A national care service – right for Scotland?

Transcript of a seminar held on Friday, 4 September 2020

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Good morning everyone,

Welcome to this online seminar where we are asking whether a national care service is the right next step for Scotland.

Thank you for registering – it is helping us to raise funds for our journalism here at healthandcare.scot.

Between now and 11 we are going to hear from three people – two at the heart of third sector service delivery and one who brings us a perspective from the Scottish parliament.

I am going to invite our three speakers to share their thoughts on the possibility of a national care service and then open the floor to questions.

Please use the Q&A function on Zoom to write your question in that space rather than the chat function.

As well as our three speakers Annie Gunner Logan, Tressa Burke and Monica Lennon, we are joined by healthandcare.scot's publisher, John Macgill, who (thankfully) is covering the IT this morning and will help keep an eye on questions as they come in so we don't miss anything.

I don't think anyone will disagree that what we are going to discuss today is a complicated, multifaceted issue that merits input from so many different stakeholders.

We only have three speakers with us today – there are of course many more we want to hear from, and we intend to do just that at subsequent webinars over the coming months.

To move to the matter at hand, there is no doubt that Scotland's care homes have been at the epicentre of the covid-19 crisis, suffering a higher number of deaths related to the virus than Scotland's hospitals and having to try to live through the most stringent and long-lasting lockdown restrictions.

Social care – which comes in so many different forms including residential facilities but also spans care at home services, personal assistants, respite services and more – has come under the political spotlight like never before.

As Nicola Sturgeon acknowledged in Parliament earlier this week when she set out the latest Programme for Government, the pandemic has accelerated change in many ways.

Included in that Programme is a commitment to establish an immediate, independent review of social care in Scotland.

We are no longer in the position of asking whether things need to change, but how.

I have asked our speakers to consider what this change should be, and whether a national care service is the right next step for Scotland.

I'll introduce you first to Annie Gunner Logan, a non-executive director of the Scottish Government and is the Chief Executive Officer of the Coalition of Care & Support Providers in Scotland – an organisation promoting and safeguarding the interests of more than 80 third sector and not-for-profit social care and support providers that together, support over 206,000 people and their families across Scotland.

Annie if I can pass over to you please.

Annie Gunner Logan

Thanks Sarah. Good morning everybody and just to clarify, Sarah, I am indeed a non-executive director of the Scottish government but that's not the capacity that I am speaking in today. So, just for the propriety, I need to make that clear. I am very much speaking today on behalf of third sector providers who are fascinated by this debate.

The question we been asked to consider today is, is it time for a national care service?

Now, I'm not a lawyer but I'm going to give you a lawyer's answer. Which is 'it depends'. And the reason why I'm ambivalent is that nobody who has proposed the introduction of a national care service has yet explained in any detail what they mean by it. What its essential features would be. How it would work. Given the absence of that, I say it's quite difficult – I would say irresponsible – to answer unequivocally yes or no.

So, I thought it might be helpful if I picked apart some of the things that have been proposed and say whether it is time for them, or not.

I think there are three key areas where proponents of a national care service have been focusing so I thought I would concentrate on them. The first of those is access and ethos. The second is workforce and the third is delivery.

So let me start with access and ethos and I think that the expression national care service is clearly deliberately cast as the equivalent of the national health service and the aim then is to put social care on a par with it. And that is a very attractive proposition because it has been the poor relation for some time, even in the context of health and social care integration and

we saw that during Covid. We said protect the NHS. I don't think it entered anybody's head to say: 'and social care', and we've seen the consequences of that not least in care homes.

So, with the NHS, everybody knows what it is. Everybody knows how to access it. Everybody knows that broadly speaking the range of services available are not going to be that different depending on where they live. Quality might be, but the range probably won't be. And that's not true of social care not at all. What you are offered in Aberdeen won't be what you are offered in Auchtermuchty. There is no real question of meeting eligibility criteria for the NHS, there is no financial assessment to find out whether you need to pay for any of it – and I suspect Tressa Burke is going to be much more eloquent on all of this about this than I am going to be so I will leave it there and look forward to seeing what she will say about that.

There are a couple of other points about modelling the social care on the NHS one good to not quite so good. Good is that the NHS does not run as a market. We had a go at that back in the 90s. Purchaser supplier split. It didn't work, so we abandoned it. We have not abandoned it for social care. And we really need to, because the market dynamic, and in particular competitive tendering, is in my view the root cause of many of the problems to which a national care service is being positioned as the answer.

The two things that are not so good about modelling it on NHS: one is that there are some very clear distinctions between clinical health needs, especially acute clinical health needs which are often urgent and transitory, and social care support which can often be lifelong. So a one size fits all NHS model not appropriate for this context because people need much more involvement and choice in their social care support.

And the second reason that it's not a great idea, and as many of my colleagues have worked for years to extract themselves and those they support from a medicalised model of care, do we really want that creeping back in? We are seeing a little bit of that now in the way that care homes are being managed, and it's not a pretty sight for people; these are not hospitals these are people's homes.

The second area where I think there is a perceived need for a national approach is workforce. Covid has exposed the huge disparity between what council care workers are paid and what everybody else is paid. Some particularly in the private sector only get statutory sick pay if they are of sick or self-isolating and what that has meant is that some have turned up for work even when they have symptoms, because if they don't they won't get paid. So, let's understand the reason why people are so poorly paid. It's because public procurement has positioned social care as a business. And it has positioned care and support for people as a business opportunity for which providers have to compete largely on price and, critically, there is only one purchaser, so they call all the shots. So when you think that 80% of the cost in providing care service is staffing, and if you have only one single purchaser and money starts to get tight for them, what in all honesty did we think was going to happen? Providers

cut staffing costs in order to remain in business. Not so much in the charitable sector, which is why charities are very much in the minority in providing care for older people because they refuse to cut terms and conditions to the point where they could compete in that market.

But look at the National Care Home Contract. It really only allows for statutory sick pay so it's not as straightforward as it seems and it's not accurate in my view to just point the finger at greedy private care operators. I'm sure there are some but that's not the point. My point is who has been driving all this? And who has been driving this has been the same public authorities that are now being positioned by some as the bodies that should take over the whole system so often accused of having raced to the bottom. And some people have heard me say this before: I think we been dragged there. I think it is a huge problem. It has been for years – I am amazed at the number of years. I'm amazed at the number of politicians who have been clutching their pearls and clearly have not known about this before. It is very interesting to me that some of the same people who are now up on their high horse about this are the same people have been telling me for 15 years that they can't do anything about it and that we just have to put up with what the market will bear.

So, a national approach to pay and conditions? Yes. Bring it on.

And that brings me to my last area which is about delivery. I am hearing that the best and the only way to sort pay disparity is to transfer delivery of responsibility for all care and support to the public sector. To that I would say a resounding no. The living wage initiative has shown that we don't need to do that to improve pay and conditions. But what is necessary is for the funding of non-government sector services to be adequate. And it's not and it hasn't been for decades and that is why we've ended up where we are now.

So, two key reasons why a national care service should not be delivered uniquely by public authorities. Number one, overall, they are not the best at it. The third sector is by any measure the best at it by quite a wide margin and I'm looking at the only national measure the we have of quality and support here, and that is Care Inspectorate gradings. So why on earth would we, in the name of quality and improvement, transfer excellent services to organisations with a much poorer track record to take them over? It makes no sense.

And the second: there's this awkward thing called self-directed support – and choice and control. The Scottish Parliament legislated for this seven years ago with cross-party support. The independent living movement pushed for a very hard for that and rightly so. So, the idea that we would round to people and now say to them 'sorry, it's the council team or nothing' seems to me inimical to everything we have done for the last 15 years. So, if a national care service means monolithic single provider no choice delivery, then no to that.

And I think the starting to point to all this has to be an understanding of what social care is. Fundamentally it is a relationship not a product, not a procedure. It is a relationship that is

specifically about supporting people facing particular challenges in their lives. That may relate to disability or impairment or age or homelessness or addiction or mental health problems, the effects of trauma or abuse or any other difficulty.

And the purpose of social care support is to support people to overcome or at least a manage those challenges in such a way that they can lead fulfilling lives where they can have the same range of choices and options as everybody else. And if that is what social care is, then it's very hard to conceptualise that as a package which is often how we talk about care, or as an hourly rate which is how we tend to pay for it. It is very difficult indeed once we have an understanding of what social care is to see the sense in dividing it all up into lots and putting it out to tender in a price-competitive market.

So, for me any new system has to do four things as a priority. Number one: replace the competitive procurement model with something more collaborative. Number two: ensure that staff are properly valued and that includes pay, terms and conditions – not just clapping. Number three: look at who is providing the high quality care and support them to do more of it, and that won't always be the public sector. And then four: put more, not less, care and control into the hands of the people who rely on care and support. And from what I've heard, so far, the national care service might do the first two but only by compromising the second two.

And of course, it is all going to take investment. When we talk about the NHS or about early learning and childcare or transport infrastructure or any other kind of public endeavour, we talk about investment. In social care, all we ever talk about is cost. So that needs to change.

And for me the process of designing what comes next has to be inclusive. It's not good enough for political parties just to retreat into their corners and discuss this amongst themselves and their supporters and come out at an election with a precooked solution in a manifesto. It has to be participatory and it has to be led by the people who rely on care and support and by their families.

One final comment from me. I am really keen that we understand that not everything in social care is broken. When we say we need a replacement, are we seriously saying that right now there is nothing good happening anywhere, we have no national approach at all? Of course we do. We have a strong legislative framework for self-directed support, and we need to implement that vigorously. We have a broad network of providers that offer absolutely first-class care and support, right now, that tens of thousands of people rely on and value. We have tens of thousands of people working in care and support who love their job and are brilliant at it. And we have some incredible organisations facilitating all that. So whatever we do, let's build on that and not put it at risk.

And let's not be drawn down some ideological-driven pathway that has more to do with the desire for greater central control on the part of government, or our distaste for private profit or any other of the many other rationales that I am hearing for a national care service. Let's be drawn towards a solution that is based on good outcomes for people who rely on support to live their lives because that is the most important thing.

Sarah

Thanks very much indeed for that. Our second speaker is Tressa Burke who is a founder member of the Glasgow Disability Alliance and its current chief executive. Tressa has played a key part in helping the GDA flourish into an organisation supporting disabled people's voices that is now a community of over 5,000. She is a strategic partner of, and advisor to, local government in Glasgow and to the Scottish Government.

Tressa Burke

Thank you Sarah. Good morning everybody. It is lovely to be with you all. And thanks to Sarah and John and healthandcare.scot for inviting me along today.

I'm going to talk very briefly about Glasgow Disability Alliance and our vision for social care. And in short, we believe that a national care service is the right night next step and this is a key recommendation that we made in our Covid report that was published on 21st of August. As Annie was saying, certain things would need to be put in place, no detail is known yet so we would be talking about the principles rather than mechanics of that at this point.

So, very briefly, Glasgow Disability Alliance is an organisation led by, and for, disabled people with over 5000 disabled members of all ages and types of impairments and diversities. We provide programmes of support and learning courses and one-to-one coaching and learning development activities to over 1000 disabled people every year and these build disabled people's confidence, connections and participation. We also support disabled people through facilitated peer support sessions providing accessible briefings and information and also exploring identity and unpacking discrimination and oppression. And all that forms how we use the collective voice. We use models of dialogue and support disabled people to define their issues and barriers as well as priorities and solutions. This influences policies, services and decisions and one of those is around social care.

Ideally, we want to codesign services and solutions but that is entirely dependent on people wanting to work with us. Social care has been harder to get involved with at a local level, but we are currently working with the Scottish government and have been with a number of years

– two years in particular alongside them about the social care reform programme for adult social care through a programme called Future Visions of Social Care.

This delivers capacity building, collective voice and collaboration activities with disabled people and social care stakeholders in Glasgow and Scotland. The project itself models flexible and holistic community-based support, designed and led by disabled people themselves. And it connects people with partners, signposting and supporting disabled people to access wider services.

A wee bit about that project because it is relevant to what I'm saying here. We support disabled people through the project to explore and address barriers – and there are many – to accessing and directing support for their needs. We also support an expert group. That has been around 30 to 40 people, but through Covid we have identified and spoken to 918 people who want to get involved and give their views quite intensively. And of 5000 people we spoke to, 47% of them were concerned about social care and their social care provision.

So that expert group is now a network.

And the project supports partners and stakeholders to hear directly from disabled people and to engage around the accessibility of their services and the role of future care in Glasgow and Scotland.

Social care has been fragile because of a lack of investment. We talk about soaring costs and the rise of investment instead in the NHS, which depicts the problem. In Glasgow, social care was very fragile and it is only providing support where needs are deemed 'critical and substantial', yet during and even before Covid, many GDA members report having vital social care cut indefinitely – leaving them unable to wash, eat or manage medications, with the expectations that family, friends and neighbours will step in. And not only is this unfeasible for many, it is also contrary to the United Nations Convention on the Rights of Disabled People Article 19 around independent living. That is a very clear conflict. In fact, there is a paper in Glasgow called 'Maximising Independence' that is predicated on people being over-reliant on social care and that we should be putting responsibility more on friends, family and society, and that communities need to help people rather than it being a basic human right.

Community support does exist in some ways but GDA members report multiple barriers to accessing some of that. Too often disabled people are required to fit in with the needs of the service and often our lives and the barriers they face mean that is not always possible and they are passed from pillar to post, losing confidence and hope of achieving the life they want to live.

Huge waves of people miss out on social care lower-level preventative interventions that could allow them to remain as independent as possible for as long as possible, and the focus

is on ensuring that people are safe and less and less about independent living. So it is less about supporting them to live the life they want to live with the support they need to do that.

This shift has profound effects on the people who rely on support to lead independent lives and to participate in the communities, and it has associated negative impacts on physical and mental health. Others who might meet thresholds can't always afford the community care charges and others describe the process of engaging with social care services as being dehumanising and lacking in dignity or any rights-based approach.

Previous research has shown that self-directed support was never realised in the way that we hoped. It is not delivered choice and control or a way for disabled people to fulfil their potential. Far from it. There is an Audit Scotland report that was published in 2017 that found no evidence of transformational change. They cited a number of reasons for that. Lack of knowledge and awareness of self-directed support amongst social work staff – made worse by cuts and austerity, but also the introduction of health and social care integration and related structures was found to halt progress around self-directed support. Audit Scotland's findings and recommendations were supported by the United Nations which reported systematic violations of human rights on examining the UK and devolved administrations. And, in fact, the UN went on to describe the impact of combined cuts to people's services, as well as welfare reforms, as "a human catastrophe". And on an already fragile social care system came Covid which supercharged the inequalities disabled people face – and created new ones.

GDA launched a report two weeks ago today capturing 20 weeks from lockdown and you get a full report and a summary on our website detailing these supercharged inequalities and they include poverty, food insecurity, information, isolation and exclusion, mental health, health inequalities and of course social care. And you can read about GDA's responses too, that we were privileged to put into additional funding.

Specifically on social care, a stark sign of Covid's unequal impact on disabled people has been the near collapse of the care system in parts of Scotland while all emphasis has focused on protecting the NHS.

Emergency legislation in the Coronavirus Scotland Act allowed local authorities to relax certain duties to prioritise urgent services. The duty to provide support still applied under section 12 of the Social Work Scotland Act but still, somehow, approximately in Glasgow at the outset of lockdown over 2000 social care packages were cut, withdrawn, many with no notice and no follow-up and it is still unclear how many of these have been reinstated and to what extent. Many were forced to rely on other vulnerable family members and neighbours to provide vital care including washing and eating or to go without; and high-risk disabled people were left even more vulnerable by the social care system collapse and withdrawal. As I said, 47% of the 5000 people that we spoke to were worried about social care. One person was saying she

used to get three showers a week and they cut it to zero. She had to ask her daughter-in-law who is a nurse on the front line to come in and help, bringing people into the house who really shouldn't have been in the house because of the risk that they were carrying.

"I was just about managing before lockdown before my care was cut. now after months with no support I am struggling so much that I feel no choice but to move into a care home". And that is a specific member who I've been speaking to personally. And other people are terrified that their care won't be reinstated.

Covid has highlighted how crucial yet fragile our social care system is. Austerity has driven up eligibility thresholds leaving vast unmet needs and eroding disabled people's human rights and resilience. When the pandemic hit, too many people were already in crisis and too many had vital support withdrawn, leaving them even more trapped and more vulnerable.

Our member engagement headline findings were that Covid had supercharged inequalities already faced by disabled people; that pandemic responses had created new ones and had left disabled people behind, and that recovery and renewal risks leaving people even further behind unless we supercharged disabled people's involvement and their rights and support.

For many years GDA has proposed a national care system to mitigate the postcode lottery of a better life. We made 15 recommendations at the conclusion of our Covid report published two weeks ago, including that we wanted to see elevated the role and the resource in of social care to strengthen protections for disabled people social care support. We call for a reopening of the Independent Living Fund in Scotland and the establishment of a national social care agency on a par with, and working alongside, our NHS. We want to see this codesigned with disabled people, modelled on social security and our Independent Living Fund with dignity, respect and human rights-based approach embedded.

Following the report being published, we have worked alongside other disabled people's organisations and carers organisations and collectively asked in an open letter to the Cabinet Secretary for Health and Sport for a radical shakeup of social care and the creation of a national social care support system and we've not yet had the chance to work out what the mechanics should be and hope to feed into this whole review, but we do think that it should be based on a number of principles:

We want to go beyond life and limb, enabling those with social care needs to access the resources and support they need with genuine choice and control over who provides it and how they use it to live their lives. We want a system that is transparent and accountable to ensure that Scottish government money designated for social care support is spent on social care support. We want a system of national rights-based entitlements that gives people rights to resources to meet assess needs thereby ensuring portability and an end to the postcode lottery. We want our social care support system that is clearly distinct from the healthcare

system, but which is well aligned and integrated with it. We want an end to competitive tendering that drives down quality, reliability, user satisfaction and wages; a system which is free at the point of use and a system codesigned with people that use and need social care support and unpaid carers – with participation supported by capacity building to boost knowledge, confidence and accountability at the local, national and provider levels. We also call for the Independent Living Fund to be opened with immediate effect to newer and wider applicants and believe that it will deliver the system that we need to delivering social and economic benefits. And in fact we believe that the Independent Living Fund could provide a model on which to build a national social care support system with rights, dignity and empowerment at its core.

Sarah

Tressa thank you very much indeed. Now we will hear from our third and final speaker Monica Lennon. Monica is the shadow health secretary for Labour in the Scottish parliament the party had been calling for a national care service for several years. Monica is an MSP representing the Central Scotland region and the driving force behind the campaign to make Scotland the first country to provide free access to period products. She is also the convener of the Cross-Party Group on Women's Health and the co-convener of the alcohol misuse cross-party group. Over to you Monica.

Monica Lennon MSP

Good morning Sarah. Thank you and thank you to John and to everybody at healthandcare.scot for organising this event and hosting it. I'm glad to see that with got a healthy number of participants on the event today so it's really good and I can see some of your questions coming in which is great to see as well.

It is a real privilege to follow on from Annie and Tressa and to be on the panel with them today and some really excellent speeches. A lot there to agree with so not going to repeat all those points but I am going to try and add something a little bit extra to today's discussion.

Is it time for a national care service? I believe that it is. Because it is time for a transformation in how we deliver adult social care, how it planned, how it's commissioned, people's experience of it. And I absolutely agree that that should be rights-based and no matter where you live it should be you should be able to expect the same level of care and the same level choice. The term postcode lottery gets overused in politics, in parliament and elsewhere but I do think there is evidence strongly to show that we do have a postcode lottery of care in terms of social care, in the terms of how that is delivered. And even just looking at the latest

Care Inspectorate report that was published in Parliament just yesterday – these are reports that are now published fortnightly during the Covid pandemic – we see huge variation in the quality and standards of what people are experiencing. Somebody is quite dangerous. Some of it can quite easily fixed. But is worrying and my concern is that we are seeing so few inspections at the moment that we don't have a full picture of what is going on behind closed doors in many care homes.

So at the very start, I don't want to reflect too much on Covid, I'm sure will talk about that. But as a regional MSP and as a spokesperson on health and social care, my inbox, my phone lines, my whole staff team were very very immersed in what has been happening in social care – not just in care homes but in care and at home as well. I have to say that, without exception, every single person who gets in touch is overwhelmingly grateful and appreciative of the workforce and that's across public, private and the third sector. And I just want to make that clear. It's not that we have better carers in council run facilities or better carers in elsewhere; the workforce is absolutely phenomenal and I know we have stopped clapping on doorsteps – it was a thing for a while and even felt at the time that clapping wasn't enough. I think we did it because it made us feel better because that wasn't much else that we can do in the moment.

I am really pleased that the First Minister in her Programme for Government which is the final Programme of Government for this Parliamentary term and is a response to the national and the global crisis that we are all now facing and we have two and may have to live through for some time. I'm really pleased to see a commitment towards a national care service. It doesn't mean that we are starting with a blank sheet of paper there have been umpteen reviews and consultation papers. The political parties have been doing their consultation and I really think there is an opportunity for everyone to be included. It has to be a different way of doing policy, a different way of looking at legislation, a different way of delivering public services for the public good.

So when the Cabinet Secretary for Health was doing her statement on Tuesday afternoon, I got about 20 minutes prior sight of the statement just after the Programme for Government statement, so at first glance I was really pleased to see what was in there. I just want to start with an apology because when I was responding to the Cabinet Secretary – and I get about 60 seconds to do that and I've got the Deputy Presiding Officer giving me a look to hurry up – in terms of the makeup of the advisory group, there are some fantastic people on there, but my immediate observation was that nobody was there to represent the workforce. There is nobody from the trade unions and that to me was a glaring omission. And I know that Ian from the ALLIANCE is on there. Afterwards I realised that I had also failed to say that is really important that there is lived experience on there and we need to see representation from service users, from older people and disabled people and organisations that represent them.

But I don't think that what we heard on Tuesday was the last word. I genuinely do believe that the Cabinet Secretary is willing to work across the board, across the political divide across civic Scotland. So I hope that everybody has a chance to reflect on what they've heard in Parliament this week and to make their representations clear and I think there will be opportunities for that and that coproduction and codesign that everybody wants to see.

I absolutely take Annie's point that it's easy to say there should be a national care service, you have to then define what that is. But it only the answer if we get it right and we are doing it for the right reasons and I am pleased that we are having a national conversation but it is complicated, it is multifaceted as Sarah said at the beginning. So nobody should pretend that there are easy answers.

Just to move on to talk about what I also think the principles should be. It absolutely has to be rights-based; it has to be person-centred. That sounds maybe at odds with the call for a national approach, but I think it is about levelling up right across the sector and right across the country. Choice has to absolutely be in there and I'm glad that Tressa has already talk about self-directed support and she has reminded me of my time on the Public Audit Committee where we obviously took evidence on the Audit Scotland report that she had mentioned. I have not been on that committee for a couple of years now but I think it is an area where I have heard very little in Parliament about self-directed support but it has come up in some of the engagement work that my party has been doing in recent weeks and even when I speak to party members on calls like this it does come up certainly where I am in Lanarkshire. So I think that has to be part of the review that the Cabinet Secretary has commissioned.

We talked about the workforce and we do have to level up we do need to see pay and conditions dramatically improved. In politics we do a lot of talking and sometimes we do very little by way of delivery. One of things that I am proud of in terms my contribution to the Covid 19 legislation was to get that amendment into the Number Two Emergency Bill which was the sick pay fund for carers. Again it shouldn't have taken a pandemic for MSPs to realise that there are some real inequalities and actually do we have fair work across the social care workforce? But I was having sleepless nights when I was hearing from trade unions and from workers directly, not always workers but sometimes their families, their other half, their son or daughter, saying my wife, my mum is going to have to work and they were worried because they don't have symptoms but they still might have Covid, they might be bringing at home. They might be taking that into clients' homes or into a care home. But if they don't go to their work, they won't get paid. The only get statutory sick pay and they can't afford to live off that. So that was a real dilemma and it shows you that when Parliament has to make decisions, we do get stuff done sometimes in a matter of hours and days.

And that gives me a lot of hope that we can achieve a lot in terms of a national care service between now and the dissolution of Parliament. So when I went to committee with that amendment it was voted down but, overnight, I worked with the Cabinet Secretary Jeane Freeman to reach a resolution and the next day when we had to vote at Stage III – Stage II was the day before which is unheard of in the Parliament – we got that through and it's not credit to me or the Cabinet Secretary, it is to the organisations and individuals were pushing us to do better. So it does sometimes feel that like it is politics and business as usual, but I do think there have been real changes in the way that we have worked in Parliament: people really have tried to step out. And this week I have singled out Angela Constance from the SNP for her speech in the Programme for Government debate which I felt was really standout and she has admitted that her consultation that she is doing is looking mostly at people's experience in care homes and I think that if we all pieced together the work that we are doing, we are definitely on the right track.

So again the workforce have been undervalued for far too long and I don't think it is any great coincidence that it is a predominantly female workforce. So again I think it reflects some of the structural inequalities in our society.

Annie has also talked about what social care does. I think when we see in the media what is written about social care, we just think of older people – it's about the elderly. I am glad that we have Tressa on today because we absolutely know that it is about people who are disabled as well. Annie talked about people who have addictions, whether that is drug or alcohol, whether or not they are in recovery. I have got an interest in that and one of the cross-party groups that I am on is the drug and alcohol misuse one. But mental health, as well, shows that in terms of the people who need social care or receive social care, there is a huge diversity of people.

I think there is an opportunity for a national care service to be a powerful expression of the new society the post-Covid Scotland that we all want to live in. There is a lot being said about the NHS and I think Annie is absolutely right in terms of that aspiration for parity in terms of standards is also is really important. But it's worth saying that not everything is perfect in the NHS, so I think that is important to make that point. Because sometimes people feel a bit lost in the NHS and they don't always feel that they have a choice. Part of my job is to help people when things have gone wrong in the NHS and sometimes I feel too immersed in the problems and the things that go wrong, rather than actually the wonderful things that are happening but it is important to hear that. The government this week committed to a Patient Safety Commissioner which is in response to some of the real medical injustices that we have seen not just in Scotland but across the UK, but when things go badly wrong in the NHS there is such a defensive culture and a siloed approach and it feels that the NHS closes ranks and patients feel that they don't really have much say. So, it's important that we are not just trying to match up to something that does not always meet everybody's needs and expectations.

I wanted to say something about Labour's survey over the summer because I totally take the point that nobody wants to make this an ideological exercise where the different parties just say 'we've got a better policy on a national care service', but it has been important for us to do it, to capture people's views and hear what people are saying. There is overwhelming support for a national care service and so far – and we have extended our consultation because of Covid it gives people more time to get involved – at the moment 92% of people surveyed told us that they don't think that the current system is working well for everybody; and in response to the question 'do you think that private companies should be able to profit from Scotland's care services?', 84% of people said no to that. And part of that is driven by people seeing the companies like HC-One: Home Farm was on Skye was bought over this week. But when people look at the accounts from HC-One and how they are structured and the Cayman Islands, people think what the hell is going on there? They just see companies that get public money, they see it leaking out of Scotland, never mind leaking out of the care system, but leaking out of Scotland. And they think there is no accountability there. And I think, more than anything else, people want accountability.

95% believe that Scotland's care services are under resources; 98% told us that Scotland's care social care staff deserve better pay and conditions and 90% said, that like the NHS, care services should be under greater public control.

So, overwhelmingly, they told us that they want a national care service. I think the job for all of us now is to work with the government to make sure that this review, that we can frontload it as much as possible because I don't want to get to January and find out that another piece of work needs to happen, we need to make sure that there is a lot of activity between now and January.

I have always said to my own colleagues and anyone else who will listen that it is not about getting to an election in March, April, May as we are, and that Scottish Labour has a manifesto commitment. It is about what we can actually deliver now, and I think there is a lot of genuine sentiment across Parliament on that.

Just a couple of final points. I have talked a little bit about accountability. What I found in terms of trying to get information about people's experience, both in terms of care at home and – Tressa is right – the amount of packages all social care packages that have been withdrawn literally overnight is absolutely terrifying and initially we were told that that could happen if a lot of people were off sick including social care workers, but it just doesn't make sense that that this support was withdrawn and never put back in. We have never had a proper explanation on that. So that is something that I have raised at the Covid committee with ministers, but we need to get on that case again.

But in terms of the Care Inspectorate, I have found it very hard to get a picture overall of what is happening in social care. In terms of inspections, it seems to me that there can be quite

long gaps between inspections and when there is a need for follow-up. The care home reports that we are seeing published in Parliament now are giving MSPs a bit of a snapshot about what is happening but I still feel very worried that for care homes that are struggling, they are not getting enough support quickly enough and we are too often relying on staff and families to blow the whistle and it just creates a culture of fear – and a fear of failure as well – because right now nobody expects everything to be going well, but it's about making sure that the providers who need the most support are getting it.

Obviously MSPs rely a lot on FOIs, and it has been really hard to get information and it's maybe not the best example to give but I've said to few people that it is easier to find out more about the performance and quality of white goods – if you go into by a fridge or a washing machine, you get a lot of information about how that performs and what to expect. But right now, families are telling me that they are frightened, and talking mainly about care homes, they don't know what is happening. We have had people who want to withdraw family members from the care system altogether, which is probably not an ideal thing to do. And on the other side of it we have care home operators we are worried about reputational damage and nobody's going to want to come to our care homes.

So the situation overall is there are no winners and that's why I think we need to get a national care service right, not to make politicians look good or to give local councils or government ministers more control, but to ensure people that they can live well and live their best lives.

I just want to finish with one reflection. A woman who got in touch with me recently – she is not a constituent so I'm not pinpointing the location but she lives in Scotland – and her mother is over 100 years old and she lives in a care home and this woman and her sister are the two main carers in the family. And only one of them has been able to see her during lockdown. It's right that we protect people, no matter where they live, from Covid and try to stop this virus from spreading. But I just wonder what good it is doing to say that we have got somebody in a room with a window to look out of, she has lived to over 100, one of the oldest women in Scotland, and her quality of life has really diminished. The immediate crisis that we face, and I'm not talking down the risks of Covid in any way, but people are telling me that they are worried that their loved ones are dying broken-hearted because they are lonely. They are isolated, the don't get to see a GP face-to-face, they don't get to see their family and we can't have a winter where people are sitting in car parks – it's just not going to work.

We have got immediate challenges and don't want the national care service to be a distraction from the other immediate issues that we need to deal with across social care, but I do think that we are all feeling it very personally because we are all humans, we all have families and we all have experience of social care and the NHS. So I want to make sure that I am part of

the solution in the time that I have left in Parliament and I hope that you will help me and all the other MSPs to do that and get it right.

Sarah

Monica thank you very much indeed. We will move to questions now and I'm delighted that we have had a flurry come in of more articular questions and I had written down so this is good. The first one I'll go to is from Shubhanna could the panel say something about what a national care system would actually mean for the approximately 1 million unpaid carers in Scotland? Will it give them more support or ensure that they are in control of their own support?

Tressa

I think that if care was provided in the right way at the right time, the right amount, then it would absolutely ease the burden on carers. I said in my remarks, I am not at all sure what the mechanics of this would be but if I picture in my head something like the way the Independent Living Fund runs, absolutely the people who use that service I delighted with the support that they are getting they are treated with dignity and respect and it relieves pressure on people and families. If you look at the Transitions Fund that they are running now for young disabled people, just the benefits of that. I'm not an expert on carers – my organisation is for disabled people and we come into contact with carers a lot I work alongside carers organisations – but I imagine that if it would benefit disabled people then it would benefit carers too.

Annie

I'm obviously not a proponent of a national care service so I'm not able to explain what it would do for carers or not. Whatever happens carers need to be moved up the list of priorities I would say. Tressa was talking about the number of people who had their care packages reduced or even removed at the beginning of the pandemic and a lot of that was due to assumptions that were made that family members would step in to provide the care. People in my own social circle had that happen to them because they happened to be present in the same house and related to this individual, suddenly it was assumed that they would take on full-time caring responsibilities and the state absolutely withdrew from them and that is not acceptable.

And it links with a couple of the things that other panellists have said. Firstly, about the accountability. £100 million has been made available to health and social care partnerships to keep the show on the road so I think there are very serious questions about why those people have not had their packages reinstated and why actually we've seen an increase in the number of unpaid carers doing a job without any kind of support rather than decreased it.

The other thing that Monica said about care home visiting. I have to watch myself here because my mother is in a care home and I either start shouting about this or I start crying. Family carers have been re-characterised as "visitors". I am sorry. We are not visitors. This is not a zoo. This is not a museum. These are our loved ones. We are not visitors and I think, there, the role of family carers not just in terms of looking at people in their own homes but continuing to care for their loved ones when they are in a care home, it is absolutely scandalous what is happened there and I support everything that Monica said about that and I have no idea how a national care service would address that because that should not be happening in any kind of system, never mind a utopian one that we are all going to design next. It is a really good question and I would like the answer to it.

Monica

My aspiration for a national care service is that it will be underpinned with adequate investment and funding because ultimately what I hear from the front line is that people don't have enough time to care, so the workforce say that everything they do – there watching the clock they just feel that they are handing out pills, filling in papers but they don't have time to sit and have conversations with the people that they are providing the social care to. And that weighs heavily on the minds of the workforce who go into the job because they care about people, they have a passion for it, they have real pride in that work. So, we do need to see substantial investment in social care right across the board. I think that so has a knock-on benefit for family carers because family carers are often then having to pick up the pieces when care is so rationed.

But I think there is a bigger answer to Shubhanna's question about unpaid carers and I think it is absolutely how we can transform how will care is delivered and also how we look at the economy and the link between social care and the economy. A lot of the family carers that I have had interaction with in my time in politics, many of them are still trying to hold down unpaid work and a lot of them have had to give work up and often it is women who are having to give up careers, women who are having to juggle childcare and perhaps looking after grandchildren and also providing care to older or disabled family members. There is a burden there that is not sustainable and also there is an opportunity to unleash the skills of unpaid carers because, if you think about what unpaid carers do, it is phenomenal and that needs to be valued by employers, by all sectors. Today is not a chance to get into that in greater detail better be happy to talk to Shubhanna and colleagues off-line about that.

I think if we can get the delivery and the shape of care right across the country then everyone will benefit from that and it's about people being able to live up to their potential and to live with dignity no matter the circumstances. Anyone of us could become a unpaid carer or become reliant on care so it's not about who is going to win or lose from this, we all have to

get this right for each other, which is my starting principle, but we will need to look at the mechanics in greater detail.

Annie

A lot of what I hear in this discussion is that greater investment needs to be made, and I don't think there's any argument about that. But we could do that now. What is it about a national care service that will actually make that different? What is it about the system that we have now that needs to change that isn't about putting more money into it? Because we could do that now.

Sarah

If I could move the us onto self-directed support. We have a question in from Colin. What would be the difference between a person-centred national care service and the Self-directed Support Act? Why would a national care service be implemented in a person centred way where self-directed support has not after 10 years?

Tressa

My line on this is probably going to be the same for everything and we are a proponent of a national care service because we just have lost absolute trust in the local authority system to deliver on human rights. Unfortunately, money is an excuse for everything. Money is an excuse to cut cut cut. So similarly, the difference between a person-centred national care service and the Self-directed Support Act. The Self-directed Support Act is wonderful. The Act in theory should have delivered everything. The Act wasn't the problem, it was the implementation, it was the mechanics it was the people it was the culture it was thinking that it was okay to cut people's packages and not award them as many points because they have a carer without taking into consideration that the carer works. There are so many things that were wrong with the implementation of self-directed support. I am a social worker to trade and I worked in Glasgow for many years. I could not work in the way that those people were expected to. It was awful for them. There is an issue about how social workers were treated in this. Nobody gets into it to do what has to be done with the implementation of self-directed support in Scotland and in Glasgow. I don't know about other authorities, but I do know that other authorities that are strapped for cash have modelled their behaviours on Glasgow and have their own issues to deal with. We are comparing a piece of legislation with an agency. My answer to that would be if we could model it on the ILF, if we could model it on Social Security Scotland, something new something that had principles embedded about dignity and respect in the way we treat people, something that would be a unyielding and would building the participation of the people with the lived experience – not just the people who get you social care but the others who need social care because there are so many who don't get to access it. I see it as an interesting question, but I think it is about embedding the principles,

principles that would take into account whether carers want to care. Do people actually want to do that unpaid work that we are so dependent on in this country? It is about having the participation of the people and their carers, people with lived experience, in designing a new system that has got all those principles that I talked about and I think that Social Security Scotland is a fantastic model. That is probably Glasgow Disability Alliance members only true experience of codesign is working with Social Security Scotland, because it is new they have not yet mucked up or made mistakes, nobody is defensive, everybody is open and willing to listen, some fantastic things have been done and we are so hopeful about the implementation of social security in Scotland and hit something along those lines then we would have hope. Whereas self-directed support as a piece of legislation is being implemented by local authorities who truly believe that there is no other way. These are not bad people. These are people trying to make sense of about of a set of circumstances they have, they think there is no other way but to cut cut cut. And although I am hearing from Annie, and others said this, that we could make these changes now, I'm not sure now having worked in Glasgow for 28 years if I'm not sure if the mindset and culture would allow it even if the money was there.

And the evidence that I have is that the Scottish government gave £100 million and packages are still being cut in Glasgow. We started hearing now not just of lockdown related cuts to packages but people receiving self-directed care in using the option to employ their own staff are starting to have their packages cut. Inexplicably. We don't have an understanding of why this is happening and yet we know there is this new money. So there's something about the system that is so toxic and so embedded and so closed down to new principles, leadership culture change, new ways of working. We cannot wait. Disabled people cannot wait. Human rights are being breached all over the place people are unable to wash, dress, eat, take their medication and carers lives are also being blighted by this. Something new is needed. I know we don't know the mechanics of it but we are so hopeful and willing to work alongside this review panel – hopefully if we can get in on it but that is another question – but we really really want change and change is needed now.

Annie

Now we're getting somewhere. There is likely to be an outbreak of ferocious agreement here in a minute because I don't think that money is the only problem. A lot of what is being said, the answer is more money.

On self-directed support, our organisation was funded years and years ago to get providers SDS ready so that the third sector with going to be ready to deliver this new fantastic thing that everybody supported and we did that and third sector supporters got SDS ready and then all that what they came up against was the same old procurement, competitive tendering. Here is your 80 page service specification, now how low can you bid to do it? We were SDS ready; the system was not. And I absolutely agree with Tressa about the failure of

implementation. The question is, will we have another go at that and I think what I'm hearing from Tressa is the answer is no. You cannot keep doing the same thing and expecting a different result is what I think you are saying. I think that is enormously interesting. And for me, as the saying goes, you can't hold to competing thoughts in your head at the same time. So you cannot really as an organisation believe in self-directed support and also believe in public procurement. These things simply do not exist in the same universe. You need to do one thing or the other. I think it's really interesting what Tressa is saying about codesign and the process. Social Security Scotland were absolutely exemplary in the way that they did that. What I would say about that is that it took them more than four months. It took them a lot longer than four months, and I think we have a pretty big ask of any review process that is going to engage in any kind of participatory process for them to do it by January. And I am worried about that.

Monica

It is a really valid and important question from Colin, and thanks to him and his organisation for all the fantastic work they are doing. I know that the Scottish Personal Assistant Employers Network have been concerned about people's right to, and their ability to access, their rights under SDS and I think is really important to say that the legislation is already there, the legal rights are there. I think in Scotland we haven't always been great at delivering so I won't rehearse it all again but Tressa was fired up there and rightly so and talked about some of the cultural issues and barriers. I think we are seeing a human rights crisis. I don't think it's unique to Scotland but I think Covid is making it more apparent than ever I think that we have seen blatant age and disability discrimination in some of the pandemic responses and that needs to stop. We need to have a proper discussion in Parliament about it, which is why we our getting the two monthly reports on the coronavirus is so important . We need to have an honest discussion about that. Again, this needs to be fed into the advisory group and I think that people will continue to make strong representations to be part of that and to be around the table. Also, without stating the obvious, there is an election the next year so there is an opportunity now to challenge all the parties and all the candidates. And also in local government. This is to be a bit of an obsession about what happens in Parliament, what MSPs are doing but the look role of local government and the look of role of local councillors is absolutely key in this and the health and social care partnerships. There are so many spheres of government, layers of bureaucracy, different boards; colleagues who sit on IJBs talk about agenda pages being 500 pages long and it's really difficult for anyone to read that never mind anyone be held to account on that. I just think that the way that we do public policy, the way deliver we deliver public services, all of that really needs to be looked at. There is a lot that is broken but there is a lot that is brilliant too and we really need to find the best bits and try and scale that up. Colin's question is right and certainly one that I will take back to Parliament and raise with ministers.

Sarah

I am going to try and combine what you have said in your question Lynn with one of my questions about good practice that already exists. Do we risk reinventing the wheel here or throwing the baby out with about bathwater if we are trying to weed out companies like HC-One, that one of you referred to earlier, if we moved to a national service, do we risk losing the small, private family run businesses that provide good care and are under immense pressure?

Annie

The short answer is yes because there are excellent support services in every sector and there are very weak support services in every sector. I have to fly the flag for the voluntary sector and the third sector here because, in my opening remarks I talked about the Care Inspectorate gradings and that is the only actual objective national measurement that we have of the quality of care service that is applied consistently across the country. And what we find is, in quality of care and support, the third sector by and large as a sector is on top and the public sector and the private sector are pretty much level pegging a bit far behind. In the private sector as in the third sector, you have this massive variety of approaches. Some people have remarked to me, and I think it's quite right, that a small family run care service is as different from HC-One as it is from one of the big charities. The governance arrangements of the provider isn't really a guide, I don't think necessarily, to how well it is going to perform and how well it's going to do. So for me we have been talking about, some politicians have been very vocal about this, about the elimination of private and there is no place for private profit in social care and for me that is profoundly political question and it is for politicians to resolve. Because there isn't really any evidence that you could bring that would be sufficient to rule out all the poor private sector providers and keep the others in. If it is a matter of principle, then it has to be either a moral question or a political question.

I can give you are bit of our parallel example from my own working life. I sat on the board of the charity regulator for eight years and we got pelters frankly for failing to come up with a charity test that excluded feepaying schools that didn't exclude anybody else but we didn't do that because it wasn't possible, as a regulator, to do that. You have to do that as a politician. The politicians who passed the act that led to the charity regulator, they ducked the question, they passed the buck to the charity regulator and the regulator wasn't able to do that because that is not a regulatory matter and it is not something that you can provide evidence on. I might have personal views on that but professionally I think it would be a very difficult to avoid checking out some quite good stuff on the basis of a principle that was a blanket ban on private companies being involved in care. I'm not saying nobody should do it, I'm just saying that it would have to be that the politicians that did it and not anybody else.

Monica

For me, as a point of principle, if we are starting afresh and we are creating a national care service then there wouldn't be that opportunity for private profit. It wouldn't be a business. We are not starting with a blank page, so we have to take stock of what is already there. So for me this is never been about just forcing through public ownership for the sake of it. I think the points of been well made by others today that we do see good practice across the board and we see bad practice across the board. I think there is a moral and ethical aspect to it that we cannot get away from but I think many people in Scotland, and our consultation survey reflects it, that people find it very distasteful to look at some of these companies that, on the face of it, said at the beginning of the pandemic that they couldn't afford to buy masks and gloves and PPE for their staff because costs had gone up, which they had, but at the same time we looked at shareholder dividends absolute lottery numbers. So when you look at that and you look at some of the staff who are on zero hour contracts, on poverty pay and conditions, it is really difficult to swallow that. I think there is definitely an appetite in the country to see that profit motive taken out of public services across the board.

But in terms of the challenge that we face in the immediate weeks and months ahead and whatever happened after the election, we have to take the system as it is and make it safer and better and responsive to people's needs as best we can. I don't think we're going to be a to flick a switch and see everything happen overnight. There could be a phased basis to this. I think it's also worth bearing in mind that in terms of the sector and talk about the private aspect of it, I think that our huge concern is now about viability and financial risk and some providers came into the market after the last financial crash. I was made redundant in 2008. I worked in housebuilding. I used to be a town planner and at that time a lot of companies, investment funds who had money in volume housebuilding were shifting their portfolios into land and new care homes were being built. It is a business. It is an investment. And that's why I make the distinction between those people on the front line delivering the care, they come into it because they are caring people. I'm not always sure that the people who own the businesses have come into it for the same reason. I think it's important that we make that distinction.

What we saw yesterday in terms of Home Farm on Skye, I don't fully understand yet exactly why that intervention took place for that one care home, is that the sign of things to come? Again, we need to have some consistency and accountability on that. The Health Secretary, for example, couldn't say if the company will make any profit out of that acquisition so that remains to be seen. But there is a concern in terms of financial viability. So, I think you might find there are some private providers who are approaching government and local authorities saying we need a bailout and that is part of the equation too.

Annie

I know that we have colleagues from Scottish Care who are listening and, far be it for me to be an apologist for private profit, but there are some really practical points as well as principles around this. First of all there is the issue of choice and if we really believe in choice for people then are we really saying to people you can choose that these things that we approve of but you can't choose that thing that you want. The other thing is, if you eliminate private companies from public funded care, can you also eliminate it for self-funders? Anybody can buy private schooling if they got enough money you can buy private healthcare you can buy private all kinds of things – if you can buy private social care then what you are going to create a worse two tier system than you have already got or have already got because what we do know about social care is that if you have gone money then you have to spend it. And that is perhaps another thing we might want to look at if we looking at a national approach. So do you really want the sector to recreate the same as we have around feepaying schools and all the issues around that where there is one system for rich people and there is another system for public funded people? I think that is something we really want to be careful of.

And the other thing and I agree with Monica that we need to look at the details about home farm but it was a pretty hefty price tag so if the public sector is going to acquire private companies en masse then, my goodness, they are going to need deep pockets to do that, and is that actually how you want to spend your investment that you are talking about? And then of course over time, certainly for care homes more than 80% of care homes are now operated by private companies and lot of care at home services, the practicalities then of transferring that to somewhere else is quite mind-boggling I think a

On the cost. Yes, okay, maybe some money is being siphoned out of the public care system but if you look at what is going into it, the private sector is much cheaper than the public sector as far as the cost of care is concerned, and yet there is not much between them when it comes quality when you look at the Care Inspectorate gradings so if you are looking at the sensible use of money, then you equally need to question the amount of money that is going into public sector care services because they are phenomenally expensive by comparison and yet they don't necessarily deliver a better quality of care. I think the point is already been made that not everybody is registered in the Cayman Islands. Some of these very small local owner-operated care services are struggling in the same way as the third sector, or any other external care service, is struggling financially.

It is a question of morals and of political principles but when you start to unpack how you are going to do it, you really start to come up against some quite serious questions.

Sarah

We have an interesting question from Camphill Scotland who say that it's often the case that more than one person in a family requires social care but their circumstances are treated in isolation which often ends up being counter-productive for everybody involved. Adding, I'd like to see the family as the hub of any national care service. How viable is this in Scotland?

Tressa

I would absolutely argue that the participation of people who need and use social care should absolutely be at the heart of a national care service and what you often find is that there are people who use social care, and this goes unnoticed – at first anyway – people who use social care services are often carers to others. So absolutely, the role of the family in any national care service should be taken into account and should be at the heart for example of the choices the choices the aspirations for people about how they want to live their life, where they live and who they live with. So that goes to the heart also of the United Nations Convention on the Rights of Disabled People where people should not be forced into living in group settings where they don't want to with other people. People should have a choice about where they live and with whom they live. That is in Article 19 and that relates to family. We also know that people have a right to family life, to home life, amongst other human rights as well. A system that was based on human rights would have that embedded in it and, yes, the most important thing will be taking to account the views and the needs and the aspirations of the family members. That's what would be comparable about nationalising social care alongside the NHS. We have really good principles in the NHS and I totally accept the comments that have been made earlier that it's not perfect, but there are such good principles and values and is really incumbent on doctors and nurses and health practitioners to make sure that the views of those who are receiving treatment are taken into account. The people directed their own treatment. I know it doesn't always happen, but it is a principle and it does happen a lot of the time. I say that as somebody who has a lifelong condition. I have MS and I attend all sorts of different specialists and that is something that I have personally experienced. So I think we could see a very similar practice being rolled out with a nationalised service where there is consistent standards to how we treat families in the way that we interact the dialogue of the relationship the contract that we have with people.

Annie

This is a debate that is most often conducted in children and family services rather than adult social care services and there are some quite interesting things that are coming out of the Independent Care Review (that is the review to care-experienced young people rather than the new care review) around family support and the absolutely critical importance of family support rather than looking at this person here has got something wrong with them how we can to sort that out. You do look at families. There is some learning there.

At the same time, we are all conscious those of us who are in this game for a while that you have to be very very careful not to conflate the needs and rights of the person who requires the support with the needs and rights of the unpaid carers, and we cannot assume that their interests will always be the same and sometimes we have to acknowledge that their rights will be conflicting. It is an attractive proposition but, again, like everything else we have talked about this morning that we is that we need to unpick the nuts and bolts of it a bit to make sure that is appropriate. But I think it is a very interesting model in children and families, people been talking about that for a long time.

Monica

There should always be flexibility and people should be able to get appropriate care for them. Both Tressa and Annie have made very good points. If Camphill Scotland have particular examples in mind, if they want to come and speak to me about that I can raise that with colleagues and appropriate partners. If people feel that they are facing lots of barriers in the way I think that the question hints at then I would be interested in learning more about it.

Sarah

I'd quite like to speak about interim steps. We have a representative of Unite with us today who says they hope that the Scottish government will set up a system of collective bargaining for the social care sector in Scotland. What do you think about that idea, which they say should come before any national care system? And are there any other interim steps that anyone wants to comment on that they think could be taken now to improve the situation now?

Annie

Somebody has just put in the chat something that could be fixed straightaway would be by stopping all competitive tendering now. Yes! Let's do that. That would be fab. That would be absolutely brilliant and in fact at the beginning of Covid, by mutual agreement, most authorities did stop tendering because they realised that everybody had much better things to do than fill out to tender applications and get involved in all that nonsense, and do you know what – the world did not end. We do not need to do this, and we could stop it now.

In respect of the collective bargaining that is really interesting because it was the Fair Work Convention the proposed last year in their report on social care that there ought to be the establishment of a new body which would, over time, take on a role in collective bargaining and from our point of view in CCPS, we were up for that. Again, it was one of the pieces of work that came to a bit of a shuddering halt back in March when we all had to stop what we were doing and do something else. But I think again that this is being proposed as an interim measure but that is not something that is going to be easy to do because we have hundreds and hundreds of employers and they would all have to sign up to collective bargaining and I'm

not sure how that could be imposed from above under employment law right now. Again it would need to be a collaborative effort where everybody was around the table and agreed to how that would work and that is not going to happen in four months. I don't see any objection to it as a principle because I think the levelling up absolutely needs to happen.

Monica

I completely support that, as does the Scottish Labour Party. My colleague Neil Findlay MSP tried to get a collective bargaining amendment into the coronavirus emergency legislation and it was knocked back. I think he raised it again with the First Minister in the chamber again this week she sounded sympathetic and obviously reference to fair work principles. I hear what Annie is saying about it could take a long time and could be difficult to do without that collaboration. I think there has to be that collaboration. The levelling up is just a nice thing to have – it is absolutely essential. We cannot continue to deliver social care on the backs of low paid workers. It's just not on. So, I think we just have to ramp up the demands for this. I think we have a workforce that really is at breaking point, a workforce that is traumatised and people are, if they get through this winter in the same jobs, they might be having serious thoughts about the future. If we've got a workforce crisis now, I do worry about how it could be next year and the years ahead. We absolutely need to get this right and the unions have done fantastic work on this and something my party will continue pushing for.

Annie

Just one thing on that, and I declare my interest as a Unison member here. If you are going to be collective bargaining, you need to know through your bargaining with and certainly in the third sector – and absolutely in the private sector – union membership is very low and we would also need to find another mechanism for worker voice, for employee voice, as well as trade unions because they represent a very small fraction of the social care workforce at the moment. That might change: if collective-bargaining were introduced they might join a union. At the moment they don't. So there are those kinds of structural things. But, otherwise, I wouldn't necessarily disagree with anything that Monica said at all.

Monica

And hopefully we will see trade union membership rise. I think that would be a very good thing to happen across sector.

Tressa

I completely support the idea of regulating and an increasing and improving standards of salaries and conditions for workers across social care. I would really be interested in the idea of collective-bargaining for people who actually use and need social care services. What is the contract between the state and the people whose human rights are being breached all over

the place? I am not undermining the fact that this is also happening to staff, it definitely is and that is a really important point, but I think the most important first step that needs to be taken in this review is the serious involvement in the review process by people who use services.

The government has funded Glasgow Disability Alliance and Inclusion Scotland to help them with the adult social care reform programme. We have been working on it for two years. They have people live policy panel we have an expert social group, now a network with hundreds of people in it. We are ready, willing and able to get involved. Of course, there are many hundreds of thousands of people across Scotland. We don't represent everybody. We don't try to. We just want to have as broad and as wide involvement as possible right down to the microlevel of people who are using services, giving their views and experiences and what will help in a review like this.

Annie

And I think Tressa has just put her finger on the single most attractive thing, if you like, about the national care service idea for me which would be some kind of renegotiation of the social contract between citizens and the state: what they are entitled to and under what circumstances and all the rest of it because, at the moment, in social care that is a very woolly. In the NHS it is much clearer, and many other public services is much clearer but in social care it is opaque. So that, right there, would be where we should start from.

Sarah

Thank you very much everyone. We have run out of time I'm afraid. Thank you so much to everyone who has posted a question my apologies for not getting on all of them but please do feel free to get in touch with us here at healthandcare.scot if you have a story to tell or an issue to raise based on what we've talked about. As this is only our second webinar on this scale, we would be very grateful if you could fill out the anonymous poll that will be left open for the next 10 minutes. And a quick plug for what we do here at healthandcare.scot. Please go to the bulletin tab to sign up. It is a free twice weekly publication straight to your inbox and covers what's happening in health and social care across Scotland.

There are other webinars that you can sign up to in the coming weeks including one with doctors and pharmacists discussing the conclusions and recommendations of the health committee's report into supply and demand for medicines will be joined by the committee's convener Lewis Macdonald and the Conservative shadow health secretary Donald Cameron.

We will be reporting on **this** discussion, so keep an eye on Twitter and Facebook and you can see more about it on our website. Please email us if you need a receipt. Thank you for joining this webinar and particular thanks to our speakers for what was a great discussion, so thank you to Annie Gunner Logan, Tressa Burke and Monica Lennon.