

Health and Social Care Alliance Scotland (the ALLIANCE)

Response to the IJB Executive Group's questionnaire on adult social care

8 July 2020



Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the IJB Chairs and Vice Chairs Executive Group's questionnaire, calling for views on adult social care as Scotland begins to emerge from the COVID-19 pandemic and intended to inform input to the Mobilisation Recovery Group convened by the Cabinet Secretary for Health and Sport. We also welcome the intended breadth of the call for input, acknowledging the range of stakeholders and including explicit mention of the role of unpaid carers during the pandemic.

As we know, COVID-19 – and responses taken to it – are not having the same impact on everyone and it is already disproportionately affecting some individuals and groups within society more than others – including disabled people, women, Black and minority ethnic people, people living in poverty, and unpaid carers.¹ The ALLIANCE has outlined our concerns about this in several briefings,² including our latest report on social care and COVID-19 emergency powers.³ We believe that this unequal impact should be clearly acknowledged and specifically addressed by taking an equalities, human rights and intersectional approach to health and social care, both in response to COVID-19 and in the longer term.

Q1. Many innovative changes have resulted from a response to the COVID-19 crisis. Within the IJBs scope of delegated responsibilities what consolidation of innovations would you want to see through the commissioning of services by IJBs?

¹ <https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/>

² <https://www.alliance-scotland.org.uk/blog/news/refining-or-reducing-lockdown-arrangements-during-covid-19/>; <https://www.alliance-scotland.org.uk/blog/news/social-care-assessment-covid-19-human-rights-concerns/>; <https://www.alliance-scotland.org.uk/blog/news/the-alliance-comments-on-draft-covid-19-clinical-and-ethical-guidance/>; <https://www.alliance-scotland.org.uk/blog/news/engage-disabled-people-in-decision-making-about-easing-lockdown/>; <https://www.alliance-scotland.org.uk/blog/news/equalities-impact-of-covid-19-must-be-assessed/>.

³ <https://www.alliance-scotland.org.uk/blog/news/social-care-and-covid-19-emergency-powers/>

Within social care, the third and independent sectors have long highlighted difficulties in engaging with local authority and IJB commissioning processes. In particular, our members highlight the problems caused when processes prioritise “professional inputs rather than personal outcomes”, which can contradict the values of personal choice and control embedded in the legislation around Self-directed Support (SDS) and social care.⁴ The ALLIANCE therefore welcomed COSLA’s ‘Guidance for Commissioned Services during COVID-19 Response’⁵ and indications that some IJB and local authorities’ are taking a more flexible approach to commissioning, particularly in comparison to models that reduce care to ‘time and task’ calculations. Other examples of positive changes are highlighted by iHub’s ‘COVID-19: Health and Social Care Learning in Scotland’ initiative,⁶ and substantial information and guidance about what good social care commissioning looks like is available from the Coalition of Care and Support Providers (CCPS).⁷

Within the 2019 CCPS Business Resilience Survey, just under 50% of respondents stated that they had abstained or withdrawn from a procurement process in the 12 months preceding the survey.⁸ Respondents reported that “financial sustainability of services was a primary consideration [...] when considering whether to bid for a service”, especially when competing against private companies for contracts. More broadly, CCPS warned that for two years running an increasing number of providers “required additional funding to be sustainable [...] using reserves and cross-subsidising to fund service deficits and maintain services.” They concluded the report as follows:

“Providers are well aware of the financial difficulties that Local Authorities and Integrated Joint Boards (IJBs) face. However, it is not sustainable to continue to expect social care providers to pick up this cost for unsustainably funded services. [...] The recent Accounts Commission report that local authorities and IJBs are facing similar challenges with their own funding suggests that this situation is unlikely to improve without intervention.”⁹

This stark statement was published pre-pandemic in December 2019 and the impact of COVID-19 on service provision and funds is likely to have compounded these existing problems.¹⁰ Flexible approaches to commissioning, focused on personal

⁴ <https://scvo.org.uk/p/15370/2017/05/23/the-future-of-social-care-in-scotland>

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https://www.cosla.gov.uk/_data/assets/pdf_file/0026/15569/coslaguidanceforcommissionedservices170420.pdf

⁶ <https://ihub.scot/project-toolkits/covid-19-health-and-social-care-learning-in-scotland/hscp-learning/applying-strategic-planning-and-commissioning-guidance/>

⁷ <http://www.ccpscotland.org/hot-topics/improve-commissioning/commissioning/>

⁸ <http://www.ccpscotland.org/wp-content/uploads/2018/12/Business-Resilience-Survey-2019.pdf>

⁹ <http://www.ccpscotland.org/wp-content/uploads/2018/12/Business-Resilience-Survey-2019.pdf>

¹⁰ https://www.improvementservice.org.uk/_data/assets/pdf_file/0013/16402/Poverty-inequality-and-COVID19-briefing.pdf

outcomes and designed to encourage innovative practice, are even more essential than previously.

The ALLIANCE recommends that IJB commissioning processes clearly acknowledge and support the innovative work of third sector providers, particularly their responsiveness to rapid change, ability to develop and embed good practice, and provide local, tailored services for people. We also recommend that IJBs commit to longer term contracts, meaningful collaboration and partnership working with the third sector, and adequate funding so that those who deliver and access commissioned services enjoy equal access to their rights.

Q2. The ongoing criticism of IJBs is that transformation hasn't been fast enough or innovative enough to date. How have IJBs been able to change, adapt and flex at a fast pace in response to the pandemic and how can this ability to design and implement change at pace can be continued? What has been different about how we have worked in the past 3 months that we can keep?

Scottish Government guidance for IJBs on social care assessments under emergency legislation¹¹ provides examples of different ways of working, such as:

- Delegating budget decision-making so that workers can expedite the arrangement of care and support packages.
- Delegating partial assessments to other registered professionals including occupational therapists, physiotherapists and nurses.
- Greater use of strengths based self assessment tools to support people making their own decisions about social care support.

The ALLIANCE believes that if these powers are used and work well for people who access social care during COVID-19, IJBs can learn from this and explore how the measures can be kept in place in the future.

The ALLIANCE also endorses recommendations by CCPS¹² that commissioners suspend routine (re)tendering exercises until the end of the COVID-19 recovery period, maximise the flexibility already available under existing procurement legislation and guidance, and take a collaborative, rather than 'command and control', approach.

Feedback from service users on the work of ALLIANCE members and partners during COVID-19 shows that digital and telephone support are valuable and useful

¹¹ <https://www.gov.scot/publications/coronavirus-covid-19-changes-social-care-assessments/>

¹² <http://www.ccpscotland.org/hot-topics/improve-commissioning/>

for many people. For example, PAMIS's virtual activity programme could provide a useful complementary resource to in-person services,¹³ if funding can be secured to continue the work.

Some work, like helplines, information hubs, and telephone/online support may be useful to maintain post-lockdown for those people who choose it. IJBs should ensure ongoing support, including resources, to third sector expert providers of such services.

Q3. The advisory group on economic recovery has identified structure, funding and regulation as the main focus of a review of adult social care. What specific aspects of these areas would you wish IJBs to consider in relation to Care Home provision?

- (i) Structure**
- (ii) Funding**
- (iii) Regulation**

Scotland needed a radically different approach to social care well before COVID-19. Despite contributing an estimated £3.4bn to the Scottish economy, with a GVA greater than that of agriculture or the arts, social care is more commonly portrayed as a drain on public resources. COVID-19 and responses taken to it have served to shine a glaring spotlight on – and in some ways exacerbate – pre-existing structural, fiscal, and regulatory tensions in the system. Some people have also been struck by the apparent lack of regard for social care in national pandemic preparedness planning, as well as the COVID-19 response itself.

Interrupted by the pandemic, the Scottish Government's reform of adult social care programme¹⁴ had started to address this, aiming to change attitudes and reframe social care as "an investment in Scotland's people, society and economy". The ALLIANCE believes that the issues and analysis that gave rise to the reform of adult social care policy have not changed. We cannot expect good quality, accessible and equitable social care for all by trying to maintain the status quo with ever-shrinking resources that are further diminished by the pandemic.

There is an undisputed need to do things differently. Reframing social care as a human rights issue would shift it from being a 'demand' on resources to a positive investment in people, society and the economy.

Rights are not just theoretical aspirations; they can be used in a practical way to realise the true purpose and value of social care and drive culture change. Scottish

¹³ <http://pamis.org.uk/services/virtual-activity-programme/>

¹⁴ <https://www.gov.scot/policies/social-care/reforming-adult-social-care/>

Care's 'Rights Made Real in Care Homes',¹⁵ the Scottish Human Rights Commission's 'Care About Rights',¹⁶ and the Care Inspectorate's use of the rights based Health and Social Care Standards to frame its 2019 SDS thematic review¹⁷ are just some practical examples of how this can be done.

A rights based approach can be applied across all parts of the system: incorporated into law and guidance; embedded in financial, regulatory and commissioning frameworks; mainstreamed into employment conditions and workforce development; and service design and delivery.

Human rights provide a common language to address and overcome seemingly thorny and intractable issues to achieve a fairer, joined up, sustainable and transparent system that works better for those who access, deliver, manage and oversee social care.

Q4. It can be reasonably anticipated that there will be more care required in home or homely settings. The Third sector play a crucial part in IJBs achieving effective care in the community. How can IJBs ensure greater resilience of and contribution from the Third sector?

ALLIANCE members and partners have been agile and flexible in their responses to the new demands brought about by COVID-19, with a range of good practice in the provision of services – as demonstrated in our 'Community in Action'¹⁸ initiative and on our website.¹⁹ Just some of the many examples include:

- Perth and Kinross Association of Voluntary Service (PKAVS) increased its telephone capacity to continue to support carers in the local area, making more than 1,000 contacts per week.²⁰
- Promoting a More Inclusive Society (PAMIS) provide families and carers of people with multiple learning disabilities with key information during COVID-19 (e.g. about access to PPE), have transferred care training resources online and have been providing other services online and by phone – including counselling, multi-sensory storytelling, art and music therapy, and activity sessions to support people's physical and mental health.²¹

¹⁵ <https://scottishcare.org/project/rights-made-real-in-care-home/>

¹⁶ <http://careaboutrights.scottishhumanrights.com/>

¹⁷ <https://www.careinspectorate.com/images/documents/5139/Thematic%20review%20of%20self%20directed%20support%20in%20Scotland.pdf>

¹⁸ https://www.alliance-scotland.org.uk/blog/case_studies/

¹⁹ <https://www.alliance-scotland.org.uk/membership/our-members-respond-to-covid-19/>

²⁰ https://www.alliance-scotland.org.uk/blog/case_studies/a-crucial-service-for-carers-during-covid-19-in-perth-and-kinross/#expanded

²¹ https://www.alliance-scotland.org.uk/blog/case_studies/pamis-adapts-its-services-during-covid-19/#expanded

- Scottish Commission for Learning Disabilities (SCLD) has developed a 'knowledge sharing hub' to make essential information readily available and accessible for people living with learning/intellectual disabilities, who face particular challenges in accessing COVID-19 information.²²
- RNIB Scotland's 'Technology for Life' service is supporting blind and partially sighted people to access technology they haven't used before, in order to keep in touch with friends, keep entertained and access information about COVID-19.²³
- Mel-Milaap moved from providing day care facilities to older people to providing hot meals three times per week across Glasgow.²⁴
- In addition to converting its work to online platforms in the space of just a week, Multiple Sclerosis Centre Mid Argyll is delivering food and essential supplies to people who are unable to leave their home.²⁵
- Moray Wellbeing Hub adapted all of its services to be accessible remotely, including delivery of Principles of Mental Health First Aid sessions.²⁶
- Macmillan Cancer Support's Volunteering Hub shifted from face to face to telephone and online support, reducing risks for many of their 130 volunteers who are older people and/or shielding.²⁷

As all these examples demonstrate, despite the changed world and financial constraints within which they are working, third sector organisations have taken swift action to reconfigure their operations in line with the restrictions put in place to control the spread of the virus.²⁸ The ALLIANCE therefore welcomes the acknowledgement from IJBs of the significance of the third sector in providing care at home and in the community.

However, as a recent ALLIANCE briefing reports,²⁹ more than half of Scottish third sector organisations have lost fundraising income because of the COVID-19 pandemic. This loss of income is having a severe impact on the ability of organisations to plan and deliver future services, and in some cases poses a threat to their very survival. Research by the Scottish Council for Voluntary Organisations (SCVO) highlights that around half of charities think they will run out of funds in six

²² https://www.alliance-scotland.org.uk/blog/case_studies/sclld-responds-to-covid-19/

²³ https://www.alliance-scotland.org.uk/blog/case_studies/rnib-scotlands-rapid-response-to-covid-19/

²⁴ https://www.alliance-scotland.org.uk/blog/case_studies/mel-milaaps-essential-response-to-covid-19/

²⁵ https://www.alliance-scotland.org.uk/blog/case_studies/ms-argyll-responds-to-covid-19/

²⁶ https://www.alliance-scotland.org.uk/blog/case_studies/moray-wellbeing-hub-supports-mental-health-during-covid-19/

²⁷ https://www.alliance-scotland.org.uk/blog/case_studies/supporting-people-affected-by-cancer-during-covid-19/

²⁸ <https://www.oscr.org.uk/media/3925/oscr-covid-19-research-summary-report-020620-002.pdf>

²⁹ <https://www.alliance-scotland.org.uk/blog/resources/alliance-briefing-paper-on-the-impact-of-covid-19-on-the-third-sector/>

months, and a third of organisations have less than three months' worth of their funding in reserves.³⁰

The consequences for those that rely on third sector support, including disabled people, people living with long term conditions and unpaid carers, is potentially incalculable. This stark financial impact comes at a time when many third sector health and social care organisations face increased levels of demand for their services. This is a particularly acute issue as organisations adapt to respond to requests from people who seek information and support for a range of issues, including self management, independent living and unpaid caring.

There is also growing evidence that there will be more people with a range of longer term conditions than ever before as a direct result of COVID-19, including respiratory, neurocognitive, heart, and mental ill-health.³¹ Third sector organisations are a vital strategic and delivery partner across health and social care in Scotland; they are crucial in the longer term to ensure people get the right support at the right time.

The sustainability of many third sector organisations is of particular concern over the coming months, when essential and welcome sources of emergency funding and the furlough scheme draw to a close, and reserve funding is used up. The TSI National Survey Report notes that “58% of social enterprises and 39% of voluntary organisations with staff have furloughed staff and support will be required to avoid job losses”.³²

However, this is not just a short-term crisis; the longer term survival of third sector health and social care organisations is at stake, and the unique services and support they deliver will remain just as vital – if not more so – as we continue through COVID-19 recovery into the post-pandemic period.

The ALLIANCE urges IJBs to outline the measures they will take to address the financial issues facing the third sector as a consequence of COVID-19. We also recommend that IJBs continue to promote the role of the third sector in the delivery of the post-pandemic response. Finally, we ask the IJB Executive Group to support the ALLIANCE's proposal for a Third Sector Recovery and Renewal Fund, as an investment in progressing a sustainable model of integrated care for the future.³³

³⁰ <https://scvo.org.uk/policy/evidence-library/2020-coronavirus-and-its-impact-on-the-scottish-voluntary-sector-what-do-we-know-so-far-may-2020>

³¹ <https://www.vox.com/2020/5/8/21251899/coronavirus-long-term-effects-symptoms>

³² <http://www.gcvs.org.uk/wp-content/uploads/2020/06/TSI-Covid-Survey.pdf>

³³ <https://www.alliance-scotland.org.uk/blog/news/leading-health-and-care-charities-urge-first-minister-to-help-safeguard-future-of-the-sector/>

Q5. Engagement with local communities is a vital part of identifying how the powers vested in IJBs by the Public Bodies (Joint Working) (Scotland) Act 2014 can be tailored to support local need. What can IJBs do to better engage with the groups you represent?

It is essential that disabled people, people living with long term conditions, and unpaid carers are consulted directly about what changes to service provision they have found most useful and wish to continue as we begin to emerge from the pandemic. **Post-COVID-19 services should be design and developed in co-production with the people who use them.** This level of engagement requires doing things differently from how most consultation and engagement processes have been carried out to date. People require reasonable time frames to fully engage (possibly several weeks), all materials should be simultaneously available in multiple accessible formats, and people without easy access to digital resources must also be fully involved. People may also want access to independent support and advocacy to facilitate their engagement.

The ALLIANCE has a range of specific suggestions for how IJBs can better engage with people:

- Decisions around services must focus on equalities, human rights and those most likely to be disadvantaged, including (but not limited to) disabled people, people living with long term conditions and unpaid carers.
- Embed equalities and human rights in practice as well as principle – this will mean doing things differently, for example carrying out Equality and Human Rights Impact Assessments before steps are taken, and designing action based on the results.
- Ensure greater transparency and scrutiny of decision making processes and changes to social care provision, including information on the criteria and tools used by IJBs in decision making, and what measures are being taken to ensure ongoing monitoring.
- Take a human rights based approach to financial decision making, including resource allocation, budgets and expenditure.³⁴
- Provide specific, inclusive and accessible communications for and with people who access support and unpaid carers. This should not solely focus on blanket communications to the whole population but tailored advice for groups such as people living with long term conditions and disabled people. Communications should be available in multiple languages and formats.
- Embed independent monitoring and oversight to ensure accountability and routes for redress if things go wrong.

³⁴ <https://www.alliance-scotland.org.uk/blog/news/covid-19-public-finances-and-human-rights/>

Practices of accessible co-production should be embedded in any changes and strategic planning processes around transformational change, to ensure disabled people, people living with long term conditions, and unpaid carers are at the heart of change, and can assist in ensuring it is sustainable and person-centred.

Q6. Integration of Health and Social Care (HSC) staff is a key component of the successful deployment of the IJBs strategic aims. Do you have examples of where further levels of HSC staff integration would help you achieve your organisations aims and ambitions?

The ALLIANCE currently employs 31 Community Links Practitioners (CLPs), who are based within GP surgeries across Glasgow. The Links Worker Programme³⁵ aims to mitigate the impact of the social determinants of health for people that live in areas of high socio-economic deprivation (top 15% SIMD).

During COVID-19, Deep End GP practices³⁶ have referred people on the shielding list to the ALLIANCE's CLPs for help accessing support services, including mental health support, food boxes/food banks, prescription delivery, telephone befriending, homelessness and addiction services. CLPs have also arranged support for people who have been told to shield upon leaving hospital, assisted people applying for State entitlements (including housing support and Universal Credit), and maintained regular telephone contact with people in their practices.

The June 2020 'GPs at the Deep End' report notes that the work of CLPs has been "invaluable".³⁷ ALLIANCE CLPs have been embedded in General Practice in Glasgow since 2014 working with individuals and practitioners to embed the links approach. The essential support they provide demonstrates the effectiveness of the model, and has produced a rich body of data on what has worked – or not – to support people in the community.

The ALLIANCE supports the call by Deep End GPs to increase the provision of Community Links Practitioners (CLPs) in deprived communities across Scotland. We have a wealth of experience to share in designing, developing and delivering the Links Worker Programme, and recommend the IJB Executive Group help to spread and embed this learning, as well as continue to support CLPs within an integrated model.

The ALLIANCE also believes that it is important that IJBs consider an intersectional analysis of the social care workforce in Scotland, within the wider context of integrated health and social care. The United Nations, *The Lancet*, Close the Gap

³⁵ <https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/>

³⁶ <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/>

³⁷ https://www.gla.ac.uk/media/Media_728030_smx.pdf

and Engender have noted the disproportionate impact that COVID-19 is having on women and girls.³⁸ As we know, social care is delivered by a workforce of over 200,000, of whom 85% are women. However, while recent (and welcome) campaigns have strengthened the rights of NHS workers, social care workers are frequently left behind. For example, when the UK Government agreed to scrap the £400 surcharge to access NHS services for non-EU immigrants working in healthcare, it took a further campaign to extend that decision to people working in social care.³⁹ This relative neglect impacts disproportionately on women, and particularly Black and ethnic minority women. There are also ongoing concerns about the disparity between public sector workforce pay and conditions and those of the third and independent sector as a consequence of the procurement process. All these factors significantly contribute to continued inequality in women's work, occupational segregation and Scotland's gender pay gap.

Social care is also inextricably linked to unpaid care, which is also mainly provided by women. Even before the pandemic, as cuts to services deepened and eligibility criteria tightened, unpaid carers were increasingly relied upon to provide support, rather than this being a freely made choice by them and those for whom they care. As a result of COVID-19, there has been an estimated increase of 392,000 unpaid carers in Scotland, bringing the total to 1.1 million.⁴⁰

Carers UK has reported the potentially devastating psychological, financial and practical impact that COVID-19, and responses to it, are having on unpaid carers.⁴¹ The pandemic has also an unequal impact on Black and minority ethnic carers. MECOPP has identified that some Black and minority ethnic unpaid carers may have additional challenges in accessing information and services, which can be worsened without a carer's assessment in place or access to adequate social care packages for service users.

The National Carer Organisations have produced a timely paper outlining some of the measures that should be implemented to support unpaid carers and those they support as lockdown restrictions are eased,⁴² including measures specifically related to SDS and social care. These are underpinned by key principles that unpaid carers

³⁸ <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30823-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30823-0/fulltext);
<https://www.closethegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>;
<https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf>.

³⁹ <https://www.bbc.co.uk/news/uk-52754903>; <https://www.bbc.co.uk/news/uk-politics-52761052>

⁴⁰ <https://www.carersuk.org/scotland/news/covid-19-pandemic-392-000-become-unpaid-carers-in-scotland-in-a-matter-of-weeks>

⁴¹ http://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf

⁴² https://www.carersuk.org/scotland/policy/policy-library?task=download&file=policy_file&id=7108

and those they care for must be at the heart of decision making and that carers' rights must be reinstated and reinforced.

The ALLIANCE suggests that IJBs give careful consideration to the intersectional impacts of policy and practice in order to reduce inequalities for the social care workforce and unpaid carers. Parity of working terms and conditions between the public, third and independent sector workforce is essential to the provision of high quality care and the implementation of Fair Work practices.

Q7. Data and information which help identify how best to deploy HSC resources are critical to direct these resources. Are there more effective ways in which information you hold could help IJBs monitor improvements in services delivered by HSC which support your organisation.

In addition to the learning from our Community Links Practitioners, the ALLIANCE would also welcome the opportunity to facilitate feedback and communication between IJBs and our membership, which spans a diverse group of over 3,000 individuals and organisations across Scotland, including disabled people, people living with long term conditions, and unpaid carers. The ALLIANCE believes that it is essential that input should be sought from people with lived experience when monitoring improvements or changes to services, following human rights based PANEL Principles.⁴³

To ensure that IJBs mainstream equalities and human rights within decision making and monitoring processes, we suggest the following:

- Clear and transparent guidelines on how decisions about services are made, and by whom.
- Ensure that participatory Equality Impact Assessments and Equality and Human Rights Impact Assessments are undertaken as part of the decision making process.
- Ensure that disabled people, people living with long term conditions, and unpaid carers are actively involved in meaningful decision making (with independent support to do so if required).
- Ensure that decisions and changes are communicated to service users, with all communication fully accessible and a plan to ensure that all potential service users receive equitable access to information about services.
- Consideration of focused support for groups who have been disproportionately affected by COVID-19 and lockdown arrangements (e.g. people with learning

⁴³ <https://www.scottishhumanrights.com/rights-in-practice/human-rights-based-approach/>.

disabilities, people with lived experience of mental health problems, unpaid carers, women, Black and minority ethnic people).

- Ensure monitoring data is disaggregated, to enable effective intersectional analysis of the impact of changes on seldom heard groups.

The ALLIANCE and our members have extensive contacts with disabled people, people living with long term conditions, and unpaid carers, including a range of people from seldom heard from groups. We would welcome the opportunity to work alongside IJBs to develop their co-production and monitoring processes.

Contact

If you would like to discuss any of the topics raised in this response, or to request any further information, please contact:

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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.