

EQUALLY VALUED

A manifesto for forward-thinking, far-reaching action in health and social care



Health and Social Care Alliance Scotland manifesto
for the 2021 Scottish Parliament elections

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Summary

- Nearly half of all adults in Scotland live with at least one long term condition.¹
- Around one fifth of the Scottish population define themselves as disabled.²
- The number of unpaid carers in Scotland increased to 1.1 million during COVID-19.³
- Third sector health and care organisations deliver vital services across Scotland and are an essential partner in local and national policy.

For a fairer and healthier Scotland, the next Scottish Government must support and work with disabled people, people living with long term conditions, unpaid carers and the third sector.

Ahead of the 2021 Scottish Parliament elections, the ALLIANCE calls for all political parties to make the following commitments:

Recovery and Renewal - Learn from everyone's experiences and guarantee no one is left behind.

- Commission an independent, person centred inquiry into the impact of the COVID-19 crisis on health and social care in Scotland.
- Appoint an independent Scottish Commissioner for Older People.
- Create a rolling Community Wellbeing Fund in every Integrated Joint Board area for third sector health and care organisations to reduce social isolation and support post-pandemic recovery.
- Provide additional sustainable funding to the health and social care sector to mitigate the negative impacts of Brexit on disabled people, people living with long term conditions, unpaid carers and the third sector.
- Appoint an independent panel of people with lived experience to inform and advise the Scottish Government's work on fuel poverty.



People at the Centre - Ensure everyone gets the right support, in the right place, at the right time.

- Adopt a Digital Choice approach to mitigate digital exclusion and guarantee people parity between digital and non-digital health and care services.
- Prioritise appointments of Community Links Practitioners to every GP practice in Scotland's most deprived areas.
- Create a 'Right to Rehab' to ensure everyone has access to rehab when needed and no-one is excluded by a 'no rehab potential'.
- Increase investment in community-based mental health and wellbeing services and guarantee people access to timely, good quality support.
- Fully incorporate housing in health and social care integration, for a more joined up approach to prevention and the right to health.



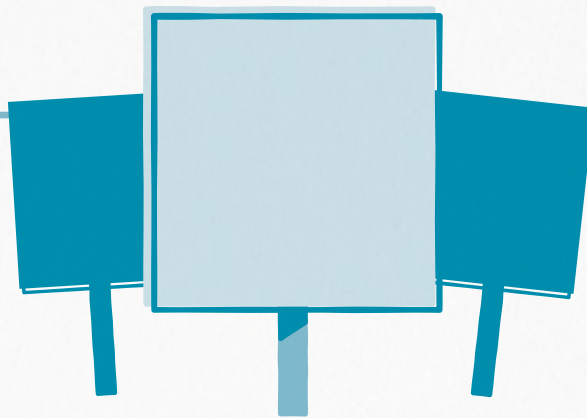
Social Care - Reform social care as an investment in people, society and the economy.

- Appoint a dedicated Minister for Social Care responsible for implementing the recommendations of the Independent Review of Adult Social Care and delivering an equalities and rights based adult social care reform programme.
- Increase the social care budget to ensure people have meaningful choice and control over good quality support and the third sector workforce enjoy Fair Work.
- Remove all non-residential social care charges.



Human Rights - Firmly root Scottish law and people's experiences in human rights.

- Implement the statutory framework of the National Taskforce for Human Rights Leadership and legislate for full and direct incorporation of the UN Convention on the Rights of Disabled People into Scots law.
- Reform mental health law and policy to align with international human rights standards on equality and non-discrimination, participation, accountability and transparency.
- Adopt a human rights budget work approach to Scotland's national budget, to embed fairness, transparency and people's participation in resource allocation, financial decision making, monitoring and accountability.



Social Security - Deliver a progressive and ambitious model of social security.

- Initiate an independent review of social security for disabled people and create a world-leading system, according to the six principles detailed in the Scottish Campaign on Rights to Social Security's 'Beyond a Safe and Secure Transition' report.
- Increase the earnings threshold and remove restrictions on full-time education for unpaid carers seeking to access social security.



Climate Change - Put people, health and social care at the centre of climate change action.

- Create a £25m climate emergency innovation fund for third and independent sector social care organisations.
- Invest in clinically safe, environmentally friendly PPE and alternatives to single-use plastics used by disabled people and people living with long term conditions.
- Guarantee sustainable investment in accessible travel for people who access and deliver health and care services is included in action to reduce the impact of transport on climate change.



Recovery and Renewal

Learn from everyone's experiences and guarantee no one is left behind.

Commission an independent, person centred inquiry into the impact of the COVID-19 crisis on health and social care in Scotland.

COVID-19 has had a profound impact on the Scottish health and social care sector. A range of issues within the Scottish Government, local and Integration Authorities, and the third and independent sectors, have been highlighted and exacerbated. For example, a significant proportion of social care packages were reduced and removed, despite Scottish Government guidance and resources to continue support.⁴

An independent inquiry into the impact of COVID-19 on health and social care must be commissioned to safeguard the rights and interests of disabled people, people living with long term conditions and unpaid carers who rely on these services.

Taking a rights based approach, and co-produced with civic society, the inquiry would explore how well the current system was equipped to deal with the crisis, and identify areas of good practice and innovation that emerged in response to the pandemic. The findings should be used to support future development and continuous improvement of health and social care in Scotland.

Appoint an independent Scottish Commissioner for Older People.

Like many countries, Scotland has an ageing population. This is a positive development, as it means more people are living longer lives. As we age, everyone should be confident that they will have all the support they need to live life to the full. One of the ways to ensure this is to uphold and inform people about their rights.

An independent Scottish Commissioner for Older People would be a specific champion for the rights of older people. They would review relevant laws, policy, and practice, highlight and advocate for change where needed, commission research, and carry out investigations when older people's rights may have been breached.

The Commissioner would embrace the opportunities as well as respond to the challenges of an ageing population. By recognising the value of older people in our society and helping them to realise their rights, we can ensure everyone continues to play an active role.

Create a rolling Community Wellbeing Fund in every Integrated Joint Board area for third sector health and care organisations to reduce social isolation and support post-pandemic recovery.

Scotland's third sector has always been a vital part of our society, and COVID-19 has shone a spotlight on its role. At a very difficult time, a huge variety of organisations – including numerous ALLIANCE members – stepped up and stepped in to support people across the country.⁵

Third sector health and social care organisations are particularly crucial to preventing many people being left behind or forgotten. However, while adapting to respond to a huge increase in demand for their services, many organisations reported significant financial pressure, due to restrictions on their ability to fundraise.⁶ For some this was not a new phenomenon caused by the pandemic; it has been a developing situation over many years. Research has also found that social distancing introduced in response to COVID-19 has increased feelings of loneliness in Scotland's older population and impacted their wellbeing.⁷

Introducing a rolling programme of Community Wellbeing Funds across all IJB areas will achieve the dual goals of increased funding for organisations, and targeted action to support people experiencing social isolation and loneliness across Scotland. Those working in our communities already have the connections and relationships with people; sustainable and secure funding helps to protect that local knowledge and expertise.

Provide additional sustainable funding to the health and social care sector to mitigate the negative impacts of Brexit on disabled people, people with long term conditions, unpaid carers and the third sector.

The UK's exit from the European Union presents a range of challenges to the health and social care sector, and action is needed to safeguard the interests of the disabled people, people living with long term conditions and unpaid carers who rely on the contribution of EU citizens in the health and social care sector.

Many health and social care organisations – including ALLIANCE members – rely heavily on EU workers and could not continue in their present form without that support. If these organisations are allowed to fail, other parts of the system will need to fill those gaps. ALLIANCE research with communities across Scotland⁸ highlighted that people who use support and services have concerns about future availability, particularly in social care.

Any restrictions upon the future freedom of movement of EU nationals, and their rights to live and work in the UK, could have far reaching consequences. Although powers over immigration are reserved to Westminster, the Scottish Government should use the powers at its disposal to mitigate any negative impact and ensure sustainable funding for recruitment and training to avoid staff shortages.

Appoint an independent panel of people with lived experience to inform and advise the Scottish Government's work on fuel poverty.

Scotland's fuel poverty law includes a requirement for a new statutory Advisory Panel to ensure that targets are met.⁹ However, there is no requirement for people with lived experience to be on this panel, and current members represent organisations. Similarly, the Fuel Poverty Partnership Forum – “a representative body for the wider fuel poverty sector” that advises and supports the Advisory Panel – is also comprised of organisations, rather than people with lived experience (except for the Poverty Truth Commission member).¹⁰

There is growing recognition in Scotland of the importance of ensuring that people who are experts by experience are involved in a free, meaningful and active way in decisions that affect them, alongside people who are experts by profession and/or training. This is already becoming standard practice in other national policy areas, like the social security Experience Panels¹¹ and the National Suicide Prevention: Lived Experience Panel.¹²

To ensure that Scotland's approach to mitigating and eliminating fuel poverty is informed by people's direct experience, the Scottish Government should appoint and adequately resource an independent panel of people with lived experience of fuel poverty to inform and advise all aspects of its work in this area.



People at the Centre

Ensure everyone gets the right support, in the right place, at the right time.

Adopt a Digital Choice approach to mitigate digital exclusion and guarantee people parity between digital and non-digital health and care services.

The impact of COVID-19 accelerated the pace of digital innovation and sparked a rapid migration to online service delivery for many, including the health and social care sector. While this is a welcome development for those who can access internet services easily and confidently, this is not true for everyone. Although 88% of Scottish households have access to the internet, connectivity drops significantly for some population groups. For example, only 43% of people aged 75+ and 71% of adults with some form of limiting long term condition use the internet.¹³ The consequences of digital exclusion must be recognised. We must ensure that people who are not online – or who choose not to be – do not risk losing access to essential services as we move to an increasingly digital world.

A Digital Choice approach will ensure that non-digital services and communications will continue to be guaranteed, on par with the delivery of digital services. To promote and protect the health and wellbeing – and rights – of people accessing services, measures must be taken to mitigate digital exclusion and guarantee people parity between digital and non-digital health and care services.

Prioritise appointments of Community Links Practitioners to every GP practice in Scotland's most deprived areas.

GPs at the Deep End, a collaborative of general practitioners, have described in detail the impact that living in complex social circumstances can have on people's health, and in particular the experience of 'social prescribing' among GP practices in deprived areas.¹⁴ A high proportion of consultations are driven largely or primarily by experiences of social adversity, especially poverty and financial problems. Deep End GPs felt that they were often unable to respond effectively to these issues due to lack of time and difficulties accessing community-led services – which they knew would benefit their patients – and expressed frustration at the barriers that prevented them from supporting people in this way.

The ALLIANCE's Links Worker Programme, funded by the Glasgow City Health and Social Care Partnership (HSCP), is delivered within 31 GP practices across the city. Community Links Practitioners (CLPs) are based within Deep End practices and work with the practice multi-disciplinary team. The programme recognises the pressure that GPs and primary care colleagues are under and introduces a different skill-set to the practice team to support all staff to adopt the Links Approach.¹⁵

This highly successful model improves health outcomes. It should be expanded during the next Scottish Parliament, and funding provided to ensure CLPs are appointed to all GP practices. To avert the inverse care law and further entrenching inequality,¹⁶ prioritisation should be given to GP practices within Scotland's 100 most deprived areas, which have between 88-44% of their patients in the most deprived 15% of datazones.¹⁷

Create a 'Right to Rehab' to ensure everyone has access to rehab when needed and no-one is excluded by a 'no rehab potential'.

The World Health Organisation (WHO) defines rehabilitation as "appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life."¹⁸

Rehabilitation helps people do more than just survive their condition – it helps them really live. For people to live as independently as possible, it is vital that people living with long term conditions or recovering after an accident, operation or illness are offered tailored rehabilitation. In most cases, people's rehabilitation will require a period of intervention by health professionals. It will also often extend beyond that treatment and into long-term support within communities.

Without the rehabilitation they need, people are at risk of readmission to hospital, likely to need repeat visits to GPs, additional care from their family or providers and may struggle to return to work and live their lives to the full. A strategic shift towards personalised, community-based services must be matched by delivering a Right to Rehab.

Alongside our partners in the Right to Rehab coalition,¹⁹ the ALLIANCE is calling for a Right to Rehab that ensures everyone has access to rehab when needed, and no-one is excluded by a 'no rehab potential'. People's needs to be met locally by having the right workforce and professional leadership. The Right to Rehab should be incorporated in a new national Health and Social Care Strategy, placing it at the heart of integrated health and social care.

Increase investment in community-based mental health and wellbeing services and guarantee people access to timely, good quality support.

The need for comprehensive mental health support has only increased during the COVID-19 pandemic. For example, SAMH reported in September 2020 that 43% of people with mental health problems felt they had not received care or treatment because of the pandemic, and 45% were coping badly with their mental health (up from 23% before the pandemic.)²⁰ Research indicates that some population groups have been particularly impacted, including women, young people, and people in poverty.²¹

We know that disabled people and people living with long term conditions can experience poorer mental health as a result and may have different requirements that affect how they access mental health support and services. There is growing evidence that people affected by mental health issues in Scotland do not fully enjoy their right to access timely, good quality

support. All too often, people are left to experience mental ill-health until crisis point or face lengthy waiting times to access services remote from them and their communities.

Investing in wider provision of community-based mental health support and services is essential if we are to address these issues. Scotland can build mental health resilience by increasing the number of easily accessible prevention and early intervention support to help people before they hit crisis point. Community centred and led projects also help to tackle the stigma of mental ill-health by bringing support to people rather than waiting for them to reach out to their GP or the NHS.

Fully incorporate housing in health and social care integration, for a more joined up and holistic approach to prevention, early intervention and the right to health.

Health and social care integration recognises that underlying social, economic and cultural determinants of health shape general population health, and aims to shift the balance of care from acute to community-based settings.²² To achieve a joined-up, person centred and holistic approach to integration, housing and associated services should be treated as an integral part of its delivery.

Housing has an important influence on health inequalities in Scotland, through the effects of housing costs and quality, fuel poverty and the role of housing in community life. The right to affordable, safe, and adequate housing has a critical part to play in improving health, enhancing life chances, and transforming communities,²³ and is important to achieving Scotland's National Performance Outcomes and the National Health and Wellbeing Outcomes.



People at the centre

Social care

Reform social care as an investment in people, society and the economy.

Appoint a dedicated Minister for Social Care responsible for implementing the recommendations of the Independent Review of Adult Social Care and delivering an equalities and rights based adult social care reform programme.

Social care is estimated to be the eighth largest employment sector in Scotland, providing 6% of the total national workforce. A 2018 report by the Scottish Social Services Council (SSSC) suggested that the direct and indirect economic impact in terms of Gross Value Added (GVA) of adult social care sector in Scotland is £3.4 billion.²⁴ This is higher than agriculture, forestry, fishing, the arts and entertainment, all which have dedicated Ministers or Cabinet Secretaries.

Appointing a Minister with explicit responsibility for social care will give it the same status as public health. This change would be in keeping with wider health and social care integration agendas and help to reduce the relative neglect of social care in comparison.

The Independent Review of Adult Social Care has made far-reaching recommendations for the future of social care in its January 2021 report.²⁵ A dedicated Minister would have responsibility for implementing these recommendations to deliver an equalities and rights based reform programme.

Increase the social care budget to ensure people have meaningful choice and control over good quality support and the third sector workforce enjoy Fair Work.

COVID-19 highlighted and exacerbated many issues in Scotland's social care sector that predated the pandemic, and there has been a need for significant change and improvement for some time. For example, 'My Support My Choice', national research by the ALLIANCE and Self Directed Support Scotland, describes the negative impacts on people's physical and mental health caused by unnecessary delays in the system and inadequate support.²⁶

Chronic underfunding and the current commissioning system can hinder the full enjoyment of quality, accessible social care and has a detrimental impact on disabled people, people living with long term conditions, unpaid carers, and the third sector workforce.²⁷ Research conducted during COVID-19 highlighted areas that would improve job quality for social care workers, including pay, safe working environments, access to PPE, and recognition for the workforce.²⁸

The rights of people who access and deliver services should be fully considered and prioritised in the context of social care budgeting.²⁹ Increasing the social care budget will ensure people can access timely, adequate and appropriate support, and better pay, terms and conditions for the third sector workforce.

Remove all non-residential social care charges.

For many disabled people and people living with long term conditions, social care services are essential for their participation in society and equal enjoyment of their rights. Charges for non-residential care puts participation and rights at risk, increases the financial pressures on people accessing care, and potentially causes them to forego essential services. This can lead to people having to manage without support, deteriorating physical and mental health, (and potentially more intensive and expensive intervention later on), and unacceptable demands on family and friends to assume roles as unpaid carers.

This difficulty is compounded by the fact that there is an inconsistent approach to social care charging across the country. Local authorities can make their own decisions on charging, which leads to varying quality in the experience of social care across Scotland.

Social care should be provided on a universal basis, free at the point of use, as independent living is a right that should be afforded to all. Abolishing charges would support that right and value the qualities that disabled people and people who live with long term conditions have to offer. Charges should be paused so long as the COVID-19 pandemic is ongoing, and the incoming Scottish Government should commit to ending care charging completely by the end of 2021.



Human Rights

Firmly root Scottish law and people's experiences in human rights.

Implement the statutory framework of the National Taskforce for Human Rights Leadership and legislate for full and direct incorporation of the UN Convention on the Rights of Disabled People into Scots law.

Human rights are what enable us to live our lives with dignity and participate fully in society. When people have difficulty accessing their rights, as is too often the case for disabled people and people living with long term conditions, then that dignity and participation are negatively impacted.

The growing focus on human rights in Scotland, including the National Taskforce for Human Rights Leadership, is a welcome development. The ALLIANCE has actively engaged with the National Taskforce³⁰ because we know that unless human rights form part of the law of the land, they cannot be fully realised.

A recent report from the ALLIANCE and Inclusion Scotland³¹ highlights the possibilities for incorporating the UN Convention on the Rights of Disabled People (UNCRPD) into Scots Law. We believe that full and direct incorporation of the UNCRPD should form one part of the statutory framework emerging from the National Taskforce. Incorporation will formalise and strengthen Scotland's existing commitment to the UNCRPD principles, ensure that disabled people's rights and lived experience steer policy and practice, and that they are enforceable.

Reform mental health law and policy to align with international human rights standards on equality and non-discrimination, participation, accountability, and transparency.

By mainstreaming equalities and human rights in our mental health law and policy, we can ensure that people living with mental health issues have a strong voice and enjoy their right to live well, as equal, active citizens, free from discrimination, and with support and services that put them at the centre.

The Scottish Government should embed a human rights based approach to mental health law, policy and practice, using the PANEL principles³² and the UNCRPD. This would reduce the gap between human rights values and the current reality of Scotland's mental health law and strategy. Ensuring that rights are meaningfully considered across services and support will have a profound, positive impact for people with lived experience of mental health issues.

Adopt a human rights budget work approach to Scotland's national budget, to embed fairness, transparency and people's participation in resource allocation, financial decision making, monitoring and accountability.

Human rights budget work embeds fairness, transparency, and people's participation in budgetary matters to ensure decisions are equitable and that there are robust accountability processes in place. Adopting a human rights budget work approach to Scotland's national budget would put people at the centre of financial decision making and consideration of how human rights are impacted by the way that money is sourced, raised, allocated and spent.

Financial decision making can create significantly disproportionate outcomes for different groups, reinforce systematic inequalities between certain population groups, and exacerbate the position of disadvantaged and marginalised groups in Scottish society.³³ Human rights budget work is sensitive to these issues and provides an opportunity to recognise and realise human rights to their full potential, acting as a powerful driver for positive change across all sectors, including health and social care. It would contribute to the growing momentum to progress human rights in Scotland, and the Scottish Government's National Performance Framework commitment to "respect, protect and fulfil human rights and live free from discrimination".³⁴



Social Security

Deliver a progressive and ambitious model of social security.

Initiate an independent review of social security for disabled people and create a world-leading system, according to the six principles detailed in the Scottish Campaign on Rights to Social Security's 'Beyond a Safe and Secure Transition' report.

The devolution of powers over social security for disabled people presents Scotland with the opportunity to shape a world-leading, rights based system of support. The Scottish Government prioritised 'safe and secure transition' to minimise disruption to people's payments as administration transfers to Social Security Scotland. While safe and secure transition is desirable, the ALLIANCE is concerned that the current process will leave many parts of the existing system intact that have caused barriers to disabled people receiving the payments they are entitled to.

As part of the Scottish Campaign on Rights to Social Security (SCoRSS), the ALLIANCE has contributed to a shared vision for a new social security system based on six core principles.³⁵ This includes taking a human rights based approach to the development of disability assistance to better support disabled people's right to independent living. It also calls for adequate payments that consider the extra costs disproportionately faced by disabled people and those with long term conditions, and whole-of-life support.

The next Scottish Government should commit to creating a world-leading rights based social security system for disabled people. They should initiate an independent review of disability assistance that is accountable to, and co-produced with, people in Scotland – including both those currently entitled and those who are not entitled to disability assistance. The review should pay particular focus to the six principles identified by SCoRSS, which are that the Scottish social security system should:

- Have a clear purpose
- Be human rights based
- Support equal participation in society and independent living
- Be adequate
- Provide whole-of-life support
- Interact well with future social security developments and is well connected to other services

Increase the earnings threshold and remove restrictions on full-time education for unpaid carers seeking to access social security.

Social security is an important income source for unpaid carers in Scotland, many of whom have had to give up employment or education to provide vital support. During COVID-19, over 390,000 people became unpaid carers, bringing the total to over 1 million.³⁶ Pre-pandemic estimates have valued their contribution as ranging between £10.9 billion³⁷ to £36 billion.³⁸

Powers over the current Carers Allowance have been devolved to Scotland. The Scottish Government has made several short-term changes, such as the introduction of a Carer's Allowance Supplement to increase the value of the payment, and a Young Carer Grant for 16 to 18 year olds. A longer-term replacement – Scottish Carer's Assistance – is planned during the next Scottish Parliament term.³⁹

Proposals to develop a replacement are welcome, however further changes to current restrictions are needed to expand entitlement to more of Scotland's unpaid carers. Priority should be given to remove the 21 hour study rule, which means that carers (including young carers aged 16-17) must choose between education and caring. This would be in keeping with the Scottish Government's commitment that "caring should not be a barrier to education, social and leisure opportunities, or accessing education or employment."⁴⁰ Studying full time can support the wellbeing of carers and help them prepare for when they are not in a caring role.⁴¹

Additionally, the new payment should remove the earnings limit for Carers Allowance or ensure that it is updated to take account of increases to the National Minimum Wage. The limit (and its 'cliff edge' nature) gives little flexibility to unpaid carers who wish to work a few extra hours on a particular week as any financial benefit is likely to be lost due to Carers Allowance being cut completely.⁴²



Climate Change

Put people, health and social care at the centre of climate change action.

Create a £25m climate emergency innovation fund for third and independent sector social care organisations.

Understanding and planning for climate related risks must be applied as much to Scotland's social care sector as to healthcare. For example, it is not clear whether the existing or planned NHS Scotland sustainability commitments⁴³ extend to social care. Given the mixed economy of social care provision in Scotland, the impact of climate change will need to be acted upon by a range of different bodies, including local and Integration Authorities and care providers – all sorely stretched by the demands of COVID-19.

Planning for the impacts of climate change will be necessary in the delivery of care itself (Care at Home) as well as in understanding the extent of the risk for social care facilities and the sector's dependencies on different areas of infrastructure, particularly transport and telecommunications. It will also need to be resourced – third and independent sector providers cannot develop sustainable solutions without financial support from the public bodies that commission their expertise and services.

The challenges of COVID-19 have been many and varied; however, other countries are proposing increased commitments to green cities and climate change in the light of significant reduction in pollution during periods of lockdown. The Advisory Group on Economic Recovery has recommended the "prioritisation and delivery of green investments",⁴⁴ and the Scottish Government has committed to a range of activity in response.⁴⁵ It is essential that this extends to social care.

The incoming Scottish Government should create a £25m fund for third and independent sector social care organisations to take innovative climate change action during the next Scottish Parliament five-year term.

Invest in clinically safe, environmentally friendly PPE and alternatives to single-use plastics used by disabled people and people living with long term conditions.

The COVID-19 pandemic has resulted in an enormous increase in consumption of PPE (Personal Protective Equipment), including facemasks and aprons. At present, a significant proportion of PPE used in health and social care settings is single use and disposable – to ensure clinical standards of hygiene are adhered to and reduce infection risk – but most is neither recyclable nor biodegradable, which poses a serious threat to the environment.⁴⁶

However, we know that more sustainable options – including plastic-free and reusable stock – are available.⁴⁷

Further investment is urgently needed into clinically safe, environmentally friendly PPE and alternatives to single-use plastics used by disabled people and people with long term conditions. In seeking alternatives to single-use plastics, care must be taken to consider the potential impacts on disabled people and people living with long term conditions.⁴⁸ These impacts must be identified before any potential change, and appropriate alternatives carefully evaluated and funded.

Guarantee sustainable investment in accessible travel for people who access and deliver health and care services is included in action to reduce the impact of transport on climate change.

Action on climate change is one of the most pressing priorities facing our society. Although cars are a vital means of maintaining personal independence for many disabled people, and for care workers commuting to appointments, they are often the default due to lack of suitable public or active travel options. There are also many people for whom driving is not an option at all.

Reducing reliance on cars by people accessing and delivering care is one way to help tackle climate change. A programme of substantial investment in public transport, introducing new routes and more frequent services would support this goal. It is also important that this includes physical infrastructure to improve accessibility and training public transport staff to support people with a variety of access needs.

This investment should not simply be limited to major cities and urban areas – rural areas must also be prioritised. Limited access to transport is one of the reasons why people receiving care services who live in rural areas often are particularly badly affected by isolation. Connecting all of Scotland’s communities and people this way would bring both economic and social benefits.



About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Notes

- 1 Scottish Health Survey 2019 – Scottish Government, September 2020
- 2 Disability Equality – One Scotland
- 3 Carers Week 2020 Research Report: The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak – Carers UK, June 2020
- 4 ALLIANCE Briefing – COVID-19 social care assessment guidance and ethical framework – May 2020
- 5 ALLIANCE Community in Action case studies
- 6 ALLIANCE briefing: Scottish Parliament debate: Valuing the Third Sector, November 2020
Joint letter to First Minister on Third Sector Recovery and Renewal Fund, June 2020
- 7 Social distancing is increasing loneliness in older adults – University of Stirling, November 2020
- 8 Brexit – What Matters to You? – ALLIANCE, Scottish Care and International Foundation for Integrated Care, 2019
- 9 Section 14, Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019
- 10 Scottish Fuel Poverty Partnership Forum – Scottish Government
- 11 Social Security Experience Panels: publications – Scottish Government
- 12 National Suicide Prevention: Lived Experience Panels Expression of Interest – SAMH
- 13 Scotland’s People Annual Report 2019 – Scottish Government
- 14 The Scottish Deep End Project: Manifesto and Reports – University of Glasgow
- 15 About the ALLIANCE Links Worker Programme
- 16 The Scottish Deep End Project: The Inverse Care Law – University of Glasgow
- 17 About Us: GPs at the Deep End – University of Glasgow
- 18 Rehabilitation – World Health Organization
- 19 Right to Rehab coalition – ALLIANCE
- 20 The Impact of The Pandemic on Mental Health Services Revealed – SAMH, September 2020
- 21 Coronavirus: Mental Health in the Pandemic (Scotland) – Mental Health Foundation
New Study Reveals Mental Health Impact of Initial Lockdown Period – University of Glasgow, October 2020
- 22 Health and Social Care Integration: Housing Advice Note – Scottish Government
- 23 Opinion: A view of integration from the social housing sector – SFHA, June 2018
- 24 Gareth Jones, ‘Social care contributes billions to the Scottish economy’, Third Force News (5 June 2018)
Scottish Social Services Council, ‘Adult social care contributes £3.4bn to Scottish economy’ (2018)
- 25 Independent Review of Adult Social Care – Scottish Government

- 26 My Support My Choice: People’s experience of Self-directed Support (SDS) and social care in Scotland – ALLIANCE and Self Directed Support Scotland
- 27 Fair Work in Scotland’s Care Sector – Fair Work Convention, February 2019
- 28 Care workers’ pandemic experiences highlight the need for sector change – ALLIANCE, December 2020
- 29 ALLIANCE Briefing – Independent Review of Adult Social Care, November 2020
- 30 Event report: All Our Rights in Law – ALLIANCE, January 2021
- 31 Incorporating the United Nations Convention on the Rights of Disabled People (CRPD) in Scotland report – Inclusion Scotland and the ALLIANCE, November 2020
- 32 Human Rights Based Approach: The PANEL principles – Scottish Human Rights Commission
- 33 Human Rights Budget Work: What, Why, How?: Collected Briefing Papers – Scottish Human Rights Commission, September 2019
- 34 National Outcomes: Human Rights – Scottish Government
- 35 Beyond a Safe and Secure Transition: A Long Term Vision for Disability Assistance in Scotland – Scottish Campaign on Rights to Social Security, August 2019
- 36 Covid-19 pandemic: 392,000 become unpaid carers in Scotland in a matter of weeks – Carers Scotland, June 2020
- 37 Transforming health and social care in Scotland – Audit Scotland
- 38 Unpaid care work worth £36bn in Scotland – Oxfam Scotland, January 2020
- 39 Social Security: Benefits for carers – Scottish Government
- 40 Carers strategic policy statement: consultation – Scottish Government, September 2019
- 41 ALLIANCE response to Consultation on Social Security in Scotland, October 2016
- 42 Ibid.
- 43 A Policy on Sustainable Development for NHS Scotland 2012 – Scottish Government, January 2012
- 44 Towards a Robust, Resilient Wellbeing Economy for Scotland: Report of the Advisory Group on Economic Recovery – Scottish Government, June 2020
- 45 A blueprint for Scotland’s wellbeing economy: Scottish Government response to the Advisory Group on Economic Recovery report, August 2020
- 46 Coronavirus face masks: an environmental disaster that might last generations – The Conversation, August 2020
- 47 Healthcare is still hooked on single-use plastic PPE, but there are more sustainable options – The Conversation, August 2020
- 48 ALLIANCE response: Consultation on Single-Use Plastics, December 2020



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