



ADP Chair
Integration Authority Chief Officer

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

29th May 2020

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2020-21 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. I write to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2020-21. These arrangements will support the delivery of Rights, Respect and Recovery *Scotland's strategy, to improve health by preventing and reducing alcohol and drug use, harm and related deaths*, and the Alcohol Framework 2018: Preventing Harm – *next steps in changing our relationship with alcohol*.

Funding Allocations

Baselined funding

2. The Scottish Governments direct funding to support ADP projects in 2020-21 has been transferred to NHS Board via their baseline allocations for onward delegation to Integration Authorities (**IAs**) for ADP projects. .

3. NHS Boards are expected to increase investment for ADP projects by 5% over the recurring 2020-21 budget. This increase is detailed in **Appendix 1**.

Programme for Government

4. An additional £20 million was announced as part of the 2017-18 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. In the previous financial year (2019-20), £17 million was allocated directly to ADPs through the Local Improvement Fund. The same amount is available for 2020-21 as set out in **Appendix 2**. We are aware that several IAs are holding earmarked ADP reserves. As agreed through the Chief Finance Officers network, we ask that IAs utilise earmarked ADP reserves in 2020-21 before accessing new funding.

Drugs Death Taskforce Funding

5. The primary role of the Drug Deaths Taskforce is to co-ordinate and drive action to improve the health and wellbeing outcomes for people who use drugs, reducing the risk of harm and death. A total of £3 million has been identified by the Taskforce for spend by ADPs and a breakdown of allocated by Integrated Authority is provided in **Appendix 3**; allocations are based on the prevalence of drug problems. To receive this funding ADPs are required to submit a proposal, clearly setting out how they will use this funding to address gaps in delivering the Taskforce's six evidence-based strategies to help reduce drug-related deaths¹. These include:

- Targeted distribution of naloxone;
- Having an immediate-response pathway for non-fatal overdose;
- Optimising medication-assisted treatment (MAT);
- Targeting people most at risk;
- Optimising public health surveillance; and
- Ensuring equivalence of support for people in the criminal justice system.

6. The application form, timeframes and other further information are also set out in Appendix 3. Please note that all bids must be submitted by **5pm Friday 26th June 2020** to **alcoholanddrugsupport@gov.scot** otherwise they will not be considered for funding.

7. The Taskforce has also established a £1 million research fund with further information available [here](#) and a further fund of £5 million to support innovative tests of change to address drug harms and deaths initiated by the Taskforce subgroups.

8. Ministers are clear that we still face a public health emergency in relation to drug deaths and that services should be protected during the Covid-19. The minister and the Chief Medical Officer have been clear that alcohol and drug services are essential services and that pre-COVID-19 service levels be maintained for this at-risk group.

9. The Minister is also clear that the full funding allocation for all the funding streams covered in this letter should be expended on the provision of projects and services which deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. Projects should be agreed in partnership through ADPs. The allocations described in this letter represent the minimum amounts that should be expended on these services in 2020-21. We fully expect that additional resources, including funding, will continue to be invested in reducing alcohol and drug harms and deaths. Further, all of these resources should be invested transparently in partnership, and be informed by the evidence base to deliver priorities within local strategic plans and be based on an appropriate and current needs assessment.

Context for Delivery

10. Scottish Ministers have established five priorities which underpin the delivery of national strategies: Rights Respect and Recovery and the Alcohol Framework in 2020-21. The priorities are consistent with the previous year and cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol only:

- i. A recovery orientated approach which reduces harms and prevents deaths
- ii. A whole family approach
- iii. A public health approach to justice
- iv. Prevention, education and early intervention
- v. A reduction in the affordability, availability and attractiveness of alcohol

¹ <https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/>

11. These priorities will inform our national plans to deliver these strategies, as well as our requirements in relation to local ADP annual reports. **Appendix 5** sets out more detail on the Ministerial priorities. **Appendix 6** provides some links which may be helpful in delivering Ministerial Priorities. **Appendix 7** provides the detail for the Local Delivery Plan Standards: Alcohol and Drug Waiting Times and Alcohol Brief Interventions.

COVID-19

12. Scottish Ministers recognise that the response to COVID-19 is the overarching priority for ADPs during the pandemic. Your ongoing work, contingency planning and efforts to support the alcohol and drug community is recognised and is much appreciated by Ministers and the Scottish Government Teams. Focus should continue on the continued delivery of alcohol and drug services in line with the joint letter from the Minister and the Chief Medical Officer dated 16th April and available [here](#).

Planning and reporting arrangements

13. The Scottish Government and COSLA have worked with a range of stakeholders to develop a [Partnership Delivery Framework](#), which published in July 2019 to support local planning arrangements to address alcohol and drug harms. This sets out joint expectations about the role and function of ADPs in delivering Rights, Respect and Recovery and the Alcohol Framework.

14. The deadline for the completion of ADP strategic plans has been extended to 21 September 2020, in recognition of ADP ongoing challenges locally in response to COVID-19.

15. A new template of the annual report will follow later in the year. This will cover the reporting year 2019-20.

16. If you have any queries on the content of this letter, please contact Ruth Winkler or Geraldine Smith at: alcoholanddrugsupport@gov.scot.

Yours sincerely

Elizabeth Sadler
Deputy Director, Health Improvement Division
Population Health Directorate

**APPENDIX 1 – SUPPORTING THE DELIVERY OF DRUG AND ALCOHOL SERVICES:
2020-21 SCOTTISH GOVERNMENT DIRECT FUNDING ALLOCATIONS INCLUDED IN
NHS BOARD BASELINE AND THE EXPECTED ALCOHOL AND DRUG UPLIFT**

NHS Board	2019-20 Allocation (£)	2020-21 Allocation including the 5% uplift (£)
Ayrshire & Arran	3,538,392	3,715,311
Borders	1,049,582	1,102,061
Dumfries & Galloway	1,531,827	1,608,418
Fife	3,297,788	3,462,677
Forth Valley	2,653,555	2,786,232
Grampian	4,511,429	4,737,000
Greater Glasgow & Clyde	14,479,282	15,203,246
Highland	2,847,456	2,989,828
Lanarkshire	5,424,984	5,696,233
Lothian	8,887,134	9,331,490
Tayside	4,158,654	4,366,586
Orkney	427,044	448,396
Shetland	462,201	485,311
Western Isles	530,673	557,206
Total Scotland	53,800,001	56,490,001

* 2020-21 funding allocation includes 5% uplift to NHS Board baselines for onward delegation to Integration Authorities (IAs) for ADP projects

APPENDIX 2 – PROGRAMME FOR GOVERNMENT: LOCAL IMPROVEMENT FUND INVESTMENT IN SERVICES TO REDUCE PROBLEM ALCOHOL AND DRUG USE

2020-21 ALLOCATION TO INTEGRATION AUTHORITIES

Integration Authority	Allocation (£)
Aberdeen City	662,695
Aberdeenshire	721,450
Angus	363,927
Argyll and Bute	314,290
Clackmannanshire and Stirling	434,122
Dumfries and Galloway	504,745
Dundee City	498,274
East Ayrshire	411,380
East Dunbartonshire	308,929
East Lothian	314,738
East Renfrewshire	265,923
Edinburgh	1,425,019
Falkirk	489,003
Fife	1,159,099
Glasgow City	2,046,396
Highland	781,756
Inverclyde	278,798
Midlothian	271,129
Moray	293,936
North Ayrshire	460,605
North Lanarkshire	1,085,055
Orkney Islands	82,380
Perth and Kinross	463,688
Renfrewshire	577,343
Scottish Borders	358,278
Shetland Islands	82,745
South Ayrshire	382,468
South Lanarkshire	1,008,328
West Dunbartonshire	310,244
West Lothian	532,777
Western Isles	110,481

17,000,000

Appendix 3: Drug Deaths Taskforce Funding

This appendix sets out:

- Section 1: allocations made to each ADP
- Section 2: The application form
- Section 3: Guidance to release this funding

Section 1: Allocations made to each ADP

Integration Authority	Allocation (£)
Aberdeen City	125,589
Aberdeenshire	62,794
Angus	41,863
Argyll and Bute	29,304
Clackmannanshire and Stirling	85,249
Dumfries and Galloway	57,561
Dundee City	120,356
East Ayrshire	83,726
East Dunbartonshire	37,153
East Lothian	48,142
East Renfrewshire	41,863
Edinburgh	313,972
Falkirk	62,794
Fife	146,520
Glasgow City	622,711
Highland	73,260
Inverclyde	78,493
Midlothian	39,770
Moray	14,129
North Ayrshire	83,726
North Lanarkshire	188,383
Orkney Islands	1,570
Perth and Kinross	78,493
Renfrewshire	141,287
Scottish Borders	26,688
Shetland Islands	8,896
South Ayrshire	49,189
South Lanarkshire	209,314
West Dunbartonshire	57,561
West Lothian	68,027
Western Isles	2,616

3,000,000

Section 2: Guidance to releasing Drug Deaths Taskforce Funding

Background

The Drug Deaths Taskforce has established six evidence based Strategies to reduce drug deaths and drug harms. These are set out [here](#). Section 1 sets out the further funding available to support Integration Authorities to provide these services where they are not already in place for all those at risk in the local area. All bids must be developed in partnership through ADPs to ensure they are aligned to existing approaches across the local alcohol and drug strategy.

Applying for additional funding

ADPs must complete the application form in Section 3 of this Appendix and should be submitted by email to alcoholanddrugsupport@gov.scot by **Friday 26th June 2020**.

All applications must be signed off by the IA Chief Officer as well as the ADP Chair.

Applications can only be made for the allocation set out in Section 1 of this Appendix. For example Aberdeenshire can submit an application for a maximum of £125,589.

Applications should only cover the evidence based Strategies where the IA/ADP has identified that there are gaps in delivery and further funding is required.

Applications will be reviewed by a panel made up of representatives from the Drug Deaths Taskforce including people with lived experience. The criteria used to assess the bids will be as follows:

- Clear understanding of the gaps in service delivery
- Relevance of the proposal to the evidence based Strategy
- Relevance of the proposal to meet the gaps identified in service delivery
- Innovative and person centred approach

Decisions will be communicated to ADP Chairs / IA Chief Officers by **Friday 24th July 2020**.

Section 3: The application form

Priority 1: Targeted Distribution of Naloxone
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings.
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes.
E.g. <ul style="list-style-type: none">• On 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings• By 31 March 2021 (number) of Naloxone kits will have been distributed from prison settings.
Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes.
E.g. By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.
Priority 3: Optimise the use of Medication-Assisted Treatment
Please set out your current progress in delivering priority 3, including the current gaps in delivery.

Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes.
E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.
Priority 4: Target the People at Most Risk
Please set out your current progress in delivering priority 4, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators
Priority 5: Optimise Public Health Surveillance
Please set out your current progress in delivering priority 5, including the current gaps in delivery.
Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System
Please set out your current progress in delivering priority 6, including the current gaps in delivery.

Max 300 words
Please set out your proposals to address these gaps / enhance existing delivery, with costings
Max 500 words
Please set out your baseline and expected improvement against national or local indicators, including timeframes.
E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.

Summary of funding required

Priority	Total £ required
Priority 1	
Priority 2	
Priority 3	
Priority 4	
Priority 5	
Priority 6	
Overall total	

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	Funding reduction £	Proposed / actual	Impact

Signed ADP Chair:

Signed IA Chief Officer:

Date:

Date

APPENDIX 4– NATIONAL CONTEXT FOR ADP FUNDING

Measuring Success

*Rights, Respect and Recovery*² and *The Alcohol Framework 2018*³ and the *Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs*⁴ collectively provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland.

The Monitoring and evaluation framework for Rights, Respect and Recovery (MERRR)⁵ was published on 9 March 2020 by Public Health Scotland. This will sit alongside the MESAS (Monitoring and Evaluating Scotland’s Alcohol Strategy) programme, as the evaluation plan for the Alcohol Framework 2018. Together these plans will set out outcome indicators, performance measures and evaluation studies to enable an assessment of progress against the delivery of these strategies at a national level.

The monitoring and evaluation plans will also lead to the development of a series of national benchmarks which will be used to identify progress against the implementation of the strategies at a local and national level.

In the meantime, National Services Scotland, Information Services Division, continue to update the ScotPHO profiles. The profiles can be accessed here: <http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool>.

National Support

The SG National Support Team takes forward key projects to deliver national strategic priorities; it is also available to support capacity building, sharing of learning and good practice amongst ADPs in order to promote the delivery of our national strategic priorities. Examples of the support available include:

- Establishing effective governance arrangements and strategic plans
- Benchmarking local governance, service systems and delivery approaches
- Support with the use of data to understand need and evidence progress
- Implementing quality improvement approaches
- Liaising with nationally commissioned organisations (Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, Crew, Scottish Health Action on Alcohol Problems and Alcohol Focus Scotland) to provide support on:
 - Developing recovery-oriented systems of care through system redesign including community, prison and prison through care services
 - Putting in place a whole population approach to reducing alcohol use and preventing alcohol harm
 - Workforce development
 - Supporting family members
 - Developing recovery communities
 - Involving people with lived and living experience of addiction, recovery and participating in services in the delivery, design and planning of services.
 - Developing plans to reduce drug and alcohol deaths and harm.

² <https://www.gov.scot/publications/rights-respect-recovery/>

³ <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

⁴ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

⁵ <http://www.healthscotland.scot/publications/monitoring-and-evaluation-framework-for-rights-respect-and-recovery>

We strongly encourage ADPs to use the national support available to them. Please contact Ruth Winkler at alcoholanddrugsupport@gov.scot if you wish to discuss opportunities for support.

Public Health Reform

Public health reform is a partnership between the Scottish Government and COSLA. It is a programme of work which aims to challenge our current ways of working, put more decisions directly in the hands of citizens and provide support to local communities to develop their own approaches and solutions to local population health challenges

To deliver the vision for public health reform, Scottish Government and COSLA:

- Have agreed public health priorities for Scotland that are important public health concerns and that we can do something about
- Will establish a new national public health body for Scotland bringing together expertise from Public Health Scotland, Health Protection Scotland and Information Services Division
- Will support different ways of working to develop a whole system approach to improve health and reduce health inequalities.

There are six public health priorities for Scotland:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

Further information on public health reform is available at <https://publichealthreform.scot/>

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a statutory framework for the integration of health and social care delivery in Scotland. The legislation provides that both in-patient and community based addictions functions are delegated to Integration Authorities (IAs). It is important that ADPs continue to make effective connections into local decision-making and raise awareness of alcohol and drug issues to inform local priorities, ensuring Strategic and Delivery plans for alcohol and drug outcomes are embedded within local Health and Social Care arrangements.

ADPs should enable joint decision making, across local strategic partnerships such as, Community Justice Partnerships, alongside IAs to address alcohol and drug harms.

Drug Deaths Taskforce

The Drugs Deaths Taskforce was established in July 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice, to tackle the rising number of drug deaths in Scotland.

The primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

The taskforce has published a number of documents to support the work to reduce drug deaths across Scotland, including:

- [Preventing drug related deaths in Scotland: emergency response strategies - January 2020](#)
- [Drug Deaths Taskforce: COVID-19 Recommendations– 16 April 2020](#)
- [Drug Deaths Taskforce: COVID-19 and opiate replacement therapy](#)

Further information about the Taskforce is available [here](#).

APPENDIX 5 – MINISTERIAL PRIORITIES AND NATIONAL DELIVERABLES FOR 2020-21

The Minister has set out the following five priorities and a series of improvement goals for 2020-21. ADPs will be asked to report progress against these improvement goals in their annual reports

Ministerial Priorities	National deliverables 2020/21 against which local areas will report against in their annual reports
<p>1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths</p>	<ul style="list-style-type: none"> • Update and implement plans to reduce deaths from alcohol and other drugs, making use of best practice outlined in Staying Alive in Scotland, Dying for a Drink and the forthcoming Alcohol Deaths Review Guidance from Alcohol Focus Scotland, in collaboration with local partners. • Implementation of the Drug Death Task Forces six evidence based strategies to reduce drug- related deaths. • Continue to improve access to naloxone in the community and on release from custodial and hospital settings • Establish protocols between mental health and alcohol and drug services to support access and outcomes for people who experience mental health and alcohol and drug problems • Services are delivered in line with the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, including clear plans to respond to the individualised recommendations within the Care Inspectorate Reports, which examined the local implementation of these Principles. (https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/) • Ensure mechanisms are in place for people with lived and living experience of addiction/recovery and of participating in services to be involved in delivering, planning and developing services • Continued delivery against the Local Delivery Plan Standards Waiting Times Standard. (See appendix 7) • Implementation of DAISy before the end of 2020 in line with national DAISy implementation plans (https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/)
<p>2. A whole family approach on alcohol and drugs</p>	<ul style="list-style-type: none"> • Improve understanding of the experience of family members whose loved one is in treatment / uses alcohol and/ or drugs problematically in preparation for national work on defining the principles of family inclusive practice • Map existing investment in and scope of family support services used by people with alcohol and drug problems in preparation for the development of a whole families approach
<p>3. A public health approach to justice for alcohol and drugs</p>	<ul style="list-style-type: none"> • Identify the investment, outcomes and outputs delivered by alcohol and drug services which act as a diversion measure from justice including those services which work with people: <ul style="list-style-type: none"> ○ as a condition of sentence ○ in prison ○ leaving prison / voluntary through care • Develop improvement plans as needed
<p>4. Education, prevention and early intervention on alcohol and drugs</p>	<ul style="list-style-type: none"> • Develop plans to address stigma surrounding alcohol and drugs, including: <ul style="list-style-type: none"> ○ Ensure the appropriate use of language to address stigma ○ Identify and improve capacity for advocacy

	<ul style="list-style-type: none"> ○ Ensure those in leadership roles and integral to the ADP strategy engage within people with lived living experience of using services. ● Meet the Local Delivery Plan – the Alcohol Brief Interventions (ABIs) Standard to ensure delivery of the target overall for your area with 80% of ABIs delivered in priority settings. (See appendix 7) ● Support the delivery of the SG’s Count 14 campaign to raise awareness of the UK Chief Medical Officers’ lower-risk maximum weekly drinking guidelines. Amplify the campaign at a local level utilising partnerships, media and online resources.
5. A reduction in the attractiveness, affordability and availability of alcohol	<ul style="list-style-type: none"> ● Engage with Licensing Forums, local partners and Licensing Boards to address overprovision and control the availability of alcohol, in line with the licensing objectives, including the public health objective.
Cross Cutting work	<ul style="list-style-type: none"> ● Implement the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs ● Contingency Planning in relation to COVID-19

As a part of local strategic planning ADPs should set their own actions, improvement goals, measures and tests of change, alongside the national deliverables, to drive quality improvement at a local level.

Local improvement measures for delivering Ministerial priorities should be described in the 2020-21 ADP Reports due for completion in autumn 2021. Further information will be forthcoming on these reports.

Appendix 6 – USEFUL LINKS

The following links may be helpful in delivering the Ministerial Priorities:

Scottish Neighbourhood Statistics (SNS) website – enter the range of ADP Postcodes (top left of the home page), or use an Area Profile for ADP area (lower right of the home page) statistics.gov.scot

National Records of Scotland information on alcohol deaths:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>

ISD alcohol and drug misuse publications: <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/>

National Records of Scotland information on drug-related deaths data -

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland>

Scotpho alcohol and health and wellbeing profiles:

<https://www.scotpho.org.uk/>

Staying Alive in Scotland – Strategies to Combat Drug Related Deaths;

<http://www.sdf.org.uk/wp-content/uploads/2019/08/Staying-Alive-in-Scotland-Aug-2019-Digital.pdf>

Dying for a Drink - Circumstances of, and contributory factors to, alcohol deaths in Scotland: results of a rapid literature review and qualitative research study

http://www.shaap.org.uk/images/dying-for-a-drink-text_for_web.pdf

Older People with a Drug Problem in Scotland: Addressing the Needs of an Ageing Population. <http://www.sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf>

The world drug perception problem: countering prejudices about people who use drugs

http://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf

Guidance on contingency planning for people who use drugs and COVID-19

<http://www.sdf.org.uk/covid-19-guidance/>

Guidance on Coronavirus (COVID-19) and People with Alcohol-related Problems: Recommendations for Services

<https://www.shaap.org.uk/downloads/238-new-guidance-for-covid-19-and-people-with-alcohol-related-problems/viewdocument/238.html>

APPENDIX 7 – LDP STANDARDS

DRUG AND ALCOHOL TREATMENT WAITING TIMES

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.

- 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

Performance against the Standard will continue to be measured via the Drug and Alcohol Treatment Waiting Times Database (DATWTD) with national reports being published on a quarterly basis via the ISD website: <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/>

This will continue until the new national integrated Drug and Alcohol Information System (DAISy) is operational, when waiting times will be reported through DAISy.

4. It is expected that access to treatment is equitable across all areas and settings in Scotland and across drug *and* alcohol treatment interventions. We expect that ADPs and services undertake routine reviews of subsequent treatments to ensure that people are not waiting lengthy periods of time between interventions. We also expect that nobody will wait longer than 6 weeks to receive treatment and as such expect that any on-going waits are dealt with swiftly. **ADPs should review data on secondary waits for treatment, particularly where there is local intelligence that people are waiting longer than 3 weeks for interventions such as opiate replacement therapy.**

ALCOHOL BRIEF INTERVENTIONS

The LDP Standard supports sustained performance against the delivery ABIs and the embedding of these interventions into existing practice.

The LDP Standards for ABI delivery is as follows:

ABI LDP Standard 2020-21	Target delivery
Ayrshire & Arran	4,275
Borders	1,312
Dumfries & Galloway	1,743
Fife	4,187
Forth Valley	3,410
Grampian	6,658
Greater Glasgow & Clyde	13,085
Highland	3,688
Lanarkshire	7,381
Lothian	9,757
Orkney	249
Shetland	261
Tayside	4,758
Western Isles	317
Total	61,081

The split between delivery in priority and wider setting delivery remains the same in 2020-21 as 2019-20: 80% delivery in priority settings; 20% in wider settings. Priority settings include:

- Primary care
- Accident and Emergency
- Antenatal settings

We recognise this was set out before the current coronavirus situation. The impact on delivery is being considered and further information will follow this letter. In the meantime, NHS Boards and their partners within the ADP are asked to continue to consider ways to increase coverage of harder to reach groups, supporting the focus in communities where deprivation is greatest. All delivery should be planned, implemented and evaluated in line with the ABI LDP standard national guidance⁶. Data should continue to be reported through ISD.

We welcome a continued dialogue with local colleagues around any risks or issues which could impact on the delivery and sustainability of the LDP Standards. Please contact Geraldine Smith (alcoholanddrugsupport@gov.scot).

⁶ <http://www.show.scot.nhs.uk/alcohol-brief-interventions/>