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The Scottish Government
Riaghaltas na h-Alba

NHS Chief Executive
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Copies to:
NHS Director of Finance
Local Authority Chief Executive and Chief Financial Officers
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ADP Co-ordinators

4 July 2016

SUPPORTING ALCOHOL AND DRUG PARTNERSHIPS TO DELIVER IMPROVED OUTCOMES FOR ALCOHOL AND DRUGS: 2016-17 FUNDING ALLOCATIONS

1. I write to confirm the Scottish Government (SG) funding allocation to the Alcohol and Drug Partnership(s) (ADPs) within your NHS Board area for 2016-17.

2. As you will be aware, policy responsibility for tackling drug misuse transferred from the Justice to Health portfolio as part of the budget setting process for 2016-17. This 2016-17 allocation you receive is, therefore, a combined amount for alcohol and drug purposes. The transfer of funding, and responsibility, will allow for better policy alignment and accountability within the wider health portfolio.

3. We are committed to tackling alcohol and drug harm, and ADPs play a key role. As you will be aware from the letter you received on 7 January 2016 from the Cabinet Secretary for Health and Sport, Shona Robison MSP, **there is a clear expectation that existing services, resources and outcomes are maintained at 2015-16 levels.**

4. ADPs should therefore receive the full funding allocation, applying those resources with full transparency and informed by a robust evidence based needs assessment.

5. 2016-17 allocations have been adjusted to meet the needs of local populations. Allocations reflect (i) changes in the NHS Scotland Resource Allocation Committee (NRAC) formula, (ii) updated alcohol consumption data, (iii) updated prevalence data. Further information on the formulae is provided in Appendix 4.

6. The allocations described in this letter along with the supplement allocation from NHS Boards as described in paragraph 4 of this letter represent the minimum

amounts that your ADP(s) should spend in 2016-17. We expect that additional resources, including funding, will be contributed by ADP partners. ADP Strategies, Delivery Plans and Annual Reports should set out all resources utilised in prevention, treatment, recovery or dealing with the consequences of problem alcohol and drug use in your localities.

Ministerial Priorities

7. 2016-17 funding is conditional upon ADPs demonstrating progress towards both national and locally relevant alcohol and drug outcomes, and also on the Ministerial priorities outlined below. Please note that the same broad Ministerial priorities are continuing in 2016-17, as with 2015-16, but we have sought to ensure that they are giving a clearer and consistent focus, expressed within specific themes. This is in response to feedback made at the ADP Chairs event we hosted on 22 October 2015. The 2016-17 Ministerial priorities are:

<u>Compliance</u>

- Compliance with the Drug and Alcohol Treatment Waiting Times Local Delivery Plan (LDP) Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database;
- Preparation of local systems to comply with the new Drug & Alcohol Information System (DAISy);
- Increasing compliance with the Scottish Drugs Misuse Database, both SMR25 (a) and (b).
- Compliance with the Alcohol Brief Interventions Local Delivery Plan (LDP) Standard.

<u>Quality improvement</u>

- Implementation of improvement methodology at the local level, including implementation of the *Quality Principles*: *Standard Expectations of Care and Support in Drug and Alcohol Services* and responding to the recommendations outlined in the 2013 report from the independent expert group on opioid replacement therapies;

<u>Harm reduction and reducing deaths</u>

- Interventions to reduce harm and prevent drug-related deaths, including supporting a death prevention strategy being facilitated through the Scottish Drugs Forum (SDF), as set out in the Ministerial letter of 6 August 2014, and delivery of local death prevention strategies and respective drug death monitoring group work;
- Support for effective prison throughcare and reintegration into the community, and responding to the particular needs of women. This also includes continued reach of naloxone in community, custodial and health care settings;
- Support the management of, and implications from, the New Psychoactive substances Act, which commenced on 26 May 2016, to further reduce harm;
- On-going implementation of a Whole Population Approach for alcohol, recognising harder to reach groups and supporting a focus on communities where deprivation is greatest;
- ADP engagement in improvements to reduce alcohol-related deaths.

Further information on Ministerial priorities is provided in Appendices 2 & 3.

Funding Allocations

8. The 2016-17 funding allocation for ADP(s) in your NHS Board area (Lothian) is £8,887,133. Where there is more than one ADP, the NHS Board should agree funding distribution with ADPs.

9. The 2016-17 and 2017-18 funding allocated for ADP (s) includes costs for ADP(s) compliance with Drug Alcohol Information System (DAISy).This will vary from area to area and Scottish Government national support team will provide support to individual ADP's on local migration arrangements. The data set has now been fixed and ADP's should be developing plans to adopt this in full.

10. Scottish Ministers reserve the right to withdraw all or part of this funding if funds are not used for the purpose intended; if improvement/activity is not demonstrated; or if value for money is not demonstrated.

11. If you have any queries, please contact Amanda Adams (0131 244 2278, Amanda.adams@gov.scot

Daniel Kleinberg
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APPENDIX 1 – NATIONAL CONTEXT FOR ADP FUNDING

Measuring Success

The *Road to Recovery* drugs strategy[1], *Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol*[2], the *National Delivery Framework for Alcohol and Drug Delivery*[3] and the *Quality Alcohol Treatment and Support* (QATS) report[4] continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland.

The *Getting Our Priorities Right* (GOPR) guidance[5] provides a good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. It reflects the national *Getting It Right for Every Child* approach and the Recovery Agendas, both of which have a focus on 'whole family' recovery. GIRFEC is being threaded through all existing policy, practice, strategy and legislation affecting children, young people and their families. This approach underpins the Children and Young People (Scotland) Act 2014, the Early Years Framework, Curriculum for Excellence and a range of programmes to support improvements in services.

We are committed to keeping outcomes and indicators under review as frameworks develop. We have developed a validated and peer reviewed Recovery Outcomes tool for use across ADP drug and alcohol services. Information on the ROW is available on the Social Services Knowledge Website (SSKS). The ROW tool will form part of the new Drug & Alcohol Information System (DAISy) to enable improved understanding and recording of service user outcomes. All relevant drug and alcohol services in Scotland will be expected to comply with the ROW tool dataset as part of DAISy, although the use of ROW tool itself is not mandatory. This year the SG National Support team will be supporting a number of ADPs to implement and embed the Recovery Outcome Tool into local ADP commissioned service delivery.

National Support

The SG ADP National Support Team is available to support your capacity building, sharing of learning and good practice amongst ADPs around priority areas including:

- improving skills to use data for evidencing progress against core outcomes;
- delivering recovery-oriented systems of care through system redesign (including the transition from prison back to community and the importance of ensuring effective pathways are in place to support through-care arrangements);
- implementing a whole population approach to addressing problem alcohol use; and
- strengthening SG engagement with the social work/care sector in relation to drug and alcohol policy objectives and drug and alcohol workforce development.

We strongly encourage ADPs to use the national support available to them as well as utilising local expertise. Please contact Susan.Weir@scotland.gsi.gov.uk in the first instance to discuss opportunities for support.

[1] http://www.scotland.gov.uk/Publications/2008/05/22161610/0
[2] http://www.scotland.gov.uk/Publications/2009/03/04144703/0
[3] http://www.scotland.gov.uk/Publications/2009/04/23084201/0
[4] http://www.scotland.gov.uk/Publications/2011/03/21111515/0
[5] http://www.scotland.gov.uk/Publications/2013/04/2305

Planning and Reporting Arrangements

In recognition of the work currently underway by the Care Inspectorate, (to provide an evidence-informed assessment of local implementation, measurement and quality assurance of ADP and service compliance with *The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services) ,* we expect that all ADPs that appropriately complete local Position Statements for that work will not be required to submit that information again through annual reports in 2016.

All ADPs should continue to report through the Standard Reporting Template, which has been updated for 2015-16 to reflect the ADP/Care Inspectorate work and also takes account of ADP Feedback provided, through last year's Reports and the ADP Co-ordinator event held in November 2015.

The **2015-16 ADP report should be shared with Scottish Government by 12 September 2016.**

We intend to contact all ADPs in January 2017, following publication of the Care Inspectorate National Report and individual ADP Reports, to seek some high level information around your ADPs top three priority activities following receipt of your individual report. We will then ask you in September 2017, as part of the annual reporting cycle, for an update on your progress in delivering on these activities.

The Scottish Government will continue to offer light touch feedback on your ADPs 2015-16 Annual Report.

We anticipate annual reporting for 2016-17 to be in the same format as for 2015-16, recognising the above, following receipt of your ADPs Care Inspectorate Report.

National Services Scotland, Information Services Division, continues to update the ScotPHO profiles which are invaluable in assessing performance against the National Core Indicators. The profiles can be accessed here: http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool.

Health and Social Care Integration

The *Public Bodies (Joint Working) Scotland Act 2014 – Integration of Health and Social Care commenced in April 2015*, and all 32 Health Board and Local Authority partnerships in Scotland have submitted their integrated health and social care plans to Scottish Government Ministers.

It is imperative that ADPs 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 new Health and Social Care arrangements.

APPENDIX 2 – MINISTERIAL PRIORITIES AND IMPROVEMENT GOALS FOR 2016-17

The Minister for Public Health and Sport has identified a number of priority areas for continued improvement in the delivery of the Alcohol Framework: *Changing Scotland's Relationship with Alcohol* and the national drugs strategy, The Road to Recovery.

These are as follows:

Compliance

1. Delivering the **LDP standard for drug and alcohol treatment waiting times,** whilst increasing the level of compliance and improving the quality of data submitted (Appendix 3 has further information on the LDP Standard). By **increasing the level of fully identifiable records submitted to the** Drug and Alcohol Treatment Waiting Times Database **(DATWTD), which will assist with the transition to DAISy** at the National Services Scotland Information Services Division, ISD, Scotland so that it accurately reflects the number of people engaging with drug and alcohol treatment services at local level and correlates with the information submitted to the national DATWTD, also held by ISD Scotland.. DAISy is now moving into a implementation and testing phase with the expected date for transition is Spring 2017. A full functional specification is currently being developed. The Full Business Case does not include costs for compliance by ADPs and these costs should be met from ADP allocations in 2016-17 and 2017-18.

ADPs, services and service users should be assured that when client identifiable data is entered on to DATWTD that it is treated as confidential. Please see attached link:
http://www.drugmisuse.isdscotland.org/wtpilot/DATWT_Use_of_%20Anonymous_Option.pdf.

Services entering data to the DATWTD are currently able to submit anonymous records (where the records are stripped of personal identifiers unique to individuals). When records are submitted as anonymous it is not possible to provide services, and commissioners of services, with information about the outcomes of treatment. This anonymity function will not be a part of DAISy. The outcome of treatment is a key component of public accountability for investment in this area and anonymous records should be entered to the DATWTD on an exceptional basis only, in accordance with Human Rights legislation and the guidance referenced above. ADPs and services are required to continue to take action to minimise the numbers of anonymous records and to continue to ensure that accurate data is available to inform accountability and the local planning, design and delivery of services tailored to individual needs. Client confidentiality should continue to be paramount as part of the delivery of effective services.

2. Continued **delivery and embedding of ABIs,** which are formally linked to the NHS Board Local Delivery Plan (LDP) as a LDP standard, states that NHS Boards and their ADP partners will sustain and embed ABIs in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.

The split between priority and wider setting delivery remains the same in 2016-17 as 2015/16: 80% delivery in priority settings, 20% in wider settings. NHS Boards and

their ADP partners are asked 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 guidance[6]. Data should continue to be reported through ISD and through the National Core Indicators in ADP Annual Reports.

The LDP standard supports the long-held vision that ABIs should be embedded in routine practice. It also supports the Quality Alcohol Treatment and Support (QATS)[7] report recommendation highlighting the role of ADPs in embedding ABIs and early intervention approaches within their services.

Quality Improvement

3. ADPs have been asked to implement improvement methodology locally, demonstrating how they will implement the alcohol and drug quality principles at a local level and how they are responding to the challenges outlined in the 2013 report from the independent expert group on opioid replacement therapies.

The ***Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services*** were published in August 2014. All ADPs are expected to implement the Quality Principles and assess local services' compliance with the Principles.

To gauge the effective implementation of the Quality Principles, the Scottish Government commissioned the Care Inspectorate to undertake a programme of validated self-evaluation across Alcohol and Drug Partnerships (ADPs) in Scotland. The aim of this work is to support the validation of ADP and services' self-assessment of performance and progress in line with the Quality Principles and this work is underway with ADPs partners and services across Scotland.

This is not an inspection by Care Inspectorate. It is intended to be a supportive and helpful process for all involved. The findings from this validation work will also be reviewed by the Scottish Government to consider and inform the future programme of national support that will further encourage and support delivery of continued improvements at ADP and service level.

The Scottish Drugs Forum are supporting the Care Inspectorate through helping facilitate consultation with ADPs, services and service users. The National Quality Development team will offer support to quality improvement processes and will negotiate this based on need and available resources.

At the end of this project (December 2016) the Care Inspectorate will provide:

- an anonymised national report of findings
- individualised summary briefings for each ADP area featuring strengths and recommendations for improvement.

This will also satisfy elements previously requested through the ADP annual report. Each ADP will be encouraged and supported to develop their own action plan to take forward identified local improvements.

[6] http://www.show.scot.nhs.uk/alcohol-brief-interventions/
[7] http://www.gov.scot/Publications/2011/03/21111515/0

To further support the work in ADPs and services, the Social Service Knowledge Scotland (SSKS) drug and alcohol portal has undergone a significant overhaul of its structure and content over the last year. The portal is now more aligned to the work being delivered in ADPs, with the topics section aligned to the core outcomes, Ministerial Priorities and a dedicated area to share good practice nationally. The digital platform is dedicated to sharing information on social care delivery. Everything here relates to policy, practice and personal/ professional development within social services in Scotland.

Harm reduction and reducing deaths

4. The Partnership for Action on Drugs in Scotland (PADS) group has been set up to consider how to best reduce problem drug use and complement the work of the established Road to Recovery strategy, with one of its priorities being harm reduction and reducing drug-related deaths. This continues to be a Ministerial Priority for ADPs in 2016-17, with particular focus on death prevention and reducing drug-related deaths. Whilst there is a lot of positive action being taken, further effort is required to tackle these matters. It is expected that ADPs will work closely and effectively with local partners, including in formal local groups, to agree and progress the most appropriate action informed by evidence and good practice, as well as engagement in national work, sponsored through PADS and the Scottish Drugs Forum

5. It is known that rates of ill health are higher amongst prisoners than in the general population, particularly in relation to mental health and addictions related conditions. People who become involved in justice settings tend to have below average engagement with health and other services. A proactive and planned approach is required to respond to the needs of **individuals in the justice system affected by problem drug and alcohol use, whether in the community, in community justice processes, or in custody,** and their associated throughcare arrangements. It is expected that **ADPs (including Health Board partners) and the Scottish Prison Service will work more closely to ensure a consistent process and sharing of information before, during and after an individual is in custody**. The National Prisoner Healthcare Network has specific workstreams to examine issues relating to healthcare throughcare, substance misuse, and new psychoactive substances (amongst other topics), and published reports on healthcare throughcare in February 2016 and substance misuse in March 2016.

6. The Scottish Government centrally funded and supported **National Naloxone Programme** concluded on 31 March 2016, after reimbursing 34,267 kits in the community and prison settings throughout the five year duration of the programme. From 1 April 2016, naloxone provision has been mainstreamed into individual NHS Boards, monitoring arrangements are being put in place to support local kit distribution by the NHS Boards.

The provision of first supplies of naloxone to the most at risk individuals, including those not in contact with treatment services, should remain a priority for ADPs and NHS Boards. The National Naloxone Advisory Group (NNAG) highlighted the importance of ensuring that take-home naloxone kits are supplied to all new clients receiving prescribed opiate substitute treatment, as well as those released from prison and discharged from hospital, all of whom are vulnerable to an increased risk of opiate overdose and drug related death.

The continuing provision of naloxone remains a Ministerial priority, as is the desire to improve access to, and confidence in using, naloxone. While the work of the NNAG has now concluded, the work in this areas will continue to be overseen by the PADS group and its Harm Reduction sub group. We will also continue to support the Scottish Drugs Forum and the roles of the National Naloxone Coordinator and the National Naloxone Peer Educator in 2016 -17

7. New Psychoactive Substances The UK Psychoactive Substances Act commenced on Thursday 26 May 2016. We expect ADPs to be clear about how they will support the new legislation. The Act creates new civil and criminal offences to produce, supply, offer to supply, possess with intent to supply, possess within a custodial institution, and import and export psychoactive substances. However, legislation alone will not solve the problem of NPS, and ADPs will need to respond to any local post Act implementation challenges. Potential challenges may include an increase in individuals accessing services and due to this, services should be alert to risks of severe withdrawal symptoms and increased health harms, including potential overdose due to bulk buying. NPS users may turn to other drugs and data should be analysed to examine emerging trends.

8. Continued Implementation of a Whole Population Approach for alcohol recognising harder to reach groups, supporting a focus on communities where deprivation is greatest.

Continue to implement a whole population approach and seek support from Alcohol Focus Scotland as appropriate. Alcohol Focus Scotland have produced a briefing outlining possible action ADPs can take to support whole population approaches across the range of ADP outcomes. This briefing can be accessed at http://www.alcohol-focus-scotland.org.uk/media/86446/whole-population-approach-briefing.pdf

In addition, the following links may be helpful to ADPs.

Office of National Statistics (ONS) Neighbourhood Statistics:
http://www.neighbourhood.statistics.gov.uk/dissemination/LeadPage.do?pageId=1001&tc=1435834906279&a=7&b=276988&c=fife&d=13&g=519425&i=1001x1003&m=0&t=true&r=1&s=1435834906279&enc=1

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)
http://www.sns.gov.uk/

Final MESAS evaluation (includes discussion of WPA measures and alcohol-related mortality across Scotland, with a breakdown on areas of deprivation): http://www.healthscotland.com/uploads/documents/26884-MESAS__Final%20annual%20report.pdf

9. ADP Engagement in Improvements to Reduce Alcohol Related Deaths

ADPs should describe activities underway/planned to improve understanding of alcohol related deaths and/or to reduce these deaths, making effective use of national and local data where appropriate (see links to data sources below). If ADPs

are interested in using patient level data to understand acute health pathways for alcohol related deaths, please contact Christine McGregor in the Scottish Government Health and Social Care Analytics Division in the first instance (Christine.McGregor@gov.scot or 0131 244 3394).

In addition, the following links may be helpful to ADPs.

Definition of alcohol related deaths: http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/coverage-of-the-statistics

National Records of Scotland information on alcohol-related deaths: http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths

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

Scotpho alcohol and health and wellbeing profiles: https://scotpho.nhsnss.scot.nhs.uk/scotpho/homeAction.do

To deliver these Ministerial priorities, ADPs are asked to set their own improvement goals, measures and tests of change to drive quality improvement at a local level in line with continuous improvement methodology.

Local improvement measures for delivering these Ministerial priorities should be described in the ADP Reports due for completion in the autumn.

APPENDIX 3 – LDP STANDARD FOR DRUG AND ALCOHOL TREATMENT WAITING TIMES (2016-17)

1. Continuing to achieve the LDP Standard on access to drug and alcohol treatment services, by ensuring early access to appropriate recovery-oriented treatment, remains a joint Ministerial priority and is a key indicator of better outcomes for service users. The first stage in helping people to recover from problem drug and alcohol use is to support action across the country to provide a wide range of services and interventions for individuals and their families that are recovery-focused, person-centred, high quality and that can be accessed where and when they are needed.

The 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. The two HEAT A11 target "below the waterline" Key Performance Indicators remain as part of the LDP standard:

- 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

2. To provide a full picture of waiting times for people accessing specialist drug and alcohol treatment services, drug and alcohol treatment waiting times data for people accessing services in prison has been gathered since 1st April 2013 and forms part of the LDP Standard. Latest figures show that performance in prison is equally as strong as in the community with over 94% of people receiving appropriate treatment within 3 weeks of referral. It is expected that all prisons fully comply with this Standard.

3. Performance against the HEAT 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

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.

5. We would welcome a continued dialogue with local colleagues around any risks or issues which could impact on the delivery and sustainability of the LDP Standard. Please contact Tracey McFall (Tracey.Mcfall@gov.scot) to discuss any issues further.

APPENDIX 4 - FUNDING FORMULAE

1. The total funding available from the Scottish Government in 2016-17 for Alcohol and Drug Partnerships is £53.8m. **Funding allocations for subsequent years will be agreed following the next Scottish Government spending review.**

4. 2016-17 allocations have been adjusted to meet the needs of local populations. Allocations reflect (i) changes in the NHS Scotland Resource Allocation Committee (NRAC) formula, (ii) updated alcohol consumption data*, (iii) updated prevalence data**.

5. *Alcohol consumption data is from 2012-2014 Scottish Health Survey which have been calculated against the previous sensible drinking guidelines, not the New UK Alcohol Guidelines which published 8 January 2016.

7. ** The drug prevalence data is the estimated number of individuals with problem drug use by NHS Boards (ages 15 to 64); 2012/13, updated data published by ISD Scotland.

Alcohol Funding Formula	
7.5%	**92.5%**
Based on the number of local authorities (rather than ADPs) within the NHS Board.	92.5% based on the same distribution formula (NRAC) used in NHS Boards' general allocations, adjusted by an additional weighting factor that reflects the prevalence of drinking above recommended guidelines in each Health Board, based on Scottish Health Survey (SHeS) data.

Drug Funding Formula	
7.5%	**92.5%**
Based on the number of local authorities (rather than ADPs) within the NHS Board.	75% of which is based on the latest prevalence figures and 25% of which is based on the NRAC formula

The revised formula for Alcohol and Drugs have fixed rates of 7.5% to ensure that no NHS Board receives less than the previously agreed threshold of £85,000 for ADP support. This fixed rate is based on the number of local authorities in an NHS Board rather than the number of ADPs. We expect part of this funding allocation to be used to support the Partnership in its strategic role in implementing the local alcohol and drugs strategy

8. NRAC (NHS Scotland Resource Allocation Committee) assesses each NHS Board's relative need for funding, using information about its population size and characteristics that influence the need for healthcare in terms of hospital services, community services and GP prescribing. The main drivers of the NRAC formula are:
(i) share of the Scottish population living in the NHS Board area;
(ii) age structure of the population and relative number of males and females;
(iii) morbidity and life circumstances (e.g. deprivation); and
(iv) additional costs of delivering healthcare in remote and rural areas.