Module 6 of the UK Covid Inquiry

Written Closing Submissions on behalf of the Convention of Scottish Local Authorities (COSLA)

Introduction

1. The Inquiry has heard evidence of the terrible suffering endured by those receiving adult social care and their loved ones during the pandemic. COSLA wishes to take this opportunity to offer its condolences to all those bereaved by Covid 19 and its consequences. The Inquiry has also heard evidence of the sacrifices made by those who provided adult social care during the pandemic, many of whom were employed by local authorities, and how those sacrifices had profound effects on them and their loved ones. COSLA also wishes to express its gratitude to all those who continued to provide care despite the immense physical, mental and financial challenges with which they were confronted.

2. It is clear that the consequences of the Covid pandemic continue to this day. COSLA is grateful to all those who gave evidence on these matters and will strive always to have this evidence at the forefront of its thoughts. COSLA wishes to put on record its commitment to engaging with and assisting the Inquiry in drawing out the key lessons to be learned from the Covid pandemic and considering what recommendations ought to be made. With that in mind, these written submissions will focus on a few key aspects of the evidence which, in COSLA's view, are most relevant to meeting those objectives.

COSLA's Evidence

3. COSLA is grateful for the opportunity to provide evidence to the Inquiry and hopes that this evidence will be of some assistance to the Inquiry in pursuing its objectives. In order to assist the Inquiry, COSLA conducted a survey of all 32 Scottish local authorities regarding adult social care in the pandemic and provided the results of this survey to the Inquiry along with a significant amount of further documentation. COSLA's Director of People Policy, Nicola Dickie, provided a written witness statement as well as giving oral evidence to the Inquiry on 21 July 2025.

Structure of the Adult Social Care Sector in Scotland

4. In her evidence, Ms Dickie described the structure within which decisions were made regarding adult social care in Scotland. A particular theme of her evidence was the way in which those structures enabled co-operation between national and local government as well as across different areas of professional expertise.

Local and National Integration

5. As Ms Dickie set out in her evidence, the lead national agency for improving and protecting the health and wellbeing of the people of Scotland is Public Health Scotland (PHS). The Scottish Ministers and COSLA are joint partners in the strategic planning and performance review processes for PHS at a national level. This joint sponsorship arrangement is unique for a public body in Scotland and reflects the crucial role that local government has in creating and delivering the conditions for wellbeing and health across Scotland (INQ000546936 paragraph 2.17). As Dr Maria Rossi explained in her oral evidence to the Inquiry on 28 July 2025, public health encompasses both health and social care, and the joint accountability of PHS to both

central and local government made an important contribution to ensuring that both were considered as part of the response to the pandemic.

6. During the pandemic, the structure provided by PHS as well as bodies such as the National Contingency Planning Group and the Pandemic Response in Adult and Social Care Group (both of which were co-chaired by COSLA and the Scottish Government) allowed health and social care services to be planned at the local level before being translated into national policy. The result was an integrated system planned from the bottom up, as opposed to the top down. In COSLA's view, this was advantageous in ensuring that national policy could be implemented effectively on the ground.

7. In her evidence, Ms Dickie gave an illustration of the benefits of integrating local and national planning in the adult social care sector. In Scotland, in general, recipients of care, care workers and unpaid carers did not experience the same level of difficulty in accessing Personal Protective Equipment (PPE) as was experienced elsewhere in the UK. In Scotland, 38% of local authorities who responded to COSLA's survey said care providers found it very or fairly easy to access PPE in the first 6 months of the pandemic, with 45% stating that it was very or fairly difficult (INQ000587789_0012). By way of comparison, 87% of local authorities in England said that care providers found it very or fairly difficult to access PPE in the same period, with only 7% stating that it was very or fairly easy (INQ000400522_0045). In Wales the figures were 55% and 23% respectively (INQ000400522_0045). The relative success of the roll out of PPE in Scotland was at least in part due to the setting up of PPE hubs in each local area which provided access to PPE for those involved in care, whether as paid employees in the care sector or unpaid carers. As Dr Donald Macaskill explained in his witness statement (INQ000509530, paragraph 160), the setting up of the PPE hubs eased the pressure faced by the adult social care sector in connection with obtaining PPE. It was the close collaboration between central and local government that enabled the provision of PPE hubs to be firstly agreed politically and secondly delivered effectively. The hubs operated in accordance with a Minute of Understanding between Scottish Government, COSLA, NHS Scotland, Health and Social Care Partnerships (HSCPs), Coalition of Care and Support Providers Scotland, Scottish Care and National Carer Organisations. The setting up of PPE hubs relied heavily on the machinery of local government, which included local knowledge as to where best to locate each hub within the community and which supplies required to be prioritised in each locality. (INQ000546936 paragraphs 4.18 to 4.20)

Inter-Disciplinary Integration

8. In her evidence Ms Dickie also described how, in Scotland, local authorities and health boards work together to deliver adult social care through HSCPs and Integrated Joint Boards (IJBs). It is the HSCPs and IJBs that are responsible for the planning of adult social care services (INQ000546936, paragraph 2.6). This structure, together with other decision-making bodies such as the National Contingency Planning Group, made it possible to adopt a multi-disciplinary approach to adult social care provision.

9. When describing the enhanced system of assurance and oversight with respect to care homes, Caroline Lamb described the advantages of bringing together a range of different professionals, including GPs, nurses, social care and allied health professionals. As Ms Dickie described in her oral evidence to the Inquiry, it was particularly advantageous that such a multi-disciplinary approach was already in place in Scotland (through HSCPs and IJBs) before the start of the pandemic. Ms Dickie outlined in her oral evidence that this multi-disciplinary approach sought to match up health elements with social care elements, with a view to ensuring infection and prevention control measures were implemented without turning care homes into hospitals. Ms Dickie's evidence about the decision to retain Christmas decorations in care homes is one illustration of the importance of applying a multi-disciplinary approach rather than a purely clinical one. Care homes are, after all, homes, not hospitals.

COSLA's Role

10. As Ms Dickie stated in her evidence, COSLA was recognised as having a key role in co-ordinating communication between local authorities and the Scottish government throughout the pandemic (INQ000546936 paragraph 4.3). In COSLA's view, this arrangement was preferable to individual local authorities lobbying central government directly. The Cabinet Secretary for Health and Sport at the time, Jeanne Freeman, viewed COSLA as playing a vital and valuable role throughout the pandemic, and that through her relationship with COSLA, the Scottish Government was able to identify problems where they arose and address them wherever possible through shared decisions (INQ000606530, paragraph 18). COSLA valued its ongoing relationship with the Cabinet Secretary, which allowed it to bring local issues to her attention during the course of her decision making process, such as PPE requirements for domiciliary carers (INQ000606530, paragraph 250).

Lessons Learned

Visting Restrictions

11. COSLA recognises that the restrictions imposed upon visiting loved ones in care home settings caused an incredible amount of harm which was out of all proportion to the intended benefits which underpinned them. As others have acknowledged, such restrictions did not get the balance right. COSLA is fully supportive of the introduction of "Anne's law", which aims to strengthen residents' rights in adult residential settings and give nominated relatives or friends the same access rights to care homes as staff whilst maintaining effective infection control measures. The Care Reform (Scotland) Bill was passed on 22 July 2025 and enshrines Anne's law into legislation. COSLA was supportive of including Anne's law throughout the passage of this legislation, providing their views at both stages 1 and 2 of the bill's scrutiny. COSLA's responses at each stage sought to ensure the legislative provisions are capable of being implemented in practice.

Data Collection for Unpaid Carers

12. As Caroline Lamb acknowledged in her evidence to the Inquiry, one of the difficulties experienced in getting PPE to unpaid carers was the absence of one data source from which unpaid carers could be identified and located. Instead, incomplete information on the identity of unpaid carers was scattered across a number of different sources (for example local authorities, health boards, charities etc). A single, accessible data source would enable authorities to quickly identify for example how many vaccines will be needed for unpaid carers in any particular locality. One example of how a database can be developed and used to respond to a pandemic is the Data Dashboard which was developed by the Improvement Service and the Local Government Digital Office (INQ000546936, paragraph 4.13). As noted during Ms Dickie's oral evidence, this data is being used for the purposes of winter planning moving forward. Accordingly, it may be possible to develop this further to capture data on unpaid carers as well for use in a future pandemic scenario.

Emergency Planning

13. One issue thrown into sharp relief by the pandemic was the question of at what point the government should step in to take over what are, in normal times, services provided by the private sector. For example, the provision of PPE to care homes is normally a matter governed by the National Care Home Contract, and not the responsibility of government. However, it rapidly became apparent during the course of the pandemic that the circumstances required the government to intervene in the supply of PPE. However, there was nothing in place pre-pandemic which set out the conditions for government intervention. There are already existing

contingency measures in place to determine when central government will step in to provide financial assistance to local authorities faced with certain other emergencies (for example severe weather events). It may be possible to put in place a similar arrangement in respect of a future pandemic, which will make it easier for local authorities to take the necessary steps more quickly.

14. Similarly, there a certain other arrangements which, in COSLA's view, could be put in place now before the next pandemic hits in order to improve the authorities' ability to respond quickly. Establishing who is to be designated a "key worker" in advance is one. Another would be the putting in place of arrangements whereby those who require it can have access to sick pay in the event that they need to self-isolate.

Postscript

15. Since the pandemic, COSLA has endeavoured to strengthen the collaborative approach adopted between central and local government in the provision of health and social care.

16. In December 2022 COSLA and the Scottish Government issued a Joint Statement of Intent and Next Steps for Adult Social Care which seeks to implement the lessons that were learned during the pandemic. In addition, in June 2023 COSLA and the Scottish Government entered into the Verity House Agreement pursuant to which both central and local government have agreed to an approach described as "local by default, national by agreement" (INQ000546936, paragraph 2.19). COSLA has also put in place arrangements to ensure that representatives of unpaid carers have a seat on health and social care boards. It is hoped that this will allow unpaid carers to be represented at the heart of policy making in this area.

17. COSLA hopes that its evidence and these submissions will be of assistance to the Inquiry in seeking to implement its objectives. COSLA stands ready to assist the Inquiry further in any way it can.

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