02/11/2021

RESPONSE TO THE NATIONAL CARE SERVICE FOR SCOTLAND CONSULTATION

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime and violence.

People requiring support for their alcohol use and their families may access a broad range of services, delivered across the statutory, private and third sectors, depending on their needs. This could include alcohol specific services such as detox, residential rehabilitation, supported living and aftercare support, or other types of service that are not specifically alcohol focused, e.g., mental health, learning disability, criminal justice and homelessness. As such, many of the proposals contained throughout the consultation could have significant implications for the supports available to meet the needs of people with alcohol problems, regardless of the extent to which alcohol specific services are included within the proposed new structures or not.

Due to the broad scope of the proposals, AFS has chosen to respond only to those questions that pertain specifically to alcohol services, although we have included comments that will also have relevance to other questions contained within consultation document. However, given the far-reaching implications of the proposals, and sheer complexity of the subject matter, it will be critical that people accessing services, their families, and service providers, are given further opportunities to understand and help shape the proposals. AFS is aware that some organisations and the people they support have struggled to provide a meaningful (if any) response to the consultation within the time afforded.

Q45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

☐ Better co-ordination of Alcohol and Drug services

☐ Stronger leadership of Alcohol and Drug services

☐ Better outcomes for service users

☐ More efficient use of resources

☒ Other opportunities or benefits - please explain

A key benefit of ADPs is that they are multi-agency groups which bring together representatives from statutory and voluntary sector organisations at the local level, including health, police, fire and rescue, social work, and education. They also include people with lived experience.

Where these partnerships work well, they can support the development of multi-agency approaches in relation to issues such as prevention and early intervention (with individuals, families and communities) and reducing health inequalities. They also support partners to identify trends in alcohol

use and related support needs at a local level, and to be more agile, coordinated and effective in responding to any emerging issues. Their broad membership positions ADPs particularly well to consider and develop innovative responses to any challenges being experienced locally.

In 2017, the Care Inspectorate reviewed[1] ADPs against the Quality Principles set out in the Performance Framework[2]. It found that most ADPs had reviewed the way they delivered services to support recovery and were committed to the principle of a shift in delivering care from traditional clinic-based services to providing services in the community. While this is welcome, it is unclear the extent to which it has resulted in the provision of more person-centred treatment and support.

Q46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

☐ Confused leadership and accountability

☐ Poor outcomes for service users

☐ Less efficient use of resources

☒ Other drawbacks - please explain

To help inform our response to this consultation, AFS attended at an event hosted by the Scottish Recovery Consortium and Scottish Families Affected by Alcohol & Drugs, where people accessing services were given then opportunity to discuss the proposals. At this event, many people described experiencing difficulties accessing support, receiving poor-quality support when they did, being excluded/stigmatised, and experiencing a 'postcode lottery'.

It is clear that people in Scotland continue to face unacceptable discrimination and barriers to access and/or poorer quality of experience when seeking support in relation to alcohol. While it would appear that there are pockets of excellent practice in some areas, with effective collaborative working, strategic planning and leadership, this not consistent across the country.

The aforementioned evaluation of ADPs by the Care Inspectorate in 2017, found variation in the way services had adopted the Scottish Government's quality principles and many services found it hard to demonstrate the impact they were having on their local communities. The report highlighted that more could be done by ADPs to improve community engagement and also partnership working; examples included working with housing, child protection and mental health services to improve shared assessment, recovery plans and reviews. Audit Scotland has also identified[3] that the outcomes and performance across ADPs vary widely and that it is not clear how the Scottish Government has used performance information to develop and plan services at a national level.

Q47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

☐ Yes

☐ No

Please say why.

AFS does not believe that it is possible to provide a definitive 'yes' or 'no' response to this question at this time. Although there is an urgent need to improve the planning and delivery of alcohol related services, there is insufficient information contained within the proposals to determine what impact

the proposed structural change might have. Ultimately structural changes will only deliver improvement where they are accompanied by changes in working practices, attitudes and behaviours.

If IJBs are to become CHSCBs (the delivery body of the NCs), and provide the governance, finance and procurement functions for ADPs, then ADPs will to an extent be a part of the new structure. However, there is no suggestion that ADPs' functioning would be altered if this proposal was taken forward, other than the NCS also being given responsibility for procuring some specialist services at the national level. It is therefore unclear how this might lead to improvements in the planning and delivery of alcohol related services.

It is also unclear what the alternative proposal of making ADPs part of the NCS and CHSCBs would mean in practice. For example, if ADPs were incorporated within the new structure how would effective joint working with services such as housing, education, and policing be ensured? Conversely, if some/all alcohol related services are excluded from the new structure would it risk exacerbating existing disconnects between services e.g., alcohol and mental health? Would the 'postcode lottery' and difficulties with portability of care worsen?

Whatever proposals are taken forward, it will be essential that CHSCBs include people with lived and living experience, and that third sector service providers are treated as equal partners and are able to take part in discussions about social service provision.

Q48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

There is currently a lack of information about the needs of local communities and about the range of alcohol services available at local level that people can access to help them when they or a family member needs support. It is also difficult to assess how alcohol services are currently funded. As such, AFS welcomes aspects of the proposals intended to meet expectations around how information is used to provide and support care, across care settings and in social care decision making at all levels.

There have been recent attempts through the creation of the Drug and Alcohol Information System (DAISy) to collect information about alcohol referral, waiting times and outcome information from staff delivering specialist alcohol interventions. However, this does not yet appear to have enabled easy access to the level of information needed to support local service delivery, improvement and planning. Similarly, there is also a lack of data available to inform national alcohol policy and practice development. An accurate knowledge of the totality of resources available to provide services will be essential if the aims of the proposals in the consultation document are to be realised, and it will be vital that any gaps in data are addressed in order to equip alcohol services with the information they need to provide better outcomes.

A national approach to improvement and innovation, as set out in the proposals, could also help to drive up standards and support the sharing of good practice. AFS would welcome the introduction of a GIRFE National Practice Model, a charter for rights and responsibilities and the appointment of a commissioner for social care. The human rights of individuals and the related obligations of government and the public sector are in statute and must be upheld. These aspects of the proposals could help create parity of alcohol and drugs services with other services e.g., there already exists a Charter of Patient Rights which summarises what people are entitled when using NHS services.

However, people accessing services can struggle to understand their human rights and how they can use them to help bring about improvements. We would therefore also encourage accompanying actions, such as awareness raising campaigns, to inform people about their human rights and why they are relevant. AFS would also welcome the creation of a national single point of access for

information on making a complaint or giving feedback about social care, including an overview of advocacy and rights and services. People accessing services should be provided with the level of support necessary to enable them to participate fully.

The Scottish Government set out its vision for alcohol services in Rights, Respect and Recovery; central to this strategy was the development of a human rights-based, person centred response to people experiencing alcohol and drug related harm. However, this has not yet translated into observable improvements in the experiences of people accessing (or trying to access) services. Furthermore, the Scottish Government has committed to taking a stronger leadership role in planning and priority setting and to help services develop through a national programme of reform. AFS would therefore seek clarification of how the proposals set out within Rights, Respect and Recovery would sit alongside or be strengthened by proposals contained in the consultation document. This includes actions aimed at ensuring continuous improvement in delivery across the Scottish Government, health boards, local authorities, Police Scotland, the Scottish Prison Service, the third sector and other key organisations. It is also unclear how the complexities of different professional governance and regulation structures, multi-agency working and the different cultures that currently exist across sectors would be impacted/altered by the creation of the NCS.

AFS welcomes proposals to remove eligibility criteria and instead focus on enabling people to access the care and support that they need. People experiencing problems with alcohol, and their families, should be able to access support at an early stage to prevent the need for more intense or crisis interventions later. However, this will also require sustained investment in community-based services - alcohol services must not be seen as an easy option for cuts. In the context of alcohol services, there is strong evidence that public health prevention programmes are cost-effective, reducing the need for support from healthcare, mental health services and alcohol services. However, it is unclear whether the commitment to increase in investment in 'social care' by 25% will also apply to alcohol services - if it does not it could leave alcohol care and treatment further disadvantaged in a new body whose funding priorities lie elsewhere.

AFS would also welcome the development of clearer support plans and believes that the creation of an electronic social care and health record could have benefits. However, it would need to be ensured that people had understanding and control over how sensitive information about their alcohol use was shared/used; there is still stigma related to alcohol use within services and communities and it will be important that this is accounted for if this proposal is taken forward.

With regards to the commissioning of services, AFS would support a move toward more ethical commissioning, and believes there may be benefits to a National Commissioning and Procurement Structure of Standards and Processes. At present, the distinctive skills, expertise and experience of the third sector risks being lost through contracting with public authorities which can be inflexible, with bureaucratic commissioning processes and unrealistic service specifications. There can also be a clash of cultures and misunderstanding between the public and voluntary sectors.

There is also a need to ensure consistency in the scrutiny of social care, social work, and healthcare services, across the public, private and voluntary sectors. However, if greater weight is placed on pre-specified standards, rather than personalised services and outcomes, this risks stifling the capacity of services to innovate and place service users at the heart of the services they use. A people centred and human rights-based approach will be vital, and the views of people using services and their progress in achieving the outcomes that are important to them should form a key part of scrutiny processes.

There could be benefits to the NCS ensuring a longer term strategic approach to meeting social care workforce requirements across the public, private and third sector social care providers e.g. by developing national tools/frameworks. AFS would like to see improved training across services to improve culture and reduce any stigma associated with accessing support for alcohol use. However, it remains unclear how and whether the structural change being proposed could lead to cultural change across such a diverse range of sectors and services.

Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

We have outlined in response to question 48 a number of areas where we believe improvements could be made to alcohol services. However, AFS also seeks clarification about how it is envisioned that existing strategies and plans relevant to alcohol service provision would be affected by the proposals contained in the consultation, if at all.

The Quality Improvement Framework is the focus of the Scottish Government's national drugs and alcohol strategies – its purpose is to ensure quality is embedded and evidenced across all services in Scotland. It was intended that the Quality Improvement Framework would support and drive a culture of self-assessment whereby services are commissioned based on evidence of meeting these principles of care, and measured by a range of tools including an agreed set of quality indicators of recovery. However, this does not appear to have resulted in improvements to the quality of the services, and the experience of accessing support.

As such, many of the proposals contained in the consultation document are welcome and could potentially help to address long standing problems seen within the current provision of alcohol support services. However, the proposals are insufficiently detailed to enable for a full assessment of what they might mean in practice, or whether they might bring about improvements or have any intended negative consequences. AFS would maintain that improvements are urgently needed, and regardless of which proposals are taken forward, we cannot afford to wait until the creation of a National Care Service to ensure that people are able to access quality treatment and support services across Scotland.

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[1] Alcohol and Drug Partnerships: A report on the use and impact of the Quality Principles through validated self-assessment; Care Inspectorate, 2017.

[2] The Quality Principles: Standard Expectations of Care and Support in Drug and alcohol services, Scottish Government, 2014.

[3] Drug and Alcohol Services: An update, Audit Scotland, 2019