



ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Authority Chief Finance Officer
ADP Co-ordinators

4th August 2023

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2023-24 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. We are writing to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2023-24. These arrangements will support the delivery of services to reduce harms and deaths associated with alcohol and drugs.
2. The First Minister is committed to addressing both alcohol and drug harms and to reflect the need to link the efforts being made to address both of these public health priorities. His appointment of a Minister for both Alcohol and Drugs Policy reflects this need for greater integration. The majority of funding outlined in this letter is for the delivery of both drug and alcohol services and we need to ensure the momentum on tackling the rise in drug deaths and harms is being replicated in our work to address alcohol specific deaths and harms.

Funding Allocations

3. The funding arrangements are summarised in the following table and explained in more detail below.

Table: ADP funding arrangements (local breakdowns can be found in appendices 2 and 3)

Funding stream	National 2023/24 budget
NHS Board Baseline contribution*	£57,619,801
Additional PfG uplift	£17,000,000
Additional National Mission uplift	£11,000,000
Specific programme funding	
MAT Standards	£10,313,775
Residential Rehab	£5,000,000
Whole family Approach framework	£3,500,000
Lived and Living Experience	£500,000

Stabilisation – Placements	£3,000,000
Sub Total	£107,933,576
Agenda for Change	
Agenda for Change programme uplift on in-year allocations**	£5,019,000
Total	£112,952,576

* Includes 2% uplift on 2022-23 baselined figure.

**Agenda for Change uplift for staffing costs for financial years 22-23 and 23-24

4. Collectively this funding represents a national investment of approximately £113 million for ADPs. Full details of this breakdown by ADP and Healthboard are available in the appendices (**appendix 2 and 3**).
5. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a bi-annual financial report. These will be collected at the end of October 2023 and April 2024, and will contribute to the annual report.

Note on Allocation Timing and Reserves

6. In 2023-24 we are issuing the £17 million PfG uplift as a recurring allocation and moving it into Board baselines for 2024-25.
7. As with 2022-23 we will issue the remainder in two tranches based on a 70%/30% split. Tranche one is being issued in July along with the PfG allocation. Please see **appendix 4** for PfG uplift and tranche one allocations by Health Board and Integrated Authority (IA). Tranche two will be allocated around December 2023 and will reflect the forecast spend for the remainder of the year.
8. We previously highlighted the significant accumulation of reserves held by IAs on behalf of ADPs. In 2022-23, financial returns were commissioned to minimise reserve balances being carried forward to 2023-24, other than where we agreed to particular circumstances where there is a funding requirement for a non-recurring commitment. We intend to continue this process for financial year 2023-24 and monitor reserves on a bi-annual basis through financial returns. Tranche two allocations will therefore also take into account confirmed levels of reserves that are available to contribute towards the 2023-24 funding requirement, as well as any in-year slippage that may arise, in order to ensure we continue to allocate funding based on need and avoid a build up being carried forward into future financial years.
9. SG are unable to roll forward any underspends from 2022-23 therefore the funding set out in the table above and associated appendices is the maximum allocated in-year and will be available in full where forecasts reasonably demonstrate that funding can be spent.
10. Any reserves held in 2024-25 as a result of underspend, that have not been flagged to the SG as legally committed, will need to be spent before new allocations are drawn down in 2024-25. It is therefore not advisable to hold back spending this year in the expectation that it will be available next year.
11. As per the process in 2022-23, as part of the financial returns we will capture and consider any specific requests demonstrating the requirement to carry reserves for non-recurring commitments into 2024-25.

NHS Board Baseline contribution

12. The Scottish Government's direct funding to support ADP projects in 2023-24 has been transferred to NHS Boards via their baseline allocations for onward delegation to IAs to be invested, in their entirety, through ADPs. Where there is more than one IA, the level of funding should be agreed jointly by the IAs within the Health Board area, however we have provided details of what the ADP allocation of this funding would be using the NRAC formula as an indication of funding at the ADP level. The value in the table above is based on the baselined figure per the 2022-23 letter plus the agreed baseline uplift of 2%.

NHS Agenda for Change uplift

13. The funding available includes an uplift for Agenda for Change (AfC) both for 2022-23 and 2023-24 rates. The uplift has been calculated based on the returns submitted by Health Boards via the Corporate Finance Network and reflects anticipated costs for the full year. The returns showed varying proportions of staffing costs within total funding due to different delivery models being in place across each Health Board. We recognise these delivery models may change and will collect further information when considering future year impact of the AfC. Please see **appendix 3** detailing the AfC uplift by Health Board.

Additional Programme for Government Uplift - £17million Nationally

14. Since 2018-19 additional funding of £17 million per year has been delegated to IAs for onward use by ADPs as part of the Programme for Government to support improvement and innovation in the way alcohol and drug services are developed and delivered as part of the Rights, Respect and Recovery strategy and the Alcohol Framework 2018 Preventing Harm. This funding has been allocated via NRAC and the same amount is available for 2023-24. As noted above this allocation will be issued on a recurring basis and moved into Board baselines for 2024-25. A further adjustment will be made in the 2024-25 baseline budget to reflect the portion of the Agenda for Change uplift that is associated with the baselined PfG funding.
15. Aside from AfC considerations, this means we will increase the proportion of funding to be baselined in 2024-25 by 34% to a total of c.£75m allowing greater security and flexibility to local areas. Going forward we will be exploring the potential of further baseline funding to ensure sustainability of the National Mission beyond 2026.

National Mission Uplift - £11 million

16. This funding has been allocated via NRAC and the same amount is available for 2023-24 as in 2022-23. It is expected that this funding will be directed towards programmes of work which deliver the outcomes set out in the National Mission Outcomes Framework (**appendix 1**). This funding stream combines three funding streams which were separate in the first year of the national mission (2021-22) - the general uplift stream (£5m) and specific funding for non-fatal overdose pathways (£3m) and outreach (£3m) - to provide more flexibility at the local level. It is expected that both outreach and nonfatal overdose remain priorities as core parts of the national mission and MAT standards delivery.

Specific programme funding

Medication-Assisted Treatment Standards - £10.3 million

17. The MAT standards funding remains the same as 2022-23. Funding agreed with local services in each IA area for the implementation of the MAT Standards followed detailed, local discussion on additional resources required to implement the MAT standards by recruiting staff, service improvements and sustaining these through the national mission and beyond. Implementing, improving and sustaining the MAT Standards is a key priority for Ministers and delivery of these standards must also be key priority for Chief Officers and other leaders in IAs.
18. Allocation of funding has been based on priority needs – taking into account what each area has already got in place and what each area requires. This has meant that allocation decisions have not been based only on NRAC. Full details of the MAT funding allocation is detailed in **appendix 2**.
19. Public Health Scotland, through the MAT Implementation Support Team (MIST) will continue to help local areas monitor their progress in implementing the standards over the year and performance against standards will be captured in ADP annual reporting cycles and Scottish Government Implementation Plan Progress Reporting.

Residential Rehabilitation - £5 million

20. Ministers have committed to increase the number of publicly funded placements by over 300%, so that in 2026 at least 1,000 people are funded for their residential rehabilitation. This is an ambitious target and to meet it we require the full support of the sector. This is the third year of this funding uplift to support residential treatment and services associated with preparation or aftercare.
21. While monitoring data from 2022-23 indicates a substantial increase in the number of people accessing treatment via public funding, more work needs to be done to deliver on this ambition.
22. We expect all ADPs to have at least a provisional pathway in place and to continue to see an increase in the number of people being referred to residential rehab.
23. Healthcare Improvement Scotland have established regional improvement hubs that will bring together groups of Alcohol and Drug Partnerships and other key parts of the local system to design and improve pathways into, through and from rehab.
24. Public Health Scotland will continue the regular monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland are developing a comprehensive evaluation framework to support the residential rehabilitation programme and further details of this work will be shared in due course.

Whole Family Approach/Family Inclusive Practice: £3.5 million

25. £3.5 million is committed to support the implementation of *'Drug and alcohol services – improving holistic family support: A framework for holistic whole family approaches and family inclusive practice'*¹ also known as the Whole Family Approach Framework. This was published in December 2021 and sets our expectations for local areas to put in place accessible, consistent, sustained and inclusive support for families.
26. Chapter 11 of the Framework sets out our expectations for implementation for ADPs. In summary, we ask ADPs to;
- Audit existing family provision in terms of quantity, quality and reach
 - Work collaboratively to strengthen and expand service provision in their area
 - Ensure that the expertise, views and needs of families are included from the outset.
27. It is the expectation of Ministers that this £3.5 million investment is used to implement and strengthen holistic whole family approaches and family inclusive practice, in accordance with the Framework. Working collaboratively with local partners, and in particular Children's Service Planning Partnerships (CSPPs) will be vital to improving family support. In particular, we encourage ADPs and CSPPs to view this investment and the additional investment allocated to CSPPs through the Whole Family Wellbeing Fund as part of a programme of investment in families. ADPs and CSPPs should plan accordingly and pool resources to achieve the maximum impact for families.
28. At a minimum, we expect ADPs to be able to demonstrate that they are working towards embedding holistic whole family approaches and have:
- Undertaken an audit of family provision, including the quantity, quality and reach, taking account of support delivered by paid workers, volunteers and peers, including mutual aid/fellowships.
 - Utilised this funding to improve and expand the service provision for families in their area in partnership with relevant bodies.
 - Included the expertise, views and needs of families in this work from the outset and have established meaningful feedback loops that seek the views and experiences of families and use them to improve service provision.
29. ADPs recently provided a baseline report of their progress on a whole family approach to date. Scottish Government, in partnership with the Whole Family Approach Implementation Working Group, are developing an offer of support to accelerate progress. We will ask ADPs to repeat a similar survey at a later date to measure progress against those expectations set out at paragraph 21.

Lived and Living Experience Participation

30. Ensuring the voices- and the rights-of people with lived and living experience are acted upon is a cross cutting priority for the National Mission. It builds on the rights-based approach laid out in Rights, Respect, Recovery (2018) and is being driven forward at a national level through the National Collaborative.

¹ [Supporting documents - Drug and alcohol services - improving holistic family support - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/12/Supporting_documents_-_Drug_and_alcohol_services_-_improving_holistic_family_support_-_gov.scot)

31. Participation and empowerment are key principles of a human rights based approach. Everybody has the right to participate in decisions affecting them and to influence outcomes. This is relevant to decisions about their care (or the care of somebody they support) as well as national and local decision making processes.

32. £0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services.

The intended outcome of this funding provision is to improve services by ensuring they better meet the needs of the people using them.

33. This work can be actioned through the development of lived and living experience panels (LEPs) and/or other forms of meaningful involvement. Non-exhaustive examples of this are: a panel or reference group made up of people who have experience of substance use, and people who are affected by substance use, such as family members; LLE representation within the ADP Board; funding and involving independent groups of people with lived and living experience.

34. Some guiding principles for the development of a panel or other forms of involvement are that it is:

- Meaningful: people should understand their role, and how their contributions and expertise will make a difference and influence services.
- Accessible: the approach should build on existing community assets and information should be shared in a way that is easy to understand.
- Inclusive: specific efforts should be made to involve people that have been marginalised or who are affected by intersectional inequalities and to overcome barriers for involvement.

35. We recognise that ADPs are at different stages of developing their approach to involving people with lived and living experience. Some ADPs have established mechanisms, and some may only be beginning to consider how best to involve people – we encourage you to build on your involvement work, whichever stage you are. We intend to share examples of what is working well through the National Collaborative and to support ADPs to work some of the shared challenges for example on remuneration, support and training.

36. Progress will be monitored through the ADP Annual Survey Report. We would like to take this opportunity to congratulate ADPs on their progress on involvement of LLE, as well as the innovative practices and outcomes achieved over the last 12 months.

New Stabilisation fund

37. Ministers have ringfenced £3 million for a new Stabilisation fund. This funding replaces the taskforce allocation and taskforce response fund for ADPs of £3 million in the years 2020-21 to 2022-23. The funding is allocated to ADPs to develop and implement stabilisation services and work towards aligning crisis, stabilisation, detox and rehabilitation. A mapping exercise has started which will provide an indication of the provision of current services across Scotland, ADPs will be contacted to engage in this work.

38. An additional fund of £2 million for Stabilisation will be made available through a rapid capacity fund to allow stabilisation and crisis services to scale up and improve their facilities, further information about how that fund can be accessed will be made available later in the year.

Context for Delivery

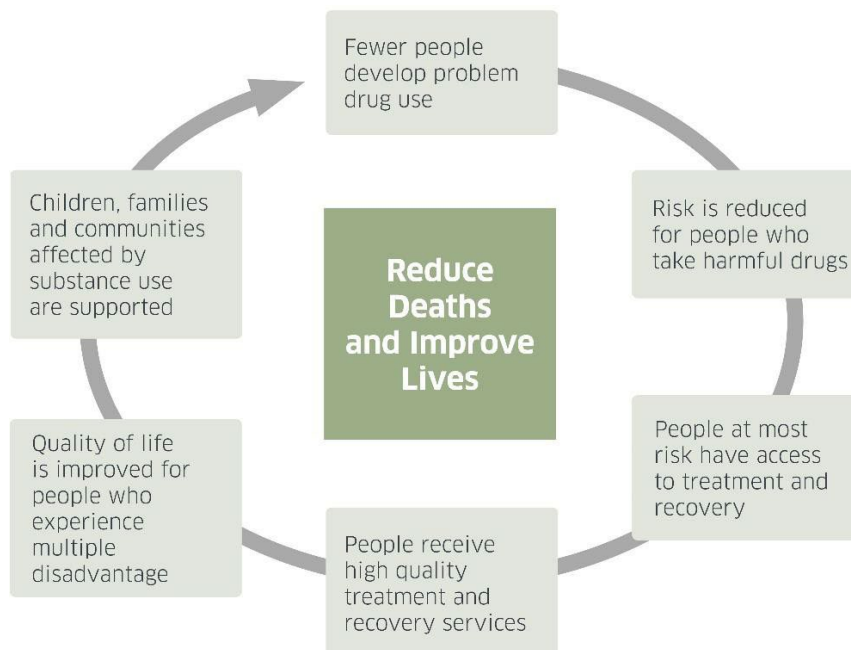
Alcohol and Drug service delivery

39. Baseline funding and PfG funding is expected to cover both alcohol and drugs. In addition people with alcohol dependence can be supported to residential rehab via the dedicated funding.

National Mission to Reduce Drug Related Deaths and Improve Lives

40. This is the third year of the National Mission announced by the former First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.

41. The aim of the national mission is to reduce deaths and improve lives. To underpin this work, the Scottish Government have developed an outcomes framework (**appendix 1**) and summarised below) which sets out the key outcomes required to achieve this aim.



42. This outcomes framework incorporates and builds on the priorities set out in Rights, Respect and Recovery and the Alcohol Framework which are still relevant. These cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice

- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

DAISy

43. DAISy has been live in all NHS Board areas since 1 April 2021. The system was built and is maintained by Public Health Scotland and it primarily functions as a national database which gathers key demographic and outcome data on people who engage in alcohol/drug treatment services. This information contributes to strategic planning.
44. It is imperative and expected that local areas input data into DAISy as it measures the performance against Local Delivery Plan standards and is an invaluable source of data for monitoring and evaluating drug and alcohol services across Scotland and informing policy development. The Scottish Government are working closely with Public Health Scotland on issues of data compliance and are considering the remedies and actions that will be taken to improve compliance.
45. Much of our ability to understand the impact of funding and progress towards our objectives is reliant on having quality and complete data within the Drug and Alcohol Information System (DAISy). We ask that ADPs work with service providers to ensure that completion of DAISy is a condition of grant.
46. PHS have commenced a review of DAISy, initially engaging with SG to develop an approach and project plan, and establish how best to engage wider partners in identifying key areas of improvement. As part of the review, PHS will move to engage with ADPs and other delivery partners in further consultative and collaborative development work.

Treatment Target

47. As communicated in a letter on 16 March 2022, we have introduced a Substance Use Treatment Target. The expectation is that by 2024 there will be at least 32,000 people with problem opioid drug use in community based Opioid Substitution Therapy (OST) treatment in Scotland which equates to an increase of approximately 9%. The intention is that by 2024 the target will be expanded to cover treatment for all drugs and also include alcohol treatment.
48. There is no specific ring-fencing of funding for the treatment target at this stage however it is a fundamental element of the National Mission. We will go to local areas for feedback on the outcomes of Stage 1 which will help inform our approach to Stage 2.

Drug and Alcohol Waiting Times

49. The Local Delivery Plan (LDP) standard supports sustained performance in fast access to services and requires that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
50. Nobody will wait longer than 6 weeks to receive appropriate treatment. 100% compliance is expected from services delivering tier 3 and 4 drug and alcohol treatment in Scotland

51. Performance against the Standard will continue to be measured via the Drug and Alcohol Information System (DAISy) with national reports being published on a quarterly basis via Public Health Scotland. We will use this report to monitor areas who do not meet the target and consider necessary next steps to improve performance in each area and how we can support ADPs at a national level.

Planning and Reporting Arrangements

52. ADPs are our primary partner in the delivery of the National Mission and the Alcohol framework and key to their success. Therefore a clear commitment to monitoring and evaluation at the local level is vital.


53. We are stepping up our commitment to monitoring and evaluation not only to improve accountability but also to support the sharing of what works in different areas and with different communities. We have begun work with Public Health Scotland and analysts within Scottish Government to develop a monitoring and evaluation framework which will be published later this year. It is important that ADPs are involved in developing a monitoring and evaluation process and further information about how to engage with this process will be shared in due course.

54. The annual progress report of the national mission will be published in October 2023. This report will draw on data provided by ADPs and other sources and will set out plans for evaluation going forward. It is therefore important that accurate data recording and reporting is prioritised by ADPs and the services they fund.

55. If you have any queries on the content of this letter, please contact:

Drugmissiondeliveryteam@gov.scot.

Yours sincerely



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Population Health Directorate

APPENDIX 1: National Mission Outcomes framework

Cross-Cutting Priorities	Reduce Deaths and Improve Lives					
Lived Experience at the Heart	01 Fewer people develop problem drug use	02 Risk is reduced for people who take harmful drugs	03 People at most risk have access to treatment and recovery	04 People receive high quality treatment and recovery services	05 Quality of life is improved by addressing multiple disadvantage	06 Children, families and communities affected by substance use are supported
Equalities and Human Rights						
Tackle Stigma	a) Young people receive evidence based, effective holistic interventions to prevent problem drug use	a) Overdoses are prevented from becoming fatal	a) People at high risk are proactively identified and offered support	a) People are supported to make informed decisions about treatment options	a) All needs are addressed through joined up, person centred services	a) Family members are empowered to support their loved one's recovery
Surveillance and Data Informed	b) People have early access to support for emerging problem drug use	b) All people are offered evidence based harm reduction and advice	b) Effective pathways between justice and community services are established	b) Residential rehabilitation is available for all those who will benefit	b) Wider health and social care needs are addressed through informed, compassionate services	b) Family members are supported to achieve their own recovery
Resilient and Skilled Workforce	c) Supply of harmful drugs is reduced		c) Effective Near-Fatal Overdose Pathways are established across Scotland	c) People are supported to remain in treatment for as long as requested	c) Advocacy is available to empower individuals	c) Communities are resilient and supportive
Psychologically Informed				d) People have the option to start medication- assisted treatment from the same day of presentation		
				e) People have access to high standard, evidence based, compassionate and quality assured treatment options		

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APPENDIX 2: In-Year Funding breakdown by ADP (excludes pay uplift)

Funding stream		MAT Standards	Stabilisation Fund	IA NRAC Share 23/24	Additional PFG uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total
Distribution Formula			Drug prevalence		NRAC	NRAC	NRAC	NRAC	NRAC	
NHS Board	National 2023/24 allocation	£10,313,775	£3,000,000		£17,000,000	£11,000,000	£5,000,000	£3,500,000	£500,000	£50,313,775
Ayrshire & Arran	East Ayrshire HSCP	£215,080	£83,698	2.37%	£403,378	£261,009	£118,641	£83,048	£11,864	£1,176,718
	North Ayrshire HSCP	£250,360	£83,698	2.69%	£456,925	£295,657	£134,390	£94,073	£13,439	£1,328,541
	South Ayrshire HSCP	£340,000	£49,173	2.25%	£381,694	£246,979	£112,263	£78,584	£11,226	£1,219,920
	NHS Ayrshire & Arran (programme management)	£67,000								£67,000
Borders	Scottish Borders HSCP	£200,154	£26,679	2.15%	£365,964	£236,800	£107,636	£75,346	£10,764	£1,023,343
Dumfries & Galloway	Dumfries and Galloway HSCP	£269,206	£57,542	2.96%	£503,953	£326,087	£148,221	£103,755	£14,822	£1,423,586
Fife	Fife HSCP	£613,148	£146,471	6.85%	£1,164,898	£753,757	£342,617	£239,832	£34,262	£3,294,984
Forth Valley	Clackmannanshire and Stirling HSCP	£230,899	£85,221	2.56%	£435,979	£282,104	£128,229	£89,760	£12,823	£1,265,015
	Falkirk HSCP	£259,191	£62,773	2.90%	£493,218	£319,141	£145,064	£101,545	£14,506	£1,395,438
Grampian	Aberdeen City HSCP	£462,000	£125,547	3.78%	£642,505	£415,738	£188,972	£132,280	£18,897	£1,985,940
	Aberdeenshire HSCP	£436,600	£62,773	4.23%	£719,796	£465,750	£211,705	£148,193	£21,170	£2,065,988
	Moray HSCP	£154,319	£14,124	1.72%	£293,099	£189,652	£86,206	£60,344	£8,621	£806,365
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£166,874	£37,141	1.85%	£315,140	£203,914	£92,688	£64,882	£9,269	£889,909
	East Renfrewshire HSCP	£172,622	£41,850	1.58%	£268,274	£173,589	£78,904	£55,233	£7,890	£798,363
	Glasgow City HSCP	£1,066,000	£622,504	11.95%	£2,031,943	£1,314,786	£597,630	£418,341	£59,763	£6,110,968
	Inverclyde HSCP	£212,767	£78,467	1.60%	£272,838	£176,542	£80,246	£56,173	£8,025	£885,058
	Renfrewshire HSCP	£305,726	£141,240	3.38%	£575,048	£372,090	£169,132	£118,392	£16,913	£1,698,540
	West Dunbartonshire HSCP	£158,000	£57,542	1.77%	£300,638	£194,531	£88,423	£61,896	£8,842	£869,873
	NHS Greater Glasgow & Clyde (programme management)	£132,000								£132,000
Highland	Argyll and Bute HSCP	£171,171	£29,294	1.88%	£319,487	£206,727	£93,967	£65,777	£9,397	£895,819

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	Highland HSCP	£422,129	£73,236	4.71%	£800,886	£518,220	£235,555	£164,888	£23,555	£2,238,469
Lanarkshire	North Lanarkshire HSCP	£570,866	£188,320	6.37%	£1,083,675	£701,201	£318,728	£223,109	£31,873	£3,117,772
	South Lanarkshire HSCP	£532,991	£209,244	5.94%	£1,009,432	£653,162	£296,892	£207,824	£29,689	£2,939,233
Lothian	East Lothian HSCP	£402,230	£48,126	1.89%	£321,509	£208,035	£94,561	£66,193	£9,456	£1,150,110
	Edinburgh HSCP	£753,003	£313,867	8.40%	£1,427,171	£923,464	£419,756	£293,829	£41,976	£4,173,065
	Midlothian HSCP	Included in East Lothian	£39,757	1.64%	£279,379	£180,775	£82,170	£57,519	£8,217	£647,817
	West Lothian HSCP	£250,000	£68,004	3.14%	£533,079	£344,933	£156,788	£109,752	£15,679	£1,478,234
	NHS Lothian (Programme management)	£132,000								£132,000
Orkney	Orkney Islands HSCP	£45,119	£1,569	0.50%	£85,105	£55,068	£25,031	£17,522	£2,503	£231,917
Shetland	Shetland Islands HSCP	£43,960	£8,893	0.48%	£81,386	£52,661	£23,937	£16,756	£2,394	£229,986
Tayside	Angus HSCP	£194,443	£41,849	2.16%	£367,068	£237,515	£107,961	£75,573	£10,796	£1,035,205
	Dundee City HSCP	£710,034	£120,316	2.82%	£480,233	£310,739	£141,245	£98,872	£14,125	£1,875,564
	Perth and Kinross HSCP	£247,718	£78,467	2.79%	£473,820	£306,590	£139,359	£97,551	£13,936	£1,357,441
	NHS Tayside (programme management)	£66,000								£66,000
Western Isles	Western Isles HSCP	£60,165	2615	0.66%	£112,482	£72,783	£33,083	£23,158	£3,308	£307,594

Notes

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Stabilisation Fund (based on prevalence of problem drug use)
 MAT standards funding excludes £397k which is distributed direct to Health Boards for Board level project management in Ayrshire and Arran, Greater Glasgow and Clyde, Lothian and Tayside.

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APPENDIX 3: Total Funding breakdown by Health Board

Funding stream	NHS Board Baseline Contribution	Agenda for Change uplift on in-year allocations	MAT Standards	Stabilisation Fund	NRAC Share 23/24	Additional Pfg uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total
Distribution formula	Amount Baselined plus 2% uplift for 23/24	Per Health Board returns		Drug Prevalence		NRAC	NRAC	NRAC	NRAC	NRAC	
National 2023/24 allocation	£57,619,801	£5,019,000	£10,313,775	£3,000,000		£17,000,000	£11,000,000	£5,000,000	£3,500,000	£500,000	£112,952,576
Ayrshire & Arran	£3,789,617	£257,000	£872,440	£216,569	7.31%	£1,241,997	£803,645	£365,293	£255,705	£36,529	£7,838,796
Borders	£1,124,102	£134,000	£200,154	£26,679	2.15%	£365,964	£236,800	£107,636	£75,346	£10,764	£2,281,445
Dumfries & Galloway	£1,640,586	£116,000	£269,206	£57,542	2.96%	£503,953	£326,087	£148,221	£103,755	£14,822	£3,180,173
Fife	£3,531,931	£301,000	£613,148	£146,471	6.85%	£1,164,898	£753,757	£342,617	£239,832	£34,262	£7,127,915
Forth Valley	£2,841,957	£283,000	£490,090	£147,994	5.47%	£929,197	£601,245	£273,293	£191,305	£27,329	£5,785,410
Grampian	£4,831,740	£779,000	£1,052,919	£202,444	9.74%	£1,655,400	£1,071,141	£486,882	£340,818	£48,688	£10,469,033
Greater Glasgow & Clyde	£15,507,311	£1,218,000	£2,213,989	£978,744	22.14%	£3,763,882	£2,435,453	£1,107,024	£774,917	£110,702	£28,110,021
Highland	£3,049,625	£100,000	£593,300	£102,530	6.59%	£1,120,372	£724,947	£329,521	£230,665	£32,952	£6,283,912
Lanarkshire	£5,810,158	£107,000	£1,103,857	£397,564	12.31%	£2,093,106	£1,354,363	£615,619	£430,934	£61,562	£11,974,163
Lothian	£9,518,120	£999,000	£1,537,233	£469,754	15.07%	£2,561,137	£1,657,206	£753,276	£527,293	£75,328	£18,089,346
Orkney	£457,364	£10,000	£45,119	£1,569	0.50%	£85,105	£55,068	£25,031	£17,522	£2,503	£699,281
Shetland	£495,017	£82,000	£43,960	£8,893	0.48%	£81,386	£52,661	£23,937	£16,756	£2,394	£807,004
Tayside	£4,453,918	£615,000	£1,218,195	£240,632	7.77%	£1,321,122	£854,844	£388,565	£271,996	£38,857	£9,403,128
Western Isles	£568,350	£18,000	£60,165	£2,615	0.66%	£112,482	£72,783	£33,083	£23,158	£3,308	£893,944

Notes

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Stabilisation fund (based on prevalence of problem drug use)

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APPENDIX 4: July 2023 Board Allocation by Integration Authority and Health Board

Funding stream		Total Funding Available	Of Which: PFG Allocation	Of Which: Tranche 1 Allocation*	IA Total Allocation	Agenda for Change	Health Board Total Allocation
NHS Board Name	National 2023/24 allocation	£50,313,775	£17,000,000	£23,319,643	£40,319,643	£5,019,000	£45,338,643
Ayrshire & Arran	East Ayrshire HSCP	£1,176,718	£403,378	£541,338	£944,716	£257,000	£3,284,124
	North Ayrshire HSCP	£1,328,541	£456,925	£610,132	£1,067,056		
	South Ayrshire HSCP	£1,219,920	£381,694	£586,758	£968,452		
	NHS Ayrshire & Arran (programme management)	£67,000	£0	£46,900	£46,900		
Borders	Scottish Borders HSCP	£1,023,343	£365,964	£460,165	£826,129	£134,000	£960,129
Dumfries & Galloway	Dumfries and Galloway HSCP	£1,423,586	£503,953	£643,744	£1,147,696	£116,000	£1,263,696
Fife	Fife HSCP	£3,294,984	£1,164,898	£1,491,061	£2,655,958	£301,000	£2,956,958
Forth Valley	Clackmannanshire and Stirling HSCP	£1,265,015	£435,979	£580,326	£1,016,305	£283,000	£2,424,076
	Falkirk HSCP	£1,395,438	£493,218	£631,554	£1,124,772		
Grampian	Aberdeen City HSCP	£1,985,940	£642,505	£940,405	£1,582,909	£779,000	£4,676,425
	Aberdeenshire HSCP	£2,065,988	£719,796	£942,334	£1,662,131		
	Moray HSCP	£806,365	£293,099	£359,286	£652,385		
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£889,909	£315,140	£402,338	£717,478	£1,218,000	£10,316,462
	East Renfrewshire HSCP	£798,363	£268,274	£371,062	£639,336		
	Glasgow City HSCP	£6,110,968	£2,031,943	£2,855,317	£4,887,260		
	Inverclyde HSCP	£885,058	£272,838	£428,554	£701,392		
	Renfrewshire HSCP	£1,698,540	£575,048	£786,445	£1,361,492		
	West Dunbartonshire HSCP	£869,873	£300,638	£398,464	£699,103		
	NHS Greater Glasgow & Clyde (programme management)	£132,000	£0	£92,400	£92,400		
Highland	Argyll and Bute HSCP	£895,819	£319,487	£403,432	£722,919	£100,000	£2,630,113
	Highland HSCP	£2,238,469	£800,886	£1,006,308	£1,807,194		
Lanarkshire	North Lanarkshire HSCP	£3,117,772	£1,083,675	£1,423,868	£2,507,543	£107,000	£4,974,836
	South Lanarkshire HSCP	£2,939,233	£1,009,432	£1,350,861	£2,360,293		
Lothian	East Lothian HSCP	£1,150,110	£321,509	£580,021	£901,529	£999,000	£7,074,199
	Edinburgh HSCP	£4,173,065	£1,427,171	£1,922,126	£3,349,297		

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	Midlothian HSCP	£647,817	£279,379	£257,907	£537,285		
	West Lothian HSCP	£1,478,234	£533,079	£661,609	£1,194,688		
	NHS Lothian (Programme management)	£132,000	£0	£92,400	£92,400		
Orkney	Orkney Islands HSCP	£231,917	£85,105	£102,768	£187,874	£10,000	£197,874
Shetland	Shetland Islands HSCP	£229,986	£81,386	£104,021	£185,406	£82,000	£267,406
Tayside	Angus HSCP	£1,035,205	£367,068	£467,696	£834,764	£615,000	£4,045,283
	Dundee City HSCP	£1,875,564	£480,233	£976,731	£1,456,965		
	Perth and Kinross HSCP	£1,357,441	£473,820	£618,535	£1,092,355		
	NHS Tayside (programme management)	£66,000	£0	£46,200	£46,200		
Western Isles	Western Isles HSCP	£307,594	£112,482	£136,578	£249,060	£18,000	£267,060

*Tranche 1 Allocation based on 70% of the available in year funding (£50.3m) less PfG (£17m) which is being issued in full. (i.e. 70% x £33.3m).