



Terms of Reference Consultation

Individual or Organisation

Are you submitting feedback as an individual or on behalf of an organisation?

- Individual
- Organisation

What organisation are you submitting feedback on behalf of?

The Homecare Association

Do the Inquiry's draft Terms of Reference cover all the areas that you think should be covered by the Inquiry?

- Yes
- No

Please explain why you think the draft Terms of Reference do not cover all the areas that the Inquiry should address.

While there has been significant public awareness of the impact of COVID on the NHS and care homes, care and support to people in their own homes is also a critical structural component of the health and social care system in the UK. Reasons to consider home-based support and care services include:

- At least 15 million people receive or need support and care at home (13.5m from informal carers, 1.5m with unmet need, <1m from paid homecare) compared with only 0.5 million in hospitals (0.1m) and care homes (0.4m). The needs and experiences of the majority at home receiving or needing care

must be given due consideration and not just those of a minority in facilities-based settings.

- The Government's intention in *Putting People at the Heart of Care* focuses on care and support in people's own homes as key to the future of provision in this country – meaning recommendations for future pandemics should give weight to the strategic importance of homecare.
- Homecare is typically not delivered in a congregate setting and death rates from COVID-19 in homecare have thus been much lower than those in care homes. Wider understanding of this is important and should be a key strategic driver for investment in home-based and community support going forward.
- Whilst death rates from COVID-19 of people at home are low, excess deaths of people at home from other causes, including heart disease, dementias and some cancers, have increased substantially over the 5-year average since the pandemic started. Factors driving this need to be understood as this is important for longer term population health.
- Councils are dependent on homecare to meet unmet need in the community and the NHS is dependent on homecare to maintain patient flow through hospitals. Hospital "exit block" due to inadequate homecare capacity contributes to ambulance delays, cancelled clinics and cancelled operations, thereby increasing immediate health risks as well as waiting lists. Inadequate capacity in homecare thus risks a deterioration in population health and well-being, heightened pressures on the NHS, which is already unable to cope with demand, unnecessary use of care home beds and increased costs in the system.
- Demand for homecare has outstripped supply, though the homecare sector has actually grown during the pandemic ([Skills for Care](#) estimate a workforce increase of 7.4% between 2019/20 and 2020/21).
- The homecare workforce is larger than the care home workforce, with 735,000 jobs in homecare compared with 680,000 in care homes.
- Given homecare's strategic and operational importance in the health and care system, it should be given a high priority by the government and its public health officials. Instead, the government and UKHSA lacks understanding of homecare and has treated it as an after-thought throughout. At the outset of the COVID-19 pandemic, for example, PHE (now UKHSA) advised that masks were unnecessary for homecare workers. The government, advised by PHE (now UKHSA) refused to provide routine asymptomatic testing for homecare until December 2020, almost a year after COVID-19 started spreading in the UK. PPE supplies destined for homecare were diverted to the NHS and care homes. Repeatedly, last-minute guidance has been produced that has often been drafted without a full understanding of the range of models of home-based care and support. Furthermore, implementation of the guidance has typically not been funded adequately, leaving homecare managers feeling as though they are in crisis management and struggling to maintain operational and financial viability. Homecare workers have not been adequately recognised or fairly rewarded by the government, unlike those in the devolved administrations who were all given bonuses, resulting in them feeling

undervalued. Sadly, they are now leaving the care profession in droves, disrupting people's access to vital services.

As the issues faced by homecare and care homes are substantially different we do not consider it sufficient to add 'and other care settings' to the bullet point about care homes. We would urge the Inquiry to consider adding a bullet point under 'The response of the health and care sector across the UK' to the Terms of Reference to consider home-based social care provision, including homecare.

We would suggest that this read along the following lines:

"The management of the pandemic in the delivery of home-based care and support, including the capacity and continuity of services, staff shortages, infection prevention and control across all service types* adequacy and distribution of emergency funding for social care, careworker pay during isolation, workforce testing and PPE, the use of 'care hotels', the provision of healthcare for those isolating at home, palliative care for people dying at home, access to social workers for needs assessment, Care Act easements, timely management of safeguarding issues, changes to inspections and availability of insurance."

*This should include homecare, supported living and extra-care, live-in care, personal assistants and shared lives.

We would encourage the Inquiry to consider community-based healthcare as well as hospital based care, such as access to GPs, community nursing, palliative care teams, rapid response teams, reablement and so on.

Under 'In relation to central, devolved and local public health decision making' we would suggest that the impact of the Vaccination as a Condition of Deployment policy and the following U-turn is explicitly considered. This should cover homecare as well as care homes and the NHS. This should include consideration of the contingency and preparedness for workforce loss within the Department of Health and Social Care and local authorities had the policy been fully implemented.

Consideration of testing and PPE policy and practice must include the provision of routine asymptomatic testing and PPE to homecare. The Inquiry should consider disruption to PPE supply and price increases in the early pandemic as providers faced significant issues.

Several of the issues that are referred to as 'management of the pandemic in hospitals' have implications for care and support in the community – including discharge, DNACPR decisions. We would urge the Inquiry to ensure community health and social care voices are heard in this discussion as well as hospital staff.

We support the calls of Hospice UK and others that support to people dying at home during the pandemic should be considered as part of the Inquiry. Access to proper palliative care and support at home is vital to those who are at the end of their life, and their families.

Under 'In meeting these aims, the inquiry will:' we suggest explicitly including the experience of those accessing or trying to access social care, their families and informal carers.

Which issues or topics do you think the Inquiry should look at first?

We consider the Government's capacity to respond effectively to be core to the COVID Inquiry's considerations.

In particular, we would suggest that the Inquiry urgently examine:

- Timing, clarity, practicality and suitability of guidance issued by the Government.
- Efficacy of Government communication, including whether mixed or inappropriate messages were being sent (for example, if communications had the effect of encouraging people to avoid necessary medical treatment); people's access to guidance; people's understanding of the relevant science; the impact on the public's level of trust in Government.
- Government's use of emergency legislation, whether this was proportionate and optimally effective - for example, in the case of social care, whether the Care Act Easements were appropriate and if additional measures, such as emergency powers for central government to direct local authorities, would have enabled a more coordinated national response to the pandemic in the social care sector
- The Government's ability to respond swiftly and appropriately – clarity of leadership and chain of command, capacity to organise and mobilise, use of contingency planning, whether policies were supported by the resources needed to adequately implement them in a planned and appropriate way.
- Appropriate handling of procurement and supply chain (e.g., for PPE) to respond to emergency situations in the public interest, including effective counter-fraud measures.

Do you think the Inquiry should set a planned end-date for its public hearings, so as to help ensure timely findings and recommendations?

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| <ul style="list-style-type: none">• Yes |
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- No

How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered serious harm or hardship as a result of the pandemic have their voices heard?

It is likely that the use of representative bodies to coordinate the collection of evidence through a variety of methods of engagement (including web-based, media outreach and communications with members and supporters of relevant civil society organisations) might be the most effective route.

Ideally, this should be organised and some funding should be made available to support the coordination and preparative work, ensuring routes for submissions from a full range of individuals affected (including social care staff, informal carers and people using care services).

Would you like to be added to our mailing list where we will provide you the latest updates on the Inquiry?

If so, please supply us with your details below.

Please note by supplying us with your name and email address you are giving us permissions to store both on our mailing list.

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