OFFICIAL REPORT
AITHISG OIFIGEIL

Health, Social Care and Sport Committee

Tuesday 17 May 2022

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

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HEALTH, SOCIAL CARE AND SPORT COMMITTEE
18th Meeting 2022, Session 6

CONVENER

*Gillian Martin (Aberdeenshire East) (SNP)

DEPUTY CONVENER

*Paul O'Kane (West Scotland) (Lab)

COMMITTEE MEMBERS

*Stephanie Callaghan (Uddingston and Bellshill) (SNP)
*Sandesh Gulhane (Glasgow) (Con)
*Emma Harper (South Scotland) (SNP)
*Gillian Mackay (Central Scotland) (Green)
*Carol Mochan (South Scotland) (Lab)
*David Torrance (Kirkcaldy) (SNP)
*Evelyn Tweed (Stirling) (SNP)
*Sue Webber (Lothian) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Kevin Stewart (Minister for Mental Wellbeing and Social Care)

CLERK TO THE COMMITTEE

Alex Bruce

LOCATION

The Sir Alexander Fleming Room (CR3)

Scottish Parliament

Health, Social Care and Sport Committee

Tuesday 17 May 2022

[The Convener opened the meeting at 09:30]

Decision on Taking Business in Private

The Convener (Gillian Martin): Welcome to the Health, Social Care and Sport Committee's 18th meeting in 2022. I have received no apologies from members.

The first item on our agenda is to make a decision on whether to take items 4 and 5 in private. Do members agree to take those items in private?

Members *indicated agreement.*

Social Care

09:30

The Convener: Our second item is an evidence session with the Minister for Mental Wellbeing and Social Care, which follows an evidence session on 22 February with stakeholders from the social care sector. The session focused on addressing challenges that are facing the social care sector, as highlighted by Audit Scotland's briefing on social care.

I welcome Kevin Stewart, the Minister for Mental Wellbeing and Social Care. The minister is accompanied by Scottish Government officials: Gillian Barclay is deputy director for the resilience and pressures unit and Donna Bell is director for social care and national care service development.

Minister, I believe that you have an opening statement.

The Minister for Mental Wellbeing and Social Care (Kevin Stewart): Yes, I do. Thank you, convener.

As you will be aware, Audit Scotland recognised that our commitment to a national care service indicates our recognition of the significant challenge within social care in Scotland. Indeed, the findings of the Audit Scotland report were largely in line with the independent review of adult social care that was led by Derek Feeley, which is precisely why we are acting now to further increase investment in social care and deliver a national care service by the end of this session of Parliament.

I am clear, though, that we should not wait to establish the national care service to take action where it is needed. Therefore, the Scottish Government will increase public investment in social care by 25 per cent over this session of Parliament so that, by the end of the session, we will have budgeted over £800 million more than current spending for increased annual support for social care.

In the latest programme for government, we restated our commitment to transformative social care reform, including the development of options for the removal of non-residential charging for adult social care. In addition, I have committed to invest £50 million over the life of this parliamentary session to support the regulation and development of the social services workforce through the Scottish Social Services Council. For unpaid carers, the Scottish Government announced an additional £4 million to help organisations working with unpaid carers to put expanded services in place.

Other more immediate action that I am happy to take questions on includes support for the workforce to address recruitment and retention issues, and work that is under way to develop the healthcare framework for adults living in care homes in Scotland.

For the interim steps, as well as the establishment of the national care service, we are committed to listening to the voices of lived experience. Conversations with those with lived experience are already informing our review of self-directed support. Keeping those with lived experience at the heart of our decision making will help us to shape a system that improves future services and makes things better for everyone.

The Convener: Thank you for that summary—it pre-empts my first line of questioning on the pace of implementation of things that will address some of the difficulties that our colleagues and stakeholders highlighted when we spoke to them.

You outlined the work that is going on around the national care service—we are not at the point of having a bill yet and we appreciate that you will not be able to talk about that until it is published, but I have a question on resourcing. There will be work to respond to the consultation and formulate the bill and, once the bill goes through Parliament, there will be work on setting up the national care service. On the other hand, there are all the actions that you are taking now, which you have outlined.

Can you tell me about the resourcing of both? People want to know that both will be fully resourced and that it will not be a case of resources being taken away from the things that are targeting issues now to go into the development of the national care service. Can you give me your thoughts on that?

Kevin Stewart: It is challenging—there is absolutely no doubt about that. A lot is going on in the social care sector. I am very lucky with the team that I have, which Gillian Barclay is part of and which is headed up by Donna Bell, and what they are doing at present. As I do, they recognise that we cannot wait for the national care service to make some of the change that is required. That means that we are having to do a lot of work—much of it at pace—to try to ensure that we are doing our level best for people in the here and now as well as formulating what change is required for the future.

For example, Gillian Barclay is looking on a daily basis at the pressures on social care right across the country; she is involved in the social care gold group, which meets fortnightly, and in my discussions with the cabinet secretary about health and social care partnerships, national health service boards and local authorities so that we improve the current situation.

The committee will be well aware of the pressures out there at the moment. We are not trying to hide from the fact that those pressures are out there and what the cabinet secretary and I and the team are doing is trying to ensure that the best practice that is going on out there is exported across the country. We are giving help and advice where we can to health and social care partnerships, NHS boards and local authorities in order to meet the challenge that is most definitely there.

I have said previously to the committee that we are at a precarious time in the pandemic. Lots of folk think that the pandemic period is over, but there are still huge pressures on the workforce. There are still folks off with Covid—the number is lessening, thank goodness, but other pressures are on the go at the moment. We are doing our best to be helpful in alleviating some of those pressures so that we can get back to some kind of normality.

A huge amount is going on and, as I say, I am very lucky to have the team that I have in Government. They are very active and we will continue to work at pace, not only on the formulation of the national care service but on reinvigoration as we recover from the pandemic.

The Convener: You mentioned listening to the voices of lived experience. I know that, initially, you were talking about that in relation to the formulation of the national care service, but you also said that you are listening to the voices of lived experience right now. What are those voices telling you about what needs to be done right now?

Kevin Stewart: Let us take, for example, a call that I had yesterday with disabled people's organisations, folks from the independent living movement and folks with lived experience of disability.

Although a lot of the conversation yesterday was about the national care service and how we move forward on that, folk also talked about the here and now, because that is relevant to them. A large part of yesterday's discussion was not about the national care service per se; a lot of folk were discussing the difficulties that people in certain parts of Scotland have in accessing self-directed support. The committee knows that there is a bit of a postcode lottery with that at the moment. In some parts of Scotland, the options that are available to people are restricted, which does not really conform to the Social Care (Self-directed Support) (Scotland) Act 2013 itself or to the spirit of the act.

At the moment, we are reviewing the guidance on self-directed support to make it easier and more understandable for people to access what is their right. That is one example from yesterday that is not focused on the national care service and is focused on the here and now. As the committee is aware, we are reviewing the guidance in order to improve the law for people.

The Convener: I want to ask about self-directed support, because that is one thing that is mentioned when we are out and about in our constituencies and speaking to people who have carers coming in or who have care needs.

Before I bring in Carol Mochan, I want to mention a good point that was made to me about self-directed support by one of my constituents when I was holding a street surgery. She said that her self-directed support is for her, because she is the one in her family with mobility issues. However, she is a mum and a wife and she has a family around her. The support is targeted only at her, which means that, for example, her meals are made but nothing can be done for anyone else in her family. However, if she were able to, she would be making meals for her family as well as herself. Do you hear such things about a whole-family approach? There is something in there about dignity.

Kevin Stewart: We hear a lot of different stories about where self-directed support does and does not work for individuals or their families. We have to look at some of the flexibilities that were in play during the pandemic to see whether they should be embedded as we move forward. I have heard stories of transformational change for individuals and families with self-directed support, but there are other cases in which the support has not gone far enough to meet the needs of the person who requires it.

One of the great things about my job is the ability to talk face to face—not often yet, unfortunately—or online with people about what does and does not work. It is quite amazing when I hear about cases in which SDS has made a difference for not only the individual who is being supported but the family as a whole. Such stories are the ones that we should be aspiring to as we move forward rather than having the current situation, which is still a bit of a postcode lottery, to say the least, when it comes to the delivery of support and services.

The Convener: Carol Mochan has some questions.

Carol Mochan (South Scotland) (Lab): Good morning, minister. Thank you for the introductory statement. I am keen to push you on timetabling and dates. I have two questions. I would like to hear a clear commitment with some dates for or an idea of when things will progress with the overall change to a national care service through the bill.

On implementation, I listened this morning to the evidence that we took in September, when people said that we need some actions now, which you have talked about. It is great that you have allocated funding and it was good to hear that your department is very busy—that is excellent. However, it is important for people to know what actions will be taken and what the timeframe is for that. What concrete things are you working on that will enable people to see a difference in the next year of the parliamentary session?

Kevin Stewart: As the committee well knows, I do not commit myself or promise anything unless I know that it can be delivered. Timelines are difficult, because we do not know what the coronavirus will do next and trying to second guess all this is not an easy thing to do. As always, I am more than happy to continue to brief the committee on where we are at in all aspects of our workstreams as we move forward.

09:45

On the timeline for the bill, we said that we would introduce it by the end of this parliamentary year. That is June, and we are on track to do that. However, I emphasise that it is not all about the bill or the formation of the national care service. We have a lot of work to do to ensure that we get back to some kind of normality—the remobilisation of social care.

The committee will be well aware of the actions that we have already taken. For example, on pay, we have introduced the minimum rate of £10.50 an hour. We are in discussions with the Convention of Scottish Local Authorities about conditions, and I hope that the newly elected members in our local authorities and whoever the new COSLA health spokesperson is will continue to engage with us on that.

I put on record that the previous spokesperson, Stuart Currie, who stood down at the recent election, was extremely co-operative. I think that we are in a good place with our local authority partners, because we all want to achieve the same thing. On that front, we also have to recognise that, at the moment, one of the big difficulties for me and the folks in local authorities is that we are dealing with 1,200 employers, but we will continue to try to make gains in that regard.

As I mentioned in my opening speech, another thing that I would like to see is the demise of eligibility criteria for non-residential services. I know that COSLA shares that ambition, but we have to work our way through that. As we have those discussions and negotiations and, I hope,

make progress, we will keep the committee informed. At the heart of all that change are people, of course, and getting it right for people—not only the workforce, but the folks who are being supported and receiving care.

The Convener: We move on to talk about the biggest issue that we hear about regarding the social care workforce. The questions will be led by David Torrance.

David Torrance (Kirkcaldy) (SNP): Good morning, minister. What evaluation has the Scottish Government made of the impact of the current commissioning arrangements on the social care workforce, and how could and should those be addressed?

Kevin Stewart: Commissioning is an aspect in which, I think it would be fair to say, there are vast differences—let us put it that way. Mr Torrance will be well aware, not only as an MSP but as a former local authority member, that commissioning arrangements can be vastly different in different parts of the country. We need to make changes there as we move forward. I have put great stock in ethical commissioning. That is extremely important. We have tried to provide some comfort to local authorities around changing their commissioning at the moment and I hope that we can make more progress on that front.

Let us look at what the independent review of adult social care said about current commissioning arrangements, because what we are trying to achieve is to begin to look at its recommendations and implement some of those.

I talked about trying to give comfort at the moment. On 6 December last year, the Government issued a Scottish procurement policy note, which was co-designed with key stakeholders, to advise public bodies that are involved in the commissioning and procurement of social care services of the action that they can take here and now to improve their commissioning practice. It is clear to the Government that, by taking action now to embed ethical commissioning and procurement principles, we can help public bodies and providers to fully engage in the new and changing responsibilities that will come with a national care service.

The procurement policy note includes advice on how to use resources well and how to extend or modify contract terms to support the transition arrangements, and it asks that, where a new procurement is required for community health and social care services, efforts are made to embed the ethical commissioning and procurement principles that I think we all want to see as we move forward.

David Torrance: You mentioned that there are nearly 1,200 employers, which must be difficult to control. However, Audit Scotland highlighted that 20 per cent of workers are not on permanent contracts, 11 per cent are on zero-hours contracts and 13 per cent work more than 50 hours a week. What is your view on establishing national minimum standards of pay and conditions for all social care workers, regardless of what sector they work in?

Kevin Stewart: One of the key principles of the national care service is to raise those standards and to look at national pay bargaining as we move forward. I am a great believer in fair work and the Government is committed to fair work principles, which will be embedded in the national care service. One of the reasons why so many of the employers who deliver social care are having difficulties with recruitment and retention at the moment is that they are not providing their workers with fair work. I am sure that many of you will have seen, as I have, that there is a lot of movement within the social care workforce. In many cases, that is the movement of folks who want permanent contracts, higher pay and better conditions—and who can blame them?

At the moment, the good employers out there—and there are some, without doubt—are gaining the benefits from the pay and conditions that they offer, and some of the employers who are not living up to the principles of fair work are losing employees. A lot of that is people fishing from the same pool, which is a difficult situation. It may resolve a tension in one area but cause one in another area. I hope that we can iron out that scenario as we move forward with fair work and national pay bargaining.

The other issue is attracting young people, in particular, to social care and social work. We have to show young folk how they can progress in their careers in those areas, which is not so easy at the moment. However, we have had discussions with the likes of NHS Education Scotland, the Open University and others to look at how we can provide better training, qualifications and education to make progression easier. We know that, during the course of their careers, some folk will want to flip jobs. It may well be that they want to go from social care to the health service or social work, or vice versa. Sometimes, that is not so easy to do, and we need to make it easier. In order to grow the workforce for the future, we have to make it much more attractive, particularly for young people. Career progression and career pathways are immensely important.

David Torrance: Minister, Audit Scotland highlighted the 5.1 per cent vacancy rate in the sector. How difficult has Brexit, along with United Kingdom immigration policy, made it for employers to recruit staff in this area?

Kevin Stewart: It has made matters for many very, very difficult. Some of you will have heard me mention before that, in conversation with one employer, I heard that they lost 40 per cent of their workforce in one of their facilities after Brexit. Folks chose to return home because of what happened and because of the feeling that there was a hostile environment. That has had an impact on service delivery. Some folk have said that we overegg the pudding when it comes to talking about Brexit, but that is a prime example of the impact that Brexit had on service delivery. Although I am not saying that every service lost 40 per cent of its staff, there are tales from right across Scotland about the impact of people returning to their home countries because they did not feel welcome in the UK any more.

I know that we have done our level best to try to reassure folk that they are welcome here in Scotland, but we lost a lot of good people who were delivering for our most vulnerable people.

Sue Webber (Lothian) (Con): I have a couple of things to ask you, minister. Thanks very much for coming along. It is nice to meet your team face to face at last.

You spoke about discussions with COSLA. When you are doing that procurement and commissioning exercise, is there scope to include minimum pay and terms and conditions? Could that be built into the procurement and commissioning of services to allow us to help the workforce on that?

Kevin Stewart: I hope that, with the comfort that we have provided through the procurement policy note that I talked about earlier, we can move to a type of ethical commissioning that has fair work at its heart.

We have drafted procurement rules in Scotland in a way that enables collaboration and discourages competition based on price. The rules enable preliminary market engagement with providers before starting a tender process and prevent a public contract being awarded on the basis of price alone. We want to see high standards; we want fair work to be at the very heart of all that we do. That is vital as we move forward. There are some folks who say that it is difficult to do that under the current procurement rules. Those folks are more than welcome to have conversations with my team or with the procurement team to give them comfort on how they should move forward on that front towards ethical procurement.

Sue Webber: I am leading on the next theme, on commissioning, so I will not drill down any further, but I have one more question—

The Convener: I was going to say that we have mentioned commissioning already, so if you want to go to your commissioning questions now, that would make sense.

Sue Webber: I have one more question on the workforce. Is that okay? It is a very quick one.

The Convener: Yes, and then we will need to take questions from others who want to talk about the workforce. A lot of you want to ask about the workforce, so please keep your questions short.

10:00

Sue Webber: Minister, you have mentioned the issue of workforce retention and recruitment. With a quarter of staff in the care sector leaving within the first three months of joining an organisation, what more can be done to stop that from happening and to keep those people in their roles?

Kevin Stewart: I touched on that earlier. It is absolutely right that folk take opportunities to move on if they are getting better terms and conditions. A lot of folk in the social care profession may be moving on after a period of time—staying within the social care profession but with better terms and conditions. Those employers whose conditions are not the best at the moment should be considering that because, every time they lose a member of staff, it is costing them—in recruitment costs and many other costs. It would be in their interest to act now to improve their pay and conditions.

I cannot remember off the top of my head what the number was, but the Coalition of Care and Support Providers in Scotland did a calculation not long ago of the cost of constant recruitment. We can provide the committee with that figure, I hope, but it was not insubstantial. Rather than constantly forking out money on recruitment, it may be best for some employers to invest and put in money to improve pay and conditions. Then they may be able to retain a lot more of their staff.

I will make this caveat a few times: I should once again say that there are employers out there who pay their staff well and have good conditions, and they are retaining their people.

The Convener: We will have a final question from Sue Webber, and I will then move on to Paul O'Kane.

Sue Webber: Can I move on to commissioning now, or are we still on workforce? Sorry, but there is such an overflow of questions.

The Convener: It depends how many questions you have. If you have lots of questions on commissioning, I will come back to you; if it is just one, that is fine.

Sue Webber: That is fine—thank you.

We have heard you speak about the ethical commissioning of care, and we also know that, sadly, services are commissioned and people are almost shoehorned into what is available and what services are there, rather than services being developed for them. How can we turn commissioning on its head to make the individual the centre of decision making?

Kevin Stewart: In all that we do—in the work of the Government, of integration joint boards, of local authorities and of NHS boards—we must listen more to the voices of lived experience. Let me be frank with the committee: some of the work that we are doing at the moment would not have been at the forefront of our minds, but issues have been brought to us by folks with lived experience. One of the key things for me about the national care service is ensuring that the voices of lived experience play a part in shaping services.

I might be a bit controversial here—that is not like me, I know—but it is a decade since I left local government. Looking at procurement now, from this place rather than from the local authority side, I can see some real changes that have happened in certain places.

One of the frustrations that I have—this is certainly a frustration for those who are supported and receive care—is that, in recent times, there has been more involvement in the formulation of the tender and the contract by the likes of accountants and the legal bods than there has been by front-line social care staff or folks who receive care. Quite frankly, we need to turn that on its head.

Paul O'Kane (West Scotland) (Lab): Good morning, minister. In evidence to the Public Audit Committee, the Auditor General said:

"We know that the social care workforce has been under immense pressure during the pandemic".

You spoke about that in your opening statement. The Auditor General went on to say:

"indeed, that was the case even before the pandemic ... The Scottish Government now needs to take action to improve working conditions for this vitally important workforce, otherwise it will not be able to deliver its ambitions"

in the longer term

"for social care."—[*Official Report, Public Audit Committee,* 3 March 2022; c 3.]

The Audit Scotland briefing outlines what those pressures and challenges are, and it is clear that there is an immediate need to resolve some of them.

I am also interested in the exacerbation of those issues by the cost of living crisis. It is very clear that many of these workers—who are very often women and lower-paid workers—are struggling to make ends meet and to be able to do their job because of the rising costs of getting to work between their shifts on public transport or in their car. What is your assessment of what needs to be done immediately to deal with some of that?

Kevin Stewart: There is a fair amount in there.

I highlight the point that the Government has raised pay for social care staff twice in the past year. The minimum pay has been £10.50 an hour from April this year. That is an increase of 12.9 per cent for those workers over the course of the year, and that increase is much greater than the increases south of the border and in Wales.

I agree with Mr O'Kane that the cost of living crisis is having an impact on everyone, including folk in the social care workforce. I appeal to the UK Government and the Chancellor of the Exchequer to get the finger oot, get on with an emergency budget and ensure that we are doing our level best for individuals and families throughout the country who are being impacted by the rises in fuel prices, energy costs and the cost of their weekly shop. I appeal to the chancellor to get the finger oot and take some action there.

On the specific issue of transportation costs and mileage that Mr O'Kane raised, I highlight the point that there are 1,200 employers out there. The Government is not the employer. Those employers need to step up to the plate, as well. The Government does not set the mileage rates that are paid to social care staff; they are agreed and set by their employers. However, we are actively engaged with our partners, including local government, to understand the impact that the increase in fuel prices is having across Scotland and how social care providers can support their staff through this period to ensure that they can continue to deliver the invaluable support that they provide.

We as a Government have a long-standing commitment to the principles of fair work for the social care sector, and we are fully committed to improving the experience of that workforce. As I have pointed out, that includes increasing the levels of pay and, as we move forward, delivering consistent fair work conditions to staff who work in social care in Scotland.

There is not a lot that I can do. I have no power to push the 1,200 employers into some actions, but the committee can be assured that we will continue that active engagement with local government to see how we can move forward on that front.

The Convener: A number of other colleagues want to come in on the workforce. Does Stephanie Callaghan still have a question on that?

Stephanie Callaghan (Uddingston and Bellshill) (SNP): Yes. The recommendations in the 2019 fair work convention report went way beyond pay and conditions. Can you provide us with examples of, or information about, plans for how social care workers will be involved in the design, development and delivery of the service?

Kevin Stewart: There is a lot going on in terms of fair work as part of our on-going work to set minimum standards for pay and conditions, as we move forward. The fair work in social care steering group that we established will continue to explore that across the entire spectrum of social care work. The group's work is critical; we are working on the objectives that were agreed with the group at the start of last year. I look to officials on my left and right to see whether I am right, but I understand that the steering group will meet tomorrow to agree new priorities. I will correct that later if it is not meeting tomorrow; it is certainly meeting very soon to look at the new priorities.

As I have already pointed out, we are taking action now with partners in local government and the care sector to accelerate improvements, including to levels of pay. We are also in discussions with the Convention of Scottish Local Authorities about our next steps on workforce development. Members might be aware that COSLA leaders took a paper on the issues to their final meeting before the local government elections. We will revisit that with the new and reinvigorated COSLA when it appoints new leadership and spokespeople.

We are fully committed to working in partnership with trade unions, staff and providers, including on recruitment, leadership at all levels, pay, terms and conditions, learning and development—which I touched on earlier—and career pathways. We will focus specifically on the commissioned-care sector in the first instance, but we will reach across the whole of adult social care.

I am sorry if I am going on for too long, but I am being as specific as possible about the 2019 fair work report. As part of our commitments from that report, we are ensuring that we move forward on social care workers having an effective voice in workplaces. We have included the requirement to consider effective-voice measures as part of fair work first procurement guidance, which includes there being appropriate channels to be heard, such as trade union recognition. I could go on at great length about that, but the convener is probably going to stop me.

10:15

The Convener: I am going to stop you. We have one more question on the workforce, which will probably lead on to quite a lot of our other questions.

Sandesh Gulhane (Glasgow) (Con): Good morning, minister. Let me give you an example of something that is, unfortunately, all too common. This example is from a home-help staff member, who told me that she gets only 15 minutes per client. She uses the term "client", not "patient", as do quite a lot of people—in fact, everyone does—in the sector.

The 15 minutes that the home help gets is for personal care. She puts food in the microwave, gives the medication and pills that are required—basically everything except giving the personal touch of having a sit down, holding a hand and having a gentle chat with the person, which might be their only contact with another human that day. The home help is in a huge rush to get to the next "client" because that travel time is not allocated time.

Now let us look at the other side of that coin—the patient perspective. The patient tells me that they feel rushed, as though there is no time for them and as though they are a burden. That is an example, but it is commonplace throughout our social care workforce. If both sides are saying that they feel rushed, is that acceptable? I assume that you will say that it is not acceptable, so how can we improve the situation in the short term, so that we can do things for people now and not have to wait for the big changes to occur?

Kevin Stewart: There are a number of things to address in that. A rushed visit is not good, either for the person who works in care or for the person who is being supported. Although I have heard examples that are exactly the same as that one, I have also heard examples of things working well for the folks who work in the sector and those who are receiving support and care. We need to look at those good examples and export them across the board.

Let me give you what is probably the best example that I have come across. I recently met Aberdeen's Granite Care Consortium, which is a group of third and independent sector organisations that came together to bid for a home-care contract in Aberdeen. During the pandemic, those organisations did something that I hope others will follow suit on—I have been encouraging others to do so. They gave their front-line staff the independence and autonomy to step up or step down care in order to meet the needs of the folk whom they support. As Dr Gulhane, the convener and the committee will understand, there is more stepping up of care than stepping down.

In my opinion, that person-centred approach, with independence being given to the person in the know—the person who goes in daily and can

see the needs of the patient—is the right way forward. We should have more independence and autonomy among front-line staff.

Some people would ask us to provide evidence that that makes a difference. We know that we have difficulties with delayed discharge across the country and that rates in some areas are much higher than they are in others. Dr Gulhane will know from his medical experience that the best way of stopping delayed discharge is to keep people out of hospital in the first place, and instead to provide for their needs at home, if that is at all possible.

For example, delayed discharges in Aberdeen stood at 19 on 26 April. That is very low compared to many other parts of the country, and it is particularly low compared to the other cities. The work in Aberdeen by the Granite Care Consortium and others on flexibility and stepping up care where that is required has meant that fewer folk have had to go into hospital. Flexibility and autonomy for the front line and understanding about meeting folks' needs make a real difference. That is what we need to be doing.

The Convener: That relates to the issues around self-directed support and flexibility in care.

We will move on to talk about retention of senior leaders.

Emma Harper (South Scotland) (SNP): Good morning, minister and officials. I have a couple of questions about leadership.

The Audit Scotland briefing states:

"The health and social care sector needs stable and collaborative leadership to address the ongoing challenges."

We previously took evidence about how we support leaders. I know that the Scottish Government can lead on leadership. What is it doing to address the challenges in retaining senior leaders in social care?

Kevin Stewart: There are always challenges in retaining some folk. The Government places great importance on its relationship with senior health and social care leaders. My officials regularly meet integration joint boards' chief officers, and I have been meeting chief officers almost monthly since I took office. Those meetings cover a wide range of topics, including leadership development and barriers to integration.

Officials recently met the executive group of chief officers to discuss what more support might be required—whether that is more capacity to provide peer support in learning, coaching and mentoring for individuals, or more structured programmes of support. We have also discussed engagement with wider staff groups to encourage participation in local and national strategic activity, with succession planning in mind.

The meetings that we have with chief officers also give them the ability to articulate what they are doing well and where they are having difficulties. There is also peer support, which is extremely important. At some points in the pandemic, folk felt that there was not enough time for that. All those things will be important as we move forward.

My role in all that is to listen to what is being said by chief officers about what barriers exist for them, and to see whether we can get rid of them. It is also to provide a forum to bring folk together for the support that is required.

Emma Harper: During the pandemic, everybody worked really hard and there was a lot of pressure, emotional stress and fatigue. Is that peer support partly about developing resilience among leadership and about looking at how we will expand the pool and be more inclusive in order to encourage more people into leadership positions?

Kevin Stewart: There is absolutely no doubt that resilience is a part of that. However, much of the focus in discussions has been on how we have all supported one another during what have been very difficult and stressful times for many of us. There have been lots of discussions around the mental wellbeing hub support that we have put in place, for example. Local examples of good practice in mental wellbeing support have been talked about in the national group and folk have implemented them in their areas.

Coming together to talk about such things can be not only good for learning but can be quite cathartic, because at points during the past period, many of us have felt a little bit alone. When we talk to others about what is happening to us, we find that people have been in similar positions. How do we help one another through all that?

Emma Harper: I have a final question about the—

The Convener: It will have to be quick because we need to move on to talk about data.

Emma Harper: Annie Gunner Logan talked about citizen leadership when she gave evidence. That is kind of what you are talking about in relation to identifying people with lived experience—unpaid carers and people who use care services. Is the Scottish Government doing any work to promote or enable citizen leadership?

Kevin Stewart: I would say that the work that we have done on the social covenant steering group is citizen leadership. However, citizen leadership is not just for the level of folk who will help us to co-design the NCS. We—not just

Government, but the public sector as a whole—need to listen to the voices of the very articulate and experienced folk who know how the system works, what works well, where the system does not work and where it has failed many of them. We need to listen to people as we shape the right care system for all.

The Convener: Sandesh Gulhane has questions on records and data.

Sandesh Gulhane: We always seem to come back to data. It is vital for anything that we do, especially if we are looking to make changes. I have two questions.

One of the messages that we got from Audit Scotland was that an unwillingness or inability to share information, along with the lack of relevant data, means that there are major gaps in the information that is needed to inform improvements in social care. If we do not have that information, what data are you examining and how are you responding to Audit Scotland's comment in your push forwards on a national care service?

Kevin Stewart: I have previously given frank answers to questions on data, particularly in the chamber to Ms Mackay, who has vociferously asked numerous questions on that front.

We have implemented a data improvement programme, working together with local and national partners. That should challenge the issues regarding the consistency and quality of social care data and with data sharing. It should also address gaps on unmet need, workforce data and modelling future demand. That programme is developing and I am more than happy to come back to the committee or otherwise inform it of the improvement work that is going on in the short to medium term.

We must get that right in the transition to the national care service. As part of the work, we have been working with Public Health Scotland, IJBs, NHS boards and local authorities to improve management information on pressures on the health and social care system. That will enable us to respond collectively to pressures and issues arising, as well as to improve planning for the future.

10:30

A vital aspect of this is our proposal for the national care record. One of the key issues for many people who are accessing care is the number of times that they have to repeat their story. That is often frustrating and can be triggering, because they are having to repeat difficult stories again and again. The national care record will make a real difference by ensuring that we get it right for people as we move forward.

I am more than happy to continue to update the committee on what we are doing to improve data.

The Convener: Sandesh, have you anything else to ask?

Sandesh Gulhane: Yes, I do. Minister, could you let me know, briefly, about the timeline for the data that you have just told us about?

Kevin Stewart: I will write to the committee with indicative timelines. I do not want to be specific about any of this, because, as the committee will be well aware, this is an ever-moving feast. I am also, as are my officials, reliant on other partners in all this. However, we will give you indicative timelines.

Sandesh Gulhane: My last question is, again, on data. According to the report on the national care service consultation, many respondents highlighted issues with the length of the questionnaire, the short space of time in which they could prepare a response, the lack of detail on proposals, and the nature of some questions that were thought to be leading the respondents to a particular answer. According to the section on feedback, 33 per cent of respondents said that they were dissatisfied with the consultation process.

That being the case, data is, again, important. How do you respond to a consultation that includes that type of feedback, and how do we go forward to ensure that we get the information that we want?

Kevin Stewart: There are many different views on the national care service consultation, and I think that it would be fair to say that I have heard them all. Some folk thought that the consultation was too long, some thought it was too short, others felt that some of the questions that they wanted to see were not there. The list goes on.

The NCS consultation is not the end of the engagement on the service. I have made it very clear, right from the beginning, that, as we move forward, we must continue to talk to, listen to and consult with stakeholders, and in particular the voices of lived experience, in order for us to get this absolutely right.

That is why the work will continue throughout. It will go on as the bill progresses, and beyond the bill as we shape the NCS. It is not just about the legislation or the regulation; it is also about the cultural change that is required. There will continue to be engagement on the NCS all the way through.

As I have said to the committee time and again, and will probably continue to say as we move forward, I am very keen to hear the voices of lived experience. We need to hear those voices as we shape social care for the future.

The Convener: We will move on to talking about financial planning for everything that you have talked about today, whether the national care service or the improvements that you are making.

Stephanie Callaghan: We have known for quite a long time from the Christie commission report and so on about the shift that needs to be made from critical to preventative care. Indeed, that is something that I think we can all agree on. Have we looked at the level of unmet need and what it would cost to meet it, instead of just looking at how we meet substantial and critical needs? Is there a greater cost in not meeting those needs from the point of view of prevention and keeping people well?

Kevin Stewart: Crises cost a lot of money, and there is also the human cost of not dealing with things early. The move to the preventative approach will save a lot of money that can be reinvested as well as stop some of the human costs of not getting this right. We know, because we have heard it from people themselves, that, where the focus has been on prevention, it has been much better for people and over the piece is much less costly for the public purse. It is very difficult for me to relay these things, because there is always the danger of identifying people, but I have heard stories of folks moving from almost constant crisis to a situation in which self-directed support has worked for them and crisis is now very rare. That is what makes the odds for folks, and it is less costly.

As we move forward, we have to analyse what is happening, and we will carry out tests of change to see what the financial impacts of these changes are. However, having listened to the stories of people's day-to-day lives, I think it is beyond doubt that the move to prevention lessens the difficulties that they face, stops some of the horror stories that we have all heard about happening and is much less costly than crisis intervention, which costs a lot.

Stephanie Callaghan: Earlier, you gave us the very good example of Granite Care Consortium—I hope that I got the name right—and front-line staff being able to step up care to prevent people from going into hospital and then to step down that care. How can we measure the effectiveness of our investment in prevention and build that evidence so that we can deliver this right across the board at national level?

Kevin Stewart: Sometimes it is very difficult to build that evidence base. I gave the example about stepped-up and stepped-down care, but can I—or, indeed, those folk in Aberdeen—tell you in the here and now how many folk have been prevented from going into hospital? That is a very difficult thing to do. It is not so easy to work out what that stepping up has or has not done.

However, we know that the approach has been helpful for people. We can make the broad assumption—and it would not be far off the mark—that it has probably saved a lot of people from going in through the hospital front door. It is also one of the reasons for the lower number of delayed discharges in Aberdeen compared with many of our other cities. As I have said, these things are sometimes very difficult to measure, particularly in the short term, but the broad assumption that the approach has been helpful in keeping folk out of acute services would not be off the mark.

Stephanie Callaghan: I have a short question to finish up. Has any work been done on, or is there any interest in having, a dashboard of wellbeing indicators from which we can get feedback from individuals on how they are doing? I am stealing that idea from the Education, Children and Young People Committee, which I also sit on. As we have seen from the evidence, data can be heard to measure and it can be difficult to get the information. Is that something that you have looked at or would consider looking at in the future?

Kevin Stewart: I am not afraid of pinching, stealing or plagiarising, Ms Callaghan. We will have a look at the dashboard that education is using and consider whether it would be useful to us as we move forward.

Stephanie Callaghan: It is a work in progress.

The Convener: We will spend our remaining time on questions on the national care service, which, inevitably, has peppered our discussions so far—it has been the backdrop of everything that we have talked about.

Gillian Mackay (Central Scotland) (Green): Good morning, minister. One of the criticisms of the public consultation on the NCS was that there needs to be more public engagement and more involvement from clients and other people who access care and support. We have touched on the matter a lot already this morning, but what is your response to that, and what work is being done to ensure that more people are involved during the consultation and implementation processes?

Kevin Stewart: I will continue to listen to folk—I gave the example of my meeting yesterday—and officials continue to do so on a daily basis. It might be useful if we provided the committee with an idea of what has been going on in the past month or two both from my perspective and from the officials' perspective. Some folk have said, "Oh, you've been quite quiet during the pre-election period," and there were obviously things that we could not say at that time. Even so, we have continued to talk to stakeholders, listen to them and take on board what they have to say. At the

very heart of it all is listening to the voices of lived experience, which, as far as I am concerned, is key.

Gillian Mackay: Another issue that was raised by respondents to the consultation was that the paper focused on organisational restructuring and did not focus as much on the transformative cultural change that is needed, which would prioritise person-centred services. What is your response, and how will you ensure that structural change is matched by the cultural change that is needed?

Kevin Stewart: We often concentrate on the legislation and regulation. Sometimes, it is difficult to legislate for or regulate cultural change. We know that we have a job of work to do with regard to changing culture, particularly in certain areas, by which I do not necessarily mean geographical areas.

One of the main ways in which we change the culture is to ensure that the voices of lived experience remain at the heart of all that we do, at not only national but local level. That is why I am very keen to ensure that the voices of lived experience have a role and a vote on care boards. I hope that that will come to fruition, because I think that it will change the dynamic a great deal.

I know that in many parts of the country, folks with lived experience are already at the table, but I want them at the table with a vote, because that will make a real difference in relation to cultural change.

The Convener: Thank you. Evelyn Tweed has some questions.

10:45

Evelyn Tweed (Stirling) (SNP): The Scottish Government published an analysis of stakeholders' responses to the NCS consultation. That showed that 77 per cent of respondents felt that the main benefit of the national care service would be its taking responsibility for improvement across community health and care services, which would mean more consistent outcomes for people.

Minister, are you confident that there will be more consistent outcomes for people? Can that be achieved?

Kevin Stewart: Yes, it can be achieved. That is the reason for doing all this. The postcode lottery has had a real impact on some folk. It is quite bizarre. I may have touched on this with the committee before. There can be differences in service delivery even within local authority health and social care partnership areas, which can be really frustrating for people. I may previously have given an example from the convener's constituency. Someone who lived there was absolutely, completely and utterly annoyed that service delivery for them was so different to service delivery in Peterhead, which is not in the convener's constituency but is within the same local authority area and the same health and social care partnership.

My confidence that service delivery will improve towards getting it right for all is down to the bringing in of national care quality standards. The folks who are delivering and supporting people will know what is expected of them; the folks who are being supported will know what they should expect. It is probably true that inconsistencies in service delivery have led to a fair amount of correspondence to the mailbags and inboxes of everyone around this table. Getting rid of those inconsistencies is one of the main reasons for doing this. I am confident that we will get the national care standards right and create a fairer situation for all.

Some people have argued that standards in their area are already the best. They feel that the NCS may pull those standards down. We will aspire to reach those highest standards.

Paul O'Kane: Audit Scotland is particularly concerned about, or interested in, the learning that can be taken from previous public sector reform. Its analysis highlights that the expected benefits are often not clearly defined and that, even where they are defined, they are not always delivered, particularly in the short term. Are you confident that the benefits have been defined and can be delivered?

Kevin Stewart: We have given a really good outline of what we want to do. You ask about defining benefits. Whose benefits are we defining? There are benefits for the public service itself, and for people using it—the list goes on. We must continue to work on defining what the benefits are. We will continue analysing all of that.

I go back to the report by the Christie commission: the key thing is to look at a joined-up approach and to get rid of the silos that still, unfortunately, exist. No matter what is in, or out, of the national care service, making the transition phases much better for people will be a major benefit. Without doubt, there will be a huge amount that will benefit people and the public sector as a whole. We will continue to work on all of that, and I am sure that Mr O'Kane will continue to scrutinise whether those benefits become a reality. I am hopeful that we will make real change, particularly for the good of folks.

Paul O'Kane: I certainly will—scrutiny is the job of all of us so that we get this right.

I wonder if I can just scrutinise the benefits and the understanding of them among the respondents to the consultation. We have heard that the

Government's analysis acknowledges that a large number of criticisms were made in the consultation process, in all formats of submission. Two of the principal reasons that were given were the complexity of the issues and the lack of detail in the proposals. Does the minister accept that people are struggling to engage and to understand the benefits that we have just talked about? I know that the minister has committed to further engagement work, but it is clear that people want to see that detail and to continue that conversation.

Kevin Stewart: Mr O'Kane talks about the complexity of the consultation; other folk said that it was not complex enough. I recognise that folks always want more detail but, at the same time, in the areas where there was more detail in the consultation, some folks said, "Oh well, you've already made up your mind on that issue." Sometimes, ye canna win in these regards. However, folk recognise where the Government is going with all of this—most stakeholders recognise that the consultation is only one part of the process. We will continue to discuss where we need to go with stakeholders and listen to the voices of lived experience, and that will include discussion of the benefits.

I am absolutely convinced that the service will be beneficial for all. We need to grasp the opportunity to get it right and ensure that we are doing the right thing in shaping the future of social care in Scotland.

Evelyn Tweed: How many people does the Scottish Government estimate could benefit from care where it is not in place now?

Kevin Stewart: Gosh—I think that I have that number somewhere, but I am not sure that I can find it. [*Interruption*.] Oh! Ms Bell has the information—she is much more on the ball than I am.

The independent review of adult social care estimated that approximately 36,000 people who would benefit from access to social care support do not have access to it at the moment.

Sandesh Gulhane: I am truly concerned by recommendations that the new community health and social care boards should be in charge of general practitioner contractual arrangements. Integration is important but, with a few exceptions, the HSCPs have failed to engage well with practices. The GP contract is national, not local.

The Convener: Mr Gulhane, we are talking about social care, not GP practices. I am not entirely sure that we are asking the right person about this. Is there a social care aspect to your question?

Sandesh Gulhane: It is in the national care consultation.

The Convener: Okay.

Sandesh Gulhane: The British Medical Association, through its Scottish GP committee, has said that it was not consulted on the recommendation, and that it is against it. I believe that the Royal College of General Practitioners is against it, too. Why do you want to make those changes and what benefits do you envisage arising from them?

Kevin Stewart: We asked a number of questions in the consultation in order to get the views of stakeholders, including the BMA, and folks with lived experience. No decision has been taken on that move.

The Convener: I am sorry if I caused confusion. I thought that Sandesh Gulhane was going to ask about GP contracts, and I thought that it might be better to put those questions to the cabinet secretary, but I apologise if I got that wrong.

Sue Webber: Minister, you said that your intention is to increase spending on social care during the current parliamentary session by 25 per cent. Where is that money coming from? There could be up to £1 billion in so-called new money from national insurance consequentials. Is the intention that that money will be ring fenced? Will it be over and above that 25 per cent?

Kevin Stewart: We have committed to enhancement by £800 million, but we have had no indication from the UK Treasury of what money we are likely to get as a result of the rise in national insurance. Ms Webber might be able to help the Scottish Government in that regard. If she has a word in Rishi Sunak's shell-like so that we finally get some numbers out of him and find out how Scotland will benefit, I might be in a better position to answer her question. However, we have committed to the £800 million.

Emma Harper: I have a quick question relating to what Sandesh Gulhane said about the questions in the consultation. Is it not the case that we sometimes ask difficult questions in order to elicit out-of-the-box thinking about changes or new ways of working? The process that we follow sometimes involves asking questions that folk might not like.

Kevin Stewart: Absolutely. A lot of the questions in the consultation came from suggestions and views from the voices of lived experience. We ask some difficult questions; that is how consultations work. The question about the GP contract came directly from the recommendation from Derek Feeley's independent review. If we had not asked that question, people

would have said that we had ignored a Feeley recommendation.

The Convener: I thank the minister, Ms Bell and Ms Barclay for their time this morning. There will be a short suspension to allow the minister and his officials to leave.

10:58

Meeting suspended.

10:59

On resuming—

Subordinate Legislation

Genetically Modified Food and Feed (Authorisations) (Scotland) Regulations 2022 (SSI 2022/137)

The Convener: Agenda item 3 is consideration of a negative instrument: the Genetically Modified Food and Feed (Authorisations) (Scotland) Regulations 2022. The regulations authorise five new types of genetically modified maize and soybean products for use in food and animal feed sold in Scotland. They also renew authorisation for the continuing use of four genetically modified maize products.

The Delegated Powers and Law Reform Committee considered the instrument at its meeting on 10 May 2022, when it agreed to draw the instrument to the attention of the Parliament under the general reporting ground in respect of an error in paragraphs 4(2) of schedules 3, 4 and 7. The document reference number is incorrectly stated to be EURL-VL-0417VP rather than EURL-VL-03/12VP. In response to correspondence from the DPLR Committee, the Scottish Government acknowledged that there is a referencing error in the instrument, but it does not propose to correct it.

No motions to annul have been lodged in relation to the instrument. Do members have any comments that they wish to make?

Gillian Mackay: The Genetically Modified Food and Feed (Authorisations) (Scotland) Regulations 2022 authorise nine GM food and feed products, making them available for consumption in Scotland. The Scottish Greens have long-standing concerns about the environmental impact of genetically modified crops, which are not properly addressed in the regulations. Our concern is that our status as a GM-free country will be eroded by the decision.

I also note our strong concern about the constitutional implications of the regulations and, indeed, other decisions about GM products. Scotland should have the power to make the decisions that it sees fit to protect the environment and the public. However, the reality is that it does not matter what decision we make about the regulations or any future authorisations for GM food or feed. Even if we were to withhold authorisation, that would have no material impact, because the UK has already allowed access to such products and, as a result of the United Kingdom Internal Market Act 2020, the Scottish Parliament cannot choose a different path.

The Convener: Thank you. That is on the record.

As no other members have any comments, notwithstanding Gillian Mackay's views, does the committee agree not to make any recommendations in relation to the instrument?

Members *indicated agreement.*

The Convener: At our next meeting, on 24 May, the committee will begin to take evidence as part of our inquiry into health inequalities.

That concludes the public part of our meeting.

11:02

Meeting continued in private until 11:20.

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