Health and Social Care Alliance Scotland (the ALLIANCE)

Consultation Response: Healthcare Improvement Scotland Draft Sexual Health Standards

16 July 2021

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to comment on Healthcare Improvement Scotland's (HIS) Draft Sexual Health Standards.[1]

We know from our members that there is work to be done to improve health inequalities, including access to sexual health services. Last year, the ALLIANCE carried out engagement work to contribute to the development of Scotland's first Women's Health Plan.[2] The findings highlighted some key themes around sexual health services, including the importance of accessible information, communication and messaging, and how to tackle stigma and discrimination.

This consultation response aims to outline ways in which the rights and needs of people accessing sexual health services can be considered and prioritised in the Sexual Health Standards, including for disabled people, people with long term conditions, and unpaid carers. We commend the key principles that are founded on human rights and reference to international legislation like the UNCRC and CEDAW within some of the standards. To further support and reinforce a rights based approach, we recommend further references are made to these international instruments elsewhere. For example, in the section, 'The scope of the standards', reference could be made to relevant documents like the United Nations (UN) Covenant on Economic, Social and Cultural Rights, the UNCRC and CEDAW, the UN Convention on the Rights of Disabled People, and General Comment No. 22

[1] Healthcare Improvement Scotland (HIS), *'Draft Sexual Health Standards'* (March 2021). Available at: https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_health_standards.aspx

[2] The ALLIANCE, *'Scotland's First Women's Health Plan: How Scotland's women want to plan future services'* (March 2021). Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2021/03/Womans-Health-Plan-Event-Report.pdf.pdf; The ALLIANCE, *'Scotland's First Women's Health Plan: Hearing the Voices of Women in Scotland. Report from our online survey'* (October 2020). Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2021/01/WHP-Lived-Experience-Survey-Report_2.pdf

from the UN Committee on Economic, Social and Cultural Rights, which contains helpful information and guidance on the right to sexual and reproductive health.[3]

Standard 1: Leadership and governance

Do you agree with the standard statement?

Yes. The ALLIANCE recognises that effective leadership, governance and partnership working can contribute to the management and delivery of sexual health services at a local, regional and national level.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document. We would add that we believe effective leadership and governance are also critical to ensuring rights based health and social care services, as well as those that are safe, person-centred and high-quality.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 1. We support and welcome the criteria that organisations take a rights based approach to sexual health care. More detail would be welcome on what this means in practice, and we would also recommend that reference is explicitly made to equality and intersectionality. In this respect, we would make the following points and recommendations:

- Steps should be taken to empower rights holders to know, understand and claim their rights, and support duty bearers to know, understand and fulfil their human rights obligations. As well as ensuring that the provisions in existing equality law are followed, the five-point PANEL Principles are one way of ensuring that people's rights are at the centre of organisations' policies and practices.[4] These are: Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

- In terms of taking a rights based approach to sexual health services, consideration should be given to enacting the 'AAAQ' key elements of the human

[3] United Nations Economic and Social Council, '*Committee on Economic, Social and Cultural Rights General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), document no. E/C.12/GC/22'*. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGC%2f22&Lang=en.

[4] Scottish Human Rights Commission, *'Human Rights Based Approach'.* Available at: https://www.scottishhumanrights.com/projects-and-programmes/human-rights-based-approach/

right to the highest attainable standard of physical and mental health. This means that the provision of goods, services and facilities that are necessary for the realisation of people's right to health would be increasingly Available, Accessible, Acceptable and Adaptable, and of a good Quality. The UN and World Health Organisation (WHO) have created helpful, practical tools for the AAAQ.[5]

- Organisations should carry out regular, detailed, and robust impact assessments to consider the equality implications of proposed actions, proposals and practices. The ALLIANCE recommends that this should include routine completion of Equality Impact Assessments, Human Rights Impact Assessments, Fairer Scotland Duty Assessments, Mental Wellbeing Impact Assessments, Health Inequalities Impact Assessment, Children's Rights and Wellbeing Impact Assessments and Island Communities Impact Assessment where appropriate. This will help to achieve better outcomes for all relevant stakeholders, demonstrate transparency, accessibility, accountability, and ensure compliance with human rights and equality legislation. Assessments should be evidence led, carried out at the earliest opportunity, and based on meaningful involvement of communities and people with lived experience of accessing sexual health services, including disabled people, people with long term conditions and unpaid carers.

- We welcome the commitment to involving people meaningfully in the design and evaluation of sexual health services. To help organisations and services continuously improve, regular proactive action should be taken to gather feedback from people accessing services. The ALLIANCE recommends developing working groups to ensure human rights are fully embedded in sexual health services as a result of free, meaningful and active decision making. A growing number of groups and panels comprised of people with lived experience are being convened to inform and influence policy and practice. Co-productive approaches should build on the good practice already established by organisations working with underrepresented groups, for example the People-Led Policy Panel[6].

- We know from previous consultation with our members that regulatory systems can be complex and challenging systems to navigate.[7] Adverse events processes should be made publicly available, follow the Six Principles of Inclusive

[5] See, for example: OCHR, *'OCHR and the right to* health'. Available at: https://www.ohchr.org/EN/Issues/ESCR/Pages/Health.aspx; World Health Organisation, *'Accessibility Availability Quality Acceptability (AAAQ)'*. Available at: https://www.who.int/gender-equity-rights/knowledge/AAAQ.pdf

[6] The Scottish Government, '*Adult social care reform: people-led policy panel'*. Available at: https://www.gov.scot/groups/adult-social-care-reform-people-led-policy-panel/

[7] The ALLIANCE, *'ALLIANCE response: Consultation on the role of a Patient Safety Commissioner for Scotland'* (26 May 2021). Available at: https://www.alliance-scotland.org.uk/blog/news/alliance-response-consultation-on-the-role-of-a-patient-safety-commissioner-role-for-scotland/

Communication, and clearly signpost independent advocacy and support services.[8]

- The third sector plays a key role in supporting people to make personal choices and changes and enabling them to stay well and live independently.[9] Effective partnership working at local and national levels should include involvement and recognition of third sector organisations as equal and valued partners in the design, delivery, and evaluation of sexual health services. Steps should also be taken to share learning and knowledge between cross-sector partners.

- We know that further work is needed to improve existing methods of data collection and analysis. For example, Public Health Scotland has highlighted the sustained difficulties in gathering disaggregated data on people's experiences of social care, [10] and there are data collection gaps across many healthcare services (for example, the protected characteristics of those accessing services). The ALLIANCE recommends that an inclusive, systematic, and robust approach is taken to data collection. Both qualitative and quantitative evidence should be gathered, analysed and used to inform further policy and practice development and improvements. Information should be disaggregated by all protected characteristics and socio-economic information like household income and SIMD (Scottish Index of Multiple Deprivation). Consideration should be given to gathering other voluntary disaggregated data beyond the protected characteristics and socio-economic information to ensure that the standards benefit all potentially marginalised and seldom heard population groups, for example survivors of (sexual) abuse, people who identify as having lived experience of childhood adversity/trauma, and unpaid carers. This will enable intersectional analysis and will help to ensure the rights and needs of specific population groups are adequately upheld and considered in the planning and delivery of sexual health services.

Standard 2: Information and supported decision making

Do you agree with the standard statement?

Yes. The ALLIANCE supports the provision of accessible information to facilitate informed choice and supported decision making.

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[8] Inclusive Communication, *'Six Principles of Inclusive Communication'*. Available at: https://inclusivecommunication.scot/the-six-principles-of-inclusive-communication

[9] The ALLIANCE, *'We Need to Talk About Integration'* (June 2018). Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2018/06/We-Need-to-Talk-About-Integration-Anthology.pdf

[10] Public Health Scotland, *'Insights in social care: statistics for Scotland'* (29 September 2020). Available at: https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/insights-in-social-care-statistics-for-scotland/

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 2. We would also make the following points and recommendations:

- We welcome the criterion relating to the provision accessible information. Accessible communication about sexual health services should follow the Six Principles of Inclusive Communication, [11] and should be publicly available in multiple formats, including Community Languages,[12] British Sign Language (BSL), Braille, Moon, Easy Read, clear and large print, and paper formats. The ALLIANCE recommends involving relevant experts – including BSL and language interpreters – at the earliest opportunity to ensure communications and information provision is inclusive for all.

- If organisations intend to provide alternative formats to online documents 'on request', clear processes and guidelines should be in place to produce these within a few days of the request.

- Communication should consider the rights and needs of people experiencing digital exclusion. The ALLIANCE endorses a 'digital choice' approach to promote and protect the rights, health and wellbeing of people accessing services.[13] High quality, accessible information should be available in non-digital formats, including hard copy and telephone services.

- We note that the standard uses the term "supported decision making" whereas the criteria refers to "shared decision making". The ALLIANCE recommends embedding a rights based 'supported decision making' approach. This means that people accessing health and social care services are empowered to make decisions for themselves. General Comment No.1 from the UN Committee on the Rights of Disabled People provides helpful guidance on how this approach can

[11] Inclusive Communication, *'Six Principles of Inclusive Communication'*. Available at: https://inclusivecommunication.scot/the-six-principles-of-inclusive-communication
[12] Community Languages are languages spoken by members of minority groups or communities within a majority language context. Examples in Scotland include: Arabic, Hebrew, Hindu, Makaton, Punjabi, Polish, Urdu.
[13] The Health and Social Care Alliance Scotland, '*Equally valued: A manifesto for forward-thinking, far-reaching action in health and social care*' (2021), p. 7. Available at: https://www.alliance-scotland.org.uk/blog/resources/equally-valued-the-alliance-2021-scottish-parliament-election-manifesto/

ensure respect for human rights standards and that priority is given to people's will and preferences.[14]

- Barrier-free access to independent support and independent advocacy should be available if needed to support individuals to access and understand information and support decision making, for example, for people who face language or communication barriers.

- Awareness of – and access to – health and wellbeing tools should be maximised. The ALLIANCE's free online tool, ALISS, is one example of a digital tool that supports informed decision making and helps people find and share information about groups, services and activities that they need to live well.[15]

- We welcome the suggestion of tailored information for specific population groups. We recommend that this should explicitly include information for disabled people, people with long term conditions, and people with learning/intellectual disabilities, who are often overlooked in the provision of sexual health information. The intersectionality between learning/intellectual disabilities and sensory impairments should also be acknowledged and accommodated.

Standard 3: Education and training

Do you agree with the standard statement?

Yes. The ALLIANCE supports the commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 3. We would also make the following points and recommendations:

- Steps should be taken to provide intersectional training and development for health and care staff. This should recognise the rights and needs of people

[14] United Nations Committee on the Rights of Persons with Disabilities, '*General Comment No.1 (2014): Article 12: Equal recognition before the law, document number CRPD/C/GC/1*'. Available at: https://daccess-ods.un.org/TMP/7501454.94937897.html
[15] ALISS, *'About ALISS'*. Available at: https://www.aliss.org/about/

accessing sexual health services, including people who may face additional barriers to access.

- As well as the specific training referenced at point 3.4, staff should have access to training and continuing professional development (CPD) on human rights principles, standards and approaches. If the intention is to take a rights based approach to sexual health care, then duty bearers like those who are held to account on the standards – or who monitor their application – should be supported to fully understand the obligations to respect, protect and fulfil human rights, the 'AAAQ' elements of the right to health, and how to take a rights based approach using tools like the PANEL Principles.

Standard 4: Access to sexual health care

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that all individuals should have equitable and consistent access to good quality sexual health care.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 4. We would also make the following points and recommendations:

- As previously indicated for Standard 1, the 'AAAQ' of the right to health includes the vital element of Accessibility. The WHO's factsheet on the right to health notes there are four overlapping dimensions to accessibility: non-discrimination; physical accessibility; economic accessibility; and information accessibility.[16] To mainstream and embed a human rights based approach, it could be helpful if the guidance explicitly referenced these factors and the other 'AAAQ' human rights elements of ensuring access to sexual health care.

- As outlined above, the ALLIANCE endorses a digital choice approach to mitigate the impact of digital services on pre-existing inequalities and barriers to accessing health services.

[16] World Health Organisation, *'The Right to Health – Fact Sheet'.* Available at: https://www.who.int/hhr/Right_to_health-factsheet.pdf

- Specific barriers exist with access to sexual health services for different population groups, including women, disabled people, people with long term conditions, young people, and members of the LGBT+ community. We therefore support the use of user feedback and participation, as outlined in the consultation document. This should be used to inform service planning, delivery and evaluation, particularly with population groups that are often under-represented or overlooked in the provision of sexual health services. We recommend that this is informed by both quantitative and qualitative data. Feedback loops should be created to ensure participants are informed about how their information is used and acted on (or not). The ALLIANCE recommends the creation of an engagement framework to improve the ways in which organisations engage with people, and to set out a strategic plan for engagement activity. This should reflect the importance of bottom-up, person centred and rights based support to promote equality and address power imbalance.[17]

Standard 5: Sexual wellbeing

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that all individuals should be empowered to maintain positive sexual health, wellbeing and function.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 5. We would also make the following points and recommendations:

Disabled people do not always experience equal rights and support relating to sexual wellbeing. Research has shown that sexual wellbeing for disabled people, particularly disabled women, is less likely to form part of services offered by professionals in health and social care services.[18] The ALLIANCE recommends that

[17] The ALLIANCE, *'Engagement Insights report highlights the crucial aspects of meaningful engagement'* (7 May 2021). Available at: https://www.alliance-scotland.org.uk/blog/news/engagement-insights-report-highlights-the-crucial-aspects-of-meaningful-engagement/

[18] Engender, *'Our Bodies, Our Rights: Identifying and removing barriers to disabled women's reproductive rights in* Scotland' (November 2018). Available at: https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scoltand.pdf; Lee, S. et al., *'Disabled people's voices on sexual well-being'* (June 2019). Available at: https://www.tandfonline.com/doi/abs/10.1080/09687599.2019.1634522?journalCode=cdso20

sexual health and wellbeing for disabled people is addressed proactively by sexual health services, for example through:

- intersectional CPD and training for all health and social care practitioners, covering disabled people's sexual health and wellbeing rights, and the rights and needs of disabled people who report experiencing domestic abuse or sexual violence;

- co-produced 'best practice' guidelines, which are periodically reviewed and evaluated to ensure they uphold, respect and protect the rights and needs of everyone who accesses sexual health services, including disabled people and people living with long term conditions;

- the development of clear processes to mitigate harmful practices to disabled people's sexual health and wellbeing, including inclusive and accessible informed consent processes.

Standard 6: Prevention, detection and management of sexually transmitted infections

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that all individuals should be able to access safe, high-quality and person centred services for the prevention and treatment of sexually transmitted infections.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document. As with Standard 2, we note that this standard uses the term "shared decision making". The ALLIANCE recommends embedding a rights based 'supported decision making' approach. This means that people accessing health and social care services are empowered to make decisions for themselves. General Comment No.1 from the UN Committee on the Rights of Disabled People provides helpful guidance on how this approach can ensure respect for human rights standards and that priority is given to people's will and preferences.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 6. As with other standards, there is an opportunity here to explicitly refer to the AAAQ framework to reinforce the rights based elements of ensuring that people have timely access to

appropriate and acceptable high quality goods, services and facilities for the prevention and treatment of sexually transmitted infections.

Standard 7: Services for young people

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that young people should be able to access safe, high quality and person centred sexual health care which upholds their rights.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 7. We would also make the following points and recommendations:

- As with other standards, there is an opportunity here to explicitly reference the AAAQ framework to reinforce the rights based elements of ensuring that young people have timely access to appropriate and acceptable high quality sexual health care services, goods and facilities.

- Steps should be taken to take an intersectional approach and proactively consider the rights and needs of particular groups of young people, including young disabled people, young disabled women, young people living with long term conditions, and young people with learning/intellectual disabilities. For example, NHS Forth Valley have developed a 'Sexual Health workbook' designed to assist teachers, parents, carers and other professionals in delivering Sexual Health, Relationship and Parenthood Education to young people with learning/intellectual disabilities.[19]

- Initiatives like the Scottish Government's 'Relationships, Sexual Health and Parenthood education (RSHP)' project provide supportive resources and activities for children and young people.[20] However, research has recognised that the resource is not adequately accessible or inclusive, and it has been

[19] Central Sexual Health, *'ASN Workbook'*. Available at: https://centralsexualhealth.org/professionals/asn-learning-disabilities/
[20] RSHP, *'About the resource'*. Available at: https://rshp.scot/about-the-resource/#whoisthisresourcefor

inconsistently implemented across Scottish schools.[21] Disabled children and young people are also less likely to receive RSHP.[22] Further work is needed to eradicate barriers to sexual health education and information for disabled young people. Sexual health services should continue to work collaboratively with schools and young people to ensure equitable access to information in the school curricula, including accessible and inclusive resources for disabled young people.

Standard 8: Services for gay, bisexual and other men who have sex with men

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that gay, bisexual and other men who have sex with men should have access to safe, high quality and person centred sexual health care.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 8. We would also make the following points and recommendations:

- We welcome the person centred approach outlined in the criterion. We recommend that accessible resources include tailored information about the rights of LGBT+ people. As with other standards, there is an opportunity to explicitly refer to the AAAQ framework to reinforce the rights based elements of ensuring that LGBT+ people have timely access to appropriate and acceptable high quality goods, services and facilities for the prevention and treatment of sexually transmitted infections.

- Evidence shows that there is low uptake of – or late access to – sexual health services, and stigma and discrimination is experienced by certain population groups, including LGBT+ people, those with an HIV diagnosis, disabled people, and people with communication support needs.[23] The ALLIANCE recommends

[21] Engender, *'Our Bodies, Our Rights: Identifying and removing barriers to disabled women's reproductive rights in* Scotland' (November 2018). Available at: https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scotland.pdf
[22] *Ibid.*
[23] Public Health Scotland, *'Sexual health'*. Available at: http://www.healthscotland.scot/health-topics/sexual-health

that intersectional research and data collection is carried out to further understand the barriers faced by these groups at local, regional and national level.

- Research shows that people who are part of the LGBT+ community have faced discrimination in healthcare settings and have felt uncomfortable speaking to healthcare providers about their sexual health.[24] We therefore welcome criterion 8.4, which states that "staff are trained in communication and engagement techniques to support gay, bisexual and other men who have sex with men". We recommend that staff training and strategies should be developed and continually evaluated to mitigate implicit bias against individuals from the LGBT+ community.

Standard 9: Preventing unintended pregnancy

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that women should receive a holistic assessment of their rights and needs and have access to a full range of contraception methods.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 9. We would also make the following points and recommendations:

The ALLIANCE agrees that people should be provided with meaningful choice of contraceptive options. We welcome the emphasis placed on access to a range of contraceptive methods and the importance of making informed decisions. Research has reported that the contraceptive pill is the most common method of contraception, however, it has also been reported that women often feel 'pushed towards' this method without information on alternative options.[25] We recommend developing specific processes to facilitate supported decision making, particularly with population groups who may face barriers to accessing sexual health services. As outlined above, information and resources should be publicly available, follow the Six

[24] Stonewall Scotland, *'LGBT in Scotland – Health Report'*. Available at: https://www.stonewallscotland.org.uk/sites/default/files/lgbt_in_scotland_-_health_report.pdf
[25] Lewis, R. et al., *'Understanding young people's use and non-use of condoms and contraception: A co-developed, mixed-methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM'*. Available at: https://www.gla.ac.uk/media/Media_781762_smxx.pdf

Principles of Inclusive Communication,[26] and be co-produced with people with lived experience to contribute to positive sexual health outcomes.

Standard 10: Abortion care

Do you agree with the standard statement?

Yes. The ALLIANCE agrees that women should be able to access safe, timely, rights based and person centred abortion care services.

Do you agree with the rationale?

Yes. We agree with the rationale set out in the consultation document.

Do you agree with the criteria?

Yes. The ALLIANCE agrees with the criteria outlined for Standard 9. We would also make the following points and recommendations:

- Research carried out by the ALLIANCE found that only 51% of respondent knew where to access abortion services.[27] There is a need for better, more accessible and 'less technical' information, available in a range of languages including BSL. This should include more public health advertising to minimise the level of stigma attached to the topic.

- Abortion is a time-sensitive service, with delays sometimes leading to unsafe abortion.[28] Factors like work schedules, childcare responsibilities, physical and mental health conditions, and proximity to services for people living in remote locations can create barriers to accessing sexual health services – including abortion services.[29] Greater flexibility is needed to create more equitable access to safe and legal abortion services, for example through universal availability of telephone or video consultation. This was demonstrated through the temporary introduction of telemedical early medical abortion care during COVID-19 which illustrated that safe, quality care can be provided remotely in Scotland.[30] Telemedical appointments led to shortened waiting period, allowing women to

[26] Inclusive Communication, *'Six Principles of Inclusive Communication'*. Available at: https://inclusivecommunication.scot/the-six-principles-of-inclusive-communication
[27] The ALLIANCE, *'Scotland's First Women's Health Plan: Hearing the Voices of Women in Scotland. Report from our online survey'* (October 2020). Available at: https://www.alliance-scotland.org.uk/wp-content/uploads/2021/01/WHP-Lived-Experience-Survey-Report_2.pdf
[28] https://www.tandfonline.com/doi/pdf/10.1080/26410397.2020.1758394?needAccess=true
[29] *Ibid.*
[30] The ALLIANCE, *'Creating safe, more effective and accessible abortion services'* (18 December 2020). Available at: https://www.alliance-scotland.org.uk/blog/news/creating-safer-more-effective-and-accessible-abortion-services/

access abortion earlier; minimised potential risks or health complications; and increased availability of in-person appointments for people who need them.[31] The ALLIANCE recommends that flexible approaches should be used where clinically appropriate.

[31] Reference Consultation Repsonse

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 over 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.

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