



National Care Forum response to public engagement & consultation on the COVID-19 Inquiry Terms of Reference – April 2022

The National Care Forum – Who we are

The National Care Forum brings together 160 of the UK's leading social care organisations, representing large numbers of care providers, offering thousands of services across the country, which are not-for-profit and always at the heart of community provision. Collectively, these organisations deliver more than £2 billion of social care support to more than 202,000 people in over 8,000 settings. The NCF membership body collectively employs more than 115,000 colleagues.

We would be delighted to have the opportunity to present evidence to the Health & Care Select Committee at one of your oral evidence sessions. As the leading voice for the not-for-profit care sector, we are keen to articulate the views of our sector and, as a membership organisation for not-for-profit providers, we can link you to a large number of not-for-profit care providers to bring their evidence to the table, from both large national care sector charities & smaller more local charities.

NCF response:

Thank you for the opportunity to provide comments on the current Terms of Reference (TOR) and add further issues that we believe the inquiry should focus on.

While the current TOR reference the various groups of people it intends to hear from, the TOR are silent on how it plans to facilitate engagement so we also offer views on this to enable effective and inclusive engagement across the social care sector

Proposed additions and amendments to the Terms of Reference

Additions to the TOR:

- **The TOR need to include consideration of the lack of involvement of social care in systematic pandemic planning.** Prior to the pandemic, although some pandemic planning was done by the government, there was no meaningful engagement with the social care sector, no testing of the emergency pandemic system response within the sector and none of the preparation that could be seen in other countries (particularly those who had experienced SARS). It is important that the Inquiry is able to explore this & understand why no serious attempt to ensure that social care and the people receiving care and support were included in any preparation
- There TOR needs to include an **explicit focus on the guidance process for social care.** This has been problematic throughout the pandemic and there are important lessons to be learned about how to achieve a more effective, co-produced approach to future social care guidance, be that for a future pandemic or other key issues. It is also important the TOR looks at **the timeliness and timeliness of the guidance for the whole range of social care services.** Within the sector, there was significant variation in the guidance and support

across different types of social care services, which had a manifest & significant impact on the ability of those services to effectively support the people they serve. For example, community services and day services received very little guidance & support from the government in the first year of the pandemic, with huge impacts on the people they support and their families.

- There seems to be no reference in the current TOR to **exploring the role of the social care regulator, the Care Quality Commission, during the pandemic** and lessons to draw from that – this is a key omission and we recommend that this is added to the TOR.
- There seems to be no reference in the current TOR to the importance of ensuring that **any modular approach should address the experience of health and social care together**. In our view, it is essential that the experience of health & social care must be viewed together as this will offer the opportunity to consider the disparity in the government’s approach between the sectors and is likely to highlight the inequity of pandemic responses for social care – so for example, differences in approach in terms of the regulator, staff movement, insurance & indemnity etc.
- The TOR must include **exploring the role of primary care in the lack of support for the social care sector** and in particular the impact of the withdrawal of general practice and other primary services to care homes and to those receiving social care support at home. The impact on both care providers and those they support was significant and care providers had to quickly find ways to address the enormous gaps this withdrawal of primary care created for the people who as ordinary citizens had the right to continue to expect. It is important that the TOR ensures consideration of any evidence of the prioritisation of therapeutic/medical interventions specifically intended for the treatment of COVID-19, away from those in social care (particularly those over 75).

Amendments

- The current TOR references ‘the management of the pandemic in care homes and other care settings’. This is far too narrow and does not explicitly cover the breadth and range of social care services impacted by the pandemic and the people they support. **The wording of the TOR needs to explicitly reference the breadth of settings that were impacted and the range of vulnerable people they support and their families.** It was not just care homes & other accommodation-based settings, but also services in the community that support people every day, including day services and other community services. The management of the pandemic in social care affected not just older people being supported but social care services, but people of working age with a range of vulnerabilities and disabilities. There also needs to be reference to the impact on the families of the people being supported by social care, including those who continued to provide care & support their family members in the absence of day/ community services and short breaks. This impact continues, even now, and the Inquiry must be able to learn the lessons from the way the management of the pandemic was conducted by the government across the full range & breadth of social care services
- The current TOR references considering ‘any disparities evident in the impact of the pandemic and the state’s response, including those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998, as applicable’. From the perspective of social care, **it is essential that this consideration is woven throughout the inquiry’s consideration of the government’s management of the pandemic across the breadth of social care services to ensure we have a clear picture of the impacts on the wide range of vulnerable people supported including those with protected characteristics.**

- We strongly recommend that the following additional points are added to the TOR in relation to the management of the pandemic across social care services:
 - **Use of DNACPR and any other indications of de-prioritisation of individuals receiving social care.**
 - **Workforce testing – this has been fraught with confusion and frequent changes**
 - **Outbreak management – this has been and continues to remain problematic**
 - **The impact on staff and staffing levels – this has been and continues to be very significant**
- The TOR currently references the ‘economic response’ to the pandemic; we would like confirmation that this will include the support for the care sector (i.e. PPE costs, the various incarnations of the Infection Control Fund/ Infection Control & Testing Fund, Workforce Retention & Recruitment Fund etc) and how decisions were made about this, including timeliness of the support, the quantum of funding, the periods of time covered by the funding, the effectiveness of the funding approach and how the funding was distributed. The Inquiry should also consider the immediate cessation of support other than for PPE as of 31 March when the COVID-19 guidance for social care still has onerous requirements within it, which is a clear stability risk to the sector
- Lessons learned must flag the damage done by a lack of really good research evidence to support aspects of social care; a key example is the risk of harm of isolation/ lack of connection with loved ones which we struggled to demonstrate against the raft of evidence of the risk of harm of COVID.
- The research point fits within a broader point about the importance of a range of human rights considerations for those in social care versus those in the community and those in acute care. We believe the Inquiry should explore the assumptions behind the decision making with regard to the human rights angle.

Views on how to enable effective and inclusive engagement across the social care sector, ensuring this includes the people we support

In order to facilitate effective & inclusive engagement across the sectors, from those who work in and those who use it, we have the following recommendations:

Financial support

- There needs to be financial compensation and support for participants which is costed into the Inquiry, particularly for workers and those who have left the sector. This could be administered through an independently managed fund which should be proportionate and reasonable in its allocation of resource and motivated by a desire that all who want to should be enabled as far as possible to be heard.
- Consideration should be given to a broad range of financial support being provided for individuals and small organisations or bodies who feel that they might not be able to afford participation and contribution on the grounds of cost or inaccessibility.

Emotional support:

- The Inquiry needs to recognise the personal and emotional burden upon many of those who will participate and therefore be able to provide pre-and post-evidence counselling and support.

An inclusive approach:



- Many of the people in social care affected by the pandemic are people who would normally have barriers to participating in formal/public processes so the Inquiry needs to ensure that considerable support is implemented to get the voices of people heard; this includes people living with dementia, people with mental health problems, people with a learning disability and autistic people and disabled people etc.
- As far as is practically possible, we believe that the Inquiry should hold sessions sensitive to the reality that for many of those who have lost friends and family to Covid19, time is not necessarily on their side and that it will be important that they are enabled not only to have their 'voice' heard but to see evidence of some Interim summaries of evidence.

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