

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 Chairs and Co-ordinators

23 June 2022

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2022-23 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 2022-23. These arrangements will support the delivery of the National Mission to reduce drug related deaths and harms; Rights, Respect and Recovery¹ to improve access to alcohol treatment; and the Alcohol Framework 2018: Preventing Harm – *next steps in changing our relationship with alcohol*².

Funding Allocations

2. Following feedback from ADP Coordinators we have collated details of different funding streams into this one letter. The funding arrangements are summarised in the following table and explained in more detail below.

Table 1. ADP funding arrangements (local breakdowns can be found in appendices 2 and 3) .

Funding stream	National 2022/23 budget
NHS Board Baseline contribution*	£56,490,001
Additional PfG uplift	£17,000,000
Additional National Mission uplift	£11,000,000

¹ <https://www.gov.scot/publications/rights-respect-recovery/>

² <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

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
Taskforce Response Fund	£3,000,000
Total	£106,803,776

* Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million. Expectation is that Boards investment in ADPs will be sustained at this increased level.

- Collectively this funding represents a national investment of over £106 million for ADPs and an increase on 2021-22 funding of 0.3%. Full details of this breakdown by ADP and Healthboard are available in the appendices (appendix 2 and 3).

Note on Reserves

- The Scottish Government are aware of a significant accumulation of reserves held by Integration Authorities (IAs) on behalf of ADPs. The balance for 2021/22 is currently being collated but based on prior year is expected be in excess of £16 million nationally. Once confirmed, the level of reserves being held will be netted off against the first allocation of funding for 2022-23 in order to avoid a similar build up being carried forward into future financial years.
- We will monitor reserves on a twice-yearly basis through financial returns and it is our intention to taper the final allocation to match forecast spend, taking into account any in-year slippage that may arise.
- As noted in paragraph 31, the Scottish Government provide permission that £2 million from reserves can be allocated towards supporting the roll out of long acting buprenorphine.

Baselined Contribution

- The Scottish Government's direct funding to support ADP projects in 2022-23 has been transferred to NHS Board via their baseline allocations for onward delegation to IAs to be invested 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. There is no requirement to allocate this funding by NRAC formula.

Additional Programme for Government Uplift - £17million Nationally

- 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 maintained and £17 million is allocated directly to ADPs through the Local Improvement Fund. This funding has been allocated via NRAC and the same amount is available for 2022-23.

National Mission Uplift - £11 million

9. This funding has been allocated via NRAC and the same amount is available for 2022-23 as in 2021-22. 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 previously separate funding streams - 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

10. The funding agreed with local services in each IA area for the implementation of the MAT Standards follows detailed, local discussion on additional resources required to embed the standards in 2022 to be followed by service improvements and sustaining these through the national mission and beyond. Embedding and improving 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.
11. The PHS National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021/22 demonstrates that local delivery of this priority is not currently progressing at the pace required across Scotland to address this national challenge. The Minister for Drugs Policy is therefore writing to the Chief Executives of NHS Boards and Local Authorities, and the Chief Officers of IAs, requiring them to personally sign an improvement plan. One senior leader will be nominated locally to take responsibility for driving the necessary changes and areas will report on progress every three months. In areas of particular concern progress reports will be monthly to ensure delivery is on track.
12. 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. In addition, in four areas some funding has been allocated at health board level for programme management. Full details of the MAT funding allocation is in appendix 4
13. In most cases the funding identified is being targeted on employing or re-allocating workforce to meet the MAT Standards. Plans for doing this could see more than 100 new posts in local services.
14. Public Health Scotland, through the MAT Implementation Support Team 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.

Residential Rehabilitation - £5 million

15. 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 second year of this funding uplift to support residential treatment and services associated with preparation or aftercare.

16. While monitoring data from 2021-22 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.
17. We expect all ADPs to have at least a provisional pathway in place by summer 2022 and to continue to see an increase in the number of people being referred to residential rehab.
18. Healthcare Improvement Scotland will establish 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.
19. Public Health Scotland will continue the quarterly monitoring of referrals and spend on residential rehab and ADPs are asked for their continued support of this data collection. Public Health Scotland have also been tasked with developing a comprehensive monitoring and 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

20. £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'*³ 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.
21. 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.
22. 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.
23. At a minimum, we expect ADPs to be able to demonstrate that they 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.

³ [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)

24. In the coming months the Scottish Government, in partnership with the Whole Family Approach Implementation Working Group, will be in contact with ADPs to understand their current position in regards to the three expectations set out below and to audit the £3.5 million allocated in the previous financial year (2021-22). This will establish a baseline which we will ask ADPs to report on going forward.

Lived and Living Experience: £0.5 million

25. £0.5 million is being allocated to increase participation of people affected by problem substance use in all stages of prioritisation, planning, implementation and monitoring of services through Lived and Living Experience panels.

26. Ensuring the voices of people with lived and living experience are heard and acted upon is a key priority for the National Mission and is central to the rights based approach laid out in Rights, Respect, Recovery (2018).

27. The National Collaborative will bring forward a human rights-based approach as an integral part of the National Mission. Whilst this will be on a national level, the aim is that good practice at a local level can be identified and shared. The National Collaborative will offer an example for implementing a human rights-based approach at a local level.

28. ADPs are expected to use the Lived and Living Experience allocation across the following two priorities which are aligned to National Mission outcomes:

- **Networks and Community Groups:** Develop and support networks of people affected by substance use (this should include people with lived experience, people still using drugs and alcohol and their families and friends).
- **Lived and Living Experience Panels:** Set up Lived and Living Experience Panels in your areas to inform prioritisation, planning, implementation and monitoring of services. This includes responding to National Collaborative developments and guidance to develop innovative local approaches.

29. The measure of success for this work will be based on the impact it has on individuals' lives. The intended outcomes for the National Collaborative include measurable improvements in the following areas (to be determined through peer-led research):

- human rights indicators for people accessing drug and alcohol services
- wider recovery outcomes (e.g. improved physical and mental health; improved feelings of self-worth, confidence; sense of community etc.)
- human rights indicators for family and friends supporting somebody to access drug and alcohol services

New Taskforce response fund

30. Ministers have ringfenced **£3 million for a new Taskforce Response fund**. This funding replaces the taskforce allocation for ADPs of £3 million in the years 2020/21 and 2021/22. This funding is being allocated now and details of priorities for this funding and how it will be allocated will be communicated in writing in the autumn following

publication of the taskforce recommendations in July 2022. As in previous years this funding is allocated on the basis of the prevalence of problem drug use.

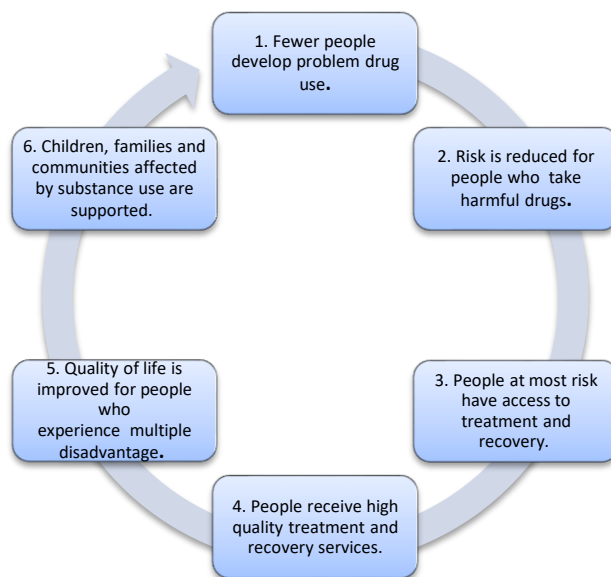
Cessation of funding for Long Acting Buprenorphine

31. £4 million was allocated from the drugs policy division budget to expand access to Long Acting Buprenorphine in the financial year 2021-22 as many Boards did not yet have long-acting buprenorphine on formularies. Funding for this prescription medication will now, from 2022-23 come from local prescribing budgets rather than from budgets for drug treatment. However, as stated above, £2 million of the reserves funds can be committed to the continuation of Long Acting Buprenorphine in 2022-23

Context for Delivery

National Mission to Reduce Drug Related Deaths and Improve Lives

32. This is the second year of the National Mission announced by the First Minister in January 2021 and supported by an additional £50 million funding per year for the lifetime of the parliament.
33. The aim of the national mission is reduce deaths and improves lives. To underpin this work, Scottish Government have developed an outcomes framework (appendix 1) and summarised below) which sets out the key outcomes required to achieve this aim.



34. 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

Treatment Target

35. As communicated in a letter on 16 March, we have introduced a Substance Use Treatment Target. This target will ensure 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.
36. We are seeking reassurance around the delivery of the target and ask you to provide your projection on how you will achieve the target over the next two years. A format for this is attached at Appendix 5 for completion by your Integration Authority and should be returned to alcoholanddrugsupport@gov.scot by close of business on Friday 29th July 2022. This process will allow you to monitor progress and quickly identify when remedial action is required to remain on track, it will also help us to maintain a national oversight of delivery. Appendix 5 also provides an opportunity to provide comment and this will help us to better understand your plans for delivery and any challenges you foresee. The target for each IA area is attached at Appendix 6.
37. As you are aware there are clear links between the delivery of this target and the MAT Standards. The embedding and implementation of MAT standards is designed to improve the quality of services as well as to increase the number of people in treatment and to make sure they have access to these services for as long as they require them. The target will be a way of demonstrating that this is being put in place.

Drug and Alcohol Waiting Times

38. 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.
39. 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
40. 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.

Alcohol policy context

41. 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. An update on alcohol policy work is in appendix 7.

Planning and Reporting Arrangements

42. 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.
43. In year two of the national mission 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.

44. To improve monitoring and evaluation, and increase transparency, we also expect ADPs to return a quarterly financial report. These will be collected at the end of each financial quarter, and will contribute to the annual report.
45. It is our intention to introduce an annual progress report of the national mission with the year one report published in September 2022. 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 reporting is prioritised by ADPs and the services they fund.
46. While there are specific reporting arrangements for specific funds detailed above we will also continue to expect ADPs to complete an annual report template. This template is currently being reviewed to ensure it reflects the outcomes framework and complements other reporting processes to reduce burden on ADPs.
47. 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 a condition of grant.

Additional Funding Available

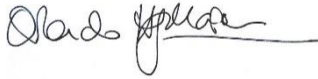
48. Alongside the funding detailed within this letter there are a number of other funding routes which ADPs are either eligible to apply for or are available directly to services within their areas. These include
49. Heroin Assisted Treatment - £0.4m is being allocated to expand Heroin-Assisted Treatment in the financial year 2022-23. This is being allocated via ADPs by application to the Scottish Government
50. Corra National Drugs Mission funds – Corra will continue to deliver grant programmes on behalf of the national mission in 2022/23. The Scottish Government and Corra encourage all organisations to work closely with the relevant ADPs to ensure projects meet local need and fit in with local strategy. For some funds a letter of support from the relevant ADP chair or coordinator is required. Further information can be found here www.corra.scot/grants/drugs-services-funds/.
51. The Rehabilitation and Recovery Fund is administered via the Scottish Government and is for large projects to increase residential rehabilitation capacity. Further information can be found here <https://www.gov.scot/publications/national-drugsmision-funds-guidance/>.

Living experience SDF support

52. Funding has been allocated to SDF to ensure the voices of people with living experience influence service developments, service delivery, policy and strategy development in the financial year 2022-23. Part of this work includes developing networks of people with living experience both at service and strategic levels- e.g. ADP panels, surveys, national advisory groups and delivering training for people with living experience.

53. If you have any queries on the content of this letter, please contact Fiona Robertson at: Drugmissiondeliveryteam@gov.scot.

Yours sincerely



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List of Appendices

APPENDIX 1: National Mission Outcomes framework

APPENDIX 2: Funding breakdown by ADP

APPENDIX 3: Funding breakdown by Health Board

APPENDIX 4: MAT Standards funding breakdown (Both ADP and Health Board allocations)

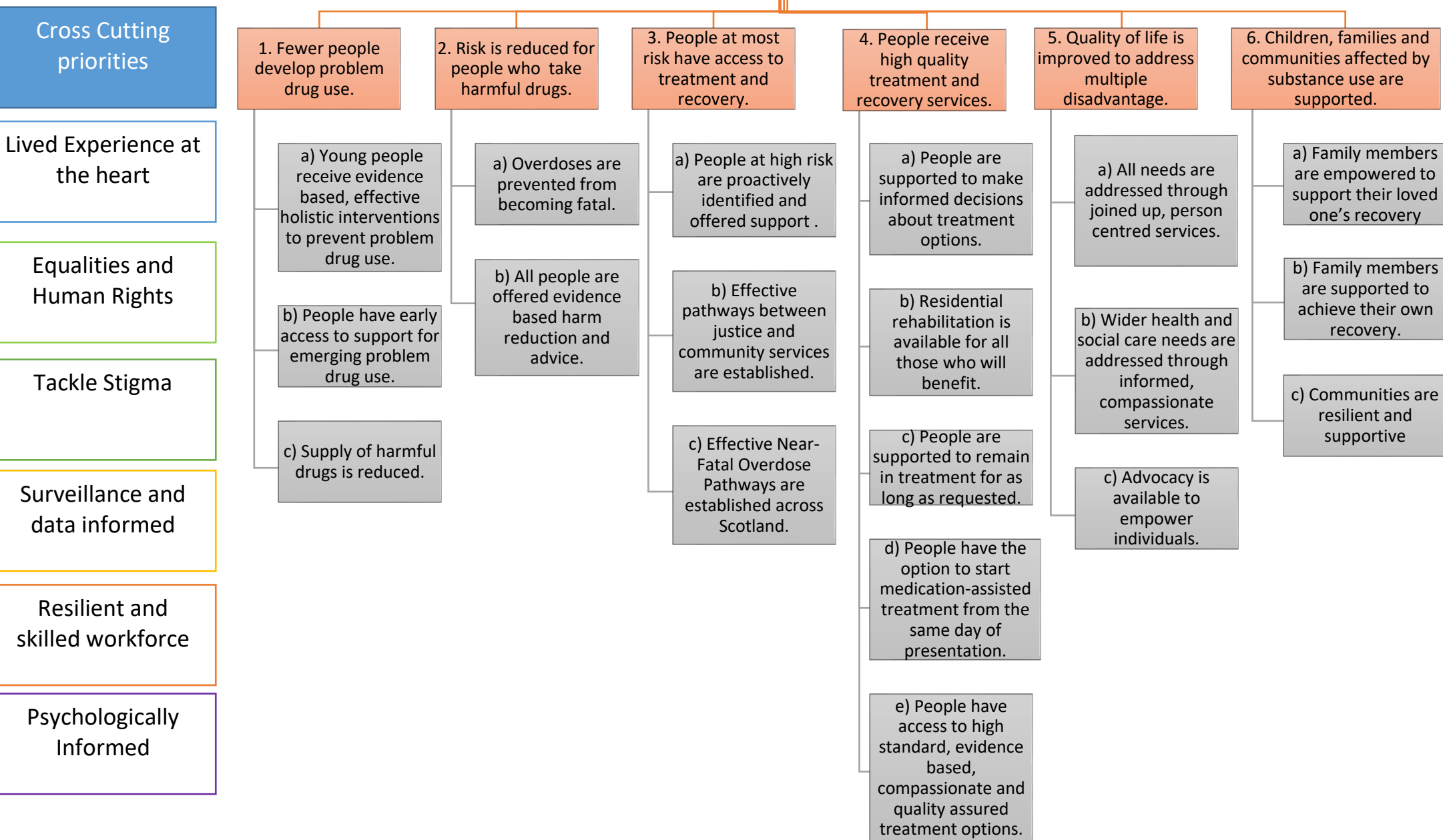
APPENDIX 5: Treatment Target template

APPENDIX 6: Treatment target by ADP area

APPENDIX 7: Update on alcohol work

APPENDIX 1: National Mission Outcomes framework

Reduce drug deaths and improve lives



APPENDIX 2: Funding breakdown by ADP

		Funding stream	IA NRA C Share	NHS Board Baseline contribution*	Additional PfG uplift	Additional National Mission uplift	MAT Standards	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Taskforce Response Fund	Total
NHS Board Name	NRAC Share	National 2022/23 allocation		£56,490, 001	£17,000, 000	£11,000, 000	£10,313,775	£5,000, 000	£3,500, 000	£500,00 0	£3,000, 000	£106,803, 776
Ayrshire & Arran	7.4%	East Ayrshire HSCP	2.39 %	£1,349,98 7	£406,263	£262,876	£215,080	£119,489	£83,642	£11,949	£83,726	£2,533,011
		North Ayrshire HSCP	2.71 %	£1,533,56 5	£461,508	£298,623	£250,360	£135,738	£95,016	£13,574	£83,726	£2,872,110
		South Ayrshire HSCP	2.27 %	£1,282,91 3	£386,078	£249,815	£340,000	£113,552	£79,487	£11,355	£49,189	£2,512,389
Borders	2.1%	Scottish Borders HSCP	2.13 %	£1,201,07 1	£361,448	£233,878	£200,154	£106,308	£74,416	£10,631	£26,688	£2,214,595
Dumfries & Galloway	3.0%	Dumfries and Galloway HSCP	2.99 %	£1,690,16 5	£508,635	£329,117	£269,206	£149,599	£104,719	£14,960	£57,561	£3,123,962
Fife	6.8%	Fife HSCP	6.81 %	£3,848,53 4	£1,158,17 1	£749,405	£613,148	£340,638	£238,447	£34,064	£146,520	£7,128,927
Forth Valley	5.4%	Clackmannanshire and Stirling HSCP	2.57 %	£1,449,27 1	£436,141	£282,209	£230,899	£128,277	£89,794	£12,828	£85,249	£2,714,667
		Falkirk HSCP	2.88 %	£1,626,85 8	£489,584	£316,790	£259,191	£143,995	£100,797	£14,400	£62,794	£3,014,408
Grampian	9.7%	Aberdeen City HSCP	3.81 %	£2,153,67 6	£648,124	£419,374	£462,000	£190,625	£133,437	£19,062	£125,589	£4,151,887
		Aberdeenshire HSCP	4.21 %	£2,378,72 1	£715,848	£463,196	£436,600	£210,544	£147,380	£21,054	£62,794	£4,436,137
		Moray HSCP	1.71 %	£968,613	£291,493	£188,613	£154,319	£85,733	£60,013	£8,573	£14,129	£1,771,486
Greater Glasgow & Clyde	22.2%	East Dunbartonshire HSCP	1.85 %	£1,047,41 8	£315,208	£203,958	£166,874	£92,708	£64,896	£9,271	£37,153	£1,937,486
		East Renfrewshire HSCP	1.59 %	£898,962	£270,532	£175,050	£172,622	£79,568	£55,698	£7,957	£41,863	£1,702,252
		Glasgow City HSCP	11.9 3%	£6,739,65 6	£2,028,22 0	£1,312,37 8	£1,066,000	£596,535	£417,575	£59,654	£622,711	£12,842,72 8
		Inverclyde HSCP	1.63 %	£921,201	£277,225	£179,381	£212,767	£81,537	£57,076	£8,154	£78,493	£1,815,833

		Renfrewshire HSCP	3.40 %	£1,918,939	£577,482	£373,665	£305,726	£169,848	£118,893	£16,985	£141,287	£3,622,824
		West Dunbartonshire HSCP	1.81 %	£1,021,676	£307,461	£198,946	£158,000	£90,430	£63,301	£9,043	£57,561	£1,906,418
Highland	6.6%	Argyll and Bute HSCP	1.90 %	£1,074,381	£323,322	£209,209	£171,171	£95,095	£66,566	£9,509	£29,304	£1,978,558
		Highland HSCP	4.69 %	£2,649,567	£797,356	£515,936	£422,129	£234,516	£164,162	£23,452	£73,260	£4,880,378
Lanarkshire	12.3%	North Lanarkshire HSCP	6.34 %	£3,583,140	£1,078,304	£697,726	£570,866	£317,148	£222,004	£31,715	£188,383	£6,689,286
		South Lanarkshire HSCP	5.92 %	£3,345,404	£1,006,760	£651,433	£532,991	£296,106	£207,274	£29,611	£209,314	£6,278,892
Lothian	15.0%	East Lothian HSCP	1.86 %	£1,050,084	£316,010	£204,477	£402,230	£92,944	£65,061	£9,294	£48,142	£2,188,243
		Edinburgh HSCP	8.37 %	£4,726,576	£1,422,407	£920,381	£753,003	£418,355	£292,849	£41,836	£313,972	£8,889,378
		Midlothian HSCP	1.61 %	£909,677	£273,757	£177,137	Included in East Lothian	£80,517	£56,362	£8,052	£39,770	£1,545,270
		West Lothian HSCP	3.14 %	£1,770,988	£532,958	£344,855	£250,000	£156,752	£109,727	£15,675	£68,027	£3,248,983
Orkney	0.5%	Orkney Islands HSCP	0.50 %	£283,193	£85,224	£55,145	£45,119	£25,066	£17,546	£2,507	£1,570	£515,369
Shetland	0.5%	Shetland Islands HSCP	0.49 %	£275,919	£83,035	£53,728	£43,960	£24,422	£17,095	£2,442	£8,896	£509,497
Tayside	7.8%	Angus HSCP	2.16 %	£1,220,457	£367,282	£237,653	£194,443	£108,024	£75,617	£10,802	£41,863	£2,256,142
		Dundee City HSCP	2.90 %	£1,636,913	£492,610	£318,747	£710,034	£144,885	£101,420	£14,489	£120,356	£3,539,453
		Perth and Kinross HSCP	2.75 %	£1,554,838	£467,910	£302,765	£247,718	£137,621	£96,334	£13,762	£78,493	£2,899,441
Western Isles	0.7%	Western Isles HSCP	0.67 %	£377,637	£113,645	£73,535	£60,165	£33,425	£23,398	£3,343	£2,616	£687,763

Notes

NHS Baseline Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million since 2020/21.

Expectation is that Boards investment in ADPs will be sustained at this increased level.

Funding is indicative based on 2021/22 NRAC calculations and is subject to minor revisions.

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Drug Deaths Taskforce Response 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.

APPENDIX 3: Funding breakdown by Health Board

Funding stream		NHS Board Baseline contribution*	Additional PfG uplift	Additional National Mission uplift	MAT Standards	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Taskforce Response Fund	Total
National 2022/23 allocation	NRAC Share	£56,490,001	£17,000,000	£11,000,000	£10,313,775	£5,000,000	£3,500,000	£500,000	£3,000,000	£106,803,776
Distribution formula		NRAC	NRAC	NRAC	See separate appendix	NRAC	NRAC	NRAC	Drug Prevalence	
Ayrshire & Arran	7.4%	£4,166,465	£1,253,848	£811,314	£872,440	£368,779	£258,145	£36,878	£216,641	£7,984,510
Borders	2.1%	£1,201,071	£361,448	£233,878	£200,154	£106,308	£74,416	£10,631	£26,688	£2,214,595
Dumfries & Galloway	3.0%	£1,690,165	£508,635	£329,117	£269,206	£149,599	£104,719	£14,960	£57,561	£3,123,962
Fife	6.8%	£3,848,534	£1,158,171	£749,405	£613,148	£340,638	£238,447	£34,064	£146,520	£7,128,927
Forth Valley	5.4%	£3,076,129	£925,725	£598,998	£490,090	£272,272	£190,590	£27,227	£148,043	£5,729,075
Grampian	9.7%	£5,501,010	£1,655,464	£1,071,183	£1,052,319	£486,901	£340,831	£48,690	£202,512	£10,358,911
Greater Glasgow & Clyde	22.2%	£12,547,852	£3,776,128	£2,443,377	£2,213,989	£1,110,626	£777,438	£111,063	£979,068	£23,959,541
Highland	6.6%	£3,723,948	£1,120,678	£725,145	£593,300	£329,611	£230,728	£32,961	£102,564	£6,858,936
Lanarkshire	12.3%	£6,928,544	£2,085,064	£1,349,159	£1,103,857	£613,254	£429,278	£61,325	£397,697	£12,968,177
Lothian	15.0%	£8,457,325	£2,545,132	£1,646,850	£1,537,233	£748,568	£523,998	£74,857	£469,911	£16,003,875
Orkney	0.5%	£283,193	£85,224	£55,145	£45,119	£25,066	£17,546	£2,507	£1,570	£515,369
Shetland	0.5%	£275,919	£83,035	£53,728	£43,960	£24,422	£17,095	£2,442	£8,896	£509,497
Tayside	7.8%	£4,412,207	£1,327,802	£859,166	£1,218,195	£390,530	£273,371	£39,053	£240,712	£8,761,036
Western Isles	0.7%	£377,637	£113,645	£73,535	£60,165	£33,425	£23,398	£3,343	£2,616	£687,763

Notes

Funding is indicative based on 2021/22 NRAC calculations and is subject to minor revisions.

NHS Baseline Includes 5% uplift which Boards have been expected to implement locally on 2020/21 baseline funding for ADPs of £53.8 million since 2020/21.

Expectation is that Boards investment in ADPs will be sustained at this increased level.

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

APPENDIX 4: MAT FUNDING

MAT Area	Allocation (£)
NHS Ayrshire & Arran (programme management)	67,000
East Ayrshire	215,080
North Ayrshire	250,360
South Ayrshire	340,000
Borders	200,154
Dumfries & Galloway	269,206
Fife	613,148
Stirling & Clacks	230,899
Falkirk	259,191
Aberdeen	462,000
Aberdeenshire	436,600
Moray	154,319
NHS Greater Glasgow & Clyde (programme management)	132,000
Glasgow	1,066,000
E Dun	166,874
E Ren	172,622
Inverclyde	212,767
Renfrew	305,726
W Dun	158,000
Argyll & Bute	171,171
Highland	422,129
North Lanarkshire	570,886
South Lanarkshire	532,991
NHS Lothian (Programme management)	132,000
Edinburgh	753,003
Mid/East Lothian	402,230
West Lothian	250,000
Orkney	45,119
Shetland	43,960
NHS Tayside (programme management)	66,000
Angus	194,443
Dundee	710,034
Perth & Kinross	247,718
Western Isles	60,165
TOTAL	10,313,795

APPENDIX 5: Treatment Target template

SUBSTANCE USE TREATMENT TARGET INCREASE - PLANNED PROJECTION

Integration Authority -

Contact Name -

Contact Email -

	Quarterly Period	Increase Figure	Comments
	Apr / Jun 2022		
	Jul / Sep 2022		
	Oct / Dec 2022		
	Jan / Mar 2023		
	Apr / Jun 2023		
	Jul / Sep 2023		
	Oct / Dec 2023		
	Jan / Mar 2024		
	Total 2 Year Increase Figure for IA		

Table Notes

1. Quarterly Period - self explanatory.

2. Increase Figure - the projected incremental increase for the quarter period to meet the 2 year target with the target figure entered at the bottom of the table.
3. Comments - to be completed. Especially if no increase figure for the quarter period to explain reason i.e. recruitment , service design, training etc.

APPENDIX 6: Treatment target by ADP area

Annex XX2

Integration Authority (IA)	Local Integration Authority Baseline	Local Integration Authority Target By April 2024	Increase (count)	Increase (%)
Aberdeen City	1,727	1,879	152	9%
Aberdeenshire	823	895	72	9%
Angus	426	463	37	9%
Argyll and Bute	218	237	19	9%
City of Edinburgh	3,143	3,419	276	9%
Clackmannanshire & Stirling	660	718	58	9%
Dumfries & Galloway	773	841	68	9%
Dundee City	1,377	1,498	121	9%
East Ayrshire	946	1,029	83	9%
East Dunbartonshire	326	355	29	9%
East Lothian	478	520	42	9%
East Renfrewshire	162	176	14	9%
Falkirk	664	722	58	9%
Fife	1,756	1,910	154	9%
Glasgow City	5,993	6,519	526	9%
Highland	556	605	49	9%
Inverclyde	721	784	63	9%
Midlothian	426	463	37	9%
Moray	271	295	24	9%
Na h-Eileanan Siar	7	8	1	9%
North Ayrshire	882	959	77	9%
North Lanarkshire	1,286	1,399	113	9%
Orkney Islands	18	20	2	9%
Perth and Kinross	592	644	52	9%
Renfrewshire	1,061	1,154	93	9%
Scottish Borders	415	451	36	9%
Shetland Islands	105	114	9	9%
South Ayrshire	561	610	49	9%
South Lanarkshire	1,361	1,481	120	9%
West Dunbartonshire	669	728	59	9%
West Lothian	841	915	74	9%
Scotland Total	29,416	32,000	2,584	9%

APPENDIX 7: Update on alcohol work

Alcohol Brief Interventions

An Alcohol Brief Intervention (ABI) is classed as a short, evidence-based, structured conversation about alcohol consumption with a person that seeks (in a non-confrontational way) to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

The Alcohol Framework makes a commitment to reviewing the evidence on current delivery of ABIs “to ensure they are being carried out in the most effective manner.” We are working with Public Health Scotland (PHS) to review the evidence on current delivery of ABIs to determine how the system could better meet the needs of individuals.

We are establishing a revised strategy group to review and discuss evidence on ABIs, with the purpose of developing recommendations on how to best take ABIs forward in Scotland. Terms of reference for the group are being finalised and PHS will provide the secretariat.

PHS is updating the work that had begun on the review prior to the COVID-19 pandemic, the update will reflect the impact of the pandemic on ABI delivery across Scotland. These actions are well underway and it is expected that the strategy group will be convened by Summer 2022.

We will be seeking your views on the current delivery of ABIs and how this can be improved moving forward.

UK Alcohol Treatment Guidelines

We have been working with the UK Government and the other devolved administrations on reviewing and updating clinical guidelines for alcohol treatment (UKATG). The guidance will look to introduce new approaches to treatment and will apply to a broad range of settings including primary care, hospital and justice settings.

The main aim of the UKATG is to develop a clear consensus on good practice and help services to implement interventions for alcohol use disorders that are recommended by the National Institute for Health and Care Excellence (NICE). Successful implementation of the guidelines for alcohol treatment in Scotland will set a platform for our work around introducing treatment standards and targets.

The Office for Health Improvement and Disparities has been leading on the development of the UKATG and we expect the draft guidance to be published for consultation this year. We will share further information on timings and how to respond once this has been confirmed.