



Date	10 January 2023
Agenda Item	20

**Report to: West Lothian Integration Joint Board**

**Report Title: Medication Assisted Treatment and A11 Standards Implementation Plan**

**Report By: General Manager for Mental Health and Addictions Services.**

Summary of Report and Implications	
<b>Purpose</b>	This report: (tick any that apply).
	- seeks a decision
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input checked="" type="checkbox"/>
	- is for discussion
	The purpose of the report is to update the IJB on West Lothian ADP commitments, governance, performance and financial position
<b>Recommendations</b>	It is recommended that the IJB: <ul style="list-style-type: none"> <li>note the contents of the report;</li> </ul>
<b>Directions to NHS Lothian and/or West Lothian Council</b>	A direction(s) is not required.
<b>Resource/ Finance/ Staffing</b>	Updates on the financial position
<b>Policy/Legal</b>	<ul style="list-style-type: none"> <li>Medication Assisted Treatment (MAT) standards: access, choice, support</li> <li>West Lothian IJB Strategic Plan 2019-2023</li> <li>Scottish Drug Deaths Task Force: Changing Lives</li> </ul>
<b>Risk</b>	<p>Risk associated with failure to fully implement the MAT Standards include poor quality of life and increased drug-misuse deaths.</p> <p>Risks to implementation include workforce issues and financial issues due to rising costs impacting on service delivery.</p>
<b>Equality, Health Inequalities, Environmental and Sustainability Issues</b>	<p>An integrated impact assessment was completed for the IJB's Strategic Plan 2019 – 2023. No known risk has been identified.</p> <p>Actions in the paper aim to reduce health inequalities by providing high quality local care for people frequently excluded from services</p>

<b>Strategic Planning and Commissioning</b>	This implementation is in line with the Drugs and Alcohol Strategic Plan 2019-23 and will inform the next planning cycle.
<b>Locality Planning</b>	NA
<b>Engagement</b>	A range of stakeholders have been consulted on the development of the proposals. Further engagement work will be carried out through links with advocacy, a lived experience panel and through the experiential evidence gathered as part of implementation.

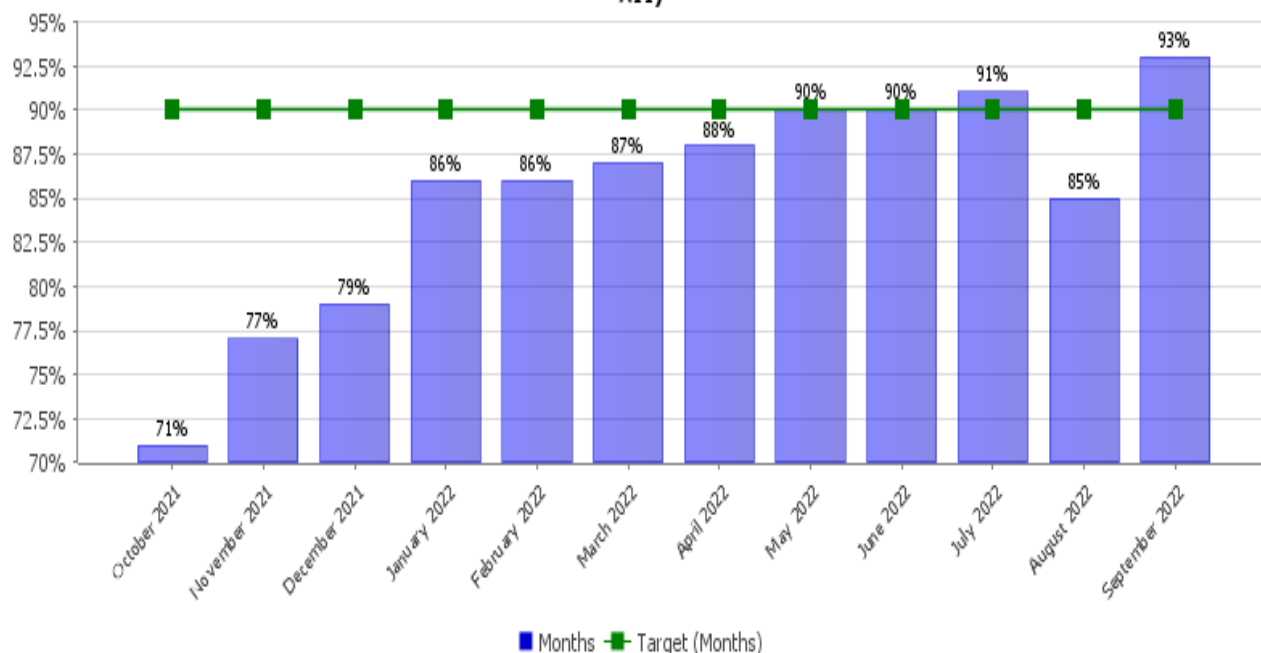
<b>Terms of Report</b>	
<b>1.</b>	<b>Background</b>
1.1	In the West Lothian Council area there were 32 drug misuse deaths in 2021. The same number of people died of a drug-misuse death in 2020 and 23 people died in 2019
1.2	In the West Lothian Council area there were 40 alcohol related deaths in 2021. This is a reduction of 5 from 2020: there were 45 alcohol-related deaths in 2020 and 28 alcohol-related deaths in 2019.
<b>2.</b>	<b>Performance</b>
2.1	<p><b>Medication Treatment Standards Progress Update</b></p> <p>The <a href="#">Medication Assisted Treatment (MAT) standards: access, choice, support</a> were published on 31 May 2021. The standards cover 10 areas with a focus within 2022-23 on the first five standards. This paper outlines progress made in West Lothian against the first five MAT standards. The first five MAT standards are</p> <ol style="list-style-type: none"> <li>1. All people accessing services have the option to start MAT from the same day of presentation.</li> <li>2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</li> <li>3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</li> <li>4. All people are offered evidence-based harm reduction at the point of MAT delivery.</li> <li>5. All people will receive support to remain in treatment for as long as requested.</li> </ol> <p>To be partly achieved by April 2022 and fully achieved by March 2023</p> <ol style="list-style-type: none"> <li>6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</li> <li>7. All people have the option of MAT shared with Primary Care.</li> <li>8. All people have access to independent advocacy and support for housing, welfare and income needs.</li> <li>9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</li> <li>10. All people receive trauma informed care.</li> </ol> <p>To be achieved by March 2024</p>

These standards apply to community services only. Criminal justice services will enter into scope in 2023 and are due for completion by March 2025

The IJB approved the MAT standards Implementation Plan on 20 September 2022 and a further update has been submitted to Scottish Government noting good progress against all 10 MAT standards. The most recent update is attached as appendix 1.

## 2.2 A11 Treatment Standard Report

**SPCC005\_9b.1a Percentage of all clients waiting no longer than three weeks from referral to appropriate drug or alcohol treatment (HEAT A11)**



Overall, the drop-in performance in 2021 in relation to the treatment target has improved and there was a return to compliance in May to September 2022, with a dip in August. This improvement was as a result of additional resources being directed towards the therapeutic support service and internal improvements within that organisation. The dip in August was as a result of workforce pressures. The main pressures of increased referrals, and workforce pressures including Covid related sickness and recruitment issues will continue to create pressure and continued support for the service will be required.

## 2.3 Drug Treatment Target Trajectory

On 16 March 2022 the Scottish Government introduced a substance use treatment target. This target requires Integration Authority areas to increase the number of people receiving community based opioid substitution therapy (OST) (i.e., MAT) by approximately 9%. In West Lothian this equated to an increase of 74 people in treatment from 841 to 915 by April 2024.

West Lothian IJB approved the trajectory on 20 September 2022.

Public Health Scotland were due to provide quarterly data to allow ADPs to map progress against the trajectory. This data was expected in September 2022, but has not been published due to problems with the data. It is therefore not possible to track progress against the trajectory and this leads to a risk that West Lothian HSCP will miss the target.

Unofficial data which is anticipated to approximate the national PHS data and is provided by NS Lothian's Analytical Services has suggested West Lothian is making good progress in the first quarter

3.	<p><b>Governance</b></p> <p>3.1 At the West Lothian Integration Joint Board meeting on 20 September, West Lothian ADP's Self-Assessment tool for Alcohol and Drug Partnerships was reviewed and it was noted further consideration was required by the ADP team regarding the report and governance.</p> <p>This was particularly in relation to oversight and approval of ADP spend on areas which are not delegated to the West Lothian Integration Joint Board, such as justice or children / young people's services.</p> <p>A paper presented at the West Lothian ASP Executive on 7 December 2022 noted the clear process agreed by West Lothian IJB to ensure that all ADP proposals were approved by West Lothian IJB where investment was made to services delegated to the IJB. Where non-delegated services were to be invested in, it was agreed that any such decision would be made jointly with the relevant Board (Children Services; Community Justice; Community Planning) and gain that Board's approval. The ADP noted it has members from those boards within the Executive and the ADP is similarly represented in those Boards.</p> <p>The IJB is asked to note this arrangement.</p> <p>3.2 On 6 October 2022, Scottish Government wrote to Integration Authority Chief Officers and ADP Chairs stating that '<i>[for] 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23 June letter. The funding must be delegated in its entirety to IAs.</i>'</p> <p>The requirement to delegate, in entirety, ADP spend to IAs, contrasts with anticipated governance of some of the priority areas. In particular, the 'Whole Family Approach' stream funds children and young people services, which are not delegated to the IJB.</p> <p>This IJB is asked to note this. The letter is attached as Appendix 2</p>
4.	<p><b>ADP Developments</b></p> <p>4.1 The ADP has recruited a full time ADP lead working as part of the Strategy Policy and Change Team. The officer has now started, alongside the recently appointed (part time) Business Support Officer for the ADP, and this means that the ADP now again has capacity to focus on its priority areas.</p> <p>Key areas for development are: the prevention agenda; increasing the voice of people with lived and living experience of addiction; and improving capacity for delivery and assurance of drug and alcohol services.</p> <p>4.2 On 7 December 2022 the ADP Executive approved £36,000 non-recurrent spend over 2 year2 for a proposal made jointly by Royal Edinburgh and Associated Service and Edinburgh ADP to fund a training programme for people who work with people with Alcohol Related Brain Disorder (ARBD). The proposal is to fund psychologists, OTs and social workers to train care-at-home workers, care-home workers and health and social care staff in how to work with people with ARBD. The intention is to improve capacity to support people with ARBD at <i>home</i> or <i>close-to-home</i>.</p> <p>This addresses an action on the HSCPs Action Plan in relation to the Mental Welfare Commissions report on ARBD services, <a href="#">Care and treatment for people with alcohol related brain damage in Scotland</a> (MWC, 2021)</p> <p>The IJB is asked to note this investment.</p>

#### 4.3 **Pregnancy and Perinatal Worker**

Funds from the Scottish Government funding stream 'Whole Family Approach' (£109,727 pa for 5 years) have been placed into a Public Social Partnership running from April 2022 – March 2025.

That PSP has so far approved funding for a Father's Worker working with people who use drugs and alcohol and who are fathers (£25,935 pa) and funding for a Youth Worker with an Alcohol & Drug focus working as part of a Youth Action Project (£41,162 pa).

Most recently the PSP has approved a Pregnancy and Postnatal Worker (£29,361 pa) and this post will be recruited to in the near future.

The IJB is asked to note this investment

#### 5. **Financial Position and Risks**

- 5.1 The financial return prepared on behalf of the HSCP Chief Financial Officer and submitted to the Scottish Government on 2 November 2022 is included as Appendix 3. In a letter on 20 December 2022 to IJB Chief Financial Officer, Chief Officers and ADP Chairs, Scottish Government has advised that due to issues with forecast spend across Scotland an additional quarterly return will be required to be submitted on 26 January 2023. In the letters of 6 October and 20 December, SG has advised that already agreed funding to ADPs will be delivered in two tranches, and titrated against actual and forecast spend.

Accordingly unspent reserves will effectively become unavailable to the ADP. Reserves had been considerable due to full year funding for 2021-22 being received through that year without time to agree investment plans.

ADP spending is fully funded in 2022-23 due to the reserves accrued during 2021-22.

However, the revenue position going forward is more challenging and a number of pressures and risk are presented here.

- 5.2 **Deficit due to Non-Recurrent Funding**

There is an approximate £150,000 pa overspend in the HSCP's NHS Community Addictions Service which is due to the inability of NHS Lothian to submit posts funded by non-recurrent ADP funding to Scottish Government as permanent positions and thus receive the annual pay uplift. Over time this position has deteriorated, and is particularly associated with the 21.5% cuts made to the ADP Budget in 2016 being replaced by non-recurrent 'Programme for Government funding, but also applies to the recent 5 year funding streams associated with the Drug Death Mission. The ADP Chair has sought clarity from Scottish Government in this issue but has not received a response. As it stands this represents an ongoing and increasing shortfall in funding for ADP funded NHS services. It is currently managed by the use of reserves or in-year underspends.

- 5.3 **Buvidal**

Long acting Buprenorphine injections or Buvidal are a novel way of delivering opioid OST via a monthly injection. For some people they represent a significant advance on regular oral medicine and allow the person to live a normal life. The medicine is now on the NHS Lothian formulary to be used where other treatments are unsuitable. MAT standard 2 requires people to be offered an informed choice of OST and have been an early adopter in offering Buvidal, with some positive outcomes. In 2021-22 Scottish Government provide central funding to ADPs to support use of Buvidal. This has now been withdrawn, although some reserves are able to be used to support this in 2022-23.

Whilst it is too early to be able to reliably project spend going forward an estimate is currently

	<p>£250,000 pa overspend.</p> <p>It is considered that use of Buvidal may confer economic advantage across the wider system, with those on Buvidal attending the Emergency Department or their GP less, or there being less police or ambulance attendances. It is unclear how those reductions in use of services may translate into funding for Buvidal. Without funding for Buvidal there is a considerable financial pressure with limited options to mitigate.</p>
5.4	<p><b>Drug Death Taskforce Funding</b></p> <p>This fund formerly (£68,027 pa for 2 years) funds some key services for West Lothian ADP. Scottish Government announced in their letter of 23 June 2022 that this fund, now at its end, would be replaced by a new Taskforce Response Fund and details released in the autumn. These details have not been released and this funding's position is unclear.</p>
5.5	<p><b>MAT Standards for Criminal Justice</b></p> <p>As noted above MAT standards require to be implemented in criminal justice settings – including prisons and custody suites by March 2025. Although health care in HMP Addiewell is provided by REAS, Scottish Government has indicated that responsibility for oversight of implementation of the standards sits with ADPs and IJB Chief Officers.</p> <p>West Lothian ADP were initially advised that any funding for criminal justice settings would be spate to the initial funding allocation of £250,000. ADPs have recently been advised there will be no additional funding for criminal justice environments. This will impact those ADPs with a prison locally, including West Lothian. The impact on West Lothian is currently unclear.</p>
5.6	<p><b>Third sector contracts.</b></p> <p>West Lothian ADP has a number of significant third sector contracts to fund key services. Approximately £1,304,000 pa is the contract value across 4 contracts. These contracts are offered on a 3 years plus 2 basis to allow stability to organisations.</p> <p>In the high inflation environment these contracts have become more challenging, with organisations needing to offer cost of living pay increases to staff. Organisations have made representations to the ADP to advise that contracts are becoming untenable. One off funding made from reserves in 2022-3 will not longer be available in 2023-24 and onwards</p> <p>Without additional funds being made available to ADPs management of these contracts will become more challenging, and in some settings likely to result in reduced activity. This may in turn impact on performance including the A11 standard.</p> <p>The ADP will continue to work closely with the recipients of contracts to ensure best practice, and value for money.</p>
6.	<p><b>Conclusion</b></p> <p>The IJB is asked to note the contents of this report, including the recent developments.</p> <p>The IJB is asked to note to significant financial pressures on drug and alcohol services and the probable impact that those pressures will have on services and performance.</p>

<b>Appendices</b>	<ul style="list-style-type: none"> <li>- Appendix 1: MAT Standards Implementation Plan Update</li> <li>- Appendix 2: Letter to ADP Chair and IJB Chief Officer from Deputy Directors of Drug Policy and Health Improvement Divisions, Scottish Government,</li> <li>- Appendix 3: Twice-yearly Financial Return to Scottish Government, West Lothian ADP</li> </ul>
<b>References</b>	<ul style="list-style-type: none"> <li>- <a href="#">Medication Assisted Treatment (MAT) standards: access, choice, support</a></li> <li>- <a href="#">Drug-related Deaths in Scotland in 2021, July 2022</a></li> <li>- <a href="#">National benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards 2021-22</a></li> </ul>



Contact	<p>Mike Reid</p> <p>General Manager – HSCP Mental Health and Addictions</p> <p><a href="mailto:Mike.Reid@nhslothian.scot.nhs.uk">Mike.Reid@nhslothian.scot.nhs.uk</a></p>
---------	---





## MAT STANDARDS IMPLEMENTATION PLAN QUARTERLY PROGRESS UPDATE

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

<i>(Integration Authority Area)</i> West Lothian
---

The lead officer/postholder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Mike Reid	General Manager, Mental Health and Addictions WL HSCP

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: [Medication Assisted Treatment standards: access, choice, support](#) published in May 2021.

<b>MAT Standard 1</b>	<b>All people accessing services have the option to start MAT from the same day of presentation.</b>	This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help.		
April 2022 RAG status AMBER				
<b>Actions/deliverables to implement standard 1</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
<p>A test of change was implemented in Bathgate from April 2022 offering same day OST prescribing through drop-in clinics every Friday between 09.00 and 12,00. Once staff complement has been achieved drop-in clinics will be rolled out 5 days a week in the following areas: Bathgate, Blackburn, Broxburn, Howden and Whitburn. By 18.07.22 drop-in clinics were in operation across West Lothian.</p> <p>Prescribing guidelines are in place that support same-day prescribing and there is a Standard Operating Procedure to support the safe initiation of same-day opioid substitution therapy. As of 1/9/22 only one site – Whitburn - is outstanding. Online information has been updated by all services in the partnership with information on the same day prescribing clinics.</p> <p>Not all clinics have been well attended so there is a plan below to consider an evening clinic to see if that improves attendance. Additionally, partners will work with local homeless units to improve attendance. Homelessness addictions workers may support this.</p> <p>Referral pathways to the same day clinics have been expanded to include telephone and GP referrals.</p>		4 Days completed by 18 <sup>th</sup> July 2022	Attendance improved at Blackburn clinic	
Offering 4 days same day prescribing service currently. Plan		6 October 2022	Opening delayed	Workforce issues

now in place to increase this to 5 days by offering an evening clinic to accommodate people who cannot attend during the day. This will depend on securing access to a venue			due to 3 <sup>rd</sup> sector workforce issues.  This will start by end January 2023	and difficulty to recruit
Assessment of Progress:	Amber			
Comment / remedial action required				
ADP Chair to meet 3 <sup>rd</sup> sector organisation				

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 2</b>	<b>All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.</b>	People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side-effects. People will be able to change their decision as circumstances change. There should also be a discussion about dispensing arrangements and this should be reviewed regularly.		
April 2022 RAG status AMBER				
<b>Actions/deliverables to implement standard 2</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
Clinical guidelines in place which include methadone and short and long-acting buprenorphine as treatment choices for people who present. The Lothian formulary now does have long-acting buprenorphine as an available medication choice.		<b>Complete June 2022</b>		
When people attend drop in clinic information leaflets are given to clients on choice of medication and discussed with staff on site		<b>Complete June 2022</b>		
The ADP have secured funding for Home Office licenses for the storage of controlled drugs , one in Whitburn and one in Broxburn to improve access to medication for same day prescribing and ensure Buvidal can be kept in stock.  This action will progress once we are clear that the drop-in clinics are successful in the area we apply for.  This does not prevent prescribing in all geographical areas within WL but will improve efficiency, as patients are prescribed sub-lingual buprenorphine then transferred to LAI.		<b>December 2022</b>	<b>Continuing to assess to best place for the license</b>	
There is a pilot in Blackburn Pharmacy that allows administration of Buvidal by a pharmacist and we will monitor the effectiveness of this. This will increase the local delivery of Buvidal but does		<b>Will report in June 2023</b>		

not prevent Buvidal being available across the council area						
Assessment of Progress:	Green					
Comment / remedial action required						

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 3</b>	<b>All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.</b>	If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.		
April 2022 RAG status AMBER				
<b>Actions/deliverables to implement standard 3</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
<p>There is a draft Standard Operating Procedure for assertive outreach to people who experience near fatal overdose and attend Scottish Ambulance Service, Police Scotland or E.Ds. Information sharing agreements are in place with NHS Lothian, West Lothian Council, and all commissioned partners contracted by West Lothian ADP and West Lothian council.</p> <p>This allows anyone who has taken an overdose to be flagged to the addictions team who advise a third sector assertive outreach team if their intervention is considered to be necessary to support immediate access to MAT.</p> <p>Policies and procedures for child and adult protection are in place and include staff training. The draft SOP will shortly be agreed between commissioned partners and NHS Lothian. This will also include a measure of the interventions and their outcomes.</p> <p>The pathway currently operates but the SOP is being reviewed. The recent change to this is that reports are now sent daily rather than weekly to ensure that there is an offer of MAT within 24 hours or up to 72 hours at weekends</p>		<b>Pathway in place since October 2021 SOP to be reviewed by October 2022</b>	<b>Pathway has been reviewed and SOP is in process of being signed off.</b>	
People at high risk are also identified through arrest referral in Livingston custody suite, and voluntary through care arrangements		<b>Historically in place</b>		

for West Lothian residents liberated from His Majesty's Prisons Edinburgh and Addiewell. We are working closely with Police Scotland and receive direct referrals for high risk people they come across.				
The Addictions service has invested in training for ward staff at St John's Hospital to improve identification and support for high risk people attending hospital. The Addictions Liaison service offer same day treatment (Monday to Friday)if anyone is identified by the inpatient services		Historically in place		
Assessment of Progress:	Green			
Comment / remedial action required				

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action



<b>MAT Standard 4</b>	<b>All people are offered evidence-based harm reduction at the point of MAT delivery.</b>	While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone.		
April 2022 RAG status AMBER		They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.		
<b>Actions/deliverables to implement standard 4</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
This standard is implemented as the core harm reduction interventions (naloxone, injection equipment, blood borne virus testing, sexual health and wound assessment and management) are consistently available at the same time and place as all MAT appointments.		<b>Completed July 2022</b>		
The above should be offered at every appointment the patient attends.  They are offered routinely across the partnership by NHS and 3 <sup>rd</sup> sector staff at every clinic. A spreadsheet is kept which documents whether each of the 6 harm rection measures are offered at each appointment. It notes both offers and completion of harm reduction		<b>Completed July 2022</b>		
Assessment of Progress:	<b>Green</b>			
Comment / remedial action required				

<b>MAT Standard 5</b>	<b>All people will receive support to remain in treatment for as long as requested.</b>	A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment they can discuss this with the service, and the service will provide support to ensure people leave treatment safely.		
April 2022 RAG status AMBER		Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.		
<b>Actions/deliverables to implement standard 5</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
The ADP reports that there are a variety of approaches to enable retention in care and safe discharge. These include regular partnership meetings and case load reviews to ensure people are seen by the most appropriate service or staff and there is the option to have shared care with primary care. There is a variety of strategies to manage caseloads and appointment systems, including fixed appointments, drop-ins, four evening and a Saturday morning clinic.		<b>In place April 2022</b>		
The use of pharmacy sites and recovery café clinics are currently being explored for patients to be transferred for ongoing support.		<b>March 2023</b>	<b>None</b>	
If someone does not attend an appointment, the individual team will assertively follow up. If no contact can be established, a referral may be made to the CGL Assertive Outreach Service, depending on risk. CGL have a risk stratification strategy to prioritise follow up. Contact may be telephone or face to face depending on need, risk and preference.		<b>Completed July 2022</b>		

Should someone suitable for Primary Care prescribing then people can be supported via the Enhanced Practices. This extends across the council area.	<b>Historically available</b>		
---	-------------------------------	--	--

Assessment of Progress:	<b>Green</b>	
Comment / remedial action required		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 6</b>	<b>The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.</b>	This standard focuses on the key role that positive relationships and social connection have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.			
April 2022 RAG status					
<b>Actions/deliverables to implement standard 6</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>	
West Lothian has a senior psychologist embedded in the third sector Psychological Therapies Service. This supports the third sector to deliver Tier 1 and 2 interventions. MIST funded 05. B5 Psychology Assistant was recruited, to support lower tier interventions.		<b>Completed</b>			
A6 & 10 subgroup has been set up chaired by a Consultant Clinical Psychologist. This group has produced a detailed action plan (Appendix 1)		<b>Completed</b>			
The key areas covered are <ul style="list-style-type: none"><li>Local MAT 6 &amp; 10 service area improvement plans to be developed (these should be informed by regular staff/service user surveys and local service walkthroughs)</li><li>Staff training/coaching targets to be agreed (% attending training/coaching)</li><li>Staff reflective practice targets to be agreed (% attending</li></ul>		<b>Timescales are being developed - but all anticipate completion by April 2024 at the very latest.</b>	Psychology now at full complement Group work taking place + individual sessions. All partners		

<p>reflective practice)</p> <ul style="list-style-type: none"> <li>o Clearly define roles for different staff in relation to delivery of tier 2 structured psychosocial interventions (PSI)</li> <li>o Protected time built into staff job plans as appropriate for delivery of tier 2 PSI (to include agreement over reduced caseload size to allow time for this)</li> <li>o Monitor adherence to these agreed caseload sizes</li> <li>o Establish ways of recording tier 2 PSI delivery</li> <li>o Establish initial targets for volume of tier 2 PSI delivery and targets for improvement (year on year)</li> <li>o Monitor use of appropriate tier 2 manuals and other resources (feedback from coaches)</li> <li>o To oversee implementation of MAT 6 care planning process</li> <li>o Develop/agree and oversee implementation of a staff wellbeing tool</li> <li>o Develop and support implementation of staff wellbeing activities</li> <li>o Develop and implement skilful routine trauma enquiry as part of assessment process</li> <li>o Group chair/co-chair (and others as appropriate) to attend NES Scottish Trauma-Informed Leaders Training (STILT)</li> </ul>		<p>attended MI and other psychological therapy training</p> <p>Ongoing supervision</p>	
--	--	--	--

Assessment of Progress:	Green	
Comment / remedial action required		

<b>MAT Standard 7</b>	<b>All people have the option of MAT shared with Primary Care.</b>	People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided would depend on the GP or community pharmacist as well as the specialist treatment service.			
April 2022 RAG status					
<b>Actions/deliverables to implement standard 7</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>	
Most practices in West Lothian operate an enhanced contract to allow GP prescribing of MAT. Where practices do not, neighbouring practices can offer a service.		<b>Already in place</b>			
Further work will be required to support those practices to ensure that MAT standards can be met in those areas		<b>September 2023</b>	<b>None</b>		
Assessment of Progress:	<i>Red/Amber/Green</i>				
Comment / remedial action required					

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 8</b>	<b>All people have access to independent advocacy and support for housing, welfare and income needs.</b>	People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.			
April 2022 RAG status					
<b>Actions/deliverables to implement standard 8</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>	
ADP funds additional advocacy within the broader mental health advocacy contract. This was increased recently.		Completed Jan 2022			
ADP has funded specific advice hours as part of the ‘Advice Shop’ to provide welfare and income needs.		Completed Jan 2022			
Housing needs are supported via good links with housing. Providing services for additional housing needs remains challenging. A Housing First approach is currently under review and the review due for completion by March 2023		Mar 2023			
2 additional workers have been appointed to work with people with drug /alcohol problems who are at risk of homelessness. This will be evaluated Sep 2023 but is one year funding only at present.		Sep 2023	Appointed: will start Nov 2022		
Assessment of Progress:	Green				
Comment / remedial action required					



<b>MAT Standard 9</b>	<b>All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.</b>	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.		
April 2022 RAG status				
<b>Actions/deliverables to implement standard 9</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
The addiction services work closely with the mental health crisis team and can have joint assessments for people with both addictions and mental health problems who are an acute crisis		In place		
CPNs in CMHTs can offer support to addictions teams or provide assessment and support.		In place		
There is a plan to improve assessment and treatment for routine co-occurring mental health and addictions. This is in the form of a QI project reporting to the Service Manager for mental health and addictions. It is identified that this will be a significant piece of work.		To run March - Sep 2023	QI project started and change ideas trialled. SOP in development. Shortage of genral adult psyhcistrists may delay	

Assessment of Progress:	Amber	
Comment / remedial action required		

<sup>1</sup> **Green** - On track to achieve actions/ deliverables; **Amber** - Some delays to deliver but remedial action will enable delivery; **Red** - delays to delivery which require significant remedial action

<b>MAT Standard 10</b>	<b>All people receive trauma informed care.</b>	The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways.		
April 2022 RAG status		The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.		
<b>Actions/deliverables to implement standard 10</b>		<b>Timescales to complete</b>	<b>Progress in Period</b>	<b>Risks</b>
A subgroup of the ADP to drive forward MAT 6&10 has been set up.		Completed		
Trauma training is being rolled out across all ADP services. Training has started and a number of sessions have taken place		Ongoing – this will need to be rolling	Trauma walkthroughs for all partners scheduled for w/c 24/10/22	
See Appendix one for detailed plan				
Assessment of Progress:	Green			
Comment / remedial action required				

## Local Delivery Plan Standard: Drug and Alcohol Waiting Times

Please complete this section only if you did not achieve the Waiting Times Local Delivery Plan Standard.

The LDP Standard requires that 90% of people wait less than 3 weeks between referral and treatment. Please reference any actions in the MAT Standards Improvement Plan.

Q1 Performance:	
Q2 Performance:	
Q3 Performance:	
Q4 Performance:	

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			

## Substance Use Treatment Target

Please complete this section only if you did not achieve your quarterly projections to deliver the Substance Use Treatment Target by 2024

	Projection	Performance
Q1 Performance:		
Q2 Performance:		
Q3 Performance:		
Q4 Performance:		

Key actions to improve performance	Timescales to complete	Progress in period	Risks
Comment / remedial action required			
No data received from PHS to track trajectory			



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

6 October 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 – TRANCHE 1 ALLOCATION UPDATE**

1. We are writing to follow up on our letter of 23 June and provide a further update on the first tranche of 2022-23 allocations for Alcohol and Drug Partnerships (ADPs) which have been issued this month.

**Available Resources**

2. As noted in the 23 June letter, the funding being made available for ADP work in 2022-23 is £106.8 million, which includes baseline funding plus £50.3 million available for in-year allocation.
3. Given the overall financial pressures across health and social care it is prudent and sensible to use existing reserves that have been built up over time before allocating new funding. On that basis, we previously advised that Integration Authorities would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

**Methodology for Tranche One Allocation**

4. We will be making two in-year allocations of ADP funding on a 70:30 basis. The initial tranche of allocations issued this week totals £12.3 million. This allocation is based on 70% of the £50.3 million available for in-year allocation and takes account of £29.0 million reserve balances at March 2022 as reported by CFOs. Annex A breaks down the total funding available as well as the first tranche of funding being allocated, split by Health Board and by IA.



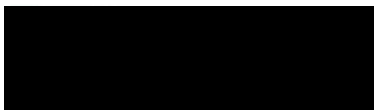
## Methodology for Tranche Two Allocation

5. Second tranche allocations will follow later this financial year, subject to supporting data and evidence regarding additional ADP funding required in 2022-23. We requested information confirming latest spend incurred, forecast spend and reserves balances in our letter of 14 September with returns due back by 28 October. This information will inform tranche 2 allocations and it is therefore our intention to taper that final allocation to match forecast spend, taking into account any in-year slippage that is expected to arise.

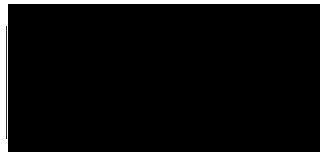
## Scope of ADP funding

6. For 2022-23, ADP funding should continue to be used to deliver the priority services set out in the 23 June letter. The funding must be delegated in its entirety to IAs. The funding for the PfG and National Mission uplift elements is considered an earmarked recurring allocation. The specific programme funding is currently considered non-recurring while we continue to review the next steps on each of these programmes.
7. I look forward to working with you as we continue to drive forward on delivery of the National Mission and our commitments to Alcohol treatment and recovery.
8. If you have any queries on the content of this letter, please contact Fiona Robertson at: [Drugsmissondeliveryteam@gov.scot](mailto:Drugsmissondeliveryteam@gov.scot).

Yours sincerely



Orlando Heijmer-Mason  
Deputy Director, Drug Policy Division  
Population Health Directorate



Karen MacNee  
Deputy Director, Health Improvement Division  
Population Health Directorate

## **List of Appendices**

### **APPENDIX 1: ADP Tranche 1 Allocation by Board and Integration Authority**

## Appendix 1: ADP Tranche 1 Allocation by Board and Integration Authority

	Funding stream	MAT Standards	Taskforce Response Fund	IA NRAC Share 22/23	Additional PfG uplift	Additional National Mission uplift	Residential Rehab	Whole family Approach framework	Lived and Living Experience	Total ADP Funds Available	ADP Tranche 1 Available (70%)	Less ADP reserves	ADP Tranche 1 Allocation (IA)	ADP Tranche 1 Allocation (Board)
NHS Board Name	Integrated Authority Name	See previous funding letter	Drug prevalence		NRAC	NRAC	NRAC	NRAC	NRAC					
TOTAL		£10,313,775	£3,000,000		£17,000,000	£11,000,000	£5,000,000	£3,500,000	£500,000	£50,313,775	£35,219,643	£29,036,318	£12,293,795	£12,293,795
Ayrshire & Arran	East Ayrshire HSCP	£215,080	£83,726	2.37%	£402,900	£260,700	£118,500	£82,950	£11,850	£1,175,706	£822,994.20	£1,049,000	£0	£443,243
	North Ayrshire HSCP	£250,360	£83,726	2.70%	£459,000	£297,000	£135,000	£94,500	£13,500	£1,333,086	£933,160	£890,000	£43,160	
	South Ayrshire HSCP	£340,000	£49,189	2.25%	£382,500	£247,500	£112,500	£78,750	£11,250	£1,221,689	£855,182	£502,000	£353,182	
	NHS Ayrshire & Arran (programme management)	£67,000								£67,000	£46,900		£46,900	
Borders	Scottish Borders HSCP	£200,154	£26,688	2.15%	£365,500	£236,500	£107,500	£75,250	£10,750	£1,022,342	£715,639	£0	£715,639	£715,639
Dumfries & Galloway	Dumfries and Galloway HSCP	£269,206	£57,561	2.97%	£504,900	£326,700	£148,500	£103,950	£14,850	£1,425,667	£997,967	£1,604,000	£0	£0
Fife	Fife HSCP	£613,148	£146,520	6.86%	£1,166,200	£754,600	£343,000	£240,100	£34,300	£3,297,868	£2,308,508	£1,700,000	£608,508	£608,508
Forth Valley	Clackmannanshire and Stirling HSCP	£230,899	£85,249	2.57%	£436,900	£282,700	£128,500	£89,950	£12,850	£1,267,048	£886,934	£282,000	£604,934	£1,150,833
	Falkirk HSCP	£259,191	£62,794	2.89%	£491,300	£317,900	£144,500	£101,150	£14,450	£1,391,285	£973,900	£428,000	£545,900	
Grampian	Aberdeen City HSCP	£462,000	£125,589	3.81%	£647,700	£419,100	£190,500	£133,350	£19,050	£1,997,289	£1,398,102	£2,286,000	£0	£444,796
	Aberdeenshire HSCP	£436,600	£62,794	4.27%	£725,900	£469,700	£213,500	£149,450	£21,350	£2,079,294	£1,455,506	£1,267,000	£188,506	
	Moray HSCP	£154,319	£14,129	1.73%	£294,100	£190,300	£86,500	£60,550	£8,650	£808,548	£565,984	£309,693	£256,291	
Greater Glasgow & Clyde	East Dunbartonshire HSCP	£166,874	£37,153	1.85%	£314,500	£203,500	£92,500	£64,750	£9,250	£888,527	£621,969	£652,000	£0	£1,733,677
	East Renfrewshire HSCP	£172,622	£41,863	1.58%	£268,600	£173,800	£79,000	£55,300	£7,900	£799,085	£559,360	£527,000	£32,360	
	Glasgow City HSCP	£1,066,000	£622,711	11.98%	£2,036,600	£1,317,800	£599,000	£419,300	£59,900	£6,121,311	£4,284,918	£2,676,000	£1,608,918	
	Inverclyde HSCP	£212,767	£78,493	1.62%	£275,400	£178,200	£81,000	£56,700	£8,100	£890,660	£623,462	£843,000	£0	
	Renfrewshire HSCP	£305,726	£141,287	3.37%	£572,900	£370,700	£168,500	£117,950	£16,850	£1,693,913	£1,185,739	£2,551,000	£0	
	West Dunbartonshire HSCP	£158,000	£57,561	1.78%	£302,600	£195,800	£89,000	£62,300	£8,900	£874,161	£611,913	£872,166	£0	
Highland	NHS Greater Glasgow & Clyde (programme management)	£132,000								£132,000	£92,400		£92,400	£2,006,325
	Argyll and Bute HSCP	£171,171	£29,304	1.88%	£319,600	£206,800	£94,000	£65,800	£9,400	£896,075	£627,253	£185,000	£442,253	
Highland	Highland HSCP	£422,129	£73,260	4.70%	£799,000	£517,000	£235,000	£164,500	£23,500	£2,234,389	£1,564,072	£0	£1,564,072	£4,231,608
	North Lanarkshire HSCP	£570,866	£188,383	6.36%	£1,081,200	£699,600	£318,000	£222,600	£31,800	£3,112,449	£2,178,714	£0	£2,178,714	
Lanarkshire	South Lanarkshire HSCP	£532,991	£209,314	5.92%	£1,006,400	£651,200	£296,000	£207,200	£29,600	£2,932,705	£2,052,894	£0	£2,052,894	£595,099
	East Lothian HSCP	£402,230	£48,142	1.86%	£316,200	£204,600	£93,000	£65,100	£9,300	£1,138,572	£797,000	£607,000	£190,000	
Lothian	Edinburgh HSCP	£753,003	£313,972	8.35%	£1,419,500	£918,500	£417,500	£292,250	£41,750	£4,156,475	£2,909,533	£4,170,460	£0	£595,099
	Midlothian HSCP	0	£39,770	1.63%	£277,100	£179,300	£81,500	£57,050	£8,150	£642,870	£450,009	£618,000	£0	
	West Lothian HSCP	£250,000	£68,027	3.12%	£530,400	£343,200	£156,000	£109,200	£15,600	£1,472,427	£1,030,699	£718,000	£312,699	
	NHS Lothian (Programme management)	£132,000								£132,000	£92,400		£92,400	
Orkney	Orkney Islands HSCP	£45,119	£1,570	0.49%	£83,300	£53,900	£24,500	£17,150	£2,450	£227,989	£159,592	£364,000	£0	£0
Shetland	Shetland Islands HSCP	£43,960	£8,896	0.48%	£81,600	£52,800	£24,000	£16,800	£2,400	£230,456	£161,319	£359,000	£0	£0
Tayside	Angus HSCP	£194,443	£41,863	2.16%	£367,200	£237,600	£108,000	£75,600	£10,800	£1,035,506	£724,854	£509,000	£215,854	£364,067
	Dundee City HSCP	£710,034	£120,356	2.86%	£486,200	£314,600	£143,000	£100,100	£14,300	£1,888,590	£1,322,013	£1,220,000	£102,013	
	Perth and Kinross HSCP	£247,718	£78,493	2.78%	£472,600	£305,800	£139,000	£97,300	£13,900	£1,354,811	£948,368	£1,318,000	£0	
	NHS Tayside (programme management)	£66,000								£66,000	£46,200		£46,200	
Western Isles	Western Isles HSCP	£60,165	£2,616	0.66%	£112,200	£72,600	£33,000	£23,100	£3,300	£306,981	£214,887	£529,000	£0	£0

**Guidance for ADP 6-monthly financial reporting**  
**Report 1 for period: 1st April 2022 - 30th September 2022**

**Spend / Forecast**

Column B	Please select the area that is relevant from the drop down menu. The areas are in line with this years ADP letter.
Column C	Please provide a description of what this funding was spent on.
Columns D to O	Enter actual spend information for April to September and forecast for October to March.
Column Q	Please provide any further commentary that is helpful to understand spend/forecast for each area of budget.

**Reserves Position**

Cell D35	Enter reserves balance as at 1 April 2022, including all relevant reserves that are available to contribute towards these areas of spend.
Cell D36	Enter reserves balance as at 30 September 2022, including all relevant reserves that are available to contribute towards these areas of spend. This enables automatic calculation of the level of reserves utilised in-year.
Cell D38	Enter amount of any other relevant funding being contributed by the ADP towards the funding of this spend in 2022/23 where applicable.

When complete please return your reports to: [Drugsmissondeliveryteam@gov.scot](mailto:Drugsmissondeliveryteam@gov.scot)  
Returns requested by 28<sup>th</sup> **October 2022**  
Report 2 for period: 1st October - 31st March 2023 will be due in April 2023

ADP

West Lothian  
HSCP

Grey cells are calculated cells - no need for input

[illegible]

	£
ADP Reserves Balance @ 1 April 2022	718121
ADP Reserves Balance @ 30 September 2022	537772
Reserves utilised in-year @ 30 September 2022	180349
Any other funding contributed from ADP	0
Forecast outturn	3,810,012
In-year funding requirement	3,091,891