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Health, Care and Sport Committee
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3rd Meeting, 2026 (Session 6)

Overview of key issues in the social care sector in Scotland

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- **Donald McAskill, Chief Executive, Scottish Care**
- **Rachel Cackett, Chief Executive, Coalition of Care and Support Providers in Scotland**
- **Paul Traynor, Head of External Affairs (Scotland), Carers Trust**
- **Donald Macleod, Chief Executive, Self Directed Support Scotland**
- **Gareth Adam-Hammond, Chief Inspector for Registration and Complaints, Care Inspectorate**

The following had sent submissions at time of writing: Carers Trust, CCPS, CoSLA, Care Inspectorate, SDS Scotland

Introduction and background

This meeting will allow Members to hear from a range of key social care stakeholders. It will build on issues raised at the previous meeting by exploring where healthcare, social care, integration and the third sector intersect. Those appearing all have particular perspectives and views on the opportunities, successes and challenges in social care, representing local government, independent care providers, voluntary sector care providers, unpaid carers, users of care and support services and the regulator of all care services.

This paper will refer to submissions, as well as publications from their organisations. Inevitably, the content of the 'themes' overlaps, and while what is covered is not exhaustive, it is hoped that there is sufficient information to allow for an open exploration of the issues.

In the Programme for Government, the Government outlined intentions which positioned Health and Social Care at the centre of its public service reform agenda. This included signalling an intention to simplify the NHS by replacing the current 14 territorial Health Boards with two Strategic Health Boards. In his statement the First Minister also said, specifically about social care:

> "Right now, the arrangements we have in place to manage social care in Scotland are overly complex, with competing lines of accountability. No one understands this more than those on the front line delivering these services.
>
> "Decisions on social care at a council level impact on the health service and the NHS's ability to deal with problems like delayed discharge…
>
> "…I do not seek to be prescriptive, but I cannot see us resolving the fundamental challenges facing social care without a single line of decision-making, accountability and funding, with the NHS taking the lead."

In effect, this could move accountability for social care from local authorities to Scottish Ministers, through their accountability for the NHS. He did not mention integration authorities, or integration in his speech, although the PfG does state the 'National Flow Plan' will 'support efforts to improve further the integration of health and social care services.'

The First Minister also announced a further £175 million towards the Real Living Wage uplifts for workers providing direct care in commissioned services.

He also confirmed the introduction of sectoral pay bargaining in social care.

A very brief overview of social care

Social care encompasses all forms of personal and practical support for people of all ages to enable them to live as independently as possible. Services include care at home, such as help with washing, dressing and feeding as well as residential care in a care home.

A social worker assesses needs, and if those needs reach the local eligibility threshold, which is based on nationally agreed eligibility criteria (see para 7), someone's ability to contribute to the cost of their care and support will also be assessed. If the assessed need is for personal and nursing care, then it is free for anyone who needs it, and funded by the local authority. Local authorities can charge for certain services such as alarms and meal deliveries. The eligibility criteria are based on intensity of risk arranged into four bands: critical, substantial, moderate and low.

People access social care in Scotland through Self-Directed Support. This is a system which intends to place an individual in control of the care and support they receive, through 'direct payments' or three other 'Options', entailing different levels of local authority or third party involvement, to enable them to exercise the maximum control over their own care and support.

In the Key Issues for Session 7 briefing from SPICe, social care and social care funding was covered.

The Key Issues briefing also highlighted some of the main, high-level pressures and issues likely to continue to remain relevant to the sector over the coming years:

- Demographic change – an ageing population, particularly over 75 year olds up to 2049, with increased complexity of need, coupled with fewer younger people.
- Along with demographic change comes the likelihood that more people will be involved in unpaid caring, potentially with responsibilities for children and ageing parents, for example. Most unpaid carers are women.
- Price effects: general price inflation within health and social services means increased costs for individuals and services, as do rising energy costs and increased pay.
- Non-demographic growth: demand-led growth, generated by increased public expectations and advances in new technology or service developments.
- Workforce requirements and sustainability of services, most of which (80%) are provided by private, independent or third sector organisations.
- Rurality and remoteness: the geography of Scotland includes many rural and remote areas where all the above pressures impact more acutely.
- Changes to UK immigration policy for health and social care staff: overseas recruitment of social care workers ended on 22 July 2025.

Theme 1 - Integration, social care and the Programme for Government

Legislation to implement health and social care integration came into force on 1 April 2016, and represented the most significant step towards public service reform

in Scotland to date. This brought together NHS and local council care services under one partnership arrangement for each area. In total, 31 local partnerships were set up across Scotland, and they manage around £13 billion of health and social care resources. NHS and local council care services are jointly responsible for the health and care needs of people, aiming to ensure that those who use services get the right care and support whatever their needs.
Audit Scotland's 2018 update on the progress of integration highlighted that Integration Authorities had introduced more collaborative ways of delivering services and had made improvements in several areas of integration, however there remained significant concerns around financial planning, governance and strategic planning arrangements and leadership capacity, as well as the slow pace of integration.
The Independent Review of Adult Social Care in Scotland (also known as the Feeley review) in 2021 argued that a lack of integration at national level is contributing to unacceptable variation in local progress.

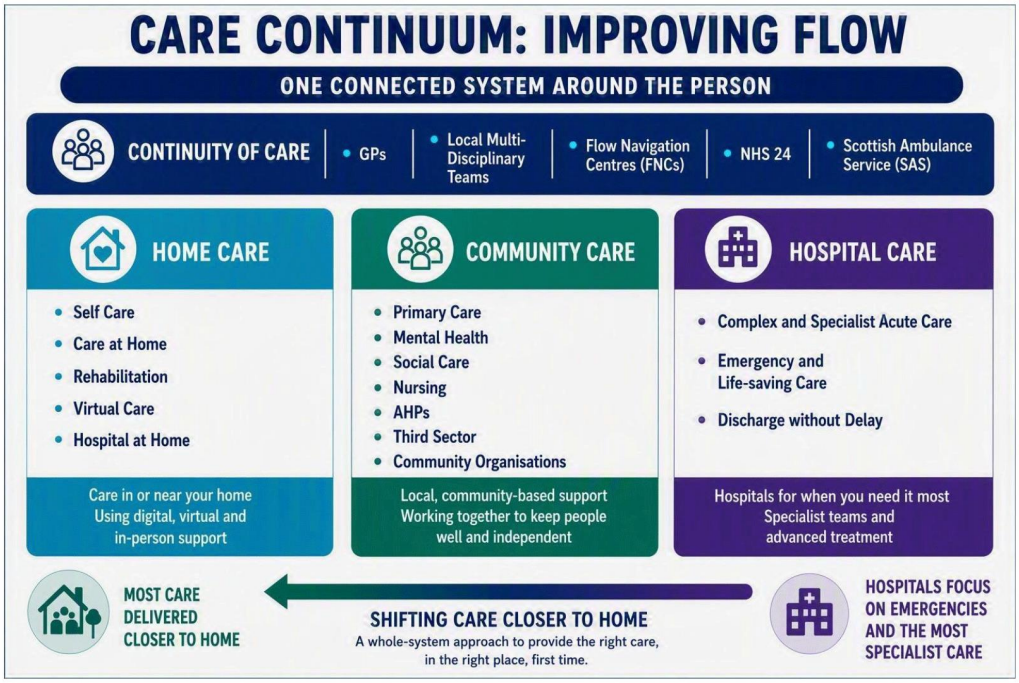
Following the substantial changes to the legislation to create a National Care Service, which removed the proposed structural changes and direct control from Scottish Ministers, the Scottish Government is pursuing efforts to improve integrated services through policy focus and Public Sector Reform, the details of which are yet to be published. All facets of social care and support could come under the heading of 'integration', and are covered elsewhere in the paper, but one area where the challenge of integration remains manifest is where hospitals meet care, at the point of discharge from hospital.

Delayed discharge – where health services meet care services

The Scottish Government recently wrote to the Committee about the new Health and Care Improving Flow Plan 2026 – 2031. This is addressed to the public. It is about hospital flow, citing the pressure on hospitals from delayed discharge, the situation where a person remains in hospital when they are deemed clinically fit for discharge. This can be for a range of reasons. The ambition of the plan is for

> "one connected system, simple routes to care, ensuring every person receives the most appropriate response as quickly as possible".

The Plan presents how services are linked on a continuum, but with most of the care delivered either at home on in the community, with hospital care reserved for acute complex and specialist care, and emergency and life-saving care. However, the governance across health and social care, without the introduction of a national care service, or fundamental structural reform, maintains a 'system' governed by very different legislation and organisation.



Source: Scottish Government

CCPS published a short paper in August 2026 on the role and potential of the not-for-profit social care sector in reducing delays in discharge from hospital. The paper calls for a bold, system-wide approach, argues that delayed discharge is not primarily due to operational failures but more down to insufficient funding to ensure sustainability of the not-for-profit sector, that funding doesn't cover the true cost of care, and that the commissioning model does not allow for any spare (responsive) capacity, hampering any ability to respond immediately when someone is ready for discharge.

In January 2026, Audit Scotland published Delayed discharges: A symptom of the challenges facing health and social care which presented the data around delayed discharge and the impacts on people, hospital flow and costs. The report frames the problem, describes what is happening and what needs to happen. It recommends that the Population Health Framework, the Health and Social Care Renewal Framework are used as a common focus for prevention across health and social care. It highlights that clear lines of accountability and decision-making are needed across the many stakeholders. It also highlights that a consistent approach to evaluating initiatives, their impacts and costs versus outcomes is urgently required.

Some potential key areas to explore:

- Implications of the proposals set out in the First Minister's speech on 1 September and the Programme for Government
- The reasons for the continuing challenge presented by delayed discharge
- Potential solutions
- The future for integration authorities

Theme 2 – Funding for social care: investment and transparency

(Please refer to Key Issues for Session 7 briefing from SPICe, in which social care funding was covered.)

The Committee will also undertake pre-budget scrutiny in the coming weeks and will consider its approach later in this week's meeting. Additional papers prepared for that discussion will provide useful context for this session.
This theme considers attendees' views on any impacts and pressures arising from current funding arrangements.

CoSLA published a manifesto ahead of the 2026 election. It called for a number of issues linked to its responsibility for the provision of social care and support:

> "A clear commitment to valuing social care by bolstering funding with an immediate injection of an additional £750m. Commit to continued and strengthened integration of health and social care, ensuring more support that is high quality; personalised; offers choice and control; and reduces inequalities"…
>
> "Joined-up workforce strategies to bolster our children's workforce and our social care workforce, across local government and the third sector. To deliver on our shared commitments such as improving attainment and Keeping the Promise, we need a diverse, collaborative workforce made up of a range of professionals and organisations for both adults and children.
>
> "Scottish Government must support a national recruitment campaign to bolster workforce numbers; implement and fund the recommendations of the Fair Work Convention 2019 report on social care; and, provide multi-year funding to create and retain jobs that are attractive and rewarding.

And on the priorities of prevention and place-based planning:

> "Meaningful progress on exploring place-based funding. Removing silos from public services by examining the needs of local communities and funding the place in its entirety rather than each sector as part of a joined-up approach to Public Service Reform.
>
> "Investment in prevention. A decisive shift to enable place-based, preventative budgeting across the public sector and invest in services that truly tackle the root causes of inequality which are too often gendered in nature.

CCPS present two key issues in their submission, the first being funding and commissioning reform. While these can be separated, CCPS argues that:

> "the challenge is not solely one of funding levels. Scotland's funding and commissioning landscape is also overly complex and fragmented, creating barriers to effective partnership working and undermining implementation of policy commitments."

Scottish Care is a membership organisation for independent providers of both care at home and residential care. Ahead of the election in May, the organisation issued a manifesto on behalf of its members. Like CCPS, and the Feeley Review, they seek a change in narrative for social care from one of a growing financial burden on the public finances, to one of opportunity and investment.

In their manifesto, Scottish Care calls for rights to sit at the heart of social care support through ethical commissioning and rights-based budgeting. The manifesto also highlights the need to further embed fair work, sustainable recruitment, including international partnerships and clear career pathways in care.

Carers Scotland argue that funding for unpaid carers is difficult to track, and that it is difficult to discover how investment is being used to support unpaid caring and carers.

Some potential key areas to explore:

- Transparency and complexity of funding in social care
- Sufficiency of funding for local government and independent and not-for-profit providers to fulfil statutory duties and national policy objectives
- Investment in prevention and place-based planning
- Role of independent and not-for-profit providers in planning and design.
- Social care as investment or a cost
- funding for support for unpaid carers and investment in support
- Commissioning practices – innovation and sustainability
- Social care reform in the context of wider public sector reform

Theme 3 - Self-directed Support

Self-directed Support is the means by which people assessed as needing care and support exercise choice and control, through collaboration with social work staff, over how their care and support is delivered, through one of four different Options detailed in legislation.

"**Option 1 - you get a direct payment**

You get money from the council to arrange your own support. You can:

- hire your own care staff
- buy services from a care organisation

This gives you the most control, but also the most responsibility.

Option 2 - Individual Service Fund

> You choose the support you want, and the council arranges it for you. You do not manage the money, but you still have control over decisions about your care.
>
> **Option 3 - the council arranges support**
>
> The council chooses and arranges the support for you.
>
> **Option 4 - a mixture of options**
>
> You choose which parts you want to manage and which parts the council should handle.
>
> If things change or if you decide it's not right for you, you can request a review at any time if your needs change or if you want to switch to a different option."

Public Health Scotland publish a range of social care data, including people waiting for assessments of need and information on people who have been supported by social care services. It also published data on the options chosen up to 2022. This showed that most people chose Option 3.

SDS Scotland is funded by the Scottish Government. Their website states that the organisation:

> "(started) life in the mid-2000s as the Scottish Consortium of Direct Payment Support Organisations (SCDPSO). We became a fully constituted charity in 2008, and secured funding from Scottish Government to support existing and developing Direct Payment management organisations… As well as developing and promoting organisations who help people navigate SDS, we also develop resources, commission research and work with partners across the sector to improve the implementation of the law, playing a pivotal role in shaping national policy around social care support in Scotland."

In their submission they focus on the lack of link-up between the intention of the Social Care(Self-directed Support) Scotland Act 2013, and its implementation.

> "evidence suggests that the current system is increasingly characterised by restrictive eligibility criteria, workforce shortages, administrative burdens, and a growing disconnect between policy intent and lived experience.
>
> Research and practice evidence indicate that many disabled people, unpaid carers and frontline social workers experience the current system as one focused on gatekeeping access to support rather than enabling independent living."

As the Committee are aware, the previous Committee conducted post-legislative scrutiny of the Act in 2023-4, in line with its scrutiny of the National Care Service (Scotland) Bill (Care Reform (Scotland) Bill) and made a series of recommendations.

In the context of its history as an organisation, the SDS Scotland submission also focuses on Option 1, Direct Payments, and calls for

> "the separation of direct payment administration from social work intervention through the transfer of Option 1 administration to Independent Living Fund (ILF) Scotland."

The Independent Living Fund is an organisation operating in Scotland (and Northern Ireland), distributing funding from the Scottish Government to help disabled people live independently. The fund was closed for a number of years to new applicants, but reopened in 2024.To qualify, someone must be in receipt of a SDS budget of at least £800 per week, and local authority staff will apply to the Fund on behalf of disabled people.

The SDS Scotland submission covers a number of other areas and issues including a particular sector of the social care workforce, Personal Assistants (PAs). PAs are in a slightly unusual position in that many are employed directly by someone in receipt of direct payments (Option 1), and are, to an extent, outside the wider regulatory and registration landscape. They are, however, a critical part of the workforce, and are recognised as such. The Independent Review of Inspection, Scrutiny and Regulation took evidence on PAs, including on the benefits and drawbacks of introducing registration. One concern is that the regulation of PAs would create barriers to what is a unique relationship between someone looking to employ a PA. However, the Review recommended:

> "…a co-produced and bespoke scheme of registration for Personal Assistants (PAs) which recognises their skills and role, and opens up access to training and development, should be developed. Such a scheme would expressly seek to not create barriers, and through co-production, would create positive opportunities for both the Personal Assistant and their employer."

Some of the work has been undertaken, but there remains no requirement for PAs to be registered with the Scottish Social Services Council. There is a PA network, providing information and support for PAs.

Some potential key areas to explore:

- The relationships between the Independent Living Fund, local authorities and SDS Option 1
- Inequality in social care across different demographics
- How SDS functions overall and continuing challenges
- Eligibility criteria and 'gatekeeping'
- Direct payments and the Independent Living Fund

Theme 4 – Unpaid adult carers and caring

The Carers (Scotland) Act was passed in Scotland in 2016 and came into effect on 1 April 2018. The intention of the Act is to ensure that carers (including young carers below the age of 18) are better supported on a more consistent basis so that they

can continue to care, if they so wish, in good health and wellbeing, allowing them to have a life alongside caring.

The Act gives carers a right to a support plan from the local authority, taking account of the person's individual circumstances. They are also entitled to an assessment of their needs, and, if local eligibility criteria are met, then support will be put in place.

As the Carers Trust points out, current estimates suggest that there are currently between 700,000 and 800,000 unpaid carers in Scotland. This makes it three to four times the size of the social services workforce.

Information for unpaid carers is available through the public-facing NHS Inform website, and provides signposting to the Carers' Charter, local authorities and accessing statutory support, carers centres, and available benefits.

NHS Inform also makes reference to the Carers (Scotland) Act 2016 (links to statutory guidance).

Carers UK conducted a study, Will I Care? in 2019, looking at the likelihood that someone would become a carer. What is striking is that most are carers in middle age, not after retirement. The study revealed that although one in two men in Scotland will be a carer by age 57, this drops to age 45 for women.

A more recent report published by Carers UK, State of Caring:the cost of caring in Scotland in 2025**,** considers the impact of caring on finances, employment and education, and on health.

The Carers Trust highlight in their submission that:

> "unpaid carers continue to report substantial unmet need, deteriorating physical and mental health, limited access to breaks and inconsistent recognition by health and social care services. These pressures are interconnected. When social care, community services or health services are unavailable, reduced or difficult to access, unpaid carers often provide more care."

They call for post legislative scrutiny of the Carers (Scotland) Act 2016, presenting evidence they have gathered that the support and rights to unpaid carers promised by the legislation and guidance is not reaching them.

They particularly point to the difficulty in tracking the funding provided by the Scottish Government for implementation and of the ongoing allocation of funding.

Breaks from caring

Integration authorities have had to develop carer strategies and eligibility criteria for their area. There is not yet an automatic right to a break from caring, but authorities have to involve carers in the development of their carer strategies and short break statements. Once the Right to Breaks comes into effect, (subject to commencement of the Care Reform (Scotland) Act provisions, carers will have the right to "sufficient

breaks" and local authorities and HSCPs will have duties to ensure people who do not have sufficient breaks from their current caring role are supported to do so.

The Carers Trust submission makes particular reference to older carers, people who might themselves be in need of substantial care and support, but who might, late in life find themselves in an unexpected caring role, with little knowledge or support to navigate a complex care system. The Carers Trust warn policy should not assume that older adults are a distinct group (who need care and support) distinct from unpaid carers. They are often both. Nor, they argue, should policy assume that caring is part of ageing.

SDS Scotland also highlight the additional unpaid work being undertaken by Personal Assistants outside their contracted hours.

> "SDSS also notes a growing reliance on unpaid care. In the Scottish Personal Assistant Workforce Survey (2025) by SDSS, a significant number (40%) of PAs said they provided unpaid support to their employer outside of paid hours, and this is at risk of increasing"

Some potential key areas to explore:

- Support for unpaid carers in policy and legislation and in practice
- Role of carer organisations and carer infrastructure
- Advocacy for unpaid carers
- Multiple caring roles
- Breaks from caring
- Caring beyond contracted hours across the workforce
- Demographics of carers – older carers, older carers of adult disabled children, disabled carers etc

Theme 5 - Regulation of care services

The Care Inspectorate (CI) is the regulator of all care services in Scotland, as defined and covered in Part 5 and Schedule 12 the Public Reform (Scotland) Act 2010. Note that in the Act, their legislative title is 'Social Care and Social Work Improvement Scotland'. While they cover all care services, including services for children, this Committee has tended to focus only on adult care services.

They recently published a new corporate plan covering the duration of this 2026 – 2031 parliamentary session. Their submission makes reference to this, to the work they do, and their role in advising the Scottish Government:

> "on legislative and policy changes which seek to strengthen our regulatory approach, including most recently in areas such as fitness of providers, the review of the schedule 12 care service definitions (in the 2010 Act), enforcement powers, child contact service and school age childcare. We have also supported the review of the Health and Social Care Standards."

The CI publishes quarterly statistics across its areas of operation, such as the numbers of care services, in which sectors etc.

It also undertakes a range of strategic and joint inspections, as well as single agency inspections and national overview topics. There are links to these on page 6 of their submission.

While their inspection approach since inception has had an improvement focus, their powers on enforcement have been enhanced to propose the cancellation of a service's registration (which would render it unlawful to continue to provide the service) without first issuing an improvement notice. This action would be reserved for the most serious failings of care or service.

In their submission, they reflect on themes emerging from inspections:

> "A common theme we are seeing across our enforcement action relates to staffing levels, skills and knowledge. We know that providers are struggling to recruit staff, particularly in rural areas, and a lack of the right staff and continuity of staff has an impact on outcomes. Other common themes from requirements issued include quality assurance, care planning, medication management, environment and cleanliness".

The CI deals with complaints from the public about care services. They state that complaints increased over the past year, mainly due to an increase in complaints about care at home services.

> "We continue to receive and uphold more complaints about care homes for older people than for any other type of service – 71% of care homes for older people received at least one complaint, while 25% had at least one complaint upheld during 2025/26. As with previous years, specific healthcare issues such as nutrition, medication, hydration, tissue viability, continence care and inadequate care and treatment were the most frequent types of complaints upheld about care homes for older people during 2025/26"

In 2023 an Independent Review of Inspection, Scrutiny and Regulation was carried out, led by Dame Sue Bruce. An executive summary of the Recommendation Report was published in September 2023. A progress update was published by the Scottish Government in June 2025.

Note that the CI does not register or regulate social services staff, this is carried out by the Scottish Social Services Council (SSSC). The SSSC set the requirements for registration such as training and qualification requirements. They also publish workforce data reports regularly on the social work and social care workforce. Their work also covers Mental Health Officers, who are employed by local authorities, and

they are one of the bodies to carry out joint inspections with the CI. This one, published in 2025 provides data on vacancies reported by care services.

Some potential key points to explore:

- How the CI balances its inspection and scrutiny role in terms of its enforcement powers, improvement methodologies and the wider context of services under workforce, financial or other pressures
- Joint inspections – their rationale, methodology and outcomes/actions
- Complaints – how investigations and findings are used in the CI's other functions – inspection, advising government etc.
- Response and actions from the Independent Review of Inspection, Scrutiny and Regulation
- Involvement and engagement of users of services in inspections (and wider work?) and how their views are incorporated into inspection reports and CI policy development

Theme 6 – Workforce

Social care staff are regulated by the Scottish Social Services Council (SSSC). The SSSC liaises with the Care Inspectorate, the regulator for social care provision, as well as other partners such as Skills Development Scotland.

The SSSC Register was set up under the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training.

It is important to note that many registered nurses, as well as allied health professionals and primary care staff such as GPs and community nursing teams are either employed in the sector or work very closely with social care staff. These staff are registered and overseen by other regulators.

The Scottish Social Services Council publishes workforce reports annually. The most recent report, published in September 2025 highlights:

- The Scottish social service workforce increased to its highest level yet (214,750) in 2024. Largely driven by an increase in staff working in privately run care homes for adults (+1,800 since 2023).
- The care homes for adults workforce is getting bigger. Their workforce increased in 2024 to 52,400, while the number of services decreased by 24 to 999.
- The total number of direct care staff increased by 17.4% since 2015, due to growth in two of the largest sub-sectors: housing support/care at home and day care of children.

- The WTE number of staff is 163,790 and the actual number of staff is 214,750 resulting in a ratio of 0.76 which means that on average each employee works 76% of whole-time hours.
- At 41% the private sector continues to have the largest share of the sector's workforce.
- Decreases in public and voluntary housing support/care at home staff is counterbalanced by an increase in the private sector headcount so that housing support/care at home continues to be the largest employer of social care staff, accounting for 36% of the total workforce.
- In 2024, 83% of the sector were employed on permanent contracts and 5% had a no guaranteed hours contract, consistent with 2015 and 2023.

The Scottish Living Wage was introduced for social care staff in the 2016 budget, but providers argued that little partnership existed between government, commissioners and employers over the implementation and challenges, and that added costs would present a profound challenge.

Since 2020 the minimum rate of pay for adult social care workers, as well as changed arrangements for overnight working, has increased a number of times. A new voluntary social care bargaining body is being established to provide a forum for trade unions and care providers to negotiated better wages and wider terms and conditions.

CCPS highlight workforce recruitment and retention as one of their two key issues. They reflect that despite uplifts in pay and conditions, recruitment and retention remain an issue for providers. They compare pay in social care and lower NHS Band roles:

> "Providers are competing in a labour market where equivalent public sector roles offer higher pay, greater security and clearer progression pathways. The result is persistent vacancies, turnover and increasing pressure on remaining staff.
>
> Despite commitments to Fair Work, the gap between social care and public sector pay continues to widen. By April 2026, the annual difference between not-for-profit social care workers and equivalent NHS Band 3 roles had reached £3225 annually."

Workforce planning

the Scottish Government published An Integrated Health and Social Workforce Plan for Scotland December 2019. This followed a series of three separate preparatory documents covering workforce planning in primary care, social care and healthcare. This was followed up in 2022 with a national workforce strategy for health and social care**.** It is not clear what work has been ongoing since 2022 on workforce planning for social care, but in March 2026, the Scottish Government stated it was:

> "Revitalising our approach to workforce planning, with a new Improvement Framework later this year, helping to manage pressure and support staff well-being"

The Integrated Workforce Plan estimated staff needed in key groups up to 2030. This includes 1500 more allied health professionals, 8,800 more care home staff and over 14,400 more home care and housing support staff. Looking at the data for 2024**,** this increase is not yet evident for social care staff, but since January 2020 there are now (July 2026) 2,360 more WTE allied health professional staff employed (across health and social care)**.**

Some potential areas to explore:

- Recruitment and retention of care staff
- The PA workforce
- Workforce planning for care
- Relationship between commissioning practices and staffing
- Variation in terms and conditions across sectors

Anne Jepson, Senior Researcher, Health and social care, SPICe

Date: 03/09/2026