff.
Mental Health Support	The Welsh government introduced mental health support services, including dedicated resources for NHS	Mental health support for social care workers in Wales was available but less extensive than for NHS staff.

	staff to help cope with stress, anxiety, and burnout.	
Vacant Roles and Staffing	The NHS in Wales faced staffing shortages but responded with a large-scale recruitment drive and redeployment of staff (e.g. temporary staff or redeploying workers from other areas).	The social care sector struggled with high staff turnover, burnout, and recruitment difficulties. Many care workers left the field due to low pay and the intense pressure of the pandemic.
Access to Vaccines	Healthcare workers in Wales were prioritised for the vaccine from the outset of the vaccination program in December 2020.	Social care workers were given vaccine priority shortly after healthcare workers, but there were delays in access, and some workers faced barriers in getting vaccinated. Priority was not always immediate, and logistical issues slowed the process.
Job Security	NHS workers in Wales generally enjoyed high job security, though some had to adapt to new roles or working conditions (e.g., redeployment to COVID units).	Social care workers, especially those in the private sector, faced job insecurity, with some services temporarily closing or reducing hours.
Public Perception and Recognition	NHS workers in Wales were widely recognised as "heroes," receiving applause and media recognition. There were public displays of gratitude (e.g., Clap for Carers).	Social care workers in Wales, while essential, did not receive the same level of recognition. Public support was less visible, and despite facing similar risks, social care workers were often overshadowed by the focus on NHS staff.
Workplace Conditions	NHS facilities in Wales received additional resources and temporary support during the pandemic, including field hospitals and extra staffing.	Social care workers often worked in settings that lacked adequate resources, with many providers operating under financial strain. The care homes and domiciliary services were less well-supported in terms of infrastructure, and

		many workers reported inadequate protective measures.
Workforce Hazards	Healthcare workers faced high exposure to COVID-19 but generally had access to necessary resources (PPE, testing, training).	Social care workers in Wales were at significant risk of exposure to the virus, particularly those working in care homes. While they were essential to the pandemic response, they had less access to PPE, testing, and other resources compared to NHS workers.

137. Differences in the way the respective workforces of the NHS and social care were treated during the pandemic emerged in the early weeks and months of the pandemic. The overwhelming focus on the NHS and its staff meant that despite being on the front-line of the pandemic, social care staff were seen as a lesser priority and less valued. For example, free public transport for NHS staff on both buses and trains was announced by the Welsh Government.

138. On 27 April 2020, the WLGA's Leader and Spokesperson for Social Care wrote to the Minister for Economy and Transport asking for social care staff to have the same benefits as NHS workers by extending the free public transport which was available to NHS staff (Exhibit CL8/43 – INQ000108922: 200427 - Letter - Cllr Andrew Morgan and Cllr Huw David to MfETNW and DMfHSS - free transport for social care workers). The Minister for Economy and Transport replied on 8 July 2020. There was no agreement. The Minister said he was pleased to be able to provide NHS staff with free public transport and the help to fund the £500 extra payment for all social care staff. However, citing budget pressures, he said would keep the proposal under "active review" (Exhibit CL8/67 – INQ000581824: 200708 - Z39 - Letter - MfETNW to Cllr Andrew Morgan and Cllr Huw David - free transport for social care workers). The proposal was never agreed.

139. On more significant issues i.e. matters related to the health and wellbeing of care staff and people receiving care and support and preventing the spread of infection e.g. PPE, testing, insufficient priority was given to social care. I say more about PPE and testing in the next section of my statement. However, the problems and importance of these matters are well illustrated in the WLGA's letter of 25 March 2020 to the Minister for Health and Social Care (Exhibit CL8/49 – INQ000108908: 200325 - Letter - Group Leaders to MfHSS – PPE). The

Minister replied on 28 May 2020, apologising for the delay. He referred to the development of a robust system to provide PPE directly to local authorities for care providers, which was operational by that time, and to new guidance on PPE. He also emphasised the importance of frontline medical staff and social care staff having PPE. However, his reference to action by the Life Sciences Hub Wales to help boost the supply of goods, including PPE, was focused only on meeting the needs of NHS Wales (Exhibit CL8/68 – INQ000115801: 200528 - Letter - MfHSS to Naomi Alleyne WLGA – PPE).

140. The Welsh Government acknowledged the problems and the need for more action. The meeting notes of a meeting between the Welsh Government and local authority Chief Executives on 1 May 2020 reference the Director General for Health and Social Care saying PPE system was not perfect but was in a better place. He said the Welsh Government was looking to fix the testing system that was in place at that time and care homes were seen as an extension of the hospital system but a lot more work was needed for testing and resilience (Exhibit CL8/69 – INQ000115711: 200501 Chief Executives Meeting Notes).

141. On 10 November 2020, the WLGA's Spokesperson for Social Care raised with the Deputy Minister the issue of treating social care workers with parity of esteem with NHS workers and fair reward and recognition (Exhibit CL8/70 – INQ000108952: 201110 - Letter - Cllr Huw David Cllr Llinos Medi and Cllr Susan Elsmore to DMfHSS - Social Care Future Discussion). The Deputy Minister responded on 7 December 2020 (Exhibit CL8/ 113 – INQ000546113: 201207 - Letter - DMfHSS to Cllr Huw David, Cllr Susan Elsmore and Cllr Llinos Medi - Social Care Futures). While the response did not address the workforce related issues specifically it did set out the Minister's commitment to working with local government to plan for the future in responding to the challenges facing social care.

Infection prevention and control measures

142. The Inquiry's survey (Exhibit CL8/01 – INQ000400522: Covid Inquiry Module 6 Survey - Report Final), to which all 22 local authorities in Wales responded, provides the backdrop to my comments on infection prevention and control measures. There are two main themes. First, the skills of care providers to prevent outbreaks and to control their spread and second, the equipment needed to prevent outbreaks and control spread.

143. According to local authorities, most care providers (41%) had the necessary skills only "to a

small extent". Just over a third (36%) had the necessary skills only "to a moderate extent" while just 14%. (3 local authorities) used "to a great extent" to describe the care providers' position. One local authority said their care providers did not have the necessary skills at all.

144. Regarding equipment, when asked to what extent care providers had the equipment (for example, PPE, sanitiser, testing kits) needed to prevent outbreaks and control the spread of them, the views were slightly more positive, with a quarter of local authorities (27%) saying "to a great extent" and 36% each for "to a moderate extent" and "to a small extent". It is important to note that the situation on PPE changed over the duration of the outbreak, with little PPE available for social care at the start of outbreak, with improvements in the months that followed. The subject was escalated to Welsh Government Ministers by the WLGA on several occasions. I say more about PPE later in my statement.

145. Local authorities' overall opinions on how well the national infection and control policies worked varied. By far the majority (68%) (n=15) said they worked "fairly well". One said, "very well". Four local authorities (18%) did not feel the measures had worked very well while two said they had not worked well at all.

146. The skills and equipment for effective infection prevention and control are two key issues. However, one must also consider the physical environment, which can affect, and in some cases, directly hamper control measures e.g. the ability to isolate residents with Covid-19 or residents discharged from hospital with Covid-19 and the ventilation system in homes. Many care homes in Wales are old and their physical design reflects this. Residents' bedrooms without en-suite facilities are a prime example where difficulties occur because communal toilets and bathrooms were shared.

147. The Inquiry's survey shows that most local authorities (59%) said their care homes were only able to isolate residents returning from hospital 'to a moderate extent". Of the remainder, 23% said they were able to isolate "to a great extent" and 18% "to a small extent".

148. I do not have sufficient evidence to comment on whether the movement of staff between care homes was a significant issue. At the time of the pandemic, Wales had very few large care homes companies where staff could be transferred between them. Many independent providers are smaller, family owned, care homes. Moving staff between care homes owned by local authorities was considered by one local authority but ruled out by Environmental Health Officers. In response to staff shortages however because of infection and/or isolation, agency

workers were used on numerous occasions. Feedback I received through the on-going discussions with professional groups suggested that it was difficult to prevent them from working at different sites, keep track of their vaccination status, where they worked and whether the homes were in incident e.g. red status, or not.

149. Inside care homes, it was inevitable that staff had to look after residents with and without Covid-19 and moved between the two, which is why adequate supplies of PPE were so important. The very nature of domiciliary care also meant care workers moved between individuals' homes with the potential for encountering people with the virus. Anecdotally, I am aware of a case where a health professional turned up in full PPE akin to a beekeeper's suit with a helmet type mask whereas the care worker had a basic mask and apron.

150. Notwithstanding the initial difficulties of obtaining sufficient supplies of PPE, there was a variety of action to ensure the correct use of PPE by social care workers. Local authority Public Protection Teams were active, visiting care homes and briefing them on use of PPE. However, much of the training happened several months into the pandemic. Health Education and Improvement Wales developed a training course for care homes on how to use PPE but considered it from an NHS perspective and not social care. Training for nurses in care homes came from the Chief Nursing Officer.

Testing

151. Testing of the social care workforce was raised as an issue at a very early stage in the pandemic. The WLGA attended a meeting with Welsh Government Ministers on 18 March 2020. The Minister for Health and Social Services had made a public statement regarding testing prior to the meeting (Exhibit CL8/115 – INQ000546115: 200318 - WG Written Statement coronavirus (covid-19) testing). The WLGA does not hold minutes of this meeting but an email was circulated by the WLGA Deputy Chief Executive which outlined that there was no reference in the meeting to plans for social care testing which was disappointing given the role of social care in supporting people but especially given the need to discharge people from hospital as soon as possible. This might have been based on their (i.e. the Welsh Government's) assessment of prioritisation. I referenced this earlier in my statement in relation to hospital discharge (paragraph 71 and Exhibit CL8/26 – INQ000581772: Email - Follow on from phone call today 200318). The WLGA Deputy Chief Executives states this was an issue the WLGA should continue to press.

152. At a Chief Executives' teleconference organised by the WLGA on 20 March 2020, just before the first lockdown, the testing of social care staff was raised as a significant issue again. People were self-isolating and not working. In addition, NHS staff were not mentioning social care staff in the context of testing. The WLGA pursued this, as evidenced in CL8/71 – INQ000089874: Chief Executives Teleconference Notes - 20-03-20.

153. The importance of testing was highlighted alongside PPE on 20 March 2020 in a joint statement issued by the WLGA and ADSS Cymru with the strong message that it was vital for frontline social care staff to receive testing in the same way healthcare staff were being tested, so they could carry on providing services (Exhibit CL8/15 - INQ000082951: 200320 Coronavirus Joint Statement WLGA and ADSS Cymru). The notes of a meeting of local authority Leaders on 23 March 2020 also illustrate the WLGA's proactive approach on testing. At a meeting with the Minister for Health and Social Care, the WLGA made it clear to the Welsh Government that testing for social care needs to increase and social care was a priority group (Exhibit CL8/27 – INQ000115581: 200323 Leaders Meeting Notes).

154. Testing was one of the local government's two significant concerns in the early months of the pandemic, the other being PPE which I cover later in my statement. In the survey, approximately 70 per cent of local authorities said that care providers and unpaid carers found it "fairly difficult" or "very difficult" to get Covid-19 tests. All but one local authority helped care providers to access tests. Two-thirds of local authorities (n=15) said delays in getting test results affected the ability to control Covid-19 outbreaks to a "great extent" or to a "moderate extent".

155. On 24 March 2020, the prioritisation of social care staff for testing was discussed at a meeting with Welsh Government, Public Health Wales (PHW), Association of Directors of Social Services (ADSS) and WLGA. The meeting made clear that the current process was to prioritise priority patients and front-line NHS staff, and then other public sector front line workers. It was recognised that work was needed to understand the need of other sectors, and to develop a streamlined system with clear guidance for those needing to be tested. WLGA representatives highlighted the need for quick action regarding social care staff. The meeting discussed the need for guidance on discharge from hospital into care homes and guidance on point of care testing.

156. Two days later, on 26 March 2020, the testing of social care staff was discussed again at

officer level. The meeting covered testing for social care staff and PPE. PHW updated on plans to scale up testing over the next few days and with social care being a priority. The Director of Social Care also confirmed the Cabinet had agreed social care as a priority for testing the day before.

157. Testing for social care staff did not appear to be a priority although I know the Director of Social Care in the Welsh Government and his team did their best to impress on others the need for social care staff to have timely access to testing. Unfortunately, in the early part of the pandemic, the role of social care at the front-line of the pandemic was clearly secondary to NHS staff, who had in-house access to testing. Part of this might be explained by a lack of understanding or recognition of the way care workers worked tirelessly on the front line in very difficult circumstances to look after and protect the health and many vulnerable people, particularly elderly residents in care homes.

158. In the early part of the pandemic, there was a lack of capacity, communications were inconsistent, and the process for identifying social care staff able to be tested was complex and time consuming, as set out below in paragraphs 160-161. It was a positive step forward when the principle of prioritising social care workers was agreed by Welsh Government Ministers, which led to increased testing of social care staff.

159. Arrangements for testing were made. I emailed the Welsh Government on 7 April 2020. Testing was one of several issues I raised (Exhibit CL8/31 – INQ000108914: 200407 - Email - Chris Llewelyn & Daniel Hurford to WG Officials - Note of WLGA Leaders Teleconference). I pointed out the Welsh Government had said it was committed to testing social care workers, and a scheme had been developed (between the Welsh Government, the WLGA, ADSS Cymru and Data Cymru) to identify 15 staff per council per day to be tested from 1 April 2020.

160. From 1 April 2020, local government had a process to manage the prioritisation and referral of social care workers for testing. This covered both local authority social care staff and staff employed by commissioned providers, including care homes who are symptomatic. As part of this each local authority was able to prioritise up to 15 people for testing each day and send their details to Data Cymru, who were to then collate and send these securely to Public Health Wales. Data Cymru developed a standard spreadsheet and introduced a secure file transfer system to support the transfer of information. Public Health Wales would then share the

information on referral requests with the appropriate health boards. This is outlined in Exhibit CL8/53 – INQ000336405: Letter AH to LA Leaders - Covid 19 Testing Social Care workforce.

161. Despite the acceptance of the need to prioritise social care workers and amended guidance, it took a little time to put in place a clear process for accessing and conducting tests and receiving test results in a timely manner in significant numbers for social care worker.

162. Problems with the testing process continued. It did not appear to have been implemented via Public Health Wales or at least there did not appear to be an established process to feedback this information back in real time. I said the issue needed to be resolved as a matter of urgency. Given the size of the social care workforce and its interface with those who need care and support, the number to be tested – just 15 social care staff per day per authority – was low.

163. A key question was how to improve the arrangements. Local authorities had to make their nominations by a certain time each morning and the number which could be nominated was relatively low. This is an example of how social care staff were treated differently to NHS staff. The latter had access to in-house testing whereas social care staff had to attend public testing centres. This was not easy for care staff who did not have their own transport and who had to pay for public transport unlike NHS staff. The WLGA worked with ADSS Cymru to participate in meetings to discuss and improve the arrangements. Unfortunately, Public Health Wales did not always turn up for such discussions (as evidenced in Exhibit CL8/72 – INQ000581829: Email RE_ Testing meeting – feedback).

164. By the end of April 2020, testing for the virus appeared to have got back on track after the earlier concerns (Exhibit CL8/61 – INQ000581818: 200429 - Email - Chris Llewelyn to WG Officials & WG Officials Reply - WLGA Executive Board Meeting). The concerns had led to a review commissioned by the Minister for Health and Social Services. There was progress. The relaxation of the "cap" on the number of social care staff to be tested and the commitment to test people leaving hospital going into care homes provided welcome reassurance. Councils were eager to see a successful roll-out of the new, streamlined testing regime, including the further expansion of the mass testing arrangements in Cardiff, Newport and elsewhere and the proposed mobile testing facilities.

165. The progress on testing arrangements was captured in the WLGA's written evidence to the Senedd's Health and Social Care Committee which was undertaking an inquiry in the Covid-19

pandemic (Exhibit CL8/25 - INQ000082940 - WLGA Evidence - Inquiry into the Covid-19 outbreak on health and social care in Wales 21-05-20). Improvements to testing were a direct result of the WLGA and local authority leaders raising the issue directly with the Minister for Health and Social Services at an early stage. The WLGA was also pleased to see testing for those being discharged from hospitals into care homes was made a priority, ensuring care homes were appropriately informed to take the action necessary to support the individual and to protect other residents and staff from transmission when a positive case was reported. This change in policy was confirmed in a letter from the Welsh Government on 22 April. On 2 May 2020, there was a further change to the testing policy. The Welsh Government announced all residents and staff in care homes with outbreaks of coronavirus would be tested. On 16 May 2020, the Minister for Health and Social Services further announced testing would be extended to all care home residents and staff, which was an extension local government had been encouraging the Welsh Government to make. This sequence of events is an example of how a policy changed and continued to change over a brief period.

166. Public Health Wales were responsive in providing advice to local authorities on infection control and how to manage it in homes where outbreaks had occurred. They also carried out initial testing to confirm if somebody who had suspected symptoms had been confirmed as positive for covid-19. The WLGA's Leader stated this in oral evidence to the Senedd's Health, Social Care and Sport Committee Evidence Session on the impact of the Covid-19 outbreak, and its management on health and social care in Wales on 20 May 2020 (Exhibit CL8/118 – INQ000546118: Transcript - 200520 - Senedd Health, Social Care and Sport Committee).

167. Action to address the immense challenges of the pandemic continued with joint working through spring, summer, and winter. There was ongoing dialogue and engagement with the Welsh Government. On 8 June 2020, the WLGA's Spokesperson for Social Care wrote to the Minister for Health and Social Care highlighting the need to discuss winter pressures, increased challenges, lessons learnt, the availability of PPE, and robust testing. He wrote asking for confirmation of funding available for winter pressures (Exhibit CL8/73 – INQ000108928: 200608 - Letter - Cllr Huw David to MfHSS - Winter Pressures).

168. The WLGA continued to take opportunities to highlight the importance of testing for social care staff. The statement issued after a report into Covid-19 had been published by the Senedd's Health and Social Care Committee said the testing regime remained a priority to protect older and vulnerable residents in care homes (Exhibit CL8/74 – INQ000082967: 200709 Coronavirus Senedd social care report welcomed by local government).

169. On 9 September 2020, the WLGA's Leader, Spokesperson for Social Care and the leaders of other political parties wrote to the Minister for Health and Social Care and Deputy Minister about the social care response to local and national outbreaks (Exhibit CL8/75 – INQ000108942: 200909 - Letter - Group Leaders and Cllr David to MfHSS and DMfHSS-Social Care response to local and national outbreaks). Assurance was sought about plans being put in place in response to local outbreaks and in readiness for any future national outbreaks. The letter expressed ongoing concerns about Covid-19 in care homes and the strong view that all necessary action should be taken to protect staff and residents. While considerable progress had been made on hospital discharges, infection control measures and testing needed to continue to avoid losing the gains made.

170. The letter was followed by another one on 11 September 2020 when the WLGA's Spokesperson for Social Care wrote to the same Ministers in advance of a meeting of a Social Care and Well-being Cabinet Members network meeting. This too highlighted concerns about winter pressures and welcomed confirmation of a winter protection plan. It was hoped the plan would recognise social care faced its own financial pressures from increased seasonal demand and highlighted the role, local government plays in reducing pressure on the NHS and ensuring the health and care system operates to maximum capacity. The letter also referred to mental health wellbeing, and recognition and reward for the social care workforce (Exhibit CL8/76 – INQ000108943: 200911 - Letter - Cllr Huw David to MfHSS and DMfHSS - Social Care and Wellbeing Cabinet Members Network).

171. In October 2020, there were concerns about continuing local outbreaks and any future national outbreak, which in the event did materialise. Testing was one of the subjects discussed when Ministers and Welsh Government officials attended a meeting of the Social Care and Well-being Cabinet Members network (Exhibit CL8/77 – INQ000108946: 201022 - Letter - Cllr Huw David to MfHSS and DMfHSS - WLGA Social Care and Wellbeing Cabinet Members Network). Their attendance was another example of the Welsh Government's positive approach to engagement with local government, this one being specific to social care. The meeting considered the speed of testing and results, the accuracy of results, and called for increasing frequency of testing in care homes. Ministers said they would review the existing policy and approach ahead of winter. The onset of winter and how to manage the winter pressures on top of the pandemic was a concern.

172. An email to the Welsh Government in October provides a good assessment of the WLGA's view of engagement and joint working with the Welsh Government over the first six months or so of the pandemic. Overall, it had been positive, and it was recognised the degree and regularity of central and local engagement had not been seen in other parts of the UK (Exhibit CL8/78 - INQ000089872: 201023 - Email - Daniel Hurford WLGA to NR WG & Reply - Stock-take).

Personal Protective Equipment

173. PPE was raised as significant issue at the earliest point in the pandemic in the WLGA's teleconference with local authority Chief Executives and Leaders respectively. PPE was raised in the first Leaders conference call of the pandemic held on 18 March 2020 (Exhibit CL8/79 – INQ000473045: 200318 WLGA Leaders' Teleconference Notes) and the first Chief Executives call held on 20 March 2020 (CL8/80 - INQ000089874: Chief Executives Teleconference Notes - 20-03-20). As evidenced in Chief Executives meeting notes from 20 March 2020 there was an urgent need in all local authority areas, particularly for social care workers. Some supplies were coming through but access to, and the availability of, PPE was raised, along with guidance on how to use it and where it can be accessed. PPE, and its availability to front line workers and social care staff remained a topic of discussion in almost every Leaders and Chief Executives meeting throughout March and April 2020. I was in regular touch with the Welsh Government and raised the issue of PPE. An example of this liaison is provided here in the form of an email response from the Welsh Government's Director of Social Services (Exhibit CL8/81 – INQ000581838: Email FW_ Update – PPE).

174. On 20 March 2020, the importance of PPE and testing for social care staff was flagged in a joint statement issued by the WLGA and the ADSS Cymru. The statement strongly urged virus testing and provision of PPE is extended to frontline social care staff (Exhibit CL8/15 – INQ000082951: 200320 Coronavirus Joint Statement WLGA and ADSS Cymru).

175. The position of PPE for care providers – local authorities delivering direct care services and independent care providers, social workers, and unpaid carers - was challenging and difficult, particularly in the early months of the pandemic. The extent of difficulties varies but the survey shows a third of local authorities said it was very difficult for care providers to access PPE and even more, half of local authorities, said it was very difficult for unpaid carers to obtain PPE. Common problems were erratic deliveries and the quality of PPE. In responding to the survey,

six local authorities said orders of PPE being diverted to the NHS happened very often or fairly often.

176. All local authorities helped local care providers to access PPE with the common forms of help being the bulk purchase of PPE and sourcing additional sources of PPE. Care providers' access to supplies of hand sanitiser or gel was a particular difficulty, reported by more than half of local authorities as being "fairly difficult" (n=9) or "very difficult" (n=4). Over and above accessing supplies of the hand sanitiser or gel, some problems were experienced with the quality of the products and the consistency of deliveries. Nine out of 10 local authorities said they helped local care providers to access hand sanitiser or gel, with the majority helping to link them with local manufacturers.

177. The WLGA's prime role around PPE was monitoring the position in local authorities and collating this information, forming a national picture and identifying areas where problems and difficulties were being experienced. The WLGA's had daily calls with the Welsh Government's Procurement and Supply Chain with briefing and continuous dialogue with the procurement leads in local authorities. PPE was one of the subjects covered in discussions. Any issues identified were escalated in discussions with the Welsh Government, which happened on several occasions. Table 6 below summarises action taken by the WLGA to liaise on the supply of PPE, problems encountered, and issues raised to help secure PPE for social care staff.

Table 6 - WLGA Correspondence regarding PPE supplies

Date	Action / issue(s)	Exhibit
17 March 2020	• Escalation of issues with supply of PPE.	CL8/82 – INQ000581839
20 March 2020	• Joint statement issued by ADSS Cymru and the WLGA	CL8/15 – INQ000082951
25 March 2020	• Feedback from Leaders' teleconference. • Concerns about supplies of PPE. Given supplies go through health boards and given their lack of PPE, some concern it was starting to feel like an "us and them"	CL8/83 – INQ000581840

Table 6 - WLGA Correspondence regarding PPE supplies		
Date	**Action / issue(s)**	**Exhibit**
	situation, which no one wanted to see develop.	
26 March 2020	• PPE raised at Leaders teleconference – frustration and urgent concern.	CL8/84 – INQ000581841
27 March 2020	• Communication on PPE needs to be improved – Minister recognised this and Welsh Government working on it. • Guidance on which staff should have PPE kit and when and where is key – needs to be communicated clearly. • Lots of misinformation - staff and unions concern and worried, need clear reassurance. Clear national guidance would help. • General concerns over supply to local authorities and sometimes the quality and completeness of deliveries	CL8/85 - INQ000089877
27 March 2020	• Example of contact with the WLGA from the field about securing alternative sources of PPE.	CL8/86 - INQ000581843
30 March 2020	• Still concerns about supply and guidance – understand there is a UK-wide rapid review – more detail and opportunity for local government to feed in is needed.	CL8/87 – INQ000089879
7 April 2020	• Deliveries are being received but local authorities need certainty and clarity on when future PPE supplies will be made.	CL8/88 – INQ000108914

Table 6 - WLGA Correspondence regarding PPE supplies		
Date	**Action / issue(s)**	**Exhibit**
	local authorities need to know dates in advance to manage stocks. • Some local authorities have been advised there is an emergency telephone number when stocks are at 24hrs? This needs to be shared widely.	
7 April 2020	• Joint email from WLGA and ADSS Cymru to Albert Heaney, Welsh Government Director of Social Care. • Stock being received but some reported only 30% of previous deliveries, which caused significant concern. • Significant concern is not knowing when stick will arrive or what will be in the delivery, which makes planning very difficult.	CL8/89 - INQ000472915
14 April 2020	• Email string showing liaison and discussion with the NHS about supplies of PPE and supply arrangements.	CL8/90 – INQ000581847
14 April 2020	• Email strong suggesting some possible confusion in the NHS about the national approach for supplying PPE.	CL8/91 - INQ000581848
8 June 2020	• Need to discuss with the Minister the availability of PPE	CL8/73 - INQ000108928

By June 2020, relatively stable operational arrangements had been established with regards to public sector procurement of PPE in Wales. The focus of procurement meetings began to focus on matters related to the recovery and declined in frequency, as did any associated correspondence.

178. Social care was at forefront of the pandemic and care staff were at risk from the virus. Local authorities could not withdraw their care and support which meant care staff had to go into work. They responded with dedication and commitment, often putting themselves at risk in the interests of the people for whom they cared. Ensuring the safety of care staff and those to whom they were providing care was a priority. PPE and testing played a crucial role in this. In written evidence to the Senedd's Health and Social Care Committee on 21 May 2020 (Exhibit CL8/25 - INQ000082940 - WLGA Evidence - Inquiry into the Covid-19 outbreak on health and social care in Wales 21-05-20), the WLGA highlighted PPE as a significant concern for local government. Issues included progress was being made but lack of clarity on stock levels, inconsistent and incomplete supplies being made available across authorities, and knowing what supplies would be delivered. This severely impacted on local authorities' ability to plan its use appropriately.

179. A brief developed by Public Health England helped to set out what the PPE requirements were for social care staff (the WLGA does not hold a copy of this brief). The publication of updated Welsh Government guidance on 2 April 2020 about the use of PPE was followed by additional information from Public Health Wales (Exhibit CL8/116 – INQ000546116: 200402 - WG Written Statement on PPE Guidance). This clearly set out the appropriate use and required level of PPE for social care in specific settings. This was helpful. It clarified the use of PPE by social care staff and increased understanding of what was required, which meant the guidance gradually caught up with operational need. The WLGA did question aspects of the guidance. At a teleconference between local authority Leaders and the Welsh Government on 3 April 2020, a request was made for clarification of the guidance, specifically in relation to community transmission and the priority of care home workers. The Welsh Government responded later that day (Exhibit CL8/92 – INQ000581849: Email - FW_ Clarification of community transmission and the priority of care home workers). It clarified information about community transition and put forward an explanation why the NHS was being prioritised over care workers. It said the guidance sought to set out clear and actionable recommendations on the use of PPE, as part of safe systems of working, for health and social care workers relative to their day-to-day work., and made the following points:

- *"Guidance on PPE was always decided on the basis of risk assessment.*
- *Risk was greatest when there was direct contact within 2 metres of a person with Covid-19 symptoms.*
- *Even within hospitals there would be differing levels of risk and hence different recommendations on the appropriate PPE to use.*

- *The risk to care workers in care homes and other closed communities was likely to be less than in hospital settings since residents were self-isolating and visitors were banned.*
- *The risk to care workers in the community who were visiting people who were being shielded or who were in self-isolation was also low, provided they observed guidance on handwashing.*
- *Steps had been taken to ensure all care homes had access to PPE if they had a resident with suspected Covid-19.*
- *Inappropriate or unnecessary use of PPE will mean that there was less available for others."*

180. While the Welsh Government said the risk to care workers in care homes and other closed communities was likely to be less than in hospital settings since residents were self-isolating and visitors were banned, the pressure on care homes to take patients from hospital and the discharge of patients without testing for Covid-19 was a concern. As shown by exhibits in Table 6 above and in the following paragraphs, the WLGA continued to press the Welsh Government on the need for care workers to have adequate PPE as a priority.

181. On 9 April 2020, Public Health Wales issued two advice notes in relation to the updated guidance on PPE. One of the notes followed a request from the Welsh Government for additional specific advice/examples for social care. A national working group was also established by the Welsh Government and improved the co-ordination of supplies. This led to weekly deliveries to local authorities' Joint Equipment Stores on set days for onward distribution to providers, including care homes and domiciliary care providers. The Welsh Government had also commissioned Deloitte to provide demand mapping to help to organise efficient supplies of PPE. The WLGA helped to coordinate data on the demand for PPE from local authorities. Despite this, as stated in my witness statement to Module 5 of the UK Covid-19 Inquiry (Exhibit CL8/36 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association - paragraph 46):

"In the view of the WLGA, and despite the best efforts of Welsh Government and the health and care sector, Wales did not gain an accurate reflection of the demand for key healthcare and protective equipment across the whole sector. This occurred for a number of reasons: shifts in guidance, guidance that left scope for differing or misinterpretation, changes in working practices such as a shift to remote consultation, care staff re-using PPE intended as single use etc."

182. As the pandemic developed, good working relationships were established to support the supply of PPE to care homes. The coordination of supply of PPE improved from 9 April 2020 onwards. As stated in my witness statement to Module 5 of the UK Covid-19 Inquiry (Exhibit CL8/36 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association - paragraph 29):

"From local authorities' perspective, a significant improvement in Welsh coordination of procurement and distribution of key healthcare equipment was when Deputy Minister Lee Waters instructed a key official from the NHS Wales Shared Services Partnership (NWSSP) to attend the NPN daily meeting with partners […]. NWSSP engagement with NPN daily meetings started on 9th April 2020 and from this point there was marked improvement in co-ordination between NWSSP supply and sourcing by local authorities."

183. Prior to this:

"From a local authority perspective, it appeared at the outset of the pandemic that Welsh Government's efforts were predominantly focussed on securing the supply of PPE to the NHS. Guidance, where available, was predicated on NHS applications and did not easily translate into non-hospital care settings, it also was not clear about the specific application of PPE required in different situations […]" (Exhibit CL8/36 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association - paragraph 19)

184. I mentioned earlier a letter from the Joint Council for Wales to the Minister for Health and Social Care on 17 April 2020 (Exhibit CL8/38 – INQ000473204: 200417 - Letter - Cllr Philippa Marsden to MfHSS - JCW PPE for Social and Home Care Workers) .The Council was pleased to see the recently revised PPE guidance made it clear social and home care workers can, where there is an anticipated / likely risk of contamination with splashes, droplets of blood or body fluids, protect themselves or the individuals they are caring for by wearing a fluid repellent surgical mask, with or without eye protection, as determined by the individual care worker. This was seen as a significant and welcome development. However, the letter went on to say: *"However, there are still some elements of the PPE guidance affecting the social care workforce which are not sufficiently clear; we call upon the Welsh Government to clarify the guidance, in particular around the revision to trust a social care worker's judgement on the use of PPE and to better define the terms "single" and "sessional" use.*

For example, some home care workers have been told that their programme of multiple home visits in a day is one "session", which would mean that one set of PPE is used multiple times, increasing the potential for cross contamination. The trade unions would welcome the opportunity to share their experiences with Welsh Government in this respect.

We therefore call on the Welsh Government to write to all social and home care providers in Wales to clarify and highlight this important issue.

We also call upon Welsh Government to ensure that appropriate supplies of all necessary PPE are made available at all times to the social and home care workforce, and replenished in good time, so that everyone within the workforce is properly protected at work."

I do not recall seeing the Welsh Government's response to this letter.

185. As the end of April 2020 approached, although some improvements had been seen, PPE and testing continued to be concerns. I emailed to the Welsh Government on 28 April 2020 after a meeting of the WLGA's Executive Board and local authority Chief Executives (Exhibit CL8/94 – INQ000581818: 200429 - Email - Chris Llewelyn to WG Officials & WG Officials Reply - WLGA Executive Board Meetings). The PPE situation had improved over the course of the month because of work by Welsh Government National Procurement Service (NPS) and NHS Wales Shared Services Partnership (NWSSP). It led to a better understanding of supply chains and the demand from local authorities. As stated by the WLGA's Leader in oral evidence to the Senedd's Health, Social Care and Sport Committee Evidence Session on the impact of the Covid-19 outbreak on 21 May 2020 (Exhibit CL8/118 – INQ000546118: Transcript - 200520 - Senedd Health, Social Care and Sport Committee), initially, there was a once per week delivery system but after asking for it to be twice weekly, the change was made by the Welsh Government. That said, PPE remained a concern over the months. There were still local pressures and there was need to continue to monitor supply and demand, particularly ahead of any future easing of lockdown.

186. The ongoing pressures were highlighted in a statement issued by the WLGA on 9 July 2020 after the publication of the report into the pandemic by the Senedd's Health and Social Care Committee. The statement welcomed the Senedd's report. but added a note of caution explaining elderly and most vulnerable people continued to be at risk. It emphasised the need

to continue to work to ensure a reliable and sustainable supply of PPE is available to all social care and health workers that need it, along with others (Exhibit CL8/95 – INQ000082967 : 200709 Coronavirus Senedd social care report welcomed by local government).

187. During the second wave of the pandemic PPE shortages were less of an issue compared to the first wave due to improved planning, procurement, and distribution systems. By the time the second wave hit, the Welsh Government had established a national PPE stockpile, ensuring a more consistent and reliable supply to both health and social care settings. Lessons learned from the severe shortages in early 2020 led to better coordination between local authorities, the NHS, and care providers, with free PPE being provided to social care workers to ease financial and logistical pressures. Additionally, global supply chains had stabilised, and domestic production of PPE had increased, reducing reliance on overseas shipments. As a result, care homes, domiciliary care providers, and hospitals were generally better equipped to manage demand, although some challenges remained, particularly around the availability of high-grade PPE for specific procedures, such as Aerosol Generating Procedures (AGP's) which required healthcare workers to wear enhanced PPE, including N95 respirators or powered air-purifying respirators (PAPRs). Non-valved FFP3 facemasks in particular were also in short supply. Despite ongoing pressures, the improvements in procurement and stock management meant that PPE was no longer the critical issue it had been during the first wave.

Visiting restrictions

188. Visits to care homes by family members during a pandemic of the scale and nature of Covid-19 was always going to be a sensitive issue not least because of the extent to which normal day-to-day life and routines were affected. The need to look after residents' wellbeing by way of visits conflicted with the need to keep them, their family member(s) and staff safe from the virus. It was a difficult time for all concerned.

189. While understanding the need for visiting restrictions, there was criticism of the guidance. The survey shows 13 of Wales' 22 local authorities felt the guidance was not very good i.e. poor guidance, with several elements missing or unclear/inconsistent (n=13). Another 3 felt it was not good at all i.e. very poor guidance, much of which was unclear, inconsistent/changing and/or missing elements; and not at all timely.

190. Local authorities and care providers did a huge amount to try and mitigate the impact of the

restrictions. All but one local authority said they provided support either to the families/friends of care home residents, to the people in care homes themselves, or to the care providers). There were creative solutions, including pods and other forms of sheltered, well-ventilated outdoor meeting areas, window visits for some residents, and video calling on tablet computers. However, it was not perfect and undoubtedly unsatisfactory to some residents and families but did reflect real efforts to mitigate the impacts of restrictions. Visiting also relied to some extent on staffing levels to ensure visits could be overseen to ensure guidance was followed.

191. The WLGA helped facilitate communications about visiting restrictions and where necessary, raised queries about guidance and practice. This is evidenced in the 9 September 2020 letter sent by the WLGA's Leader, Spokesperson for Social Care and the leaders of other political parties wrote to the Minister for Health and Social Care and Deputy Minister It highlighted that for any future lockdown periods it was essential to continue supporting care homes to facilitate outdoor visiting where feasible and safe to do so and enable visits that help ensure that people with exceptional circumstances, including receiving end of life care can safely receive visitors in care homes (Exhibit CL8/75 – INQ000108942: 200909 - Letter - Group Leaders and Cllr David to MfHSS and DMfHSS-Social Care response to local and national outbreaks). The letter emphasised the need for effective communication with residents, families and staff, along with the need to keep any lockdown arrangements under continuous review. The Deputy Minister responded on 27 October 2020 which outlined the care home visiting guidance that was in place at that time (Exhibit CL8/124 – INQ000546124: 201027 - DMSS response to group leaders letter (09-09-20)).

192. However, the prime role in communicating with care recipients and families was down to local authorities. There was a difference in the easing of restrictions for the public at large e.g. end of lockdowns, and the restrictions on care homes e.g. window visits instead of indoors face-to-face visits. This was sometimes due to the Covid-19 status of care homes and the need to protect the health of vulnerable residents. Nevertheless, it was a source of frustration for residents and their families and to some extent staff, who recognised the importance of visiting to the well-being of residents.

Access to healthcare and other essential services

193. The pandemic had a marked impact on the delivery of health services e.g. by district nurses

and GPs, particularly for the residents of care homes many of whom were frail as well as vulnerable. The Inquiry's survey of local authorities shows the extent of impact varied across Wales. Most local authorities (11) said the impact was moderate, while 6 said it impacted "to a great extent" and the remaining 5 "to a small extent".

194. The main effects of more limited health services reported by local authorities were:

Effect	Local authorities	
	No.	%
Longer waits for residents to receive medical treatment	16	94
Residents not receiving adequate medical treatment	10	59
Unnecessary transfers to hospital undertaken	7	41
Necessary transfers to hospital not undertaken	8	47
Other	6	35

195. The WLGA does not have a comprehensive picture of which areas were affected more than others. Anecdotally, reduced health services provided by GPs and nurses appeared to vary from practice to practice and area to area, and the situation probably changed over time with the peaks and troughs of Covid-19 rates and lockdowns. I think it is fair to say there was an impact in relation to diagnostics and the treatment of pre-existing and emergent health conditions for vulnerable and frail individuals in care homes and those receiving care at home. I am not aware of any specific patterns of reduced provision across Wales.

Vaccines and Vaccination as a condition of deployment

196. The WLGA worked hard to enable care workers to be vaccinated as a priority group and encouraged the take-up of the vaccine as a means of protecting themselves and the individuals for whom they cared. This included engagement in vaccination planning groups; such as the PHW Flu and Covid-19 Social Care Vaccination Project (minutes of the first

meeting can be found at Exhibit CL8/128 – INQ000546128: Minutes VPDP Flu & Covid Social Care Meeting) and the Welsh government coordinated Risk Assessment Implementation Sub Group (meeting notes demonstrating the themes discussed can be found at Exhibit CL8/129 – INQ000546129: RAI Sub Group - week 14 notes of meeting 4 12 20 [embedded presentation can be found at Exhibit CL8/130 – INQ000546130: Microsoft_PowerPoint_Presentation.pptx]); commenting on draft documents and guidance; circulating information and updates to councils; and highlighting views or concerns to Ministers and colleagues to inform roll out and eligibility. For many different and personal reasons, having the Covid-19 vaccine was unacceptable to some members of social care staff.

197. In January 2021, the WLGA's Spokesperson for Social Care wrote to the Minister for Health and Social Care shortly after the Welsh Government had published its vaccination strategy. The WLGA welcomed the announcement of the highest priority for care home residents and staff and emphasising importance of care homes and the importance of monitoring by local health boards and the Welsh Government (Exhibit CL8/96 – INQ000108956: 210114 - Letter - Cllr Huw David to MfHSS - Vaccination Programme). Later the same month, the WLGA had cause to write again to the Minister for Health and Social Care, this time copying in the Deputy Minister for Social Care (Exhibit CL8/97 - INQ000108958: 210125 - Letter - Cllr Andrew Morgan and Cllr Huw David to MfHSS and DMfHSS - Vaccination and definitions). The letter queried which members of staff were being considered under the definition of "social care workers" with reference to children's services and foster carers, who were not included. However, the letter also noted *"it was positive to hear the good progress being made towards having offered the vaccine to all care home residents and staff by the end of this month."*. The Minister for Health and Social Care responded to address these issues in a letter on 7 April 2021 (Exhibit CL8/127 – INQ000546127: 210407 - MfHSS to WLGA Spokesperson for Health and Social Care.

198. Wales did not follow England's lead of the vaccination of care home staff being a condition of employment. At no point, to our knowledge, was there a consultation in Wales over whether to apply such a condition. The social care workforces within local authorities, and the social care workforce within the independent and commissioned care sector, were strongly encouraged to participate in vaccination and were given early and priority access, as part of locally adopted vaccination planning and communications. Workers were at no point compelled to conform.

Adult Social Care funding

199. The pandemic exacerbated the precarious financial position many care providers were facing before the pandemic. Providers communicated their concerns and anxieties about being able to survive in the short-term. Some of the concerns were operational such as the need to ensure that care workers had the right level of PPE and appropriate testing. There were also immediate and pressing concerns about the increased costs they were facing and the impact this would have on their cash flow and ability to operate i.e. their ability to survive.

200. Significant concerns about the financial viability of providers were highlighted by the WLGA in its written evidence to the Senedd's Health and Social Care committee in May 2020 when it took evidence for its Covid-19 Inquiry. The WLGA said this had been an area of risk for several years before this pandemic. One issue was the full impact of the peak of the stress on the social care system, which had not yet been seen due to the delay between hospital admissions and discharge. The concerns were shared by providers themselves with increased costs and the impact on cash flow being the pressing ones. Local authorities were concerned about the range of calls on the Covid-19 funding made available by the Welsh Government. The WLGA, in partnership with ADSS Cymru, Care Inspectorate Wales, Social Care Wales, the National Commissioning Board and the Welsh Government developed guidance to help commissioning teams in local authorities summarise the pressures on social care providers and to put forward ways in which commissioners can alleviate these pressures (Exhibit CL8/25 - INQ000082940 - WLGA Evidence - Inquiry into the Covid-19 outbreak on health and social care in Wales 21-05-20).

201. The situation was worrying. There was a risk that care homes could have collapsed for financial reasons at a time when other providers and local authorities have limited or no capacity to intervene. Capacity would have been lost from the sector which in turn would have had a significant impact on the ability to support hospital discharges as a result. The WLGA welcomed the additional funding made available to support care homes at such a crucial time, helping to avoid the financial failure of providers. However, the WLGA was also of the view that this funding should be focussed on the financial pressures being experienced because of the pandemic, rather than being used to address any financial challenges that were already present prior to the pandemic.

202. In July 2020, the WLGA contributed to the Welsh Government's rapid review of care homes

(Exhibit CL8/24 – INQ000108934: 200701 - WLGA Evidence - Welsh Government Rapid Review for Care Homes). It highlighted the WLGA's view that the pandemic had led to a strengthening of joint working. The commissioning guidance developed by the WLGA and partner organisations was cited as an example. The £40 million which had been made available through the Hardship Fund was welcomed. It allowed support to be provided towards the additional costs being experienced by local authorities and care providers. The additional costs included increased staff costs, enhanced infection control, increased food costs and PPE. The £500 payment for social care staff was also welcomed as was the social care worker ID card developed by the Welsh Government and Social Care Wales. In welcoming this, another point was made about valuing the role and looking after their wellbeing. They should have the same recognition as NHS staff; the same access to PPE and testing but also the same benefits e.g. access to mental health support free public transport. As explained in above, the latter did not materialise.

203. There were still challenges e.g. financial viability of providers, testing, and data. Up-to-date data and intelligence about the incidence of Covid-19 in care homes was needed to target help and support and Public Health Wales needed to provide regular modelling data for local authorities and local health board to ensure adequate planning. I have commented on data elsewhere in my statement.

204. Funding was the subject of more and more discussion as the pandemic progressed. On 6 July 2020, the WLGA wrote to the Minister for Housing and Local Government and the Counsel General about an economic stimulus package after they had attended a leaders meeting. The proposals were £7.5 million for social care for investment in 50 care homes which were owned by local authorities or taken in-house by local authorities, and £160 million for new primary care centres across Wales (Exhibit CL8/98 – INQ000089909: 200706 - Letter - Group Leaders to MfHLG and Counsel General - Economic Stimulus Package).

205. Later that month (28 July 2020), the WLGA's Leader and Spokesperson for Social Care wrote to the Minister for Health and Social Care and the Deputy Minister for Social Care after an announcement by the UK Government of £1.2 billion for the Welsh Government for PPE and winter pressures. The letter emphasised the importance of having early information and details of funding for local government to aid planning for the winter period. It referred to the Welsh Government Finance Minister's comments on how funding will provide a significant stabilisation package for the NHS as well as addressing range of other pressures in the system. The role that social care played in the health and social care system was emphasised (Exhibit CL8/99 –

INQ000581856: 200724 - Letter - Cllr Andrew Morgan and Cllr Huw David to MfHSS and DMfHSS - Winter Planning).

206. In August 2020, a report was produced by the Partnership Council's Finance Sub-group, for which the WLGA provides the secretariat (Exhibit CL8/100 – INQ000116009: 200819 - FSG - COVID Income and Expenditure Survey Future Pressures). The report presented the results of a survey about Covid-19 Income and Expenditure Survey Future Pressures. It was the second survey commissioned by WLGA and set out the estimated financial impact of the ongoing response to the pandemic for the second quarter (July to September). The report also referred to announcements made by UK Government which would have consequential funding allocations for the devolved administrations including the Welsh Government. Key points relevant to adult social care were:

- Local authorities continued to work with Welsh Government to reclaim additional expenditure incurred via the Hardship Fund, which included £40 million for adult social care.
- The greater proportion of future pressure was still building up in local authorities' larger services of which social care is one.
- By way of illustrative cumulative pressures, £102 million for social care in 2020-21 becomes £309m by 2022-23.

207. Similar themes were reported in the Sub-Group's meeting of 18 October 2021 (Exhibit CL8/101 – INQ000581742: 211018 - Z55 - FSG - Item 02 FSG WLGA Financial Outlook). The key points were:

- Recruitment and retention of staff – action would likely include a financial commitment that needed to be funded.
- The pandemic exposed the fragility of the care market and had a clear and direct link to the financial pressures faced by all councils. …...demand continued to grow exponentially in comparison to capacity. Moreover, the added complexity of those presenting to social care services was unique and unprecedented.
- Councils were having to pay for facilities in care homes that could not be used. Paid voids were a considerable financial pressure that assisted the long-term sustainability of the market but meant pressure to find alternative supply was creating system wide issues.

- Evidence of pent-up demand with assessment waiting lists continuing to rise. The pent-up demand may in fact be more severe because it was hidden by the significant contribution of unpaid carers.

208. A report from the WLGA's Finance Sub-group later that year (2 November 2020) highlighted adult social care as a key concern (Exhibit CL8/102 - INQ000108948 : 201102 - FSG Spending Round Survey). It noted the need to continue to deliver the Social Services and Wellbeing (Wales) Act but also highlighted the on-going Covid-19 pressures which were being funded through the Welsh Government's Hardship Fund. It had been a significant financial support mechanism but only covered the 2020-21 financial year. Demographic pressure means that costs were rising at a time when there is increasing concern about market fragility. Claim data from the Hardship Fund showed monthly claims of between £8 million and £12 million were needed by the sector, which equated to between £96 million and £144 million annually.

209. The report also described the impact of Covid-19 on social care services. The key points were:

- The response to the pandemic caused financial pressure in the care sector over and above the annual pressure faced by demographic changes.
- The Hardship Fund supported social care at a challenging time and has a role in propping up the market and maintaining sustainable services. Additional funding directed to providers has kept some trading. Continued trading would be difficult without the additional funding.
- Close working between the NHS Service and local authorities demonstrated the importance of the care sector to health services. Any additional funding for NHS Wales should recognise this.
- The pandemic affected programmes of work to transform services, and some councils had to delay significant changes which were also tied to budget saving programmes.
- The substantial in-year support from the Welsh Government coupled with an approach based on working in partnership had provided significant service continuity at a time of crisis. A fair 2021-22 budget settlement would be needed to avoid deep cuts in key areas of local government.

Adult Social Care sector working conditions

210. The pandemic highlighted long-standing 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.
- Calls for parity between NHS and social care workers in terms of sick pay, benefits, and recognition.
- Greater investment in the sector to address staffing shortages and improve resilience in times of crisis.

211. 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.

212. During the COVID-19 pandemic, social care workers in Wales faced significant challenges and changes in their working conditions, like those in other parts of the UK and globally. Some key aspects of their working conditions during this time included:

- **Increased Workload and Stress**: Social care workers experienced higher workloads due to increased demand for services and the need to support vulnerable individuals who were isolated or at higher risk.
- **Health and Safety Concerns**: There were heightened concerns about personal protective equipment (PPE) availability and adequacy to protect both workers and service users from COVID-19 transmission.
- **Risk of Infection**: Social care workers faced a heightened risk of exposure to COVID-19 due to their close and direct contact with vulnerable individuals, often in residential settings.
- **Adaptation to New Guidelines and Protocols**: Workers had to adapt quickly to new guidelines, guidance and protocols issued to manage COVID-19 outbreaks and ensure safe practices which at times were regularly and rapidly changing and staff had to keep on top of this.
- **Emotional and Psychological Impact**: The pandemic had a profound emotional impact on social care workers, who faced increased stress, anxiety, and emotional exhaustion from dealing with illness, death, and the challenges of providing care during a global health crisis.
- **Training and Development**: There was a need for ongoing training and development to ensure that social care workers were equipped with the skills and knowledge to adapt to changing circumstances and provide effective care during the pandemic.

The high death rates sustained over the pandemic demonstrates the stark impact of Covid-19 on care home residents and social care workers. Data from the Health Foundation during the pandemic demonstrated that when adjusted for age and sex, social care workers were more than twice as likely to die from Covid-19 compared to the general population (Source: Exhibit CL8/125 – INQ000546125: The Health Foundation - Five key insights on Covid-19 and adult social care).

213. Infection control and isolation in care homes and private homes is much more difficult than in the controlled, clinical environment of a hospital. People receiving social care often have underlying conditions that make them vulnerable to risk of infection and death from Covid-19. Some people require physical help with aspects of daily living such as washing or eating, making complete isolation very difficult.

214. Social care workers are often relatively poorly paid and on insecure contracts. The sector is also hugely fragmented with approximately two thousand settings involved in providing care. Social care workers often need to have very close physical contact with those they care for, and in care homes many people live in the same building or facility. This made transmission of the virus among staff and patients more likely.

215. In recognition of some of these challenges several measures were introduced to support social care workers, including:

- A £500 special payment from Welsh Government for care home and domiciliary care workers in May 2020 to recognise their work through the first wave of the pandemic (Exhibit CL8/07 - INQ000082962: 200605: £500 extra payment to care staff welcomed). A further £735 payment (£500 after deductions) was made to NHS and social care staff in March 2021. Payments to social care workers were administered by councils (Exhibit CL8/10 - INQ000082988: 210317 - Extra pay for social care workers welcomed.doc).
- An Enhanced sick pay scheme introduced by Welsh Government for social care workers who were required to self-isolate or take time off due to COVID-19.
- Creation of an identity card by Social Care Wales for all social care workers, which amongst other things enabled social care workers to access supermarkets during the allocated opening hours for health service staff.
- Improved wellbeing support through a new employee assistance programme established by Social Care Wales. This included free access for social care workers to Silvercloud (previously only available to NHS workers), an independent provider of mental

healthcare, as well as access to counselling services.

216. The UK Government announced the £600m Infection Control Fund for adult social care on 15 May 2020. This fund was aimed at reducing the spread of COVID-19 in care homes and other care settings. Wales received consequential funding from this which was used to provide financial support for care workers to remove any financial incentive for staff to continue to work where they may present an infection risk. The Statutory Sick Pay Enhancement scheme provided funding for social care workers who would otherwise receive only statutory sick pay (SSP) up to the level of full pay when they were absent from work for reasons related to COVID-19. Correspondence relating to this scheme can be found in Exhibit CL8/110 – INQ000581755: 29.10.20 Letter to Directors (E).

217. The scheme helped to ensure social care workers who were required to self-isolate or stay home due to Covid received full pay, particularly in recognition that around 90% of the independent care workforce do not receive occupational sick pay and their income reduces to SSP when they need to take time off. This is a significant reduction to workers in a sector, which is recognised as low paid. In this context, the scheme aimed to remove the financial disincentive for eligible workers to stay off work due to COVID-19.

218. The Scheme was established on 1 November 2020. Those eligible for the scheme were: those employed in care homes; domiciliary care; support workers in supported housing/floating support; homelessness outreach workers; personal assistants and bank and agency staff in care and support settings.

219. The scheme was delivered by councils on behalf of Welsh Ministers. Funding routes had been established with councils for the Covid-19 Hardship Fund. Funding for the SSP Enhancement Scheme was delivered as a specific strand of these arrangements, up to the end of the Hardship Fund on 31 March 2022. Welsh Government then continued the funding mechanism to allow for the continued transfer of funding until the end of the scheme. The SSP Enhancement Scheme ended on 31 August 2022. The Scheme provided around £8.2m of support to social care workers during that period.

Easements of the Social Services and Wellbeing (Wales) Act 2014

220. I commented on easements to the Social Services and Wellbeing (Wales) Act 2014 in my first

statement for Module 2B of the Inquiry (Paragraphs 183 – 187 of (Exhibit CL8/42 – INQ000273741: First M2B witness statement of Chris Llewelyn WLGA). I said recognising the possible implications on the statutory duties on social care services, the WLGA was keen to see the response to the pandemic from the earliest stage. Easements to the social care choice arrangements and other statutory elements of the Social Services and Well-being (Wales) Act 2014 featured in correspondence with the Welsh Government in March 2020 (Exhibit CL8/46 - INQ000108898: Email - 0200316 -Email - NR WLGA to Paul Griffiths WG – flexibilities).

221. The Coronavirus Act 2020 enabled modifications to the Social Services and Wellbeing (Wales) Act 2014 to ensure the best possible care for some of the most vulnerable people. The modifications allowed local authorities to streamline arrangements for the assessment of needs and to prioritise care so that the most urgent and acute needs could be met if services were under such pressure a local authority's social services department would be unable to fulfil its statutory duties.

222. The Welsh Government developed statutory guidance to assist in any implementation of easements and in April 2020 undertook a rapid engagement exercise on the draft version via a written consultation exercise. The WLGA responded on behalf of local authorities, welcoming the intent behind both the legislation and the subsequent guidance, albeit as a last resort, to ensure that those who are most vulnerable and at risk of harm are supported and protected (Exhibit CL8/103 – INQ000108920: TBC 200417- Response Proforma - Rapid Engagement).

223. There was broad awareness of the concerns highlighted by some representative groups, e.g. Disability Wales, about the potential impact of the easements and whether they would lead to the withdrawal of services. I am not aware of any concerns that easements were enacted without notification or statutory duties were not discharged. There was widespread recognition services had to be delivered in different ways. I also understand from local authorities that some care recipients handed back packages of care because of worries about carers entering their home and worry about catching Covid-19.

224. A rapid review of these easements was also undertaken in October 2020 seeking views on whether stakeholders supported the retention or suspension of the social care provisions of the Coronavirus Act 2020. This was again undertaken as a written consultation exercise which the WLGA responded to supporting the option of keeping these provisions in place, with a further

review in 6 months' time. A copy of the response is provided here (Exhibit CL8/104 – INQ000108951: 201102 - Z23 - WLGA Response - Rapid review of Coronavirus Act (social care)).

225. After the second consultation, the easements were kept under review. Ministers engaged with the WLGA to seek views on when these easements could be suspended. They wished to ensure to make sure that they were not in place for longer than was necessary, which was something they had indicated in early discussions in March 2020.

226. The WLGA maintained an overview of the application of changes to the Act in the same way as it monitored other developments. No local authorities implemented the 2020 Act provisions in relation to social care. There were differences in the way services were delivered during the pandemic. However, the changes were made from necessity rather than the use of easements e.g. the move to video meeting with people or groups of peoples who received support during lockdowns. The regulations were subsequently made suspending the social care provisions which came into force on 22 March 2021 (CL8/117 – INQ000546117: 210218 - WG Written Statement coronavirus act 2020 suspension). The provisions have now expired.

227. To the best of my knowledge, all engagement on matters regarding changes to legislation were with the Welsh Government only and not with the UK Government.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs)

228. While aware of issue of Do Not Attempt Cardiopulmonary Resuscitation orders from media coverage, the WLGA did not have a position on the subject. The Inquiry's survey shows four out of ten local authorities also did not have a view on this subject. Of the local authorities that expressed a view, the main concerns appear to be about the quality of communication as opposed to ethical issues associated with the setting up and use of such arrangements.

Changes to regulatory inspection regimes

229. The Inquiry's survey reports 11 local authorities were "very supportive" of the decision to temporarily suspend inspections of care homes and 9 were "fairly supportive" of changes. One

authority was not at all supportive and one did not know. The survey refers to the Care Quality Commission's decision and not Care Inspectorate Wales. I have interpreted the responses from local authorities in Wales to refer to changes made Care Inspectorate Wales.

230. In the initial stages of the pandemic, as infection rates increased, Care Inspectorate Wales suspended its programme of routine inspections in mid-March 2020 which allowed local authorities to fully focus on their Covid-19 response.

Deaths relating to the infection of Covid-19

231. During the COVID-19 pandemic, both health and social care workers in Wales faced significant risks. Data from the Office for National Statistics (ONS) indicates that social care workers experienced higher mortality rates compared to healthcare workers. For instance, between 9 March and 28 December 2020, male social care workers had a mortality rate of 79.0 deaths per 100,000 males, while female social care workers had a rate of 35.9 deaths per 100,000 females. In contrast, male healthcare workers had a mortality rate of 44.9 deaths per 100,000 males, and female healthcare workers had a rate of 17.3 deaths per 100,000 females (Source: Exhibit CL8/111 – INQ000119040: ONS - Coronavirus (COVID-19) related deaths by occupation, England and Wales deaths registered between 9 March and 28 December 2020).

232. During the pandemic, domiciliary care workers in Wales faced significant health risks due to their frontline roles. Studies (such as Exhibit CL8/105 - INQ000581749: Impact of the COVID-19 pandemic on domiciliary care workers in Wales) have indicated that these workers experienced higher rates of COVID-19 infection compared to the general population. For instance, by November 2021, approximately 24% of domiciliary care workers in Wales had confirmed or suspected COVID-19 infections.

233. Despite the elevated infection rates, deaths due to COVID-19 among domiciliary care workers were relatively rare (as shown in Exhibit CL8/106 – INQ000581750: OSCAR study - The impact of COVID-19 on the health of domiciliary care workers in Wales). While mortality rates remained low and were comparable to the wider Welsh population of a similar age, the increased infection rates among domiciliary care workers underscore the heightened occupational risks they faced during the pandemic.

234. These statistics highlight the heightened vulnerability of social care workers during the

pandemic. Factors contributing to this increased risk include prolonged exposure to vulnerable populations, challenges in infection control within care settings, and initial limitations in access to personal protective equipment (PPE). It's important to note that these figures encompass data for both England and Wales. Specific data solely for Wales is limited, but the trends are indicative of the risks faced by health and social care workers during the pandemic.

235. The ONS article - *Deaths involving COVID-19 in the care sector, England and Wales: deaths registered between week ending 20 March 2020 and week ending 21 January 2022* (Exhibit CL8/107 – INQ000581240: ONS figures - Deaths involving COVID-19 in the care sector) clearly sets the devastating impact the Covid-19 virus had within care homes across England and Wales:

"Of the 13,630 deaths registered [in care home settings] in Wales across all waves of the coronavirus (COVID-19) 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)."

"In Wales, the sharpest rise in COVID-19 deaths were registered in the first wave, but overall a higher proportion of deaths involved COVID-19 in the second wave"

"In Wales, of the 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 (78.1% first wave, 83.8% second wave, and 78.2% third wave)."

236. As noted in the ONS article, the WLGA would be unable to conclusively comment on why the highest proportion of death rates within care homes were seen in the second wave, despite increased knowledge and resources and safety measures being in place and the vaccine roll-out commencing. The WLGA is not aware of any local authorities or care home providers undertaking reviews to understand the death rates seen within care homes.

237. In relation to excess deaths within care home settings (where excess deaths are those deaths that are above the five-year average levels) the ONS article states:

"Both England and Wales experienced excess deaths in care home residents in the first wave of the coronavirus (COVID-19) pandemic, but not in the second or third waves. There are several possible reasons for this, including:

- *vulnerability of the care home resident population because of their age, health and susceptibility to viruses*
- *increased care support packages and introduction of the local COVID-19 alert levels system later during the pandemic*
- *"mortality displacement" where the higher number of deaths registered in the first wave and peak of the second wave could be contributing to the lower deaths registered later in the second wave and the third wave*
- *lower levels of care home occupancy in the second wave; possible reasons for this could include the care home population not yet having returned to normal after a greater number of deaths earlier in the year, care homes limiting capacity because of social distancing measures, and a delay in individuals moving into care homes because of perceived risk of infection*
- *availability of COVID-19 vaccinations, including boosters in the third wave, for which care home residents were a prioritised group".*

238. As set out earlier in my statement, deaths in care homes were a significant concern for elected members and officers of the WLGA and local authorities. There were time lags between deaths occurring and reported locally and statistics provided by the NHS and the Office for National Statistics. I have commented on these matters, many of which are contained in a letter from the WLGA's Leader and Spokesperson for Social Care to the Deputy Minister for Social Care on 14 April 2020 (Exhibit CL8/34 – INQ000108917: 200414 - Letter - Cllr Andrew Morgan and Cllr Huw David to DMfHSS - COVID 19 in Care Homes) earlier in my statement.

Impact of the pandemic

239. The quality of care and support was affected during the pandemic. At the root of this was the impact of the pandemic on the workforce, with reduced staffing levels, higher turnover of staff, and staff in work working long hours and extra shifts. The need to wear PPE, notably face masks, made communication with residents, and others receiving care and support, more difficult, particularly for those with hearing difficulties and those with dementia. The use of different staff e.g. agency workers disrupted day-to-day life in care homes as did the suspension of social activities within a home. In some homes, refurbishment plans had to be put on hold, which had a longer-term impact on facilities and the quality of environments. Due to lockdown requirements, the ability to monitor quality in care homes was significantly

reduced. Regulatory visits were suspended. In some places, only virtual monitoring visits by the Responsible Individual were possible.

240. The impact of COVID-19 on domiciliary care in Wales was profound, affecting workforce capacity, service delivery, and the well-being of both carers and recipients. Key impacts included:

- **Workforce Shortages and Increased Pressures** – Recruitment and retention challenges existed before the pandemic but were exacerbated due to low pay and high-risk working conditions. Many domiciliary care workers had to self-isolate due to COVID-19 exposure or illness, leading to severe staff shortages. They also faced increased workloads and emotional strain contributed to burnout and staff leaving the sector.
- **Disruptions to Service Delivery** - Some care packages were reduced or suspended, with families taking on additional care responsibilities. In addition, shortages of PPE early in the pandemic made it difficult for workers to operate safely.
- **Increased Demand and Complexity of Care Needs** - Hospital discharge pressures meant more people required home care services to free up hospital beds. Many people's conditions also deteriorated due to delayed healthcare and social isolation, increasing their care and support needs.
- **Infection Control and Safety Challenges** - The highly mobile nature of domiciliary care work increased the risk of transmission between households. Frequent testing and PPE use became standard but required additional time and resources. Some service users refused care visits due to fear of infection, leading to unmet care needs.

Despite these challenges, domiciliary care workers played a crucial role in maintaining care services during the pandemic, often under difficult conditions. The crisis underscored the need for long-term investment and workforce support to ensure the resilience of the sector in Wales.

241. Older people, particularly those already in care homes due to their vulnerability, were at greater risk from the virus and thus bore a greater impact. Some deaths were caused by Covid-19. Some were for other reasons, but Covid-19 was a contributory factor, and in some cases, it was difficult to determine whether Covid-19 contributed to the death. Over and above deaths, the disruption to daily life resulted in significant impacts on people's physical and mental health and well-being. This included people receiving care and support and unpaid carers. Many older people, particularly those with cognitive impairments or dementia, found it difficult to adapt to

the pandemic restrictions. I describe the impact on unpaid carers in paragraphs 174-176. For care recipients, the impacts included (in no specific order):

- Illness caused by Covid-19.
- Loneliness and isolation e.g., not possible for family or friends to visit care home residents.
- Worry, stress and anxiety about infection for themselves and/or family members.
- Lack of care and support, including some recipients who halted packages of care due to worries about catching the virus.
- Physical impact, including deconditioning from lack of exercise during lockdowns, reduced mobility.
- Mental health and well-being impact from, for example, financial hardship when people could not work.
- Health impacts when there was no access to, or severe delays in accessing, consultation and treatment by primary and secondary health services, or a fear in attending them due to a worry about contracting the virus.

242. Many of the above were because of multiple forms of impact, the effects of which are interconnected. In care homes, the lack of social interaction and physical activity from not moving around the home contributed to physical decline. Anecdotally, I am aware of district nurses reporting some residents experienced weight loss, muscle atrophy and general frailty. With care homes struggling to maintain regular health assessments and routines at the same time as managing the pandemic and infection control measures, and more limited access to health services for monitoring and treatment, the health of some residents was compromised. Changes in staffing e.g. the use of more agency nurses or staff placed by local authorities to help meant residents were care for by people they did not know, which might have been upsetting and stressful for some.

243. People from ethnic minority communities were disproportionately affected by the pandemic. In some cases, this was often due to pre-existing health conditions. In other cases, language barriers and cultural differences may have hindered access to information. It is possible that some asylum seekers and refugees may have faced additional barriers. For example, they may have refrained from seeking healthcare for fear of immigration issues. The WLGA's Deputy Chief Executive participated in the Welsh Government's BAME Covid-19 Expert Advisory Group and the COVID-19 BAME Socio-economic Sub-Group which met and reported during the summer of 2020. WLGA leaders subsequently met with Judge Ray Singh, chair of the

Welsh Government convened BAME Covid-19 Expert Advisory Group in August 2020 (Exhibit CL8/108 - INQ000227599: 200601 - First minister's BAME covid-19 advisory group report of the socioeconomic subgroup).

244. Unpaid carers were severely affected by the pandemic in several ways. Given that many primary unpaid carers are women, they may have been disproportionately affected. At times during lockdown, local authorities were unable to deliver domiciliary care. Some individuals receiving care and support withdrew from packages of care due to worries about contracting Covid-19. Day services e.g. for adults with learning difficulties, were also forced to close. In all such circumstances, the burden of care and support fell on family members. This increased the burden on some existing unpaid carers but in some cases, family members became new unpaid carers, stepping in to substitute for social care services.

245. Aside from the increased pressure of being an unpaid carer during lockdown, isolation and the lack of any respite for example, many unpaid carers also had their own health issues to contend with and at a time when normal health services e.g. GP surgeries, were not functioning. Collecting medication for themselves and for the person for whom they cared was also problematic, although where they could, local authority staff and volunteers helped by collecting and delivering medicines and in some cases, food.

246. The Inquiry's survey of local authorities in England and Wales (Exhibit CL8/01 – INQ000400522: Covid Inquiry Module 6 Survey - Report Final) identified the four main impacts on unpaid carers were:

- Mental stress.
- Increased physical demands (for example, doing more care).
- Less respite (due to the closure of day centres/schools/colleges).
- Financial hardship.

Impact on the Adult Social Care sector workforce

247. I said earlier in my statement the pre-pandemic challenges in the adult care sector were exacerbated by the Covid-19 virus. It had a considerable impact on the workforce and on unpaid carers. The role of the latter increased in importance when service delivery was interrupted due to the need to isolate and during lockdowns, and so did the pressure on them

to look after their own health and that of their loved ones. Local authorities saw increasing demand as more people needed support. At the same time, service capacity reduced due to staff infection, shielding and self-isolation.

248. The pandemic had a considerable impact on staff, which resulted in higher levels of staff absence due to sickness, including physical and mental health e.g. anxiety, long hours and extra shifts, burn-out, and the need to isolate for reasons of their own health or those of family members. This in turn put more pressure on staff who remained in work. At the same time, there was the trauma of experiencing the deaths of residents of care homes and, in some cases, the deaths of colleagues. For these reasons, and as covered earlier in my statement, the WLGA asked for increased mental health support for care workers to match that which was available to NHS staff.

249. As a result of the above, there were knock-on effects including difficulties in retaining staff, leading to increased levels of staff vacancies, and difficulty in recruiting new staff to bolster capacity, experienced by nine out of 10 local authorities. Some local authorities reported in the survey that the pandemic caused financial hardship for domiciliary care staff and care workers and other staff e.g. cleaners, catering staff, in residential homes, due to periods of illness and/or self-isolation. I do not have figures, but I know some care workers decided to leave their jobs during the pandemic due to the pressure and the risks they faced as a front-line worker.

Impact on Adult Social Care providers

250. The adult social care market was fragile before the pandemic, with funding levels, increasing demand for adult social care, and workforce recruitment and retention being key issues. The WLGA's 'Resourcing local services 2020-21' publication based on a survey of the 22 councils in Wales identified that just to stand still on providing current services, councils would need a revenue increase of £254m (5% of net spend) in 2020-21 and similar amounts thereafter, with an estimate that the funding gap in social care was growing by over £132 million a year. The pandemic exacerbated these challenges and pressures. As described earlier in my statement, the funding provided by the Welsh Government through the Hardship Fund played an important role in supporting care providers and sustaining their existence until the pandemic was over. That said, the same issues still exist in social care, with funding levels being at the root of the problems. This is set out in the following Exhibits:

- Exhibit CL8/16 – INQ000581762: Sept 2018 WLGA and ADSS Cymru Position Statement on Adult Services
- Exhibit CL8/17 – INQ000581763: 190923 WLGA Budget Letter to HSC Ministers
- Exhibit CL8/18 – INQ000581764: WLGA Resourcing Local Services 2020-21

Wellbeing of care recipients and care workers

251. The WLGA did not have a direct role in monitoring the physical and mental health and well-being of care workers or unpaid carers. This was undertaken by the social care teams of individual local authorities. Social Care Wales played a key role in implementing several initiatives to support the well-being of the social care workforce, including developing a comprehensive collection of information, advice, and tools aimed at supporting the physical and mental health of social care workers. This included guidance on maintaining physical well-being, managing personal resilience, and accessing mental health support services. To support and inform their work Social Care Wales established a 'Social Care Wellbeing Network' which WLGA policy officers attended alongside representatives from other key partners to share information and highlight any key issues in relation to the wellbeing of the workforce.

252. I am aware of the impact the pandemic had on the social care workforce from feedback provided to the WLGA as part of its oversight of issues affecting local authorities and in the case of this module, social care. I was concerned about the potential impact of Covid-19 on care workers, which is reflected in the communications with the Welsh Government I have set out in this statement, some of which stressed the importance of adequate supplies of PPE and timely testing of staff and residents in care homes and which at times escalated the WLGA's concerns.

253. The pressures on the social care workforce were intense. The issues they had to deal with on the front line and what they were experiencing e.g. in care homes, had significant implications for the health and well-being. The letter to the Welsh Government on 29 April 2020 (Exhibit CL8/54 – INQ000108925: 200429 - Letter - Cllr Huw David and Cllr Susan Elsmore to MfHSS and DMfHSS - Mental Health support) for more support to help social care workers to manage their well-being. The letter pointed out the Welsh Government was providing extra funding to

the NHS to expand the mental health support hotline for front line NHS workers. Essential social care workers should get the same. The Deputy Minister for Social Services responded to this letter on 15 May 2020 to provide reassurances that Welsh Government "are also thinking of the mental health and well-being of our health and social care workforces, both in the immediate and longer term." (Exhibit CL8/123 – INQ000546123: 200515 - Letter from Julie Morgan to WLGA) and again addressed social care worker well-being amongst other issues in a subsequent letter on 6 August 2020 (Exhibit CL8/109 – INQ000581753: 210806 - Letter - DMfSS to Cllr David - Social Care and Wellbeing Cabinet Members).

Lessons learned

254. The WLGA did not commission any reviews or reports specific to adult social care. Surveys of local authorities were undertaken by the Finance Sub-Group of the Partnership Council for Wales, which looked at the impact of Covid and financial matters relating to recovery. Social care did feature in some reports of the Sub-Group, and I have referenced these in my statement. The WLGA did contribute views to surveys commissioned by others such as the Welsh Government e.g. the rapid review of care homes and the review of statutory guidance on easements to the Social Services and Well-being (Wales) Act 2014. I have commented on these reviews in paragraphs 202 and 222 respectively.

255. The WLGA relied on information provided by others, including local authorities, the Welsh Government, and organisations such as the NHS, and Data Cymru. For example, one of the responses to the pressures on residential care homes was an online tool to track vacancies in adult care homes led by Data Cymru. This enabled providers to record their vacancies on the system, supporting care home providers, commissioners and discharge teams in reducing the volume of calls for vacancy information, also helping to inform planning decisions on Covid-19. The WLGA reviewed information and feedback provided by local authorities and used the information to prepare briefings and for use in discussions with the Welsh Government and other organisations. The information and feedback highlighted problems e.g. the supply of PPE, the initial stages of testing, and funding, which were escalated to the Welsh Government.

256. Local authorities provided leadership throughout the outbreak, working closely with the NHS, the third sector, providers, community organisations and others. It strengthened joint working in

a situation which demanded “all pull together” approach and resulted in more agile and responsive decision making, planning and implementation at pace. There was good, frequent, engagement between the WLGA, local authority leaders and chief executives and the Welsh Government at political and officer / official levels.

257. The pandemic was an extreme test of planning and contingency arrangements in a situation with unprecedented challenges, complexity and impact. Local authorities and social service departments responded magnificently, with many staff going the extra mile to deliver increased workloads and taking on new work to help others. I pay tribute to all staff in local authorities for what they did to help manage the pandemic and, in respect of this module, I highlight the significant efforts of social care staff who were on the front-line of tacking the virus. Much of the focus was on the NHS and the vital role it played workers. Social care staff were to some extent the unsung heroes. They worked long hours and shifts and were to high levels of personal risk in very testing circumstances to care for the people they look after.

Recommendations

258. As outlined above, there are many positive actions that were taken in response to the pandemic but there are lessons to learn to avoid the same level of losses in the future. It should be remembered that nobody has dealt with such a pandemic previously and organisations and services were learning and changing as more was learnt about the virus. Inevitably, some actions did not work first time as required and took time to get to where they needed to be; examples include PPE, testing, hospital discharge. I am grateful for the opportunity to put forward my thoughts to the Chair on behalf of local authorities. Specific to the scope of Module 6, I propose the following with the aim to ensure social care can play its part to the full in the local, regional, and national response should there be another pandemic and, most importantly, to maximise the protection and minimise any harm to the many vulnerable people who depend on social care services and the staff who deliver the care and support:

- Social care should 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 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.

259. There should be better alignment between policies, plans, and communications and action to be taken at national, regional and local levels. If not already done, guidance should be updated using lessons learned from the pandemic. Guidance must always be reviewed and updated but guidance at the outset of a pandemic should reduce the many changes which needed to be made during the pandemic.

260. Lessons must be learned from the experience of the pandemic, and learning must be embedded in organisations' contingency planning and crisis management frameworks.

Condolences

261. I wish to finish my statement by putting on record the heartfelt condolences of the WLGA, our members and officers, to all those bereaved during the pandemic and others who were negatively affected or experienced harm. The WLGA is very aware of the effects of the pandemic on those involved in the adult social care sector, especially for families, their carers and loved ones, and the whole of the workforce, and how important the Inquiry is for them to hear what happened and most importantly to ensure we learn and act upon the lessons and recommendations the Inquiry will make so that public services can plan properly and be better prepared should we find ourselves in such a situation in the future. I hope the information and evidence we provide in this statement helps in this aim and while demonstrating the significant efforts made to keep people safe, it also helps identify lessons that should be acted upon for the future.

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: 

Dated: 7th May 2025