



IN THE MATTER OF

MODULE 6 OF THE COVID – 19 INQUIRY

--

WRITTEN CLOSING SUMISSIONS

FOR

THE WELSH LOCAL GOVERNMENT ASSOCIATION

--

Contents

Introduction.....	2
A - Key Framing Principles.....	2
Centrality of Service Users and Wellbeing	2
Parity of Esteem with the NHS	3
B – Issues and recommendations	4
Policy must be evidence-based, not assumptive.....	4
The issue.....	4
The WLGA’s recommendation	5
Workforce fragility and under-investment in ASC.....	5
The issue.....	5
Recommendation	6
Local Government as a Strategic Partner.....	6
The context	6
The recommendation.....	6

Introduction

1. These written closing submissions supplement the oral closing submissions made by counsel for the WLGA on the 31st of July 2025. They are set out in two parts; the first addresses the key principles which the WLGA urges the Inquiry to have in mind in assessing the evidence and writing its report for this Module; the second picks up some significant issues and outlines the WLGA's recommendations.
2. These submissions are of course supplement and in no way replace the detailed recommendations set out in detail in the witness statement of the WLGA's CE, Dr Chris Llewelyn.

A - Key Framing Principles

3. The WLGA emphasises two principles which it submits should frame the approach of the Inquiry when reviewing the evidence and reaching its conclusions and recommendations.

Centrality of Service Users and Wellbeing

4. The first principle is that the Inquiry should review the work of both the London and Devolved Administrations, the local authorities and the care providers, by assessing *how the wellbeing, dignity, and rights of people receiving care - whether in care homes, hospitals, or the community – were maintained during the pandemic.*
5. This means that Service users' interests and views, must have parity of importance with the concerns of management with their systems, the priorities of public health bodies, and other institutional needs and aims.
6. While these care receivers' rights should be central to all decision-making during emergencies, it is recognised that the constraints imposed in suppressing the pandemic, and their effect on the provision of ASC, were very great. The overarching question for the Inquiry therefore when looking to the future is to ask what lessons can be learnt and therefore what policy and operational recommendations would be effective on another occasion and therefore should be made now.
7. The WLGA recognises that this is easier to assert than to ensure. Nonetheless, it respectfully reminds the Inquiry that the purpose of this Module is to get to close

grips with making recommendations that will be significant for better dealing with a future pandemic. That really does mean that this kind of human-centred approach to its critical thinking is essential.

8. In framing proposed recommendations, both in the witness statement of its Chief Executive and in the oral and these written closing submissions, the WLGA has been determined to make suggestions which are based squarely on this approach.

Parity of Esteem with the NHS

9. No less an important point is that the provision of ASC should have parity of esteem with the NHS, both across Wales, and for that matter the whole UK. On this, the Inquiry has heard consistent evidence from several Welsh bodies (CIW, Care Forum Wales, ADSS Cymru) supporting the WLGA's longstanding position that adult social care and the NHS are interdependent and must be treated as such.
10. The Inquiry will surely make its view clear on this, supporting an approach that recognises that any failure to base policy on such interdependency is bound to lead to problems, and that this is both true for peacetime and even more so for another pandemic.
11. The WLGA emphasises that the demand for parity of esteem is not mere rhetoric but has real substance. The experience gained in the pandemic shows that it must mean –
 - a. There is parity in access to emergency resources for instance whether for PPE, testing, or vaccinations,
 - b. There is no hierarchy between the NHS and ASC when it comes to decisions as to what financial support is necessary.
 - c. There is equal inclusion in all decision-making forums concerned with health and care in the community.

- d. Policies, guidance and other operational instructions are written and distributed to the same standards of clarity and consistency.
12. The Inquiry will also recall that the evidence from the WLGA has been that this parity must become embedded practice, not a post-event aspiration.

B – Issues and recommendations

13. In this section, the WLGA will emphasise certain recurrent themes in the evidence and set out in summary form its proposals and recommendations as to how they should be addressed. The Inquiry is asked to note these and to adopt them in its conclusions.

Policy must be evidence-based, not assumptive

The issue

14. The first point is that policy must be evidence-based and not assumptive. There are many examples where this point has been demonstrated during the hearing and in the written evidence.
15. One obvious example is the flawed assumption—publicly repeated by former Welsh Ministers—that care homes were safer than hospitals. There was no data to demonstrate this and indeed in many situations it was just wrong. This assumption underpinned flawed discharge policies and risked undermining safety in social care settings and in putting residents at an increased risk.
16. Another context where there was a failure to undertake rigorous evidenced based analysis concerned the recognition of the risks in domiciliary care and among peripatetic staff.
17. Such assumptive thinking should always be the subject of challenge before it becomes a premise for policy. It will be too late to do so once a policy is developed and operationalised. At that stage – particularly in an emergency and even more so in a pandemic- it risks causing terrible harms.

The WLGA's recommendation

18. Accordingly, The WLGA asks the Inquiry to recommend that there be a period of critical reflection on how early decisions were justified and communicated, analysing the extent to which there was proper evidence – led thinking, where there was not, and in the latter case why not.
19. Further it asks the Inquiry to state clearly in its report on this Module that -
 - a. There are great dangers in developing policy on the basis of assumed facts in a pandemic when the pressure to act swiftly is likely to be very great;

and accordingly,
 - b. Policy-makers must guard against this kind of thinking and should always ensure that plans are developed from evidence.

Workforce fragility and under-investment in ASC

The issue

20. The Inquiry has heard that Wales entered the pandemic with serious unresolved issues in relation to the ASC workforce. These have been extensively noted in the evidence of Chris Llewelyn and have been discussed by others in their evidence. In the briefest of summary, they concerned high staff turnover, low pay, and highly insecure employment conditions.
21. These were not new issues. Yet, what the emergency brutally exposed, was that in the context of a pandemic, they were life-threatening system weaknesses, not merely for the workers, but just as much for those who received care. They should therefore be recognised more fully for what they mean for the provision of ASC in general: *in short, they are weaknesses which pose a system critical danger.*
22. It may be asked rhetorically –

“What is the point of employing staff in this way, if in a public health emergency, the inadequacies of these terms actually defeat the purpose for which staff are employed?”

Recommendation

23. The WLGA cannot overstate the importance of these weaknesses in the staffing of so much of the provision of ASC, nor should the Inquiry hold back in its report on this Module. It is therefore recommended that the Inquiry calls for -
- a. Immediate investment in workforce terms and conditions helping to make social care a career of choice and valued alongside colleagues in health,
 - b. Immediate, long term, sustainable funding for the sector,
 - c. Clear action plans to support retention, training, develop career pathways and create resilience in the workforce,
- and
- d. A Wales-wide determination by government to rebuild public confidence in this sector.

Local Government as a Strategic Partner

The context

24. The Inquiry has heard how local authorities often stepped in where national leadership (both in Cardiff and London) lagged. This happened both because councils are so much closer to their communities and because they have a long and well-earned public ethos service which prompted them to step up at speed when that was urgently necessary.

The recommendation

25. It has been a theme of both the WLGA and the LGA that the best policy is the produce of co-production. National governments need to recognise the importance of the deep practical operational experience embedded in council officers, both paid and elected.

26. The Inquiry is asked to emphasise in its report just how important this happens when emergency guidance is being prepared. Of course, such guidance will have to be made under great pressure of time but nonetheless the involvement of local government can only help to avoid mistakes and to increase the speed of substantive steps to recovery.
27. So, this approach should be a fully embedded approach to emergencies. But earlier than that it means that there should be full involvement of local government, from now, in all kinds of future planning and preparedness exercises.
28. In Wales, it requires, as a minimum –
- a. Representation of local government by the WLGA in national planning forums,
 - b. A clear statutory role for local government in planning for governance pandemic,
 - and
 - c. Proper resourcing for local delivery.

ROBIN ALLEN KC

Cloisters

21 August 2025