**National Care Service Consultation**

**Proposals to establish a National Care Service – response from Scottish Families Affected by Alcohol and Drugs and Scottish Recovery Consortium.**

Thank you for the opportunity to respond to this consultation. This collective response was shaped after our organisations co-hosted a consultation engagement event with people with lived experience and family members affected by someone else’s substance use in October 2021. We are submitting our response as a single document, rather than following the online questionnaire, as this better reflects views and experiences of participants.

**General Discussion regarding The National Care Service**

Scottish Families and Scottish Recovery Consortium (SRC) welcome the proposals set out by the Scottish Government to create a cross-sectoral and multi-disciplinary approach to social care in Scotland. It is essential that public services are delivered using an integrated approach, as we know people who are affected by substance need support across various sectors, such as mental health, housing, and welfare as well as alcohol and drug services.

However, we would note there are some concerns regarding the scope and timescale for the consultation. It must be said that the questions asked by the consultation have not directly corresponded with the thoughts expressed to us by people with lived experience and people affected by substance use. The questions also made assumptions that people accessing services had an in-depth understanding of structures, and roles within these structures, which made responding to questions around ADPs difficult for and participants to understand or engage with. We would highlight it has been difficult for ourselves and others to provide a meaningful, fully informed response within the timeframe offered.

There are also concerns surrounding the proposed structural change and what this will look like for people engaging with alcohol and drugs services, not only upon the completion of a National Care Service, but throughout the transition process. Those who attended our consultation event expressed concern that the proposed completion of a National Care Service would be 2026, as change to services is needed immediately. There was a wealth of negative experiences shared by the group, evidencing a clear need for some sort of significant change. Although it must be noted that structural change does not equate cultural change, and we would be interested to hear how the Scottish Government aims to tackle stigma within services included in the proposed National Care Service.

Further concerns have been raised following issues with DAISy (Drug and Alcohol Information System). The current effectiveness of this system leads to scepticism as to if a National Care Service with a comprehensive database would be successful in practice.

We agree wholeheartedly with the Scottish Government on valuing the workforce, as it is evidenced that those working in frontline services are often undervalued and short staffed. We also welcome the proposal for ethical commissioning at local level.

We would also like to highlight the work of unpaid and kinship carers and raise a question as to how a National Care Service will support them in caring for a loved one.

**Alcohol and Drug Services and a National Care Service**

**Q45. What are the benefits of planning services through Alcohol and Drug Partnerships?**

* **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**

It is quite hard to efficiently answer this question as both the benefits and drawbacks listed by the Scottish Government can vary between ADPs.

During our consultation event, it was highlighted by people with lived experience that they feel like there is a postcode lottery which determines options available and quality of treatment depending on where you live in Scotland. It is unclear if a National Care Service would resolve this. If all ADPs worked how they were designed to, it could be argued that all of the options provided by the Scottish Government in the consultation document could be a benefit. The collaborative working of ADPs with local police, fire service and housing services are also a benefit. It could be said that funding and improvements to the current system would assist ADPs in achieving all of the above. ADPs do benefit from the local nature of their makeup, including both local statutory and voluntary services which is something that may be lost within a National Care Service.

**Q46. What are the drawbacks of Alcohol and Drug Partnerships?**

* **Confused leadership and accountability**
* **Poor outcomes for service users**
* **Less efficient use of resources**

Same as above. All of the options presented by the Scottish Government in the consultation document can be drawbacks in ADPs. We have heard from family members and people with lived experience that there are often poor outcomes when engaging with services. There are also issues with accessing services in the first place and accessing the right support, which raises questions surrounding if the right services are being commissioned.

Since the Scottish Government published its national alcohol and drug strategy, ‘Rights, Respect and Recovery’ (2018), there has been no observable evidence that a human rights, person-centred based approach has been implemented within alcohol and drug services. This is evidently a drawback of ADPs as they have not ensured or enforced the implementation of plans set out in ‘Rights, Respect and Recovery’. However, it is unclear that if services were a part of a National Care Service this would be resolved.

There is evidence that people who use services have very little knowledge of what ADPs are and have next to no input as to how services are planned. This is arguably the biggest drawback of ADPs as there is a lack of conversation with people who are engaging with services and a lack of input from people with lived experience. Accessibility and accountability are currently absent from the current structure, and we understand the Scottish Government aims to address this within a National Care Service. There is room for improvement within ADPs, as it has been reported by Audit Scotland that outcomes vary across Scotland, leading to people experiencing a ‘postcode lottery’ which determines the quality of service they receive.

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

There are a range of concerns surrounding this question. Therefore, it would be impossible for us to answer yes or no at this stage in the consultation. It is unclear what this would mean for ADPs. Would ADPs still exist but within a Community Health and Social Care Board, or would they be absorbed the new structure? Would this impact the partnerships ADPs have with local police or the fire service, for example, and would it impact joint working with housing and education? Due to the scope of the consultation, it is a concern that alcohol and drugs services could get lost in a Community Health and Social Care Board that is overseeing a wide range of services. It is also unclear what a role ADPs would have alongside a National Care Service if they were not a part of a CHSCB. Although benefits such as greater integration of services are welcomed, there are more questions than answers at this stage in the consultation.

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

At the moment, it could be said that improvements and funding to Alcohol and Drug Partnerships would lead to better management of services, and therefore better outcomes for people. As stated for question 45, Alcohol and Drug Partnerships are a good example of what local, community-based, partnership working should look like on paper. However, when translated into real life, there are issues with performance and outcomes. ADPs could possibly benefit from some sort of external assessment instead of self-assessments, or an external body that oversees and monitors the work of ADPs to ensure the same quality of services, that are still tailored to local needs, across Scotland. Alcohol and Drugs Services would benefit from greater input from those with lived experience and their families to ensure the service is working efficiently. There should also be a simple complaints procedure and opportunities for feedback from those engaging with services and their families.

**Q49. Could residential rehabilitation services be better delivered through national commissioning?**

Possibly. Families and those with lived experience expressed concerns about short-term rehab being ineffective to help sustain a change in lifestyle – it needs to be longer and a support system in place for when people return home. For example one member said their loved one had been to short-term rehab five or six times, which they felt was ineffective for the individual and their family, and not cost effective (this is particularly hard for the family if they are funding this themselves). Concerns were raised about people have to go far from home for rehab, meaning it can be difficult for family to visit and offer support throughout their time there. People should not have to travel across the country or be separated from loved ones for the right treatment for them. This can be damaging for the whole family and have negative impacts on mental health. We have been told by people with lived experience there needs to be a clearer pathway to rehab, as there are currently criteria that act as a barrier, and also financial barriers that prevent people who want to access rehab doing so. If residential rehab was to be commissioned by a national body, it should be open to anyone who wishes to go and be funded. The cost of residential rehab can be extremely hard to pay for when it is down to family members to fund it for their loved one. This would be supported if it would take the pressure off families to fund care for their loved one. People have told us that rehab is often used as “a carrot on a stick”, and not offered to people who need immediate help. This needs to change.

**Q50. What other specialist alcohol and drug services should/could be delivered through national commissioning?**

At our consultation event, there were many points raised about the support that people and their families need that is not currently available. Firstly, it was highlighted there is a lack of support for people with alcohol related brain damage and their families. We heard the struggles that people experience when trying to get support for themselves or their loved one outwith 9am-5pm. In terms of what could be commissioned, a 24-hour helpline or crisis service is something families have highlighted for a long time. Furthermore, mental health and substance use support needs to become further integrated. We know it can be extremely difficult for people to access support for both substance use and mental health, and understand the Scottish Government is aiming to achieve integration through a National Care Service.

In existing services, it is essential that a check-in service is engrained to ensure people are supported after leaving a service. Those at our consultation event said that ending the cycle (engaging with treatment then relapsing due to lack of support) is important to make services sustainable for both the person who is engaging and the provider, as it was said that multiple hospital visits can take its toll on the person admitted, and also incurs extra costs on NHS when this could be addressed with a system that works for people. There was a clear sense that something needs to be done to support people long-term. It was discussed that there is a lack of family support services across Scotland, especially in statutory services. Families felt they could only turn to third sector organisations for support, but even then, it could be difficult to find support depending on where in Scotland they live. Therefore, we would suggest the commissioning of specialist family support. As discussed above in relation to alcohol-related brain damage, it was said that a service for people who have a substance-related health condition that need ongoing support would help many individuals and families across Scotland caring for a loved one. It was also noted all services should be equipped to support someone who us using multiple substances. It must also be said, lived experience needs to be at the heart of all commissioned 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?**

People with lived experience and family members tell us current services are disjointed, and they are constantly passed from pillar to post. People need a more holistic system that also allows for the inclusion of families as much as possible. Services need to be better advertised, promoted and easier to access. People often don’t know where to go due to a lack of information about what is available. Services need to be planned and delivered with those who have lived experience, this would help ensure that services are working for the people who need them and are meeting the needs of the community. There needs to be greater integration with third sector to ensure a seamless experience for people who engage with both statutory and third sector services. Third sector staff expressed they felt demeaned by statutory workers at joint meetings, as if their work was less than or they didn’t understand statutory procedures. People also told us about negative attitudes from some staff within services and this felt stigmatising. This exemplifies that structural change does not equate cultural change, and staff training, and development must be undertaken to ensure services are welcoming and accessible for those who need them, all staff members, and other services who may need to interact with them.

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