



**UNISON Scotland – written evidence to  
Scottish Parliament’s Health & Sport  
Committee Inquiry: The Future of Social  
Care.**

**Feb 2020**

**Introduction**

UNISON is Scotland's largest trade union with members across the public, private and voluntary sectors. In addition to crucial roles in the changing delivery of social care, UNISON members are widely involved in the planning, commissioning, procurement, management and monitoring of services.

In addition to problems with the integration of planning, budgeting and delivery of services, UNISON asserts that the strength of the service user voice is undermined by the remote, complex and high level structures within which key service decisions are made. To that extent, transformation through “integration” is something of a misnomer. Services will continue to be fragmented and variable in quality until power is not only integrated, but then transferred down to service users, families and the workers who support their quest for independent and fulfilling lives.

By drawing on the frontline experience of UNISON members this submission seeks to reveal how various systemic problems undermine care quality and service user needs. To that extent UNISON believes that the workforce and service users have a shared interest in changing some of the systems and power relations within the sector.

UNISON welcomes the inquiry’s emphasis on the service user’s perspective on social care reform. UNISON members are in daily dialogue with service users and their families over how best to tailor scarce resources to respond to user need (see for example "short visits" below). We welcome the opportunity to respond to this consultation.

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**Experiences of Social Care in Scotland**

UNISON is a committed and active partner in the enhancement of person centred care and the union supports the key principles that underpin the process of social care reform. As they are outlined in the Scottish Government’s Social care support reform partnership programme framework:

**Principles of Social Care Reform**

Have a shared agreement on the purpose of social care support. Focus this on human rights and a process that is person-led.

Focus on social care support that fits around a person, how they want to live their life, and what is important to them. This includes living independently, and the ability to move to a different area of Scotland if they want or need to,

without there being an impact on their continuity of care.

Focus on the same high quality of experiences and the same expectations about support across Scotland.

Change attitudes towards social care support, so that it is seen as an investment in Scotland's people, society and economy.

Value the people who work in social work and social care support.

Include and co-produce with people who use social care support, unpaid carers, and wider communities. Make local and national co-production work better.

Look at investment in social care support, and how it is funded and paid for in the future.

Check and record what is working well and what is not. Learn from data and experiences.

Through the community based delivery of care services, UNISON members have direct experience of the changes required to enhance person centred design and delivery of social care services. Our members know the key barriers that stand between service users and better care. Those barriers are set out below.

### **Respect and a Human Rights Based Approach**

Pay is not what attracts and retains the social care workforce. Those employed in care remain despite low pay.

Fulfilment and reward comes from the nature of the work. Across different client groups, UNISON members speak of the importance of helping service users attain and retain good physical and mental health, maximising the basic right to independent, fulfilling and meaningful lives. Service user rights are human rights.

From the staff perspective, workplace human rights include, among other things, security, a reasonable income and the right to join and participate in a trade union in the hope of improving the experience of work. As this submission shows, for example in relation to working time, the human rights of service users and workers are inextricably linked. Undermining the human rights of workers adversely affects the human rights of service users.

Social and economic policy in Scotland is littered with well intentioned policies and plans such as promotion of a human rights approach. Despite statutory obligations and repeated Government commitments, human rights have yet to be fully incorporated into the law of Scotland. Human rights remain abstract, unenforceable and ineffective. In the absence of adequate staffing and resources it is care workers who seek to fill the human rights gap.

Although human rights are not fully incorporated, human rights compliance, for service users and workers, is embedded in social care service contracts. Yet these obligations are concealed from the intended beneficiaries and remain unenforced and unenforceable. As such they are a classic example of the well intentioned but hollow rhetoric that tends to attach to the delivery of cash-starved public services,

particularly when delivered under contracts that are competitively tendered on price. Service users and care staff need action to make human rights meaningful.

This submission concludes with a series of recommendations including a call for effective action on human rights.

### **Service users empowered to make independent & autonomous decisions**

Independence and choice are key features of person centred care. However, the independence of service users often runs into conflict with the rigid structure of social care service management and the pressure to reduce contact time with care workers. For example, "short visits" or other types of "clipped visit" in care at home undermine the quality of care UNISON members are committed to delivering.

Workers need adequate time and a degree of professional discretion to engage with service users, assess changing care needs, and respond flexibly to care needs as expressed by empowered service users. Independent and autonomous care choices require more than "integration". They require a transfer of power from budget holders to service users and the care providers who support care choices.

This paper sets out a series of recommendations to empower care workers to support the empowered choices of service users.

### **Budget Cuts**

Funding is, perhaps, the issue on which service user and workforce interests are most closely aligned. There is an irrefutable need for increased funding to meet increasing demand and to resource essential sector improvements such as Fair Work.

However, in addition to the inadequate level of direct funding, issues also arise from the distribution and re-distribution of funds between different providers within the social care sector. The point is well illustrated by disruption to drug and alcohol services as a result of funding changes in the period 2016/17.

The draft Scottish budget of December 2015 contained a 22% reduction in funding for addiction services. In January 2016 the Health Secretary clarified that the reduction in Government funding for ADPs should be offset by an increase in Health Board funding at a local level. This is a classic example of the intended transfer of funding from acute health budgets to social care. In some localities this "offset" occurred, but in others the NHS were either unable or unwilling to increase their spend on drug and alcohol work.

Services across Scotland were disrupted by this "redistribution" or reallocation of funding which hindered the capacity of services to respond to the well documented rise in drug related deaths. There are vital lessons here for the ongoing work to shift resources from acute services to community based care.

In theory, IJBs (and ADPs) have clarity and control over the funds allocated to social care within health and local government. This need for clarity and control is closely

linked to the planned shift of resources from acute services to community based social care.

Any disruption or dislocation in the planned integration of resources always carries the risk of damage to frontline social care services. It is vital that all stakeholders are fully engaged in such re-allocation of budgets, that processes are well planned and executed, and that competent arrangements are made to ensure service continuity at both the acute and community ends of the change process.

Sadly, the quality of engagement, transparency, scrutiny and challenge within IJBs creates concern that avoidable harm may be inflicted on jobs and services unless the quality of leadership, management and governance improves. The most important remedial step that should be taken now is to enhance the effective voice and influence of service users and social care staff within all aspects of IJB decision making. Service users require both continuity in high quality healthcare in acute settings, **and** improved social care. Our recommendations address those needs.

### **Time to Care**

It is a fundamental human right of both service users and staff that workers have sufficient time to identify and meet care needs. The most common problem in care at home services is short, or time-limited visits. This practice is also known as clipped visits or, quite commonly "15 minute visits" or "check-ins".

FOI research by UNISON revealed that one major care provider systematically allocated 15 minute visits when existing care plans assessed and recorded a need for longer periods of contact. This is one of the most clear cut failures of the system.

The human rights of the service user, as defined by their care and support needs, are formally assessed and recorded in a care plan. Yet the care provider knowingly and systematically designs shifts and rotas that are incapable of meeting identified need.

We have had many accounts for care staff saying that they are left in an impossible position. Service users and their families know the support needs recorded in the care plan. Care staff are motivated to meet those needs but they also know it is impossible to meet assessed need in the time provided. Their discretion to take the time to care is removed because their daily movement and work patterns are monitored by phone calls or by GPS tracking systems.

Many staff are put in the position where meeting the assessed needs of service users by sticking to the care plan risks breaking the monitored shift pattern. Failure to follow a managerial instruction could be a disciplinary issue, perhaps grounds for a SSSC referral. Sticking to the shift system keeps management happy but denies service users their right to care and support.

For workers, this systematic reduction in contact time makes homecare work an intense and stressful process lacking in fulfilment. For service users it is upsetting

and alienating to have their care contact stripped down to the lowest possible unit labour cost.

From the IJB down through the various service delivery systems, such checks and balances as exist are incapable of guaranteeing that workers have Time to Care. The human rights “voice” is powerless in service design and commissioning. Human rights are poorly weighted in social care procurement. And standard contractual obligations to observe human rights obligations are unknown and unenforceable. Where this erodes the human rights of service users and staff, the system does not empower either group to speak the simple truth – quality care takes time.

### **Automation, Robotics and AI**

Much is written about robotics in care, most of it is prescriptive of anticipated change rather than descriptive of current tech options. Physical or social assistance robotics are rare. What is increasingly common is the use of technology to coordinate and manage service delivery, reduce contact time, reduce the frequency of visits or substitute staff contact with surveillance or alarm technology.

Using technology in that way is not a "like-for-like" replacement. The package of support and assessment in a daily visit creates a substantially higher quality of care service than tech surveillance backed up by rapid response teams. A genuine social care service anticipates changing needs whereas rapid response is reactive - an acute service on wheels.

Again, service users, families and workers have a common interest in shaping the use of new technology to enhance care quality rather than simply drive down costs, reduce social contact and increase isolation.

### **Staffing Levels**

Adequate staffing is a fundamental service user need. As one UNISON rep commented “we are regulated on the basis that we are the right people working in the right way, but it doesn’t matter how good we are if there’s not enough staff, not enough time”. Another commented: "care quality really comes down to staff numbers and resources. Without adequate time and staffing there is a limit to how good care can ever be".

At its worst, staff shortages result in a complete breakdown in care standards and risk to life. Our members have spoken of significant incidents, violent incidents, injuries and Fatal Accident Inquiries where a common problem was the decision of the care provider to routinely allocate an inadequate number of staff.

Staff shortages also feed directly into the endemic problem of "short visits" in care at home services. When staff numbers are down, automated care coordination systems redistribute appointments to the available workforce at short notice by slotting additional appointments into online care schedules that are already tightly packed.

The SSSC and Care Inspectorate recently reported on the level of vacancies in Social Care. The report raises serious concerns, but the problem is not new.<sup>1</sup> The staffing crisis in social care is an ongoing problem set to get worse under post-Brexit immigration rules.<sup>2</sup>

When surveyed in December 2018, 38% of social care providers reported having vacancies. The national average for all sectors is only 20%. The average for the care sector masks some intensely problematic areas: 63% of housing support services had vacancies at the time of the survey and the prevalence of vacancies in care at home services was 60%. Over 20% of social care workers left their job in the year prior to the survey.

Social care has a major problem in attracting and keeping people and this impacts negatively on service user experiences and the working conditions of the staff who remain.

UNISON members are sceptical that the Safe Staffing Bill will make any discernible difference. As outlined below, there are already many well intentioned measures that have little or no direct impact on the ground. There is a significant disconnect between well intentioned, high level “governance” and the reality of service users and care workers doing what they can with the inadequate resources they have. The Safe Staffing rules will only impact on care quality if enforcement is effective.

## **Equal Rights**

Equal Rights are closely linked to wider human rights and, again, they are a shared interest of service users and staff as identified and prioritised in our focus groups.

Our IJB workplace reps have often expressed surprise when they first examine the equality obligations of a typical social care contract. (NB Almost inevitably this examination is prompted by the union not the management) Specifically they are surprised at the range, number and precision of the equality obligations imposed on providers by contracting authorities. They run to several pages and, on paper, are intended to compel service providers to meet the higher standards set by the Public Sector Equality Duty. Rather than simply avoid discrimination, service contracts also require measures to monitor and report on key equality measures and to actively promote equality.

UNISON members including contract managers and monitoring officers, report that the time and resources allocated to monitoring and evaluating equalities practice is virtually nil. Significant incidents with equalities implications would usually be investigated but equalities do not feature in regular monitoring reports and, absent a serious service failure, it is very unusual for equalities issues to be examined. This is surprising.

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<sup>1</sup> [Staff Vacancies in Care Services: Care Inspectorate/SSSC Jan 2020](#)

<sup>2</sup> ["Immigration: No visas for low-skilled workers, government says" BBC 19 Feb 2020](#)

Meeting equality and diversity needs are central to all forms of social care. Many service users have Equality Act protections and there will be few services where, for example, disability awareness and the provision of reasonable adjustments are not essential to service delivery. Similar issues arise for other protected characteristics.

In reality, the detail of equality obligations on service providers are withheld from both service users and care workers by the confidential nature of service contracts. Staff and service users are neither aware of equality obligations on employers or empowered to assert equality rights in a safe and effective way.

For example, one disabled UNISON member recently had disability adjustments removed and sold by their social care employer during their absence on sick leave. Legal action was averted by a confidential settlement. The incident was resolved but the underlying issue remains unaddressed – equality practices in social care require improvement.

### **Continuity of Care**

Continuity of care is a major concern for service users and staff, and sub-divided continuity into concerns over continuity in the quality and range of services as well as the identity of care staff providing services.

Continuity tends to be undermined by staffing shortages, use of agency staff, use of zero hours contracts and other temporary work arrangements. The Fair Work Convention found that 20% of social care workers are on temporary contracts and 11% are on zero hours contracts. This is particularly concerning since most contracting authorities expressly prohibit zero hours contracts and place strict reporting on the use of all precarious work arrangements.<sup>3</sup>

Continuity in the relationship between staff and service users is central to high quality care. It underpins accurate assessment of physical and mental health, protects the privacy and dignity of service users, counteracts loneliness and isolation and enhances the simple quality of day-to-day life.

Once again the data and the experience of our members suggests that laudable commitments to secure work arrangements and continuity of care are not seen consistently in service delivery and the monitoring and evaluation of services has no discernible impact on the problem.

### **Training, qualifications CPD and the SSSC**

Service users need the care sector to attract, retain and develop workers with high quality skills. Moreover, to meet the stability and continuity requirements set out above, service users need workers to see the sector as offering lifelong careers, not just transient low paid work. These service user needs are shared by the social care workforce.

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<sup>3</sup> [Fair Work in Scotland's Social Care Sector, Fair Work Convention 2019](#)

Although all employers are engaged in staff development, workforce development in social care is led by a sector skills body - the SSSC. UNISON believe the work of the SSSC needs to be reviewed and, perhaps, better resourced. Our observations are as follows:

Although we have concerns about some aspects of the work of the SSSC we caveat those comments with the recognition that:

- It is potentially lawful to impact on the human rights of care workers to safeguard the wellbeing and interests of service users where that intrusion is proportionate;
- Bringing 40,000 unregulated workers into the processes and culture of a regulated profession is a disruptive change that will create short term difficulties in pursuit of long term benefits;
- Achieving the effective and proportionate impact the SSSC aims for is actually a shared responsibility of Scottish Ministers, SSSC, the Care Inspectorate and employers; and,
- It is UNISON's experience that the SSC can be placed in an invidious position by employers who trigger needless SSSC investigations into alleged misconduct when many issues could be competently addressed through routine HR processes.

That said, our concerns are as follows:

- a. The policies and practices of the SSSC appear to focus on conduct investigations which, on occasion, are protracted, unjustified and frequently unsubstantiated.
- b. On occasion the SSSC has invested substantial sums of public money in the incompetent pursuit of individuals including members of SSSC staff.
- c. Some workers view the SSSC as "firm but fair". However, the Fitness to Practice processes of the SSSC are not fully human rights compliant and this has tended to lower the standing of the agency in the eyes of many social care workers. Many workers have a routine "professional" relationship with the SSSC but we have to report that some workers have an unnecessary fear of the SSSC.
- d. The Fitness to Practice team has a high staff turnover rate. This delays case management, impedes the service to the sector, and risks imbalancing the internal distribution of resources at the agency.
- e. UNISON has concerns about the impact of Draft Decisions which are issued to members, with sanctions, as a form of plea bargain and an alternative to a full hearing. We recognise the burden of registration and fitness to practice work, however, the work of the SSSC has a very powerful impact on social care careers and the rights of registrants need to be fully respected.
- f. UNISON is by far the largest provider of assistance to workers at SSSC hearings, but we remain concerned at the number of cases that conclude without a full hearing, or without attendance by the registrant, or where the

registrant appears without any legal assistance. The SSSC is very progressive in seeking to develop options for members seeking assistance, but the issue of representation is a continuing concern.

- g. The current expansion of the register to include care at home staff is a very challenging exercise, but it has not gone particularly well in the view of the members we spoke to. The original deadline for applications was March 2020. With thousands of workers still to engage in the process, the advertised deadline was brought forward to December 2019 causing a degree of consternation in the sector. With a deadline of December 2019 only 64% of the workforce were registered by October 2019.
- h. Some registrants find the process challenging. The SSSC has a “channel shift” strategy whereby the online application appears to be the only publicly available option. Concealing the option of paper applications is known as “contact avoidance”. Given the older demographic of the social care workforce, this approach risks driving workers away from the sector and may be discriminatory. Perhaps the SSSC requires additional funds to operate more inclusively through a multi-channel registration process.
- i. Individual accounts received by UNISON suggest some workers will leave the sector or be excluded because of the registration process at a time when staff shortages are already acute. A more inclusive and flexible approach would assist new registrants and help retain experienced and valued workers.
- j. The SSSC is required to capture and report data which, in part, reveals the impact of the SSSC’s role in the sector. At a time of transformative change in the sector, service users, workers and employers need easier access to comprehensive and reliable data, including data on the performance of the SSSC.

Service users, social care workers and employers have a shared need for a well resourced and highly effective agency at this crucial time in the expansion and transformation of the sector. There is a shared need for Government investment in a rebalancing of the role of the SSSC with a greater emphasis on accessible registration, workforce development and better person centred care.

UNISON recognises that the board of the SSSC is populated through a robust and competitive public appointment process. Without criticising that function in any way, we suggest that supplementing the existing strength of the board with a trade union perspective might permit a closer joint approach to some of the major systemic challenges thrust upon the SSSC.

The committee should also know that the SSSC continues to be very open to dialogue with UNISON and others about these systemic challenges and progress has been made on key issues.

### **Freedom to challenge inadequate care without victimisation**

Feedback, complaints and incident reporting by service users and staff are key components of high quality care. However, whistleblowing is still perceived to be a

high risk action that carries a risk of victimisation. The weak voice of service users and staff within social care governance undermines various aspects of social care transformation.

### **Fair Work**

This submission has focused on Fair Work issues as they relate to the need for better person centred care - human rights, equality, working time, staffing levels, precarious work etc. However, the Fair Work agenda clearly has staff as its primary focus and considerable work remains to be done to turn Fair Work aspirations into reality.

Job security, low pay, hours, holidays, stress and many other issues continue to blight the sector. Fair Work offers a new and progressive way to address workplace issues through a dialogue about how to improve the sector. That process is nearing a crossroads where workers inevitably ask whether policy commitments to Fair Work offer any practical benefit. Without labouring the detail of workplace problems in need of action, the recommendations (below) call for specific steps that would move Fair Work from rhetoric into reality.

### **Better contract monitoring**

As we have said, human rights, equalities and Fair Work standards are all imbedded in social care services including service contracts with third party providers.

Our experience however is that in social care related contract monitoring has almost never been used as effective way of promoting Fair Work. The evidence from contract managers and monitoring officers was that the scarce resource allocated to service monitoring is targeted at service capacity and cost. Services tend to be reviewed once during the life of the contract, normally towards the end. And regular monitoring tends to be self-assessment by service managers on a monthly or quarterly basis.

Our recommendations highlight various measures designed to ensure that Fair Work standards are delivered by employers as per the contract specification. As our submission tends to illustrate, such improvements in contract performance would be of immediate benefit to social care workers. Given the intrinsic link between workers rights and service users' rights, a step change in Fair Work will enhance the service user experience and the overall quality of care.

### **Health & Safety**

Limiting our comments to a very high level analysis - there is clear evidence that the nature of care work combined with the ageing demographic of care workers, leads to identifiable health problems that are particular to the sector.

Work with social care employers by EPSU has identified musculoskeletal disorders and work related stress as prevalent in social care and a major barrier to both the retention of experienced workers and efforts to maximise the capacity of the workforce to meet care needs of service users. Both of these conditions can be

avoided by effective management of health and safety risks. Given the pressure on services, staffing numbers and care quality, it makes good social and economic sense to take care of the workers who care.

## **Low Pay**

Notwithstanding all we have said about commitment to the sector and service user needs, the low pay of our members remains a major barrier to improvements in both the quality and capacity of social care. The nature of the work may retain a core of loyal and compassionate workers, but low pay is a proven barrier to the improved recruitment and retention required for sector expansion.

This existing problem will be greatly exacerbated by the post-Brexit immigration controls and salary thresholds announced by the UK Government. Action to take pay beyond the living wage is now imperative.

## **Recommendations**

### **1. How should the public be involved in planning their own and their community's social care services?**

Scottish Government should embed compliance with the National Standards for Community Engagement within the regulations and constitution of IJBs<sup>4</sup>

Scottish Government should create a fund to meet the training and empowerment requirements of the National Standards as they apply to engagement with service user reps on IJBs

Scottish Government should review and strengthen the arrangements for service user voice on IJBs ensuring that service user reps are supported by and accountable to the service users they represent.

Scottish Government should create a new IJB role for workers directly employed in the voluntary sector on a social care contracts, and ensure that they are appointed by, and accountable to, voluntary sector social care workers in the same way as existing IJB reps from local government and NHS.

Ensure that trade union and service user reps have full access and voting rights on IJB Boards and any sub committees or working groups with delegated powers in relation to commissioning and procurement

### **2. How should Integration Authorities commission and procure social care to ensure it is person-centred?**

Scottish Government should review procurement rules and guidance post secession from the European Union and maximise the power of Government and IJB partners to stipulate minimum working standards for social care workers

Scottish Government should revise procurement guidance to enhance employment standards post-Brexit

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<sup>4</sup> [National Standards for Community Engagement](#)

Scottish Government should work with trade unions and employers to develop model Fair Work standards and embed such standards in social care contracts

Scottish Government should develop screening or exclusion criteria to block social care tenders from organisations found to have abused service user rights and/or employee rights

Scottish Government should stipulate minimum weighting of key equality, human rights and Fair Work measures for both service users and staff within the evaluation of social care bids.

Scottish Government should insist that IJBs and IJB partners provide an effective trade union and service user voice in commissioning procurement, bid evaluation, contract award and service reviews including, but not limited to, a particular and specific role in relation to equality and human rights impact assessments.

Scottish Government should promote awareness and empowerment by ensuring that IJBs publicise all non financial provisions of care contracts including care standards, staffing commitments and obligations as regards living wage, equalities, human rights and Fair Work

Scottish Government should amend section one of the Contract (Third Party Rights) (Scotland) Act 2017 to ensure that service users and employees have enforceable rights to benefit from the relevant terms of social care contracts.

Scottish Government should clarify and strengthen the obligations on contracting authorities and statutory regulators to actively monitor and report on compliance with all living wage, equalities, human rights and Fair Work obligations.

Scottish Government should require that IJBs publish all contract monitoring reports, service reviews and similar studies revealing compliance and non-compliance with Fair Work standards.

Scottish Government should develop standard training in Equalities, human rights and Fair Work for delivery to all staff engaged in commissioning, procurement, monitoring and contract management.

Scottish Government should create a National Fair Work compliance team to collate, review and publish data on compliance with Fair Work obligations within social care contracts and ensure that procurement teams have regard for past performance in the award of new contracts

### **Looking ahead what are the essential Fair Work elements in an ideal model of social care**

Scottish Government should attach a strict timetable to implementation of the recommendations of the Fair Work convention and continue progress on those actions through the Fair Work in Care implementation group.

In particular, all parties should double down on the commitment to develop sectoral bargaining in social care – a truly effective way for the social partners to take direct ownership of consistent delivery of Fair Work in social care.

Scottish Government should have regard to best practice elsewhere in the UK with particular reference to the provisions of the Social Partnership Act in Wales.

Scottish Government should create a social care equality and human rights monitoring tool as per SHRC and EHRC guidance and publish findings from the application of that tool.

Scottish Government should conduct and publish an annual audit of pay and precarious work in social care

Scottish Government should embed Living Wage and working time record keeping requirements in social care contracts along with monitoring and reporting requirements for living wage compliance.

Scottish Government should commission an independent review of the SSSC to ensure that the agency is adequately resourced to discharge its statutory duties; to ensure that registration processes safeguard service users without disproportionate or unjustified intrusion in the rights of social care workers; to ensure that Fitness to Practice procedures are human rights compliant; to ensure that post registration training, CPD and workforce development services meet the changing needs of the sector; and, define the data monitoring and reporting needs of the sector.

Scottish Government should consult all stakeholders on the ideal composition of the SSSC & Care Inspectorate Boards to carry forward the drive for higher standards of person centred care including the need to create an effective voice for service users and care workers within the regulation of care.

Scottish Government should conclude its lengthy deliberation on the preferred way of incorporating international human rights standards and set a firm timetable for full incorporation.

Work with the EHRC to create a Social Care Pay Review tool to support employers in addressing pay equality issues in the sector.

Create a Social Care Equality Fund to assist employers with the implementation costs of equality proofed pay systems

Scottish Government should recognise the time required for union reps to undertake Fair Work activities in social care and work to identify measures to ensure the basic human right to join and participate in the activities of a social care trade union.

### **What needs to happen to ensure the equitable provision of social care across the country?**

IJBs should be given specific guidance on the application of the Fairer Scotland Duty as it applies to social care and the Fairer Scotland Duty should be strengthened to apply to commissioning and service delivery as well as strategic planning.

To ensure that care is distributed equitably and in relation to need **within** IJBs the Government should compel IJBs to monitor access to care services by income and Equality Act characteristics and against the Scottish Index of Multiple Deprivation

To ensure that care is distributed equitably and in relation to need **across different** IJB areas the Government should collate IJB data on equitable access within IJB and address any inequalities in access to services through the funding process.

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