Closing statement to the UK COVID-19 Inquiry - Module 6

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My Lady, I speak on behalf of the Homecare Association, which represents and supports providers of professional homecare across the UK.

When I delivered my opening statement, I spoke of devastating paradoxes and systemic failures.

I highlighted how professional homecare - supporting nearly one million people across the UK, more than double those in care homes - was overlooked, misunderstood, and disadvantaged during our greatest peacetime emergency.

Today, I stand before you not to rehearse those failures, but to chart a course towards resilience.

This Inquiry has illuminated uncomfortable truths, but it has also revealed something profound: the extraordinary capacity for transformation that exists within our care systems when we have the wisdom and resources to harness it.

Through a month of oral evidence, we have heard a consistent narrative.

Care workers risked their own health and wellbeing to maintain dignity and safety for those most at risk at home. Many did so despite being denied the tools they needed: adequate PPE, timely testing, fair wages and recognition as essential workers.

We have learned that whilst the Government proclaimed "Stay at Home, Protect the NHS, Save Lives," the unintended consequence was over 100,000 excess deaths at home by July 2022 – most from non-COVID-19 related causes such as dementia and cancers - a stark displacement that revealed the fatal flaw in hospital-centric emergency planning.

But from around the world, we have seen glimpses of other models and different ways of thinking about the role of home-based care and support.

In Italy, Dr Luigi Cavanna's revolutionary home-based COVID-19 care achieved hospitalisation rates of fewer than 10%. Italy's national continuity care system delivered hospital-grade diagnostics to patients' homes, with regions *embracing* this model seeing death rates six times lower than hospital-focused areas.

South Korea also demonstrated that sophisticated medical intervention can be delivered at home, relieving pressure on hospitals, whilst *maintaining* wider healthcare access rather than *restricting* it.

These countries proved that home can be the safest place during a pandemic - *if* we design our systems properly.

My Lady, the evidence before this Inquiry demands we fundamentally reimagine emergency preparedness.

The traditional model - hospitals as fortresses, homes as afterthoughts - failed catastrophically.

We propose a significant shift: pandemic preparedness must be community-centric, not hospital-centric. This means recognising that in any future health emergency, the battle will be won or lost in people's homes and communities, not just in hospital corridors.

This paradigm shift requires us to think differently about three fundamental concepts:

First, reimagining essential infrastructure. Just as we wouldn't plan an emergency response without considering water, electricity, or transport networks, we cannot plan for a pandemic without seeing home-based care and support as critical infrastructure.

At least nine million people need or receive support and care at home - this is *not peripheral*; this is the foundation of our care system.

Second, redefining medical intervention. The Italian model and the UK's more recent hospital at home services prove we can deliver sophisticated diagnostics and treatment in people's homes.

We acknowledge the next pandemic may be entirely different from COVID-19. It may affect children more than older people, or present challenges we cannot yet imagine. But with advances in medical devices, telemedicine, AI and data science, we can use the principles to transform our approach.

Third, re-conceptualising workforce deployment. South Korea showed us that in emergencies, we can rapidly mobilise volunteers and family members as temporary carers. But this requires preparation, training, and systems - not crisis improvisation.

Seven pillars for pandemic resilience

These concepts underpin seven pillars that must form the foundation of future pandemic resilience:

Pillar one: embedded expertise

Social care expertise, including homecare, must be embedded at every level of emergency planning, science advice, and operational command.

No longer can decisions affecting millions be made by those who fundamentally misunderstand how care works.

A standing expert committee would give decision-makers direct access to homecare insights when developing pandemic responses.

Pillar two: equal protection

We must guarantee hospital-grade PPE quality, testing access, vaccines (if they exist), sick pay, and psychological support across all care settings.

The artificial hierarchy that prioritised NHS staff over care workers was not just *morally wrong* - it was strategically counterproductive. Parity recognises homecare's critical role in a pandemic response.

Pillar three: automatic funding

Emergency support must reach all providers immediately and equitably through pre-established systems. The bureaucratic delays that characterised COVID-19 funding distribution cannot be repeated.

When crisis strikes, resources must flow automatically, like water through prepared channels.

Pillar four: valuing the workforce

Sustainable funding must support professional registration, fair pay, training, and technology adoption. The pandemic accelerated digital care record uptake from 40% to 80%, proving the sector's capacity for innovation when supported. This transformation must continue.

Pillar five: maintaining healthcare access

Face-to-face health and care services supported by telemedicine must be protected, not suspended. Italian physicians proved that bringing hospital capabilities to people's homes achieved better outcomes than overwhelming hospital systems.

We must plan for *enhanced*, not *reduced*, community healthcare during emergencies.

Pillar six: modern data infrastructure

We must capture everyone giving and receiving home-based care, creating the visibility needed for effective pandemic planning and resource allocation.

The data blind spots that hampered the COVID-19 response were inexcusable and must never recur.

Pillar seven: effective governance

Continuing oversight with homecare-specific policy development is essential.

Community-based care requires tailored approaches, not hospital-focused adaptations.

This means dedicated governance structures that understand the unique challenges and opportunities of home-based care.

The opportunity before us

My Lady, the government's 10-Year Health Plan creates an unprecedented opportunity. Its three shifts - from hospital to community, illness to prevention, and analogue to digital - align with the lessons from this Inquiry.

We can position homecare as essential infrastructure, working alongside sophisticated medical intervention.

Italian analysis showed dramatic cost savings alongside better outcomes, offering a compelling case for integrated care models that deliver value in any circumstances.

But transformation requires more than policy papers.

It demands a fundamental cultural shift in how we perceive home-based care and support - from a *poor relation to the health service* to an *equal partner* in improving health outcomes.

New thinking: The Community Resilience Index

We propose we develop a new metric for pandemic preparedness: a Community Resilience Index. This would measure not just hospital bed capacity or ventilator availability, for example, but the robustness of community-based care infrastructure.

Besides vital public health data on the severity of infection and transmission rates, this index could assess factors including but not limited to:

- The ratio of community care workers to population

- Workforce sustainability metrics

- Digital infrastructure penetration in home settings

- Integration levels between health and social care

- Community diagnostic and treatment capabilities

- Data system interoperability

By measuring what matters - *our capacity to keep people safe at home* - we create accountability for community resilience, not just hospital preparedness.

International collaboration

The pandemic revealed that virus variants respect no borders, and neither should our learning.

We recommend establishing an International Homecare Emergency Response Network, sharing best practices, technologies, and rapid response protocols between countries.

When the next pandemic emerges - and experts agree it is when, not if - we must be able to deploy proven interventions immediately, not spend months reinventing solutions that already exist.

Closing reflections

Throughout this Inquiry, I have been struck by the testimonies of bereaved families. Their loved ones were not statistics - they were pioneers, contributors, cherished family members who deserved better from the systems designed to protect them.

And I have been equally moved by the testimony of care workers who, despite challenging circumstances, maintained their commitment to those they served.

They made impossible choices and sacrifices, they filled the vacuum left by others - sometimes at a cost to their own health or lives.

Importantly, too, we have seen proof that homecare workers and managers, when supported, can deliver extraordinary outcomes under extraordinary circumstances.

We owe it to those we lost, and those who served - to ensure we learn lessons and implement change in a way that is effective and enduring.

Your recommendations will influence whether we emerge from this process with *genuine transformation* or just good intentions.

The difference will be measured not in paper plans, but in lives saved and dignity preserved when the next emergency strikes.

The question is not *whether* we can build better systems. The question is whether we will *choose* to do so.

History will judge this moment - not by what went wrong during the pandemic, but by what we chose to do next.

Homecare
Association

My Lady, thank you for the kindness and support of you and your team and for opportunity to contribute.