



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

31 March 2021

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2021-22 FUNDING ALLOCATION, PROGRAMME FOR GOVERNMENT FUNDING AND MINISTERIAL PRIORITIES

1. We write to provide detail about the funding arrangements, Ministerial priorities and planning and reporting arrangements for Alcohol and Drug Partnership (ADP) work for 2021-22. 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

Baselined funding

2. The Scottish Governments direct funding to support ADP projects in 2021-22 will be transferred to NHS Board via their baseline allocations for onward delegation to Integration Authorities (IAs) for ADP projects. This is detailed in **Appendix 1**.

Programme for Government

3. 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 (2020-21), £17 million was allocated directly to ADPs through the Local Improvement Fund. The same amount is available for 2021-22 as set out in **Appendix 2**. As agreed through the Chief Finance Officers network, we ask that IAs utilise earmarked ADP reserves in 2021-22 before accessing new funding.

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/>

Drugs Death Taskforce Funding

4. 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 allocations by Integrated Authority is provided in **Appendix 3**; allocations are based on the prevalence of drug problems.

National Mission to reduce drug related deaths and harms

5. In January 2021 the First Minister announced additional funding for the new National Drugs Mission to reduce drug related deaths and harms. As a consequence £3 million additional funding was made available for Alcohol and Drug Partnerships for the 2020-21 financial year. Please be aware this this is likely to be extended in to the next financial year, and increased significantly. Funding allocations to Alcohol and Drug Partnerships are likely to increase by up to £10 million for the financial year 2021-22.

6. We anticipate writing to you with further details on this at the end of April 2021. Meanwhile, please continue to plan for the delivery of services with the likely uplift in mind. We anticipate that Ministers will ask that £5 million of the uplift is used to increase availability of residential rehabilitation placements and associated aftercare.

7. 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 Ministers and the Chief Medical Officer have been clear that alcohol and drug services are essential services and that pre-COVID-19 service levels should be maintained for this at-risk group.

8. Ministers are 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 that 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 2021-22.

9. We fully expect that additional resources, including funding, will continue to be invested in reducing alcohol and drug harms, and deaths. Furthermore, 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. The five priorities that were communicated to you last year and which underpin the delivery of Rights, Respect and Recovery and the Alcohol Framework are still relevant. These 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

11. In her January statement the First Minister announced a new National Mission to reduce drug related deaths and harms. There are key areas of work for the mission;

- i. Fast and appropriate access to treatment
- ii. Residential rehabilitation
- iii. The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after non-fatal overdoses
- iv. The vital role of front-line, often third sector, organisations
- v. Exploring ways to overcome the barriers to introducing overdose prevention facilities

12. Further information on these areas and information on how they should inform your plans are still being developed. We hope to provide you with further information on this at the end of April 2021.

13. Work is also ongoing with regards to alcohol treatment, more information on which will be made available to you shortly. This includes a review of Quality Alcohol Treatment and Support, implementation of UK wide clinical guidelines for alcohol treatment, review of Alcohol Brief Interventions, exploring development of alcohol treatment standards, engagement on setting of alcohol treatment targets and work on stigma.

14. These priorities will inform our national plans to deliver these strategies, as well as our requirements in relation to local ADP annual reports. As work on the new National Drugs Mission and on alcohol treatment is still ongoing, further information will be made available to you regarding this in due course. Please be assured that there will be sufficient time for updating and completion of plans once this further detail is provided. **Appendix 5** provides the detail for the Local Delivery Plan Standards: Alcohol and Drug Waiting Times and Alcohol Brief Interventions.

COVID-19

15. 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 2020 and available [here](#).

Planning and reporting arrangements

16. The Scottish Government and COSLA have worked with a range of stakeholders to develop a *Partnership Delivery Framework*³, 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.

17. Reporting arrangements are currently being reviewed and more information on this will be provided at the end of April 2021, along with clarification on the uplift in funding and Ministerial priorities. In recognition of this, the deadline for any update to ADP strategic plans will be communicated in that letter. Please be assured that there will be sufficient time any required returns before the deadline.

³ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

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

Yours sincerely

A handwritten signature in black ink that reads "Karen MacNee". The signature is written in a cursive style with a large initial 'K'.

Diane McLafferty MBE
Deputy Director, Drug Policy Division
Population Health Directorate

Karen MacNee
Deputy Director, Health Improvement Division
Population Health Directorate

**APPENDIX 1 – SUPPORTING THE DELIVERY OF DRUG AND ALCOHOL SERVICES:
2021-22 SCOTTISH GOVERNMENT DIRECT FUNDING ALLOCATIONS INCLUDED IN
NHS BOARD BASELINE**

NHS Board	2021-22 Allocation
Ayrshire & Arran	3,715,311
Borders	1,102,061
Dumfries & Galloway	1,608,418
Fife	3,462,677
Forth Valley	2,786,232
Grampian	4,737,000
Greater Glasgow & Clyde	15,203,246
Highland	2,989,828
Lanarkshire	5,696,233
Lothian	9,331,490
Tayside	4,366,586
Orkney	448,396
Shetland	485,311
Western Isles	557,206
Total Scotland	56,490,001

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

2021-22 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

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

APPENDIX 4– NATIONAL CONTEXT FOR ADP FUNDING

Alcohol Treatment and Harm Prevention

Scottish Government recognises the importance of addressing Alcohol Treatment and Alcohol Harm Prevention in the context of Rights, Respect and Recovery and the Alcohol Framework.

After a review of our structures within Scottish Government the decision has been made to relocate the alcohol treatment team to work as part of the Healthy Living Branch. This means that the Alcohol Treatment team and the Alcohol Harm Prevention team will be working within the same branch, which also covers tobacco, healthy weight and gambling. The Alcohol Treatment team will still work closely with the Drugs team but this means that there will be a dedicated alcohol treatment resource within government.

The Alcohol Treatment team will be developing a programme of work and aim to undertake the following work:

- Review of Alcohol Treatment services
- Exploring development of Alcohol Treatment Standards
- Implementation of UK Clinical Guidelines for Alcohol Treatment
- Alcohol and Stigma
- Engagement on setting of Alcohol Treatment targets, outcomes and surveillance
- Further exploration of Managed Alcohol Programmes
- Review of Alcohol Brief Interventions

This work is currently in development and will be undertaken in partnership with key stakeholders, including voices of lived experience. This is currently being resourced and we will be in contact soon to introduce our team and to discuss how we work going forward. In the interim any queries can be address to the Head of the Healthy Living Branch, Jules Goodlet-Rowley.

Our new structure ensures closer links to our Alcohol Harm Prevention team, which will bring additional resource and focus to the Scottish Government's commitments to addressing Alcohol Harm Prevention, Treatment and Recovery.

National Drugs Mission

As announced in the First Minister's speech of 20 January 2021, Scottish Government have launched a new national mission to reduce drug related deaths and harms with £50 million additional funding for each of the next five years. This funding has been made available to support the mission, and Ms Angela Constance has been appointed as the Minister for Drugs Policy. A new Drugs Policy Division has been established to deliver the mission and support Ms Constance.

The structure and responsibilities of the new division are still being established. In the first instance, please direct any queries you may have to alcoholanddrugssupport@gov.scot and we will ensure it gets to the appropriate person. The key contacts in regards to funding and finance will now be Fiona Robertson and Michael Raeburn.

The five priorities for the mission are fast and appropriate access to treatment; residential rehabilitation; a more joined up approach that supports people to address the underlying

challenges they face; front-line organisations; and exploring ways to overcome the barriers to introducing overdose prevention facilities.

Further information on how ADPs will be expected to contribute to these priorities will be detailed in a follow up letter at the end of April 2021.

Measuring Success

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

A new outcomes framework and associated monitoring plans are being developed to measure the National Mission. This will be communicated with you in due course. This will sit alongside the MESAS (Monitoring and Evaluating Scotland's Alcohol Strategy) programme⁴, as the evaluation plan for the Alcohol Framework 2018 and MERRR (Monitoring and Evaluating Rights, Respect and Recovery)⁵ as the evaluation plan for Rights, Respect and Recovery. 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.

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](#)

⁴ [Monitoring and Evaluating Scotland's Alcohol Strategy \(MESAS\) - Alcohol - Health topics - Public Health Scotland](#)

⁵ [Monitoring and evaluation framework for Rights, Respect and Recovery - Publications - Public Health Scotland](#)

- [Drug Deaths Taskforce: COVID-19 and opiate replacement therapy](#)

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

APPENDIX 5 – 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 alcoholanddrugsupport@gov.scot.

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