About the ALLIANCE
The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has nearly 500 members including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards and Community Health and Care Partnerships are associate members.

The ALLIANCE’s 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 welcomes the opportunity to provide its views on Scotland’s economic future post-2014. This response places particular importance on the areas of the consultation with the greatest relevance to our organisation and members.

Consultation Questions

Question 3: Economic focus – What economic focus is important to achieve your vision for Scotland?

A key message from the third sector over recent years has been the divergence between a strong political drive for radical shifts in policy and investment and the experience locally. The consistent message, as reflected in the Christie agenda and frequently by Scottish Ministers, is the need to shift power and resources to communities, re-direct efforts and budgets towards prevention and focus on outcomes. The extent to which this is reflected locally remains limited, a point made clearly by the Scottish Parliament’s Local Government Committee in its recent report on Public Service Reform.

Power largely continues to lie with statutory agencies, the bulk of investment continues to be made ‘downstream’ in traditional services and the potential contribution of the third sector remains significantly larger than its influence and resourcing allow it to make. We need a clear approach to quickening the pace towards the change outlined by the Christie Commission. The move to preventative spend has not yet been significant enough and an approach post- Change Fund needs to give the third sector a greater leadership role.

Further to this, additional concentrated investment is required to ensure that initiatives that are shown to work in the short term (for example, through the Reshaping Care for Older People Change Fund) are “mainstreamed” in order to provide further long term benefits.

The Third Sector in Scotland

- Employs 5% of Scotland’s workforce and includes around 1.2m adult volunteers.
• Provides over a third of all registered social care services.
• Over 3,000 organisations working in healthcare and nearly 20,000 in social care and development.
• Has an annual income of £4.36 billion and expenditure of £4.24 billion.
• Pre-dates the NHS with many organisations established over 100 years ago.
• Significant investor in health and social care services (including research, specialist nurses and service innovation), and strategic partner in service redesigning and improvement.

The third sector makes a significant contribution to the health and wellbeing of Scotland’s people and communities. The Self-Management Fund is one example of the impact that can be achieved by investing directly into the sector, supporting organisations and individuals to lead innovation and develop effective, high value for money asset-based approaches, often in partnership with statutory sector health and social care.

Public Service Reform
Across all initiatives related to reforming public services we must keep the focus on the impact on people. Too often we revert to viewing services as ends in themselves, rather than being there to enable the human rights of all of Scotland’s citizens. Issues of structures, budgets and organisational interests – while important and complex – must not be allowed to take priority over outcomes.

The Scottish Government Route Map to the 2020 Vision for Health and Social Care reflects an important development in thinking from simply ‘shifting the balance of care’ to also ‘shifting the balance of power’. Investment in the Person-centred Health and Care Programme will help to drive this and a small, strategic investment will be required beyond the life of that programme so that momentum is maintained and progress continued.

The integration of health and social care offers a key driver towards the Christie public service reform agenda. The third sector will be key to ensuring a shift in investment and approach and must, along with users of support and services, share power with statutory partners. The third sector must be properly resourced to enable effective participation in local decision making, particularly in the context of locality planning where organisations may be stretched across several localities.

At a more fundamental level there is concern that the Scottish Government’s vision for health and social care integration may be undermined by the under resourcing of social care across local authorities. Analysis compiled by the Coalition of Care and Support Providers in Scotland (CCPS) into hourly rates for non-residential care and support services for adults and older people further reinforce this view. At the same time, many local authorities are further tightening eligibility criteria for social care services, leading to the loss of vital support for many people who are disabled, older or living with long term conditions across Scotland. This trend poses a significant threat to the drive for prevention.

Procurement
As acknowledged by the Scottish Parliament’s Health and Sport Committee, “good commissioning and procurement practices are important determinants of quality care”.

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The ALLIANCE would support a future approach to public procurement that seeks to promote good practice across health and social care commissioning and procurement, encompassing:

- Integrated, strategic approaches to commissioning
- Health and social care services shaped in partnership with people themselves
- Contribution to preventative investment
- Effective evaluation of service quality
- Effective evaluation of service outcomes

**Question 4: Welfare and equality – How might wealth and income be (re)distributed in your vision for Scotland’s economic future?**

Decisions to reduce spending on public services and welfare are likely to have a significant impact on the cost of welfare over the next five years and as the Expert Group will be aware much of this will be felt by people who live with long term conditions.

With this in mind, the ALLIANCE believes that the main principles which should underpin the benefits system in future should include:

- Adopting an approach that recognises and applies human rights based principles
- Addressing inequality
- Focusing on outcomes for an individual
- Preventative
- Approaching assessment for welfare benefits in a person-centered way
- Raising expectations
- Greater accountability for decision makers

Changes to the welfare system in Scotland must recognise that a significant proportion of people who use the welfare benefits system are disabled people, people who live with long term conditions and unpaid carers.

As such, one of the most obvious changes requires in the future is for updated and accessible information about welfare benefits. Often the complexity of the benefits system itself can be the biggest barrier to people receiving the level of support to which they are entitled. The ALLIANCE believes that any future benefits system must ensure that resources are directed to a greater understanding of how to apply for welfare benefits alongside better advice and support.

Welfare Reform requires a mix of short-term mitigation of the negative impact on already marginalised groups, and longer-term strategy on welfare in Scotland post-referendum (whatever the outcome). As part of this there needs to be more investment in advocacy for people who will undergo changes in their benefits. The ALLIANCE, with its members, has developed a strategic proposal to support local capacity and partnership between disability/long term conditions organisations and the advocacy sector with a particular focus on the migration from Disability Living Allowance to Personal Independence Payment.
Unpaid carers
More support is required to enable the 657,000 unpaid carers\(^1\) across Scotland to continue their caring role. Caring Together: The Carers Strategy for Scotland 2010-2015\(^2\) recognises carers as “equal partners in the delivery of care in Scotland and fully acknowledges carers’ expertise, knowledge and the quality of carer they give”. Yet despite saving the Scottish economy around £10.3 billion every year, the main benefit for carers who support someone for more than 35 hours a week, the Carers Allowance, is as little as £59.75 per week.

Carers will play a vital role in supporting the shift in the balance of care to the community and by 2037, it is expected that the number of carers in Scotland will have increased to around one million\(^3\). In order to ensure future sustainably of this role, we must provide an improved level of support (and services).

Future employment policies
Many disabled people and people who live with long term conditions already live in poverty or close to the poverty line. 60% of households containing at least one person who is disabled or who lives with a long term condition have an annual income of £15,000 or lower\(^4\). Not only do they experience higher levels of unemployment, those that are in work are also more likely to occupy lower-status, less secure jobs. At the same time, many people who live with long term conditions are able to work but require support to manage their condition. Much of this support is under threat as a result of public service cuts.

Many of these people also face a range of barriers to employment, including:

- Limitations as a result of a person’s condition (sometimes resulting in no longer being able to do the job they are qualified for or experienced in)
- Lack of flexibility making work unsustainable alongside medical appointments or fluctuating symptoms
- A lack of understanding, negative attitudes and discrimination from colleagues, employers and potential employers.

No matter the outcome of the 2014 referendum, a number of approaches are required to tackle inequality among disabled people and people living with long term conditions in Scotland:

- Adoption of asset-based approaches – such as self-management, independent living, peer support and personalisation. People must be viewed as part of the answer. The third sector can play a significant role here, shifting the focus on to enabling people to develop their confidence, skills and natural networks of support
- A more sustained focus on awareness raising and changing attitudes, including in workplaces
- Improved employer support – including an openness and flexibility to working arrangements

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\(^1\) [http://www.carers.org/key-facts-about-carers](http://www.carers.org/key-facts-about-carers)
\(^3\) [http://www.carersuk.org/newsroom-scotland/facts-and-figures](http://www.carersuk.org/newsroom-scotland/facts-and-figures)
\(^4\) Characteristics of adults in Scotland with long-term health conditions, Wendy Loretto and Matt Taylor, University of Edinburgh, Scottish Executive Social Research (2007)
• Shift to a model of employment support where key services, such as health and social care and education work together with employers and people to find work and stay in work

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Health and Social Care Alliance Scotland
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iii Hourly Rates For Care and Support (2012) Coalition of Care and Support Providers In Scotland

iv Commissioning Social Care (2012) Audit Scotland

v Report on Inquiry into the Regulation of Care for Older People (2011) Health and Sport Committee, Scottish Parliament