

Minute of the Shetland Community Safety & Resilience Board
Thursday 12th February 2015
Council Chambers

Present: Cllr Allison Duncan (chair)
Cllr Michael Stout
Cllr Jonathan Wills
Cllr Frank Robertson
Chief Inspector Lindsay Tulloch – Police Scotland
Dr Sarah Taylor – Director of Public Health, NHS Shetland
Billy Wilson – Scottish Fire & Rescue Service Local Senior Officer
Ingrid Gall – Emergency Planning & Resilience Officer, SIC
Elaine Skinley – Road Safety Officer, SIC
Vaila Simpson – Community Planning & Development, SIC
Anna Sutherland – Community Planning & Development, SIC
(minutes)

In Attendance: Dave Coupe – Roads Service, SIC
Bob Kerr – Communications Officer, SIC
Myles Murray – Scottish Fire & Rescue Service, Station Manager

Apologies: Cllr Alastair Cooper
Mark Boden – Chief Executive, SIC
Ian Ross – Scottish Police Authority
Ralph Roberts – Chief Executive, NHS
Catherine Hughson – Voluntary Action Shetland
Cllr Gary Cleaver
Cllr Steven Coutts
Jan Riise – Governance & Law, SIC

1. Welcome and Apologies

Cllr Duncan opened the meeting and thanked everyone for attending, apologies were noted.

2. Previous Minutes & Matters Arising

Cllr Wills, Lindsey Tulloch and Billy Wilson asked for minor amendments of the minutes on pages 3, 4, 5 and 6 respectively. Billy Wilson also asked for his name to be corrected throughout the minute. The minutes of 20th November were then approved on the motion of ?? and seconded by ??.

The meeting between Cllr Cooper and Jan Riise to discuss identifying staffing baselines has not taken place yet but will happen once Cllr Cooper is back.

Action Point: Meeting to take place between Cllr Cooper & Jan Riise

Work has been ongoing on the route that statutory plans should take to be approved by the SIC and no problems are foreseen with this in the future.

In reply to a question by Cllr Duncan, Ingrid Gall clarified the previous minute regarding the new helicopter landing site and reassured the meeting that there was no delay to the site, merely that once built it would remain unused until the new AHS is built.

As no-one from the Scottish Ambulance Service was in attendance it was agreed to carry forward discussion on the planned removal of the BP SAR jigsaw helicopter air ambulance service to the next meeting.

Action Point: *BP SAR jigsaw helicopter removal to be added to agenda for June meeting*

Billy Wilson provided an update on enabling the private sector or partner agencies to take a space on the fire course at Sumburgh. While there is an arrangement for HIAL to use the facility, the Scottish Fire & Rescue Service currently do not have the capacity to allow other groups to take part. This is scheduled to be reviewed but this will not start before April.

Action Point: *Billy Wilson to provide an update at the June meeting*

A letter to Alistair Carmichael regarding the National Contingency Plan has been drafted and will be sent once it has been approved by Jan Riise and Cllr Cooper.

As no-one from the Scottish Ambulance Service was in attendance there was no update on the plans for the Bressay and Fair Isle community responder teams. Cllr Stout expressed his disappointment that there was no update as this has been ongoing for some time.

Action Point: *Scottish Ambulance Service to provide an update at the June meeting*

Regarding the lack of housing provision for police officers in Shetland, Lindsay Tulloch confirmed that the Scottish Police Authority estates Officer has visited Shetland and has been in discussion with the SIC. Cllr Duncan asked if a hostel might be built and Lindsay Tulloch replied that this was a possibility for the future. Cllr Stout expressed the need to have a joined up solution involving the other emergency services. Dr Taylor confirmed that these issues are being discussed by the accommodation working group and that all the emergency services are represented on that group. Cllr Stout suggested that the accommodation working group could present a report to a future board meeting.

Action Point: *Report on accommodation for emergency workers for future board meeting*

As Ian Ross was not in attendance the report on the Standing Fire Arms Review was held over to the next meeting.

Action Point: *Ian Ross to provide an update at the June meeting*

Regarding the safety advice offered by SFRS to young tenants, Billy Wilson confirmed that there are ad-hoc arrangements in place and they also work with housing providers. The SFRS plan to review their Prevention Plan soon so this will be addressed then.

Regarding inviting the RNLI to a board meeting to discuss the water safety policy they will be drafting this year, Anna Sutherland confirmed that they are happy to attend a board meeting later in the year when they are starting work on their policy.

Action Point: *Invite RNLI to a future board meeting*

In relation to the report on the wider cost of alcohol misuse to the community, Dr Taylor introduced a paper on costings. The paper uses national costings which have been extrapolated to provide a reasonable estimate for Shetland. Cllr Duncan thanked Dr Taylor for the research and noted that the figures were staggering. He asked what can be done to reduce them? Dr Taylor replied that this is the aim of the work that the Shetland Alcohol & Drugs Partnership (SADP) are carrying out and suggested that SADP's annual report could be presented to the June meeting to provide the focus for a discussion on the issues.

Cllr Duncan asked how Shetland compared with the other island authorities. Dr Taylor replied that Shetland is broadly similar though in Shetland the underlying figures indicate a mixed picture. Young people's drinking is coming down but Shetland is still high compared to the Scottish average for the number of 15 year olds regularly drinking. Also, while society is better at discussing the culture around alcohol in Shetland, there are still hidden issues such as the role of alcohol in domestic abuse. These issues are still not discussed that much. Cllr Duncan asked a further question on where these 15 year olds are drinking and Dr Taylor replied that we are good at stopping drink being sold to them directly but they are still getting, mostly purchased by older friends.

Cllr Wills described the figures as fascinating and alarming and asked where the statistics were from. Dr Taylor replied that they were from a variety of sources which is why they are presented as a range of figures. Cllr Wills asked if Shetland is thought to be at the lower or higher end of the figures and Dr Taylor replied that Shetland is probably towards the higher end.

Cllr Stout stated that the figures were no surprise, he had delivered a similar presentation in the chamber 12 years ago. He said that he was glad that the numbers of young people binge drinking are down but there is still a problem with older people. He recognised that SADP are doing a lot of good work but he felt that there are still issues with acknowledging the problems in Shetland. He felt it was important that there is a holistic understanding of the issues underneath the figures.

Cllr Robertson stated that there were also issues with the decrease in the price of alcohol and corresponding increase in availability over the past few decades. He felt that the Scottish Government was failing to stand up to the drinks industry by setting a minimum cost for alcohol.

Action Point: *SADP annual report to be added to agenda for the June meeting*

3. Single Outcome Agreement Update

Vaila Simpson introduced a paper updating the community safety section of the Single Outcome Agreement for 2015/6. She said the paper had received positive feedback from the Community Planning Performance Group in the morning and this was an opportunity for the CS&RB to comment on it. Lindsay Tulloch said that most of the police figures were also in the report he had tabled as item 5 on the agenda and so the meeting moved on to item 5 to discuss the figures.

4. Development Partnership Five Year Plan

This item was moved to the end of the meeting and dealt with under AOCB.

5. Local Policing Plan Update

Lindsay Tulloch introduced the report and went through the statistics. He highlighted the fact that in a recent audit of Police Scotland's crime recording, the local force had achieved a compliance rate of 98%, which is the highest in Scotland. He also highlighted that following the recent reduction in the drink driving limit, four people had been found to be over the new prescribed limit. He suggested that the low figure was due to the publicity campaign around the reduction in the limit.

Cllr Stout stated that it was overall a good report. He commended the police for their weekend checks on licensed premises and their effectiveness as the police having a friendly presence early in the night sticks in people's minds so that they are happier to deal with the police later in the night. Cllrs Wills and Duncan echoed that the friendly nature of the police contributed to the success of the operation.

Cllr Duncan then asked a question about the blind summit on the A970 at Levenwick and the recent accident there. Cllr Duncan was grateful for the decision to close the road the next day, due to the number of drivers slowing down to look, but wondered why no police officers had been present. Lindsay Tulloch stated that he would look into why there had been no police response and report back to the next meeting.

Cllr Duncan then asked a question about whether the cctv cameras are working. Lindsay Tulloch replied that currently 50% of the cameras are working and the maintenance company are being chased to fix the rest. Cllr Duncan expressed his concern about having so many cameras not working. Lindsay Tulloch agreed that this was not ideal as the cameras are a very important tool for detection of crimes. He stated that there will soon be an independent review of the CCTV cameras in Shetland as the contract will soon be due for renewal.

Cllr Duncan then referred to the national media reports about police stop and search of children and asked what the situation is in Shetland. Lindsay Tulloch replied that consensual stop and search of children has never been used in Shetland, young people would only be stopped by the police if they thought they were in possession of something illegal. There is different legislation to allow the police to do this.

Cllr Duncan then asked for a staffing update for the police locally. Lindsay Tulloch replied that levels are better than they have been for some time. There is currently a vacancy for a sergeant and a constable. There was no interest in the sergeant post when it was advertised so he plans to use it as a development opportunity for a constable.

Cllr Duncan moved on to the drink driving figures and asked if there had been officers in the outer isles during the festive drink driving campaign. Lindsay Tulloch replied that officers had been in Whalsay and Unst and officers would continue to go to the outer isles as part of future campaigns. Cllr Duncan welcomed this but stated that there were still concerns over the increase in people speeding. Lindsay Tulloch replied that the road policing unit were here in January and stopped 83 motorists. There will continue to be a road traffic car operating but education is also an important part of reducing speeding and the police are working with the SIC's Road Safety Officer on this. Cllr Stout praised the campaigns and the value of a proactive police presence, it's starting to change the culture.

Cllr Robertson congratulated the police on their high detection rate and asked about the location for a major incident room. Lindsay Tulloch confirmed that currently this was on the upper floor of the police station.

Cllr Duncan then returned to the blind summit at Levenwick and asked what could be done to alleviate the problems on the road. Dave Coupe replied that this had previously been raised at Environment and Transport committee and it had been decided to conduct a review of the road with proposals going back to the Environment and Transport committee. In the meantime the verge markers will be replaced, a second blind summit sign will be installed and slow markings will be added to the carriageway. These are currently being actioned and should be in place in the next few weeks.

Cllr Stout asked a question on the communications requirements for the police and the fire service, particularly in relation to a major incident, and whether 3g or 4g would benefit this. Lindsay Tulloch replied that this would not be an issue as they used airwaves for communication. Billy Wilson added that while there had been tentative talk about a successor to airwaves this was at such an early stage that there was no indication what it might be.

Cllr Wills stated that if you looked at common assaults as a per month figure there had been an 83% increase which was worrying. Lindsay Tulloch replied that reporting standards had changed over that period which would account for some of the increase. Also there had been an increase in the reporting of domestic abuse and child protection incidents which led to higher figures. He added that the detection rate for common assaults also remained high. Cllr Stout agreed that a problem with the way the figures were presented meant that they look worse if the police detect more crime. He said it would be better if there was a more sophisticated way of interpreting the figures.

Cllr Wills left the meeting.

6. Scottish Fire & Rescue Service Update

Billy Wilson introduced the report, noting that the cover page should read 3rd quarter. He stated that the figures on unavailability of appliances reflected both the medium term effects of low numbers in some areas and short term effects such as illness and work commitments. Following on from this recruitment is still fluctuating. He highlighted that they had achieved their target for home fire safety visits. He explained that while there had been a statistical spike in deliberate fire setting, Shetland was still a very safe place to live in terms of fire safety.

Cllr Duncan raised his concerns about the Fetlar fire station. The vehicle has been off the run for a long time and needs to be prioritised to get resolved. He asked if the recruitment process could be expedited? Billy Wilson replied that this is a valid concern. It is a retained fire system so delivery of the service is dependent on people coming forward and passing the selection process. In Fetlar one person is now in the recruitment process. He then went on to explain the new recruitment process, which should help understaffed stations like Fetlar. The new process has been streamlined so it should now take 14 weeks. This means that people now got to Lerwick for 1 day rather than having to attend 3-4 times and other parts of the process can now be delivered at Sumburgh airport rather than having to travel south. They will also be running more courses with a minimum of 5 in years 1 and 2 and then probably between 1 and 3 per year after that. Places on courses will be needs based so stations like Fetlar will get as many places as possible. There is also an emphasis on prevention and home fire safety visits are being carried out in Fetlar. The fire engines are the safety net.

Cllr Duncan replied that he hoped the new process would encourage more people to come forward and asked why had it taken so long to be reviewed? Billy Wilson replied that in the past people's applications had been on hold for sometime as the system didn't recognise that you need a certain number of people to be able to run a course. Also, the move to a single Scotland wide fire and rescue service had caused delays as it took time for everyone to come into line with each other.

Cllr Duncan then asked a question about the need for recruits to be able to travel to a station within 7 minutes, had this been looked at? Billy Wilson replied that 7 minutes, driving under normal road conditions, was the optimum response time but when you take people on there has to be an overall improvement to the service. There is currently a national project looking at response times. They are also looking at composite crewing between stations that are close together. It lengthens the response time but it's still shorter than having to wait for an appliance from further away. Options for Shetland have to fit in with conversations taking place nationally but it might be possible for Shetland to become a pilot area.

Cllr Stout stated that marketing for recruits needed to be to the broader community rather than just to potential recruits and to emphasise the changes that have taken place. The role of community councils needs to be taken on board as there could be

challenging conversations ahead as communities need to be involved in order to get the level of service they want.

Cllr Duncan asked if the Sumburgh training facility is being used to full capacity. Billy Wilson replied that the answer was yes in that it was meeting the fire and rescue service's needs.

7. Briefing Notes

Vaila Simpson said that most groups were due to meet in the next week or two so there were no updates available yet.

7.1 Road Safety Advisory Panel

Elaine Skinley introduced her report. She stated that work on the clickimin paths has started and this includes a piece of work at the end of the rugby pitch in preparation for the new roundabout, which they are due to start working on in March. In response to a question from Cllr Duncan she confirmed that the work is on schedule. She also highlighted that the issues of parking in Lerwick is now the subject of a police campaign. A school bus stop awareness campaign is planned but needs support from Education and Transport Planning. The speed counters for Muckle Roe are not in place yet but are on the list.

Cllr Stout said that he was aware of a number of comments regarding parking at Bell's Brae school. Elaine Skinley replied that this issue has been ongoing for a number of years, there have been talks about changing the layout but funding to do this failed to materialise. The police are currently patrolling the area. Lindsay Tulloch added that this has been controversial and that he is meeting with Jennifer Wadley from the school and Colin Gair from the roads service.

8. AOCB

Life Project

Dr Taylor introduced a paper on the Life Project. This should help with some of the issues raised today. The project works with families with problems to help them to change their lives. It is currently at the feasibility study stage but if it goes ahead Dr Taylor is happy to take it back to the board for further discussion. Cllr Duncan suggested it should be added to the agenda for the next board meeting.

Action Point: *Life Project to be added to the agenda for the June meeting*

Development Partnership Five Year Plan

Vaila Simpson introduced the initial draft of the Development Partnership's Five Year Plan and advised that any comments could be sent to herself or to Rachel Hunter.

Cllr Stout said that it was an interesting report and he was disappointed that there was not enough time to go through it. Cllr Robertson agreed that it is a substantial report which needs time to be spent on it.

Vaila Simpson replied that this is a very early early draft and there will be more opportunities to comment. She agreed that the board would be kept updated on progress at the next board meeting

Action Point: *Progress update on the Development Partnership Five Year Plan at the next board meeting*

Police Station Opening Hours

Cllr Duncan asked if there had been any change in the opening hours of the police station since the last meeting.

Lindsay Tulloch replied that the station is currently open until 6pm, due to staffing. He is about to recruit 2 support workers to cover reception, bringing the total number of support workers to 3. This will enable the station to remain open from 8am until midnight. In response to a question from Cllr Duncan, Lindsay Tulloch confirmed that this would be the same opening hours as comparable stations.

Cllr Stout asked if the police will keep note of how well the extra hours are used and whether it is a good use of resources. Lindsay Tulloch confirmed that this will be reviewed.

Action Tracker:

Action No.	Action	Responsible Officer	Deadline
2.4	Identify the staffing baselines for agencies on the Board. Ongoing	Alastair Cooper/ Jan Riise/ Dr. Taylor	Ongoing
5.1	Report on the H&I Community Safety Forum framework.	Alastair Cooper	Ongoing
6.1	Investigate possibility of opening fire courses at Sumburgh to the private sector or partner agencies.	Billy Wilson	25.6.15
8.1	Provide outline plan and timescales for Bressay & Fair Isle Community Responder team	Andy Fuller	Ongoing
8.3	Send response to National Contingency Plan for Marine Pollution to Tavish Scott and Alistair Carmichael to include the Board's concerns about the financial compensation arrangements	Cllr Wills, Mark Boden, Ingrid Gall & Jan Riise	25.6.15

9.4	Present report on Standing Fire Arms Review	Ian Ross	25.6.15
	Invite RNLI to board meeting	Anna Sutherland	24.9.15
	Report on accommodation for emergency workers	Accommodation Working Group	
	Update on Development Partnership Five Year Plan	Rachel Hunter	25.6.15

Meetings 2015/16:

- Thursday 24th September 2015 – 2pm – Council Chamber, Town Hall
- Thursday 7th January 2016 – 2pm – Council Chamber, Town Hall



Community Justice Redesign

Item: 09

From: Executive Manager – Community Planning and Development, Shetland Islands Council

1.0 Introduction

- 1.1 The Community Justice (Scotland) Bill¹ was introduced to the Scottish Parliament on 8 May 2015. The Bill will take forward the legislative change necessary to establish a new model for community justice, which will see responsibility for local strategic planning and delivery of community justice transferring to Community Planning Partnerships (CPPs) during 2016-17.
- 1.2 This report provides Board members with information about the Bill and community justice in Shetland. It also seeks a Board decision on the next steps in relation to the implementation of the redesign of community justice in Shetland.

2.0 Recommendations

- 2.1 It is recommended that the Shetland Partnership Board:
 - 2.1.1 Agree the lead officer in relation to the redesign of community justice is Lizzie Coutts, Projects Officer – SIC, with support provided as outlined in paragraph 5.1.
 - 2.1.2 Establish a working group of key partners to support the lead officer as outlined in paragraph 5.2.
 - 2.1.3 Agree that the working group will be a sub-group of the Community Safety & Resilience Board (CSRB), and will provide regular progress reports through the CSRB to the Shetland Partnership Board as outlined in paragraph 5.3.

3.0 Community Justice

- 3.1 Community Justice is the term given to the whole approach to reducing reoffending. It is concerned with improving the lives of people through prevention activities and services to reduce instances of reoffending. This encourages the involvement of not only social work, but other agencies that come into contact with individuals who offend.

¹ <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/88702.aspx>



- 3.2 Within the North of Scotland, community justice and the reducing reoffending agenda currently sit with the Northern Community Justice Authority (NCJA). Shetland Islands Council is represented on the NCJA by Malcolm Bell, Convenor and Gary Robinson, Leader. <http://www.northerncja.org.uk/>
- 3.3 Community Justice Services in Shetland include - Criminal Justice Social Work, Housing, Police, Mental Health, Primary Care, Adult Learning, DWP, Skills Development Scotland and the third sector Community Alcohol and Drug Support Service, Community Bike Project, Restorative Justice and Moving On.
- 3.4 The Criminal Justice Social Work Service has statutory responsibility for the development and management of offender services within Shetland and is funded by the NCJA. The funding is ring fenced and can only be spent on the delivery of offender services. Functions of the service are detailed in Appendix A.
- 3.5 NCJA one year reconviction rates have continued their downwards trend, and now stand at an 8 year low of 26.3%. The one year reconviction rates for the island authorities are shown below. Their low numbers of offenders make for more erratic annual figures around reconviction rates. However, the eight year average reconviction rate figures in the final column show that, for all three island authorities, their rate is below the annual rate for Scotland as a whole.

Table 1 – Island authority one year reconviction rates (%)

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	Ave
Eilean Siar	30.4	35.4	31.6	25.9	24.0	18.9	30.5	22.8	27.4
Orkney Islands	30.3	22.0	27.7	25.0	33.3	22.6	27.6	21.9	26.3
Shetland Islands	29.6	31.3	24.1	29.7	22.2	28.7	26.8	16.2	26.1

4.0 The Community Justice (Scotland) Bill

- 4.1 The Bill will take forward the legislative change necessary to establish a new model for community justice. The new model seeks to deliver better outcomes for communities by promoting a collaborative approach to the planning and delivery of improved outcomes, putting decision-making in the hands of local communities and agencies who are best-placed to assess local needs.
- 4.2 In particular, the Bill will:



- Place responsibility for the local planning and delivery of improved outcomes for community justice with a defined set of community justice partners (including local authorities, NHS boards, Police Scotland, Scottish Fire and Rescue Service, Health & Social Care Integration joint boards, Skills Development Scotland, the Scottish Courts and Tribunals Service and Scottish Ministers in their role as the Scottish Prison Service)
- Place duties on these community justice partners to engage in local strategic planning and be accountable for its success
- Develop a national strategy and a performance framework in relation to community justice
- Create a national body to provide leadership, promote innovation, learning and development; provide assurance to Scottish Ministers on the delivery of outcomes; and to provide improvement support where it is required
- Promote a focus on collaboration – including the opportunity to commission, manage or deliver services nationally where appropriate.

4.3 A summary of the Bill is provided for information at Appendix B.

4.4 The timetable for the redesign of community justice assumes that Royal Assent will be secured in time for provisions to come into effect on 1 April 2017. By that date, responsibility for local strategic planning and delivery of community justice will transfer from the NCJA to the Shetland Partnership Board.

4.5 Throughout 2016-17 the Shetland Partnership Board will be expected to take on the new responsibilities under shadow arrangements.

4.6 Ring fenced, transitional funding of £50,000 has been offered to CPPs during 2015/16 to allow planning for the new responsibilities. In particular this is to assist in developing a transition plan for the 'shadow year' in partnership with the area CJA. Transition plans must be submitted to the Scottish Government by December 2015. The intention is for the transition fund to be available for 3 years, ending 2017/18. However, this position will be reviewed by the Scottish Government at the end of 2015/16.

5.0 Next Steps

5.1 There is a need for the Board to identify a lead officer for the Shetland Partnership that will take any work on this forward. This needs to be someone who can take all the actions forward, arrange and attend all necessary meetings and engage fully with the Partnership and other bodies to see through the change.



It is recommended that the appropriate lead officer is Lizzie Coutts, Projects Officer – CP&D, with support provided by Denise Morgan, Executive Manager – Criminal Justice and Vaila Simpson, Executive Manager – CP&D.

- 5.2 There is also a need to establish a working group, to support the lead officer in taking forward any work. The working group should include representatives from key partners, as listed in the Bill and detailed at paragraph 4.2.

The working group would be responsible for considering any decisions made by the Scottish Government, considering options for how the transitional funding should be used and developing a transition plan in partnership with the NCJA, preparing briefing and update reports to the Shetland Partnership and sharing information with partners as the work progresses.

- 5.3 Strategic responsibility for the SOA key policy area – safer, stronger and reducing offending, sits with the Community Safety & Resilience Board (CSRB). It is therefore recommended that the Community Justice Redesign Working Group reports to the CSRB, and that the CSRB is responsible for ensuring progress. And that regular progress reports are provided to the Shetland Partnership Board, through the CSRB.

6.0 Conclusions

- 6.1 The structures through which the planning and delivery of reducing reoffending in Scotland are currently managed is subject to change and will involve CPP's taking a role in shaping the local delivery of community justice post March 2016.
- 6.2 Work on this area of public sector reform is ongoing and the Shetland Partnership Board is required to identify a lead person through which they will be kept informed of developments, establish a working group and decide where the redesign of community justice will sit within the overall partnership structure.

For further information please contact:

Vaila Simpson

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26/05/2015

Appendices:

Appendix A Shetland Criminal Justice Social Work Service - Functions

Appendix B Criminal Justice (Scotland) Bill - Summary

Community Safety & Resilience Board

Report Title - Performance Against Local Policing Plan 2014-2017.	
Presented by –Temporary Chief Inspector Lindsay Tulloch	

1.0 Overview/Introduction

- 1.1 To provide an update to Committee Board on the progress with reference to the objectives outlined in the Shetland Islands 2014-2017 Policing Plan.

2.0 Background Detail & Content

2.1 Performance 2014-2017

A year 1 review of the Shetland Local Policing Plan 2014-2017 is at Enclosure 1. This is accompanied by a year end performance summary at Enclosure 2.

2.2 Stop & Search Improvement Plan

Stop and Search is undoubtedly a valuable policing tactic which helps both detect and prevent crime and to improve community well-being. Following an extensive review by the Service itself and independent reviews by Her Majesty's Inspectorate of Constabulary in Scotland (HMICS), Scottish Police Authority (SPA) and the Scottish Institute for Policing Research (SIPR), some areas for improvement have been identified. In addition the Scottish Government has established an Independent Advisory Group on Stop and Search chaired by John Scott QC, to consider the options outlined and to advise on the long term policy for stop and search.

To drive forward improvements Police Scotland has established a Stop and Search Improvement Delivery Team (SSIDT) incorporating our existing National Stop and Search Unit (NSSU).

Over the last few months Police Scotland have developed and rolled out to officers across the country new e-briefing to prepare them for the improvements we will implement from June 2015. These improvements will include the launch of an improved version of the National Stop and Search Database along with changes to frontline practice that will ensure stop and search is used in a clear and transparent way and is intelligence led, leading to improved outcomes proportionate to the

threat, risk or harm from crime and disorder including community well-being.

In support of the Stop & Search Improvement Plan, the Analysis and Performance Unit has established a sub group (Analytical Product Development Group) to look at the future internal and external reporting of stop and search data. This group are seeking feedback from local scrutiny committees on the information and data that you would like to see reported in future.

2.3 Complaints Against Police

Attached at Enclosure 2 is an end of year Complaints against Police Report. The committee are invited to note this report which is provided for information

3.0 **Proposal/Expected Outcome**

- 3.1 Members note and scrutinise the progress made against the objectives set within the Shetland Islands Local Policing Plan 2014-2017.

4.0 **Risk Management Implications**

- 4.1 Professional. None.

- 4.2 Political. Should the objectives within the Shetland Local Policing Plan not be met there is a risk that there will be a failure in achieving the relevant elements of the Shetland strategic objectives and Single Outcome Agreements; this may negatively impact on the Board's reputation in respect to its ability to deliver its objectives and to hold the Local Policing Commander to account.

- 4.3 Social/Demographics/Community/Customer/Stakeholder Issues. Should the objectives within the Shetland Policing Plan not be met there is a risk that the quality of life for Shetland's residents will be negatively impacted.

- 4.4 Financial/Economical. None

- 4.5 Legal. None

- 4.6 Physical. None

- 4.7 Contractual. None

- 4.9 Technical. None

For further information please contact:

Name: Temporary Chief Inspector Lindsay Tulloch (Area Commander) or Sergeant Judy Hill (Performance Support)

Contact information: lindsay.tulloch@scotland.pnn.police.uk – judy.hill@scotland.pnn.police.uk

Date: 11 June 2015

Enclosure 1: The Year 1 Review of the Shetland Local Policing Plan 2014-2017;

Enclosure 2: Performance report against Policing Plan Objectives- April 2014- March 2015;

Enclosure 3: End of year Complaints Against Police report.

END

PERFORMANCE AGAINST SHETLAND ISLANDS LOCAL POLICING PLAN 2014/2017
April 2014 - March 2015

PRIORITY 1 – Road Safety

GO SAFE ON SCOTLAND'S ROADS ITS EVERYONE'S RESPONSIBILITY- SCOTLAND'S ROAD SAFETY FRAMEWORK TO 2020

Target	2015 Milestone % reduction	2020 target % reduction
People killed	30%	40%
People seriously injured	43%	55%
Children (aged <16) killed	35%	50%
Children (aged <16) seriously injured	50%	65%

(In addition to the above there remains a 10% reduction target in the slight casualty rate to 2020)

Note: All statistics are provisional and should be treated as management information. All data sourced from Police Scotland internal systems are correct as at published date.

Target	Baseline 5 Year Average	YTD 2013/14	YTD 2014/15	YTD Variation	Context/Narrative
Reduce the number of people killed on the roads in Shetland.	0	1	3	+ 2	There have been 2 fatal collisions during the final reporting period of the year: 1. Collision occurred on A970 outside the Brae Hotel and involved two vehicles. The passenger in one of the vehicles sustained fatal injuries. 2. Collision occurred on the A970 south of the Sandwater Junction and involved one vehicle. The driver sustained fatal injuries.
Reduce the number of people seriously injured on the roads in Shetland.	5	4	1	- 3	There have been no serious collisions in this reporting period.
Reduce the number of children (aged<16) killed/seriously injured on the roads in Shetland.	0	0	0	=	
Increase the number of people detected for drink/drug driving offences.	39.8	37	43	+ 6	Includes failure to provide a specimen
Increase the number of people detected for speeding.	96.6	93	126	+ 33	
Increase the number of people detected for mobile phone offences.	25.4	31	18	-13	

GPMS Classification: **NOT PROTECTIVELY MARKED**

Increase the number of people detected for seat belt offences.	53.2	51	47	- 4	
Conduct a Driving Ambition Campaign at each of the High Schools within a 12 month period.	Driving Ambition has been carried out with S5 and S6 pupils in Anderson High School and Brae High School in September 2014. This included inputs from Scottish Fire and Rescue Service, Scottish Ambulance Service, Elaine Skinley- Shetland Islands Council Road Safety Officer and a mechanic from Jim's Garage on vehicle maintenance. Feedback from pupils on the half day event has been very positive.				
Participate in all Police Scotland Road Safety Campaigns.	Throughout 2014/15 we have worked with our partners and participated in a calendar of road safety initiatives- further details are included within the Year 1 Review accompanying this report.				
Trunk Road/Divisional Policing Units to conduct a targeted motorcycle campaign each Spring.	Motorcycle campaign- Operation Zenith was concluded in September 2014.				

GPMS Classification: **NOT PROTECTIVELY MARKED**

PRIORITY 2 – The Supply, Abuse and Misuse of Drugs

Target	Baseline 5 Year Average	YTD 2013/14	YTD 2014/15	YTD Variation	Context/Narrative
Over a 3 yearly period conduct a programme of illegal drug awareness activities with all students at each of the High Schools and Junior High Schools in Shetland.	A range of initiatives are taking place in schools. Further details are contained within the Year 1 Review accompanying this report.				
Increase the number of positive stop searches/ confiscations for those possessing drugs.	The information relating to 2014/15 stop and search is currently subject to internal review and audit. Whilst this is being carried out no stop search data is available.				
Increase the number of offences reported for the supply or being concerned with the supply of drugs.	31.2	22	11	-11	
Increase the number of detections by the 'Dogs against Drugs' assets.			29		Over the past year 11,838 people have been scanned by the Drugs Dog at points of entry into Shetland. The dog has been deployed over 1000 times within Shetland and there have been 29 detections with dog involvement. In addition to this the drugs dog and handler have carried out 43 educational visits and presented to over 1180 people.

PRIORITY 3 – Protecting People

Target	Baseline 5 Year Average	YTD 2013/14	YTD 2014/15	YTD Variation	Context/Narrative
Increase in reporting of sexual crimes.	27.6	17	30	+ 13	
Meet the Police Scotland detection rate target for Sexual Crimes.	TARGET FOR 2014/15- 78%		96.7%	+ 18.7%	
Increase in reporting of domestic abuse incidents.		89	107	+ 18	
Meet the Police Scotland detection rate target for domestic abuse.	TARGET FOR 2014/15- 80%		88.1%	+ 8.1%	
Increase in reporting of Hate crimes.		5	12	+ 7	
Meet the Police Scotland detection rate target for Hate crimes.	TARGET FOR 2014/15- 80%		83.3%	+ 3.3%	
In support of the Shetland Community Safety Board play an active role in preventative initiatives and campaigns.	Internet safety sessions are being carried out with S3 pupils. This started in November and remains ongoing. On the 10 th February a Safer Internet Day was held. There were 2 IT sessions held in Lerwick and Brae; the 'Fixers UK' video is being shared with school pupils and there has been awareness raising through social media sites. There is ongoing education awareness to schools, parents and carers in relation to CEOP (Child Exploitation Online Protection) with a training the trainer programme also being set up.				

PRIORITY 4 – Antisocial Behaviour and Alcohol Related Disorder

Target	Baseline 5 Year Average	YTD 2013/14	YTD 2014/15	YTD Variation	Context/Narrative
Licensed Premises Checks	2017	3084	2267	- 817	Officers will continue to be vigilant with licensed premises checks over the coming months/year. Without doubt by working collectively with licensees we are better placed to achieve our primary focus of keeping people safe.
Conduct an annual test purchasing operation.	Planning is ongoing and a test purchase operation is likely to take place in Shetland over the coming months.				
Contribute to the Antisocial Behaviour Working Group initiatives and campaigns.	Workshops are run by the Antisocial Behaviour Co-ordinator, Preventions and Interventions Officer Police Scotland and Mediation. The purpose of this project is to educate new tenants on their responsibilities with regard to their tenancy agreements. In addition Police Scotland run two rolling operations tackling priority 4; Operation Notebook tackles antisocial behaviour in residential premises and Operation Respect tackles antisocial behaviour in and around licensed premises.				
Increase the number of positive stop searches/ confiscations for those possessing alcohol.	The information relating to 2014/15 stop and search is currently subject to internal review and audit. Whilst this is being carried out no stop search data is available.				
Reduce the number of Section 38 Criminal Justice and Licensing (Scotland) Act 2010 Offences.	95.0 *4 year average	98	85	- 13	Threatening and Abusive Behaviour Crimes and Offences
Reduce the number of Breach of the Peace offences.	98.8	59	50	- 9	
Reduce the occurrences of common assault	154.6	110	176	+ 66	

Reduce the number of premises currently escalated to Stage 3 noisy behaviour through Operation Notebook.	At present there are no premises at Stage 3. Continued positive multi-agency working has meant that identified issues have/are being resolved prior to escalation.				
Number of antisocial behaviour contracts in place.			2		
Reduce the incidents of vandalism	165.0	106	105	- 1	Includes Malicious Mischief

PRIORITY 5 – Emergency/Major Incident Response and Resilience

Target	Baseline 5 Year Average	YTD 2013/14	YTD 2014/15	YTD Variation	Context/Narrative
Annually review and exercise, in partnership with relevant partners, major incident/facility response plans.	There have been no exercises in this reporting period. Planning is in place for a number to be held over the coming year.				
Number of officers and staff, against an identified skills/training matrix, for dealing with a major incident.	Officers have completed liaison work and familiarisation at Sumburgh Airport. Work continues increasing training for supervisory ranks to undertake Police Incident Officer. This now forms part of the first line manager's course at the Scottish Police College. Two Sergeants have now undergone the Police Incident Officer training module.				
Identify a location for a multi agency incident room.	At present the Police Station can be utilised as the primary multi-agency major incident room. Should this be the subject of the incident for business continuity, 20 Commercial Road will be available, however depending on the scale of the incident i.e. if we suffer a one in twenty five year event, the Town Hall with its IT infrastructure would be the fallback option.				

Shetland Local Policing Plan 2014-2017
Year 1 Review



Shetland
Local Policing Plan 2014



Introduction

It is my pleasure to present this review of the Shetland Local Policing Plan on conclusion of its first year.

The plan outlines the policing priorities that are being and will continue to be delivered across the Shetland area. The priorities are set against a back drop of continually reducing crime rates as well as ongoing challenges in relation to public sector spending and the transition to a single police force in Scotland.

Over the coming year we will be reviewing the local community policing plans, previously known as multi-member ward plans with a view to ensuring that they meet the needs of the communities in Shetland. Pilot work is ongoing in which Local Community Police Plans are linked to Community Planning Partnerships or Local Authority Area Committees enabling more collaborative working. Consultation on this proposal will take place over the coming months and forms part of a force wide drive to apply flexibility to the model of local policing thus ensuring that communities receive a service which takes cognisance of local needs and priorities.

The public consultation survey carried out in 2014 captured the views of 587 people across the Shetland area. The views and concerns of the Shetland communities are at the heart of our local operational policing priorities and the survey results give us focus on key areas of concern and identify our strengths as well as areas for improvement.

I am committed to continuing to provide high levels of service within Shetland by utilising our local policing teams along with specialist support. As we move forward over the next year, our work together with that of our key agency partners, will ensure that Shetland remains one of the safest places to live in the United Kingdom.

Lindsay Tulloch
Chief Inspector

Shetland Local Policing Plan Priority

Priority 1- Road Safety

Summary

Road Safety continues to be the community safety issue of highest concern for communities within Shetland. This is reflected within the Police Scotland Public Consultation Survey 2014.

Over the past year we have seen a slight increase in the number of people killed on the roads in Shetland and we know that when they occur they have a devastating effect on the families, friends and communities involved.

We are committed to tackling road safety issues and with our key agency partners, we have conducted several initiatives to improve road user behaviour, including local and national prevention and enforcement operations, media campaigns, seasonal road safety educational events and also the enforcement of the new drink drive limit.

Within the Shetland area we have patrolled the road network and continued to detect and deter road crime through robust enforcement of legislation and targeting of repeat offenders. Use of intelligence and analytical products has enabled smart evidence-based deployment of resources to deliver on these commitments.

During 2014/2015 we have conducted substantial activity to make the Shetland's roads safer, as is evidenced below:

Key Commitments 2014/15	Evidence
To reduce the number of people killed, seriously injured or slightly injured on Shetland's roads.	<p>Over the past year we have engaged regularly with Local Authority partners to tackle road safety issues.</p> <p>Over the past year local Divisional Officers supported by Road Policing Officers have been directed to 'priority locations', those sites which have been identified by analysis as high risk in terms of injury collisions. In addition to this, local consultation with community councils and elected members has taken place and further assisted in identifying and focusing on priority routes thereby safeguarding vulnerable road users.</p> <p>The figures relating to the Scottish Government's Framework to 2020- Go Safe on Scotland's Road its Everyone's Responsibility will be published later this year.</p>

<p>Reduce concern with reference to Road Safety / Road Crime within Shetland.</p>	<p>Throughout 2014/2015 we have worked with our partners and participated in a calendar of road safety initiatives including:</p> <ul style="list-style-type: none"> – Operation Zenith- Motorcycle Campaign – April to September 2014- This initiative raised awareness and informed road users of the increased risk of road traffic collisions involving motorcyclists over the spring and summer months. It focused on improving rider behaviour, particularly aimed at the contributory factors that result in riders being killed or seriously injured. – Summer Drink/Drug Drive Initiative- 30th May to 13th June 2014 – Get ready for Winter Campaign- 6th - 12th October- highlighting roadworthiness and readiness for winter driving conditions – BRAKE National Road Safety Week- 17th-23rd November- focusing on theme of vulnerable road users <p>We have successfully educated and enforced the new drink drive limit in December 2014. The launch of the new limit coincided with the Festive Drink/Drug Drive Initiative 2014. The initiative conducted high profile, high visibility patrols of main arterial routes and drink/drug drive hotspots and delivered a strong message, detecting offenders and presenting a high visibility presence to drivers. Prior to and on the introduction of the new limit we worked with our communications department to ensure that key messages were delivered to the public.</p> <p>Driving Ambition was carried out with S5 and S6 pupils in Anderson High School and Brae High School in September 2014. This included inputs from Scottish Fire and Rescue Service, Scottish Ambulance Service, Shetland Islands Council Road Safety Officer and a local mechanic. Feedback from pupils who attended the event was very positive.</p> <p>In 2014 Police Scotland introduced new technology in relation to Road Collision Investigations. Police Officers are now being trained in the use of the new 3D laser scanners, which have been funded by Transport Scotland. Each scanner is accurate to within millimetres and has the capability to capture an entire collision site quicker than former methods whilst retaining accuracy. The scanners will ensure a more efficient and effective response in terms of collision investigation and a positive effect on reducing road closure times. There are currently 5 scanners in Scotland which are located at various sites, one of them being Dingwall.</p>
<p>2015/2016- The year ahead and next steps....</p>	<p>The focus around preventing road casualties and preventing road crime/positively impacting on the use of the roads by criminals will continue over the coming year along with partnership working with relevant agencies to develop, implement and make the best use of diversionary measures.</p> <p>We will aim to ensure that officers are in the 'right place at the right time' to employ both prevention and enforcement tactics.</p> <p>We will continue to support the delivery of Driving Ambition across the Shetland area.</p> <p>Some of the high profile campaigns and operations due to take place over the coming year are:</p>

	<p>The National Motorcycle Campaign – Operation Zenith</p> <p>Scottish Road Safety Week</p> <p>Summer Drink/Drug Drive Campaign</p> <p>Vulnerable Road Users</p> <p>Getting Ready for Winter Campaign</p> <p>Brake National Road Safety Week</p> <p>Festive Drink/Drug Drive Campaign</p> <p>Operation Route- this is a local initiative which focuses on positively engaging with travelling criminals using the roads network throughout the Divisional area with a view to preventing crime and is supported by intelligence products.</p> <p>We will carry out analysis and make use of intelligence to focus our activity on priority routes and collision causation factors such as careless driving.</p> <p>We will maintain our focus towards achieving the Scottish Government’s 2020 Road Casualty Targets in respect of those killed and seriously injured.</p>
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Shetland Local Policing Plan Priority

Priority 2- The Supply, Abuse and Misuse of Drugs

Summary

The use of illegal drugs and New Psychoactive Substances remain a concern within communities in Shetland. The results of using such substances impacts not only on the quality of life of the individual but also, their families and the communities in which they live.

Individuals who use drugs are vulnerable to exploitation and can become involved in acquisitive crimes to feed their addiction.

Over the past year we have worked hard to inform and educate young people on the risks involved in taking illegal drugs and New Psychoactive Substances. The 'Dogs Against Drugs' team have delivered numerous inputs children and young people in this regard.

Our communities have a significant role to play in reporting suspicious activities, we rely heavily on the support of the public in supplying us with information to disrupt the supply of drugs and arrest those responsible for causing harm to our communities.

Within the Shetland area during 2014/2015 we have conducted substantial activity to make the Shetland communities safer, as is evidenced below:

Key Commitments 2014/15	Evidence
Reduce the community impact and costs of drug misuse and abuse within Shetland.	<p>Over the past year the 'Shared Responsibility' programme has been rolled out in all Shetland schools; this is a Colombian Government initiative that aims to raise awareness around the world aimed at educating the global population about the destruction caused to the rainforests as a result of cocaine production. Shetland is among the first areas in Scotland to deliver this programme in schools.</p> <p>Work has been ongoing in relation to education mapping on streamlining drugs education to schools from all relevant agencies, ensuring best practice- this is due to be rolled out over the coming year.</p> <p>In the past year we have worked to raise awareness and tackle the issues around New Psychoactive Substances. A local working group has been set up in relation this. Over the festive period flyers and posters were provided to all licensed premises.</p> <p>The 'Dogs Against Drugs' team have continued to deliver inputs to schools.</p>

<p>Decrease the number of illegal drug users in Shetland.</p>	<p>Over the past year our enforcement activity has focused on disrupting the supply of illegal drugs into Shetland and targeting those who supply drugs.</p> <p>The 'Dogs Against Drugs' team have carried out targeted patrols of key locations (ferry terminals, airports, licensed premises). They have also assisted in detecting numerous drug related offences including significant seizures under the Proceeds of Crime Act (POCA).</p> <p>During the past year specialist officers from out with the island have assisted local officers in pro-active activity.</p> <p>We have also worked with Border Policing Command to focus on disrupting the supply of controlled drugs coming into Shetland. We have also focused on the use of intelligence in ensuring that we are searching the right people at the right time in the right place.</p>
<p>2015/2016- The year ahead and next steps....</p>	<p>Police Scotland has now established a National Stop and Search Unit to provide scrutiny and governance around the use of this policing tactic- initial details have been provided with further updates and figures to be reported over the coming year</p> <p>With the increase in the use of New Psychoactive Substances we recognise the importance of educating young people and their families about the risks involved. Over the next year we will deliver training and awareness workshops in Shetland.</p>

Shetland Local Policing Plan Priority

Priority 3- Protecting People

Summary

Protecting people from risk of harm is a priority for the Shetland area. Whilst often a hidden crime, there are people in Shetland who are victims of physical, sexual or emotional abuse or are neglected.

Significant national media attention over this past year in relation to prominent individuals, historical abuse in institutional settings and Child Sexual Exploitation has raised public concerns and placed the protection of those at risk of sexual harm in the spotlight at a local and national level.

Over the past year the development of the Vulnerable Persons Database has allowed us to further improve our responses to vulnerable people in Shetland. We also remain committed to working with our partners within the framework of Getting It Right For Every Child.

Domestic abuse and other forms of abuse such as Hate Crime remain a high priority. Through the Multi-Agency Risk Assessment Conference, Multi-Agency Public Protection Arrangements and Multi Agency Tasking and Coordinating Group we have worked hard to manage the risk posed by dangerous offenders and protect those at risk. Without doubt by working effectively with our partners we are more able to protect victims, prevent further abuse and increase confidence in reporting.

As part of Scotland's National Action Plan to tackle Child Sexual Exploitation; on 5th January 2015 Police Scotland launched a National Child Abuse Investigation Unit. There are currently 4 units across Scotland with one being in Inverness. As child abuse investigations become increasingly more complex, requiring highly trained investigators with a range of specialist skills, the NCAIU has been modeled to deliver an enhanced response that supports local policing Public Protection Units by providing dedicated specialist investigative resources, including Senior Investigating Officers (SIOs), who will lead and/or provide assistance locally.

In addition to this over the past year the National Online Child Abuse Prevention (NOCAP) approach has been introduced, where a dedicated Internet Investigations Unit proactively polices the internet to identify perpetrators of Child Sexual Abuse and Child Sexual Exploitation. This forms part of our actions within the National Action Plan to develop robust investigative strategies to disrupt perpetrator activity and better protect children and young people.

From April 2015, a missing persons coordinator based in Highland and Islands Division will provide a more focused approach to keeping missing people safe by managing and coordinating activity around missing people and working in partnership with other agencies in relation to 'missing persons' in order to reduce risk and repeat episodes, especially by individuals or at locations that are 'high risk'. The coordinator also has a role to examine missing children reports to ensure that emerging trends, those at risk of harm and links to Child Sexual Exploitation are effectively assessed and shared to minimise harm to children and ensure that perpetrators are identified.

Within the Shetland area during 2014/2015 we have conducted substantial activity to make the Shetland communities safer, as is evidenced below:

Key Commitments 2014/15	Evidence
Decrease the number of people who are victims of sexual or domestic violence / abuse.	<p>Over the past year we have seen a reduction in victims of sexual abuse or domestic violence/abuse. Whilst this is positive we recognise the importance in ensuring that people have confidence in reporting.</p> <p>Working pro-actively around perpetrators by carrying out bail checks / managing offenders / MATAC referrals and utilising national Scottish Crime resources has meant that several high tariff offenders have been reported and are currently in custody awaiting process through the criminal justice system.</p> <p>We are now adhering to and implementing the Victims and Witnesses (Scotland) Act 2014 which was introduced over the last year.</p>
Decrease the number of people who are victims of hate crimes.	<p>During 2014/15 we have seen an increase in reported hate crimes. As a Division we are committed to ensuring that people feel confident in reporting hate crime and that we make the process as accessible as possible.</p> <p>There are currently various methods of reporting hate crime, in addition to phoning '101' victims can report online or via a third part reporting centre.</p> <p>In addition to this we are now surveying every victim of a hate crime in the Highland and Islands area. Surveys are being sent out to victims who reported hate crime after the 1st January 2015. These surveys will provide us with information regarding the level of satisfaction that people have with the service that they have received from us and will identify areas of good practice and those requiring improvement.</p>
2015/2016- The year ahead and next steps....	<p>The Children and Young People (Scotland) Act 2014 became law on 27th March 2014 and contains several changes to how children and young people in Scotland will be cared for. The Act has created new systems to support children and young people and to help identify any problems at an early stage, rather than waiting until a child or young person reaches crisis point. Over the coming year we will support the implementation of the Children and Young People Act 2014 across public protection partnerships.</p> <p>We will prevent, deter and detect those who pose the greatest risk in our communities by maximising use of legislative powers and effectively working with partners and communities to share information and develop meaningful action plans with clear identification of ownership and accountability.</p> <p>We are committed to working with our partners and implementing the Child Sexual Exploitation improvement plan.</p> <p>We will further develop work around missing persons by taking a preventative approach to reduce the number of missing persons, providing support to both missing people and their families, protecting vulnerable missing people and reducing the risks of harm coming to them.</p>

Shetland Local Policing Plan Priority

Priority 4- Antisocial Behaviour and Alcohol Related Disorder

Summary

There has been a decrease in antisocial behaviour and disorder over the past few years. This reduction has been achieved by effectively working with our key partners and tackling the very few individuals who are frequently involved in antisocial behaviour as well as giving focus to locations where it occurs. We know that antisocial behaviour and disorder remains a concern within our communities and this is reflected within the Police Scotland Public Consultation Survey 2014.

We recognise the importance of prevention activities and early intervention when instances of antisocial behaviour arise, including managing persistent offenders and locations through Operation Notebook. The effective use of legislation such as antisocial behaviour contracts and vehicle seizures can also influence offender behaviour.

We know that alcohol abuse/misuse remains a priority for our communities and we recognise the detrimental impact that alcohol has on the quality of life of individuals, their families and the community in which they live.

During 2014/2015 we have conducted substantial activity to further reduce Antisocial Behaviour and Alcohol Related Disorder in Shetland, as is evidenced below:

Key Commitments 2014/15	Evidence
Decrease in the number of people who are victims or impacted by antisocial behaviour and alcohol related disorder.	<p>Over the past year we have seen reductions in antisocial behaviour and disorder, including breach of the peace and vandalism.</p> <p>There have been no premises that reached stage 3 noisy behaviour within Operation Notebook. This shows that by identifying and dealing with offenders at an early stage we have been successful in terms of multi-agency work addressing and resolving issues before they escalate. This operation has a clear remit in terms of reducing antisocial behaviour and the number of people who are victims of antisocial behaviour and noise calls.</p> <p>CAV (Campaign Against Violence) puts experienced officers, normally performing essential support roles, into our communities every month at peak times, supporting local officers to prevent crime and provide public reassurance.</p>
Change the culture and attitude, to	It is clear that the vast majority of licensed premises in our area are effectively and responsibly managed and operated in accordance with the statutory licensing objectives. By working positively with licensees and the Shetland Licensing Board in a multi-agency setting and through licensed premises checks and local initiatives we have been able to resolve potential issues at a much earlier stage which has contributed to the reduction in

one of unacceptability, in reference to alcohol abuse and misuse by elements of the community.	<p>antisocial behaviour in Shetland over the past year.</p> <p>Plans are in place to carry out test purchasing in Shetland over the next year. The scheme consists of a fully briefed teenager (under 18 years of age) entering licensed premises under controlled conditions and in line with agreed guidelines to purchase alcohol. Test purchasing has proved to be very effective in reducing youth disorder and associated crime.</p> <p>The local Preventions and Interventions Officer currently chairs the Shetland Alcohol and Drug Forum. This group have been working on a 'Drink Better Campaign'.</p>
2015/2016- The year ahead and next steps....	<p>Police Scotland has now established a National Stop and Search Unit to provide scrutiny and governance around the use of this policing tactic- initial details have been provided with further updates and figures to be reported over the coming year</p> <p>Over the next year a business intelligence toolkit is being rolled out to improve our local policing operations, this will ensure that we are better equipped with the best analytical evidence to understand where and when our officers should be deployed. This will allow us to better identify offending patterns and hotspots which will be shared with local agency partners ensuring that we are working together to prevent incidents of antisocial behaviour and disorder.</p> <p>The business intelligence toolkit will also support the focused deployment within our national Campaign Against Violence.</p> <p>Officers will continue to be vigilant over the coming year in relation to licensed premises checks. We recognise the importance of continuing to ensure that we have a visible presence in our local licensed premises.</p> <p>Over the coming year we will be making best use of fixed penalty schemes to report offenders in and around licensed premises, tackling low levels of criminality at the earliest opportunity to reduce the risk of escalation towards more serious offences.</p> <p>We will continue to work closely with partners in a multi-agency setting to reduce the negative effect of antisocial behaviour violence and crime.</p>

Shetland Local Policing Plan Priority

Priority 5- Emergency / Major Incident Response and Resilience

Summary

There is a continued requirement for the Shetland Islands to provide an effective and resilient local response to major / emergency incidents until additional resources can be deployed to the Islands to assist.

Any major incident response will be co-ordinated through the Shetland Emergency Planning Forum and if necessary the Highland and Islands Local Resilience Partnership.

At present the Police Station can be utilised as the primary multi-agency major incident room. Should this be the subject of the incident, for business continuity, the Emergency Planning Officer's premises can be utilised as a major incident room if required. Depending on the scale of the incident, the Town Hall with its IT infrastructure would be the fallback option. Over this year there have been ongoing discussions regarding the location and funding of a multi-agency room.

Key Commitments 2014/15	Evidence
Shetland maintains a robust capability to deal with major incidents.	<p>Over the past year all local officers have completed liaison work and familiarisation at Sumburgh airport. In addition to this, work has been ongoing to ensure that officers of supervisory ranks are undertaking Police Incident Officer Training.</p> <p>A number of exercises have taken place in 2014/15 and more are planned for the coming year. There have been a number of high profile visits which were successfully managed without incident. In addition to this we have seen the Queens Baton Relay pass through Shetland and work has been completed in relation to the Solan Project.</p>
2015/2016- The year ahead and next steps....	<p>Work is ongoing with Emergency Planning partners in Scottish Fire and Rescue Service, Shetland Island Council Emergency Planning Officer and staff at the Shetland Gas Plant to complete Emergency response and security planning for any future incident or event. Familiarisation and liaison for all officers will be completed prior to the official opening of the Gas Plant. This will include familiarisation for all officers new to the area at Sullom Voe Oil Terminal and other ports/airports in Shetland.</p>

Shetland Local Policing Plan

CONTEST Update

CONTEST- Operation CONTEST is the UK Governments Counter Terrorism Strategy and looks at reducing the threat we face from terrorism so that people can go about their lives freely and with confidence. The CONTEST strategy continues to gather momentum within the Highland and Islands Division. This area of work spends a lot of time looking at ways to engage with the community in order to prevent any terrorism activity taking place. Examples of this include working with High Schools and Colleges in the area in an effort to look at up to date issues and encourage debate around such things as the Extreme Right Wing. A total of 16 ACT Now (All Communities Together Now) sessions were carried out in the last year and have been very well received by the schools and colleges that took part. Each session places the participant in the shoes of the counter terrorism unit and looks at a number of community issues and challenges thinking in relation to extreme groups.

22 WRAP (Workshop in Raising Awareness in Prevent) sessions also took place in the last 12 months within the Highland and Islands Division. These sessions are delivered to any public facing staff and look at issues surrounding vulnerabilities and radicalisation. 376 attendees have now received this valuable training in the past year alone.

A local counter terrorism liaison officer has now been trained and will coordinate and deliver both WRAP training and ACT now to raise public awareness around the prevent strand of CONTEST.

At a national level the Scottish Government produced the Prevent Duty Guidance for Scotland. This has been looked at locally and discussed at the Divisional CONTEST board. This duty will place an onus on all partners and will involve the sharing of information and addressing any concerns identified within any organisation. It will also involve the signing of an Information Sharing Protocol with the police as discussions may take place around vulnerable individuals, or people of concern, that may be identified. Further more; there will be a requirement for certain bodies to undertake staff training and work in partnership and link in to the single national strategic lead for Prevent in their sector, institution or organisation.

To ensure information is effectively cascaded from the Divisional CONTEST board and shared with local partners, a local CONTEST steering group will be established to coordinate local action under the four strands of CONTEST; Prevent, Prepare, Pursue and Protect.

Community Engagement

A review of the Multi-Member Ward Plans is currently under way. When introduced these plans were aligned to the existing local political boundaries and were a positive and appropriate response to local needs, supported by local consultation. A review of these arrangements in consultation with local authorities will ensure that they continue to meet the needs of the communities we serve. These plans will now be known as Local Community Policing Plans.

Over the past year an extensive public consultation survey was carried out in the Highland and Islands area. In addition to this, we have been engaging with the public specifically in relation to identifying priorities for the coming year.

Attendance at Community Council meetings over the past year has been strong and communities tell us that this is an effective way for them to raise local issues with local officers.



Police Scotland Annual Police Plan 2015/16

Priorities

The national Policing Priorities for 2015/16 are:

1. Violence, Disorder and Antisocial Behaviour
2. Road safety and Road Crime
3. Protecting People at Risk of Harm
4. Serious Organised Crime
5. Counter Terrorism

The national Policing Plan can be found at <http://www.scotland.police.uk/about-us/>

Meeting	SPA Board Meeting
Date and Time	24 February 2015, 12.30 – 15.30hrs
Location	John McIntyre Conference Centre, Pollock Halls, 18 Holyrood Park Road, Edinburgh EH16 5AY
Title of Paper	SPA/Police Scotland Joint Agreement on Police Policy Engagement
Item Number	16
Presented By	John McCroskie, SPA Director of Communications and Relationships
For Approval/For Consultation	For Endorsement
Appendix Attached: Yes or No	Yes

PURPOSE

The purpose of this paper is to set out a public statement of expectations on how the SPA and Police Scotland are engaging on police policy issues and decisions, in particular those issues likely to raise significant public interest. The presentation of this document reflects the SPA's position that there is a clear accountability framework for policing in Scotland, with clear statutory authority, and that this framework should be supported by working protocols such as this to bring the policing principles of an engaged and accessible police service to life. It has been developed as part of our responsibility to drive continuous improvement in policing.

BACKGROUND

Last Autumn, the Chair of the SPA initiated work to develop a public statement of expectations on how engagement between Police Scotland and the takes place on police policy issues. This accelerated discussions which had been initiated by the Chair and Chief Constable earlier in 2014 on maturing understanding of SPA and Police Scotland engagement.

The Joint Agreement captures a number of key commitments that both Police Scotland and the SPA are working to, including:

- the commitment from Police Scotland to engage in advance with the SPA on any policy or approach that is likely to raise significant public interest;
- the commitment from Police Scotland to ensure that appropriate and proactive engagement with communities is mainstreamed within its approach to such policies;
- the commitment from the SPA to ensure that advance engagement does not fetter the ability of the Chief Constable to anticipate and meet operational threats and risks, and;
- the commitment from the SPA to champion local and national democratic accountability for policing activities.

The accountabilities and responsibilities set out within the document have been agreed by both the Chief Constable and SPA Chief Executive.

The document will be published on the websites of both the SPA and Police Scotland.

FURTHER DETAIL

The Joint Agreement will work in tandem with the framework document for strategic engagement to enable effective decision-making which encompasses the roles and responsibilities of the Scottish Government, the SPA and Police Scotland. This document has been in place since early 2014 and will also be refreshed in the coming weeks.

The Joint Agreement also positively addresses feedback from local authority scrutiny bodies from the SPA's 'Partners in Scrutiny' forum that a clearer set of public statement expectations around engagement would assist in clarifying roles, relationships and expectations between local and national police scrutiny bodies.

FINANCIAL IMPLICATIONS

None

PERSONNEL IMPLICATIONS

None

LEGAL IMPLICATIONS

None

REPUTATIONAL IMPLICATIONS

This agreement sets out clear expectations of the SPA and Police Scotland and will be the benchmark against which all future engagement activity is assessed. Implementation of the joint and individual commitments will significantly contribute to reducing or indeed negating any possible reputational implications.

SOCIAL IMPLICATIONS

Reflected in document.

EQUALITIES IMPLICATIONS

Reflected in document.

RECOMMENDATIONS

Members are asked to endorse the publication of the SPA/Police Scotland Joint Agreement document on future police policy engagement, and note that the document will be added to the suite of documents that set out how the SPA and Police Scotland work together to deliver their respective and joint obligations.

JOINT AGREEMENT ON POLICE POLICY ENGAGEMENT – FEBRUARY 2015

‘STRENGTHENING POLICE DECISION MAKING, STRENGTHENING POLICING BY CONSENT’

The main purpose of policing is to improve the safety and well-being of persons, localities and communities in Scotland. This purpose must be achieved by working in collaboration with others where appropriate, ensuring that policing is focussed on prevention and is accessible to and engaged with local communities. (Section 32 of the Police and Fire Reform (Scotland) Act 2012.)

In carrying out these responsibilities:

Police Scotland will, through the direction and control of the Chief Constable, keep people safe through the day to day deployment of the people and resources allocated to it by the Scottish Police Authority (SPA).

SPA will, through the Chief Constable, hold Police Scotland fully to account for its activities, performance, and outcomes.

Together, SPA and Police Scotland will seek to achieve their complementary responsibilities in ways that strengthen the principles of policing with the consent of the people of Scotland.

To realise the benefits of a single police service and respond to changing risks, policies will continue to be required to combine national effectiveness and local discretion, focussed on delivering improved outcomes for the people of Scotland.

In doing so:

Police Scotland commits to engage in advance with the SPA on any policy or approach that is likely to raise significant public interest or on which they would require to communicate and engage with partners and the public on a national basis.

SPA commits to recognising the sensitive intelligence and risk analysis that underpin the development of some policing policy, and that advance engagement may initially require to be conducted in private and in accordance with the Government Security Policy Framework.

Together, SPA and Police Scotland commit to ensuring that the key issues and outcomes of engagement are discussed with the Scottish Government in a timely manner, ensuring that the Government has an opportunity to provide policy input before decisions are finalised, and brought to public attention in an appropriate and timely way through the existing police governance and scrutiny meetings.

The purpose of advance engagement between SPA and Police Scotland on a policy that is likely to raise significant public interest is to ensure a common understanding of risk, and effective alignment with the letter and spirit of the Policing Principles and Strategic Police Priorities.

In doing so:

Police Scotland commits to give due regard to any recommendations and guidance issued by the SPA.

SPA commits to ensuring that any recommendations or guidance is proportionate and consistent with the strategic priorities and the principles of best value.

Together, SPA and Police Scotland commit to ensuring that advance engagement will not fetter the ability of the Chief Constable to direct and control his resources to anticipate and meet national and local threats, risks and harms.

The objectives of police reform are to sustain strong policing outcomes and ensure equitable access to specialist services in a climate of public service spending constraint.

In doing so:

Police Scotland commits to ensuring that policing policies have clear links to improved outcomes, and that the contribution to outcomes is measurable.

SPA commits to ensuring that in its oversight of police policies and outcomes an appropriate balance is struck between quality and cost.

Together, SPA and Police Scotland commit to assess efficiency, effectiveness, economic, and equality considerations in reaching an informed view on the balance between quality and cost.

The principles of policing in Scotland make clear that policing must be accessible to, and engaged with, local communities.

In doing so:

Police Scotland commits to ensuring that appropriate and proactive engagement with communities and interested parties, and an assessment of impact, is mainstreamed within its approach to developing policies likely to raise significant public interest either at national or local level.

SPA commits to proactively ensuring that the views of communities, communities of interest, elected representatives and partners are regularly sought and captured to inform its governance role.

Together, SPA and Police Scotland commit to communicating in a meaningful way how this engagement subsequently shapes policy decisions and outcomes.

An ethical police service which is accountable to, engaged with, and accessible to the people it serves will further strengthen public confidence and trust.

In doing so:

Police Scotland commits to being open and flexible to change when entering engagement with communities and their democratic representatives on policies of significant public interest.

SPA commits to champion democratic accountability of the policing policies and activities under the direction and control of the Chief Constable.

Together, the Chief Constable of Police Scotland and the Chief Executive of the SPA commit to shared accountability for ensuring this agreement underpins police policy

engagement, and that policing policy decisions are proportionate, transparent and consistent with the highest principles of good governance.

ENDS

Community Safety Board

Report Title:	Performance against the Local Fire & Rescue Plan for Shetland
Presented By:	Area Manager Billy Wilson, Local Senior Officer for Shetland

1.0	Overview/Introduction
1.1	To provide an update on performance against the SFRS Local Plan for the fourth quarter of 2014-15.
2.0	Background Detail & Content
2.1	The Quarterly Performance Report, attached as Appendix 1 to this report, reflects the performance outcomes outlined within the Fire and Rescue Plan for the Shetland Islands, and provides performance information for the period 1 January to 31 March 2015.
3.0	Proposal/Expected Outcome
3.1	Members note the Quarterly Performance report for the period 1 January 2015 to 31 March 2015; as outlined in section 2 of this report.
	<p>For further information please contact: Name: Billy Wilson, Local Senior Officer for Shetland Contact information: 01463 227000. E-mail Billy.Wilson@firescotland.gov.uk Date: 11 June 2015</p>
	END



Quarterly Performance Report

Quarter 4 2014-2015 (1 January to 31 March)



Shetland Islands Council



**SCOTTISH
FIRE AND RESCUE SERVICE**

Working together for a safer Scotland

DISCLAIMER

The figures included in this report are provisional and subject to change as a result of quality assurance and review. The statistics quoted are internal management information published in the interests of transparency and openness.

The Scottish Government publishes Official Statistics each year which allow for comparisons to be made over longer periods of time.

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INTRODUCTION

This performance report provides information on our prevention, protection and operational response activities within the Shetland Islands over the period Quarter 4 2014-2015, (January-March 2015).

The Scottish Government provides an overarching vision for public services. This vision is supported by 16 National Outcomes which demonstrate commitment to creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable growth. The Scottish Fire and Rescue Service (SFRS) can make a significant contribution to improving these outcomes in the Shetland Islands by contributing to the Community Planning arrangements across the area.

The national priorities for the SFRS are set out in the Fire and Rescue Framework for Scotland 2013.







The SFRS Strategic Plan 2013-2016 outlines how the SFRS will deliver against these priorities and the outcomes against which this delivery can be measured.




The priorities contained within the Shetland Islands Local Operating Plan 2014-2017 reflects the Community Planning Partnership & Single Outcome Agreement (SOA). The SOA includes a range of key themes focused on delivering improved outcomes for the communities in the Shetland Islands.

The aims of the local Fire and Rescue Service in Shetland are to reduce deaths, injuries and damage to property from fires and other emergency events. We aim to achieve this by working in partnership, being pro-active and targeting our prevention and protection activities to where they are most required, based on evidence.

Performance Summary

We measure how well we are meeting our priorities using 6 key indicators, depicted below

Key performance indicator	Apr to (& incl.) Mar					RAG rating
	2010/11	2011/12	2012/13	2013/14	2014/15	YTD
All accidental dwelling fires	9	10	17	12	12	
All accidental dwelling fire casualties (fatal & non-fatal)	2	1	4	1	1	
All accidental fires	52	51	50	47	50	
Non domestic fires	2	8	6	5	17	
Special Service Casualties - All	10	3	12	7	13	
False Alarm - UFAs	95	62	73	60	81	

RAG rating - KEY		
	RED DIAMOND	10% higher than the previous YTD period, or local target not achieved.
	YELLOW TRIANGLE	Up to 9% higher than the previous YTD period, or local target not achieved.
	GREEN CIRCLE	Equal to or improved upon the previous equivalent quarter (or YTD period), or local target achieved.

Progress on local fire & rescue plan priorities

Priority 1 – Local Risk Management and Preparedness

Fire Appliance Availability

The following bar graphs indicate the operational availability of fire appliances across Shetland during January, February and March 2015. The lower half of each bar indicates the average day-time availability of a fire appliance from 8 am to 6pm across the month.

The upper half of each bar indicates the average night-time availability of a fire appliance from 6 pm to 8am across the month. Blue portions of a bar indicate the percentage of time when a fire appliance was operationally available. Red portions of a bar indicate the percentage of time when a fire appliance was operationally unavailable.

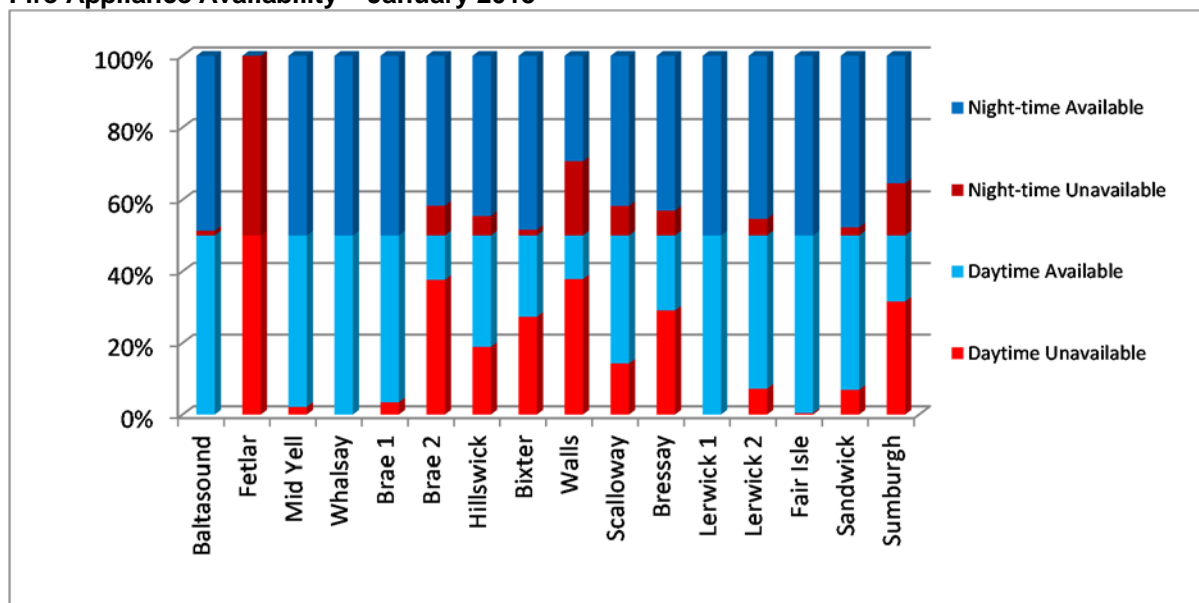
To ensure Safe Systems of Work; SFRS policy stipulates that an appliance cannot mobilise with less than 4 suitably competent firefighters.

The key factor affecting appliance availability in Shetland is the low staff establishment at a number of stations, therefore as soon as any individual from a unit becomes unavailable, the appliance availability is affected.

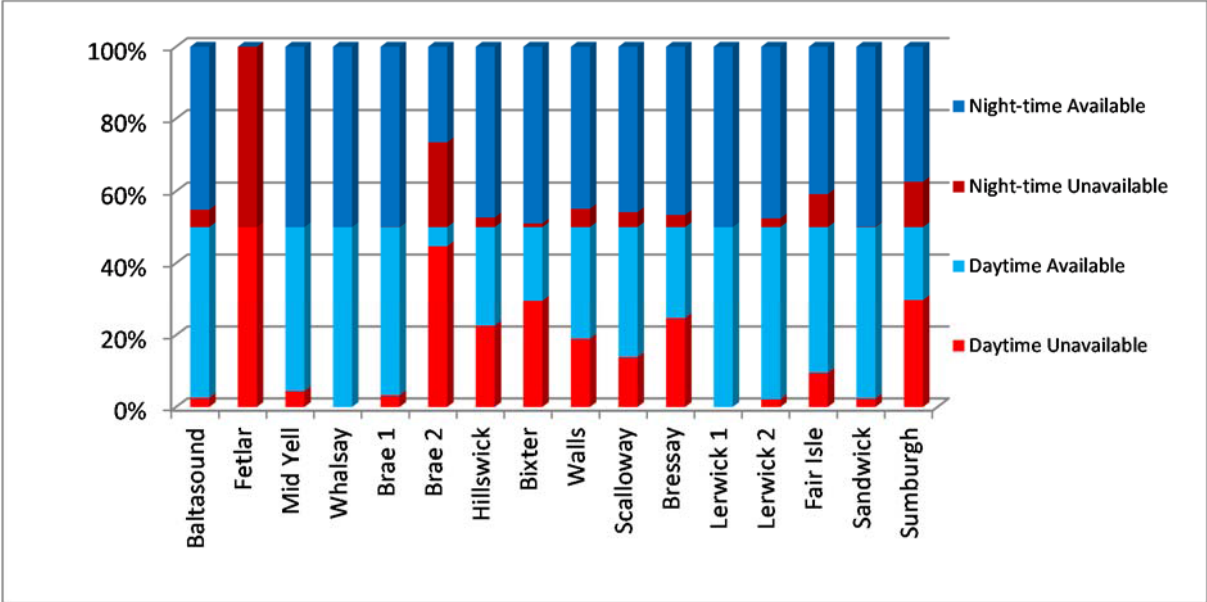
As can be seen from the table below, this potentially can have the greatest impact on Walls, Sumburgh, Brae, Hillswick, Bixter, Bressay and Scalloway.

Maintaining 100% fire appliance availability at these stations is currently proving a challenge due to the Station establishment numbers and firefighters main employment requirements which takes personnel out with the station turnout area for periods of time.

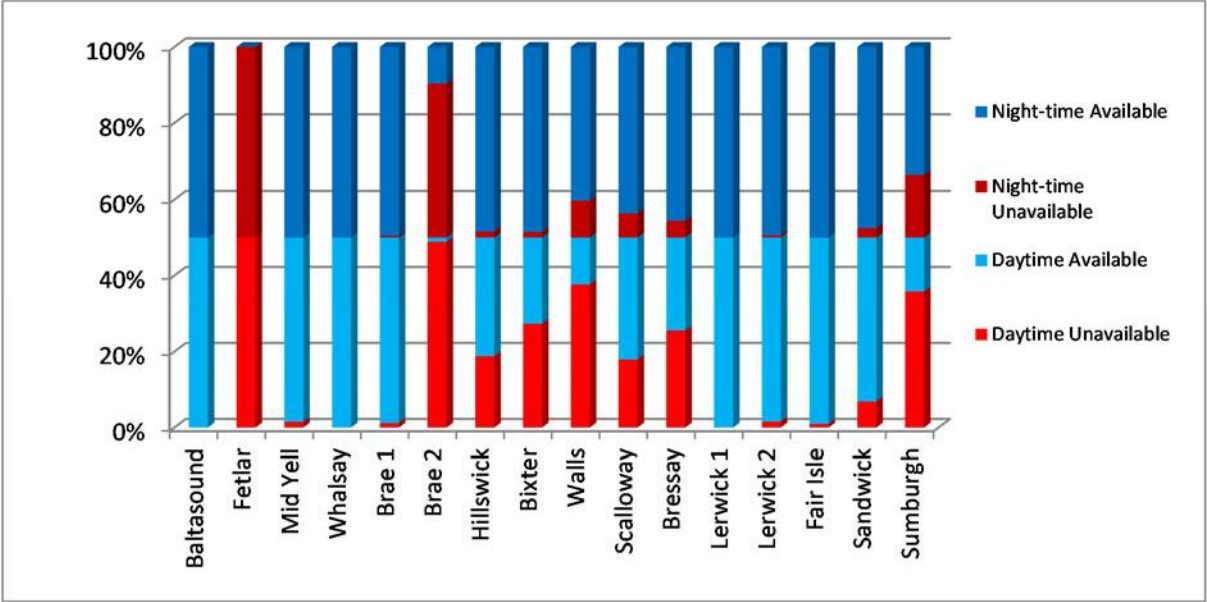
Fire Appliance Availability – January 2015



Fire Appliance Availability – February 2015



Fire Appliance Availability – March 2015



Fire Station Staffing & Recruitment

Historically recruitment within Shetland has been challenging. The Service is confident that improvements to the recruitment process will provide for a more positive experience for potential candidates and that this will have an overall impact on station crewing levels.

As part of this new approach, SFRS has engaged with Local Councillors, Community Councils and local media. We have also actively undertaken additional awareness by utilising banners and visiting households and businesses at local station level in an effort to encourage members of the community to join the service.

There are currently 13 applicants who have been identified to progress to the RDS Firefighter assessment day on the 23rd April 2015.

Fire Station Staffing and Recruitment January to March 2015

Council Ward	Fire Station	Staffing Jan 2015	Staffing Mar 2015	Staffing Change	Full Staffing Compliment	Difference from Compliment	Recruit Applicants
North Isles	Baltasound	10	9	→	12	-3	0
	Fetlar	4	3	→	12	-9	1
	Mid Yell	9	9	→	12	-3	0
	Whalsay	10	10	→	12	-2	1
Shetland North	Brae	11	9	→	20	-11	1
	Hillswick	7	6	→	12	-6	2
Shetland West	Bixter	9	9	→	12	-3	0
	Walls	7	7	→	12	-5	0
Shetland Central	Scalloway	7	7	→	12	-5	4
Lerwick North & Lerwick South	Bressay	7	7	→	12	-5	0
	Lerwick	19	19	→	20	-1	1
Shetland South	Fair Isle	6	6	→	12	-5	0
	Sandwick	13	13	→	12	+1	1
	Sumburgh	9	7	→	12	-5	2

Retained Duty System Recruitment Process Review

A review has been completed to assess and identify areas for improvement in the Retained Duty System (RDS) Firefighter Recruitment Process. It had been identified that the existing process highlighted possible delays which, on some occasions did not result in the timely appointment and training of RDS Firefighters.

The recruitment process was assessed from the point of identifying a vacancy at an RDS fire station through to an applicant completing a Breathing Apparatus Initial course. The methodology identified each of the steps in the RDS recruitment process including the resources required, the responsibilities of the various personnel involved and the potential sources of delay.

The result is a series of recommended improvement actions which will streamline the process, making it more effective and efficient for all involved.

The RDS recruitment process recommendations which relate to immediate local improvements are now beginning to be implemented. Local Senior Officer Billy Wilson is chairing a regional working group which will introduce an action plan to address the more complex recommendations which require the collaboration across internal and external business partners.

Operational Risk Intelligence Gathering and Review

Operational Risk Intelligence is a key factor in safeguarding both Firefighter and Community safety. The Control of Major Accident Hazards is a series of regulations which control the activities on high-risk use or storage of certain chemicals or compounds. These are identified as Upper, (Large Oil Storage such as Sullom Voe Terminal), and Lower tier, (such as SSE Generation Ltd, Lerwick). All of the SFRS Site Specific Plans for COMAH sites on Shetland have been reviewed and are in place.

These plans are being enhanced by the addition of digital mapping and three dimensional views of the sites to assist attending fire and rescue crews. The technology for producing these enhancements was previously only available in the Strathclyde area, but since the creation of the new Scottish Fire and Rescue Service it is being used to support operational intelligence throughout the country.

Priority 2 - Reduction of 'All accidental dwelling fires'

Home Fire Safety Visits

60 Home Fire Safety Visits were undertaken during quarter 4, (214/300; 71%, for the current financial year). Visits have been undertaken by both operational staff and a dedicated Community Safety Advocate.

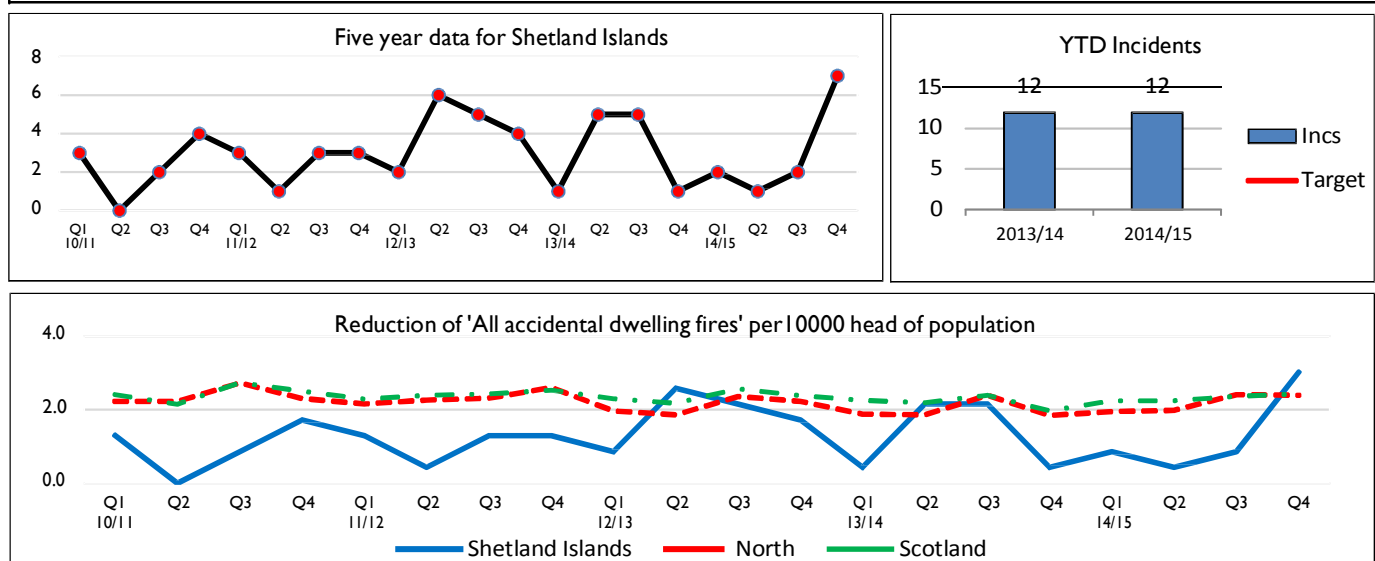
The Service operates a dual approach to HFSV; gross number of visits and points risk rating. This ensures that those at highest risk from fire are targeted ahead of lower risk groups. This quarter saw a concerted effort from staff to work towards delivering the target set for HFSV's, 43 of the 60 HFSV's were delivered to higher risk groups resulting in 113% of the risk rating points, which demonstrates we are targeting the more vulnerable groups in Shetland as per the Prevention and Protection Strategy.

Domestic Dwelling Fire Safety Partnership Working

Our local CSA continued to engage with partner organisations to help in driving down the risk from fire to those most vulnerable in the community.

Domestic Dwelling Fires

7 reportable dwelling fires occurred during the quarter, an increase of 5 in the previous quarter, but overall the figure remained the same as the previous year. SFRS initiated its Post Domestic Incident Review policy on each occasion, offering home fire safety visits to neighbouring properties and engaging with our partners in social services to help reduce the risk of fire for those residents affected.

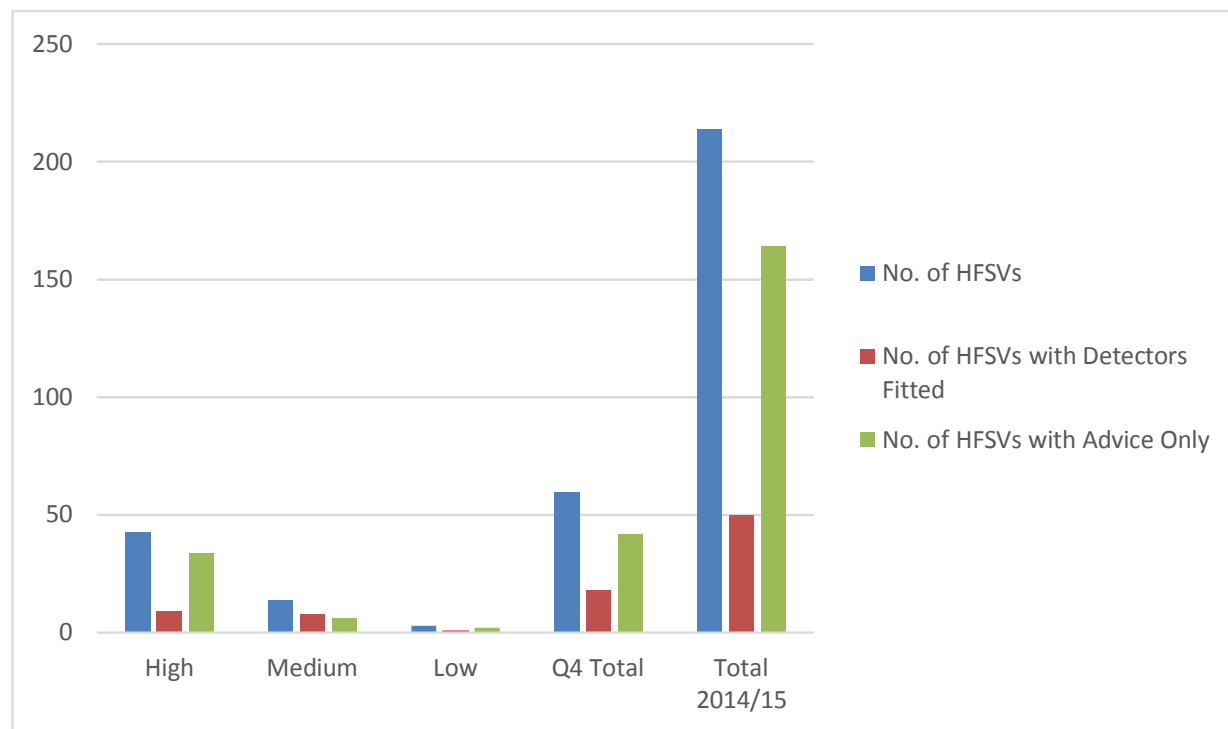


YTD ward ave. for Shetland Islands - 2	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	9	10	17	12	12	
North Isles (Shetland)	2	1	1	1	1	
Shetland North	1	2	0	1	2	
Shetland West	1	1	1	0	1	
Shetland Central	0	1	4	0	5	
Shetland South	0	1	5	1	1	
Lerwick North	2	1	5	3	2	
Lerwick South	3	3	1	6	0	

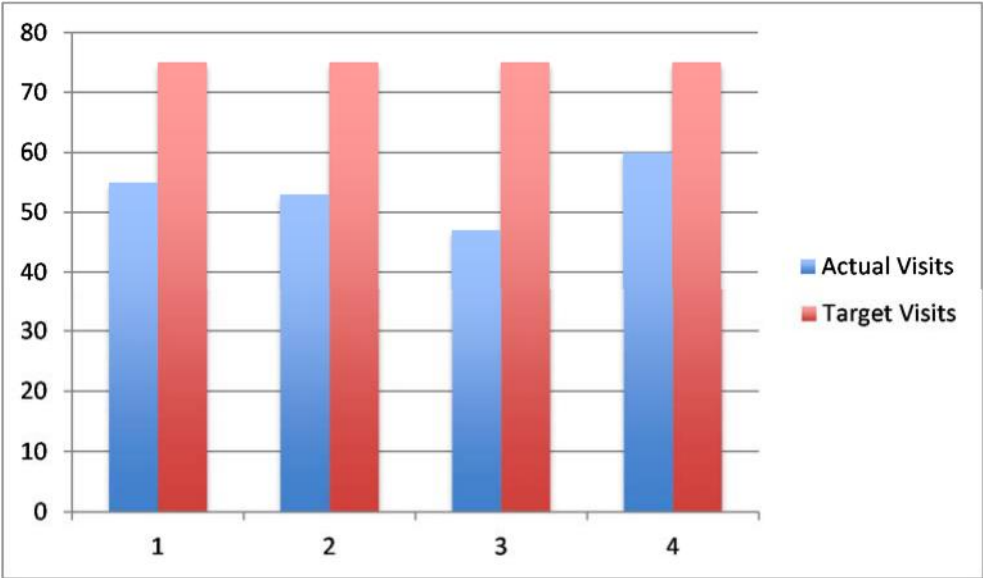
HFSV Total for Shetland Committee - 2014/15 Q4 plus Grand Total

CSET Risk

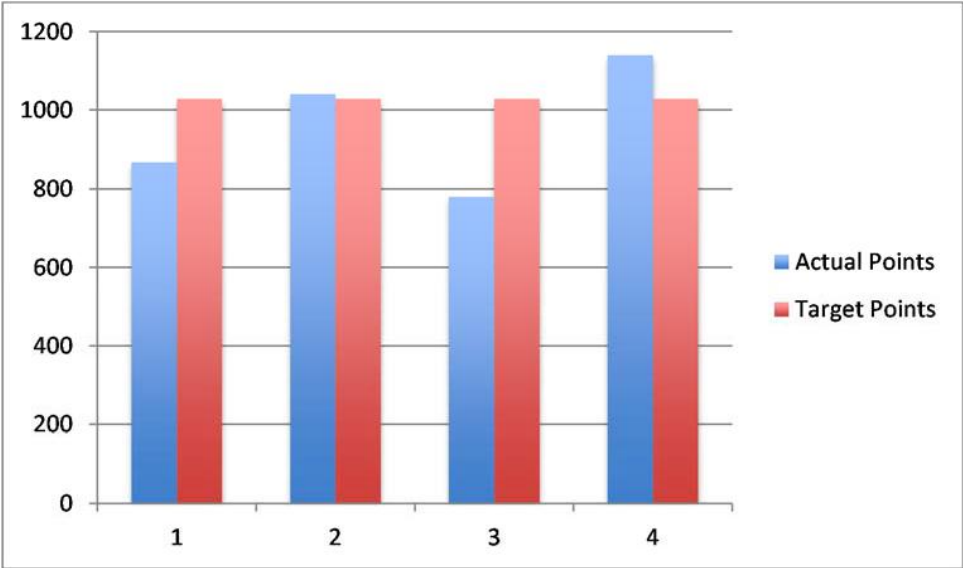
	High	Medium	Low	Q4 Total	Total 2014/15
No. of HFSVs	43	14	3	60	214
No. of HFSVs with Detectors Fitted	9	8	1	18	50
No. of HFSVs with Advice Only	34	6	2	42	164



HFSV QUARTERLY VISITS 2014/15



HFSV QUARTERLY POINTS 2014/15



Priority 3 - Reduction of 'All accidental dwelling fire casualties (fatal & non-fatal (incl. p/c's))'

Home Fire Safety for Vulnerable Residents

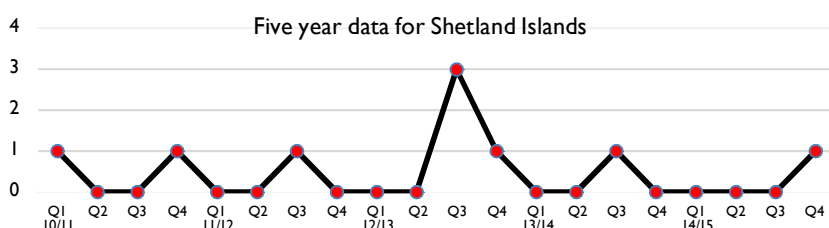
The Shetland Community Safety Advocate and staff from P&P have continued to engage with our partners to target our work towards the most vulnerable in the community.

Home Fire Safety Education for Schools/Children

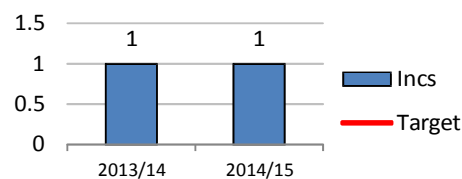
Operational staff at stations carried out visits to schools and other groups, where the fire safety message has been delivered.

Staff continue to use and become familiar with the Community Safety Engagement Toolkit, (CSET), which in addition to being a recording mechanism for these activities, tracks activity across the SFRS. Over time, this will allow for the sharing of community safety engagement good-practice across Scotland.

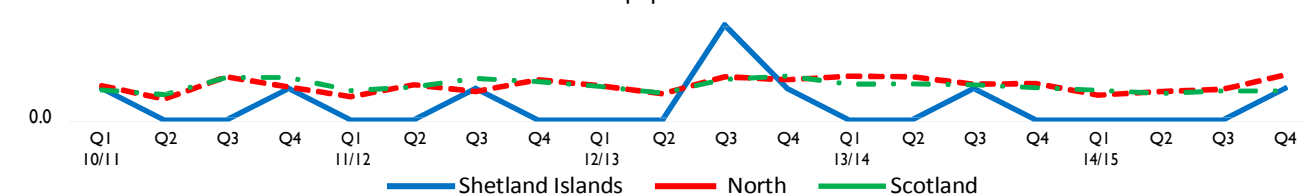
Five year data for Shetland Islands



YTD Incidents



Reduction of 'All accidental dwelling fire casualties (fatal & non-fatal (incl. p/c's))' per 1000000 head of population

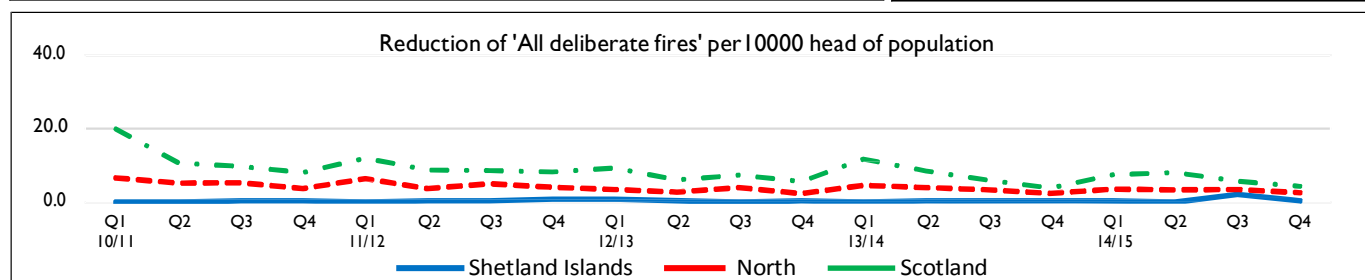
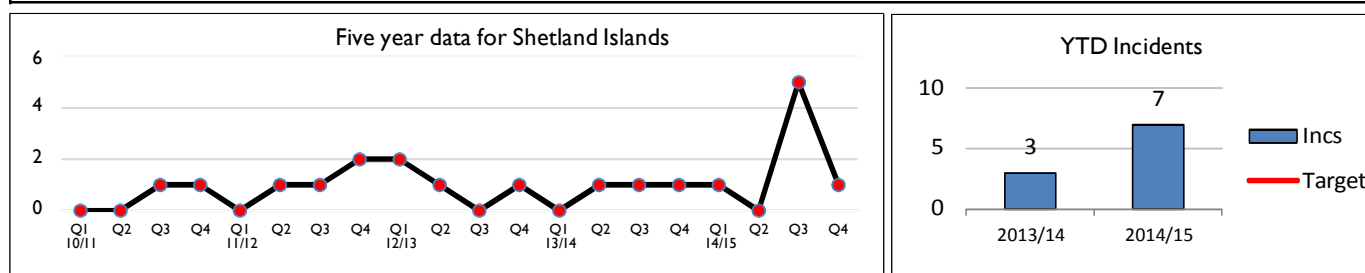


YTD ward ave. for Shetland Islands - 0	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	2	1	4	1	1	
North Isles (Shetland)	0	0	0	0	0	
Shetland North	1	0	0	0	0	
Shetland West	0	1	0	0	0	
Shetland Central	0	0	1	0	1	
Shetland South	0	0	2	0	0	
Lerwick North	0	0	1	0	0	
Lerwick South	1	0	0	1	0	

Priority 4 - Reduction of 'All deliberate fires'

Regrettably one fire this quarter was recorded as attributable to deliberate fire setting but this is a reduction of 4 from quarter 3. In the main, deliberate fire setting in Shetland has not been a significant problem, and although the numbers are still very low in comparison to the rest of Scotland.

The Service is working with partner agencies to reduce these incidents overall, targeting key groups ahead of known peak activity periods.



YTD ward ave. for Shetland Islands - I	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	2	4	4	3	7	
North Isles (Shetland)	0	0	0	0	1	
Shetland North	0	1	1	1	2	
Shetland West	1	0	0	0	0	
Shetland Central	0	3	0	1	0	
Shetland South	0	0	3	0	0	
Lerwick North	1	0	0	0	2	
Lerwick South	0	0	0	1	2	

Priority 5 - Reduction of 'Non domestic fires'

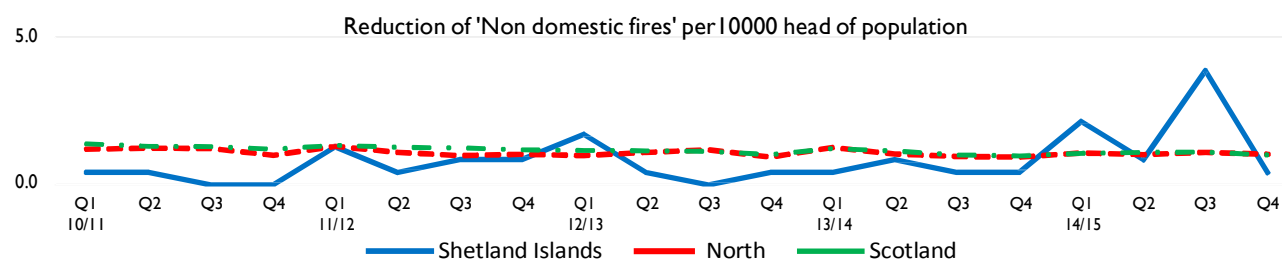
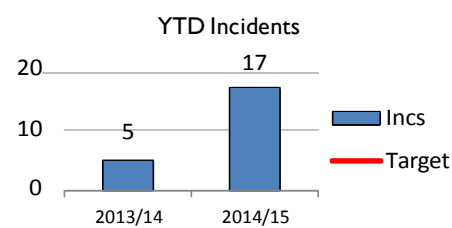
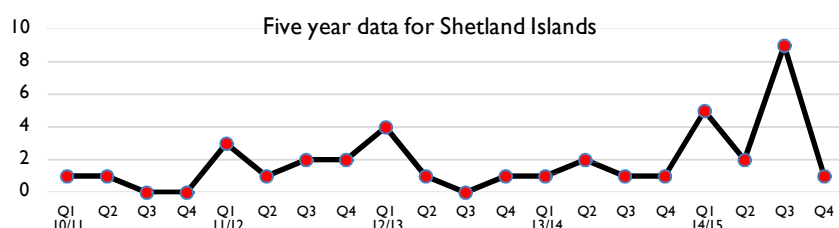
Legislative Fire Safety Enforcement Audits

Although overall there has been an increase in fires in non-domestic premises there has been a significant decrease from the 3rd quarter. The Service will continue to undertake Legislative fire safety audits which are managed by a Fire Safety Enforcement Team based in Inverness. Progress against the annual fire safety enforcement targets, set out in the prevention and protection plan, are indicated below. It is pleasing to note that the deployment of the enforcement team in this quarter has resulted in the achievement of the targets as set out in our Prevention and Protection Plan.

The team of FSEOs will continue to deliver the SFRS Fire Safety Enforcement Strategy through the auditing of all mandatory premises within the Shetland Islands area.

Post Fire Audits

It is now SFRS policy that a post fire audit will be implemented following a fire in any building which is deemed to be a "relevant premises" under the Fire (Scotland) Act 2005. This examines whether the "duty holders" of the premises were adequately complying with their fire safety responsibilities.



YTD ward ave. for Shetland Islands - 2	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	2	8	6	5	17	
North Isles (Shetland)	0	1	1	3	1	
Shetland North	0	3	4	1	3	
Shetland West	0	1	0	0	0	
Shetland Central	0	1	0	0	2	
Shetland South	0	0	0	0	3	
Lerwick North	2	2	0	0	7	
Lerwick South	0	0	1	1	1	

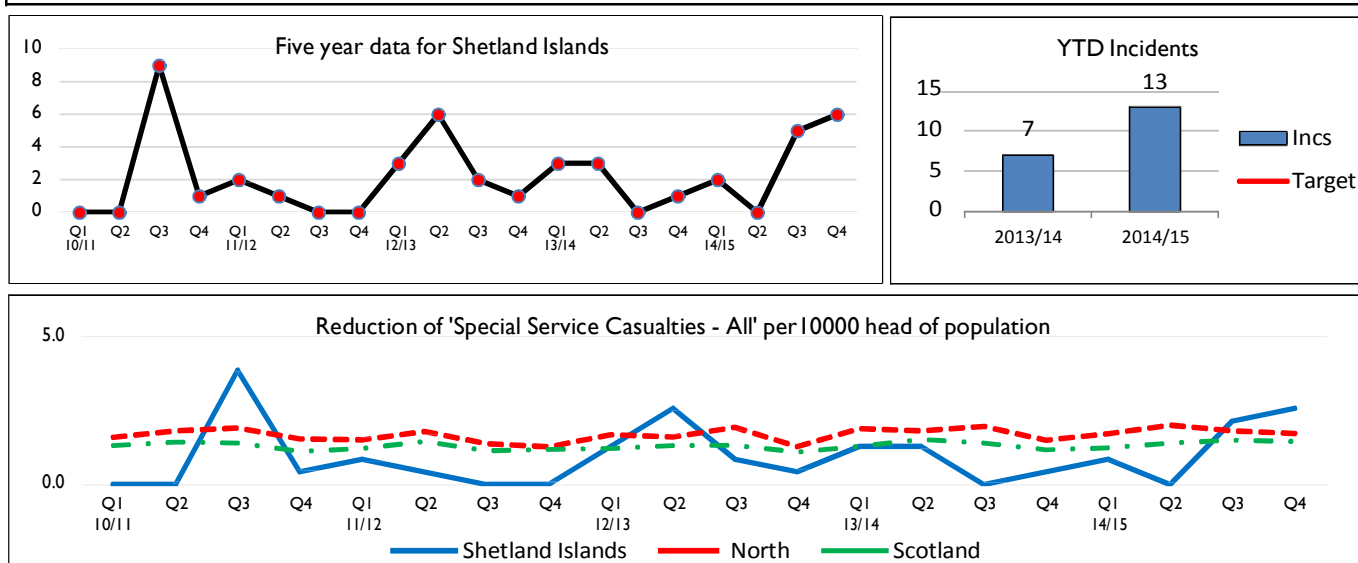
Priority 6 - Reduction of 'Special Service Casualties - All'

Special Service incidents involves an operational response to a range of emergency activities including life critical road traffic collisions, flooding events, industrial accidents and in support of other emergency service colleagues at larger multi-agency non-fire related events.

The most common type of special service is as a result of a road traffic collision involving, in most cases, a response from all three emergency services. The Service is working in partnership with other emergency response colleagues and partner agencies.

Road safety activities in the area include e.g. Driving Ambition, which has a focused message of road safety, targeting key groups in the reduction of road related incidents as identified in Scotland's Road Safety Framework to 2020.

<http://www.scotland.gov.uk/Resource/Doc/286643/0087268.pdf>



YTD ward ave. for Shetland Islands - 2	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	10	3	12	7	13	
North Isles (Shetland)	0	0	2	0	0	
Shetland North	8	1	4	4	8	
Shetland West	0	1	2	0	1	
Shetland Central	0	0	3	0	0	
Shetland South	1	1	0	3	1	
Lerwick North	1	0	0	0	1	
Lerwick South	0	0	1	0	2	

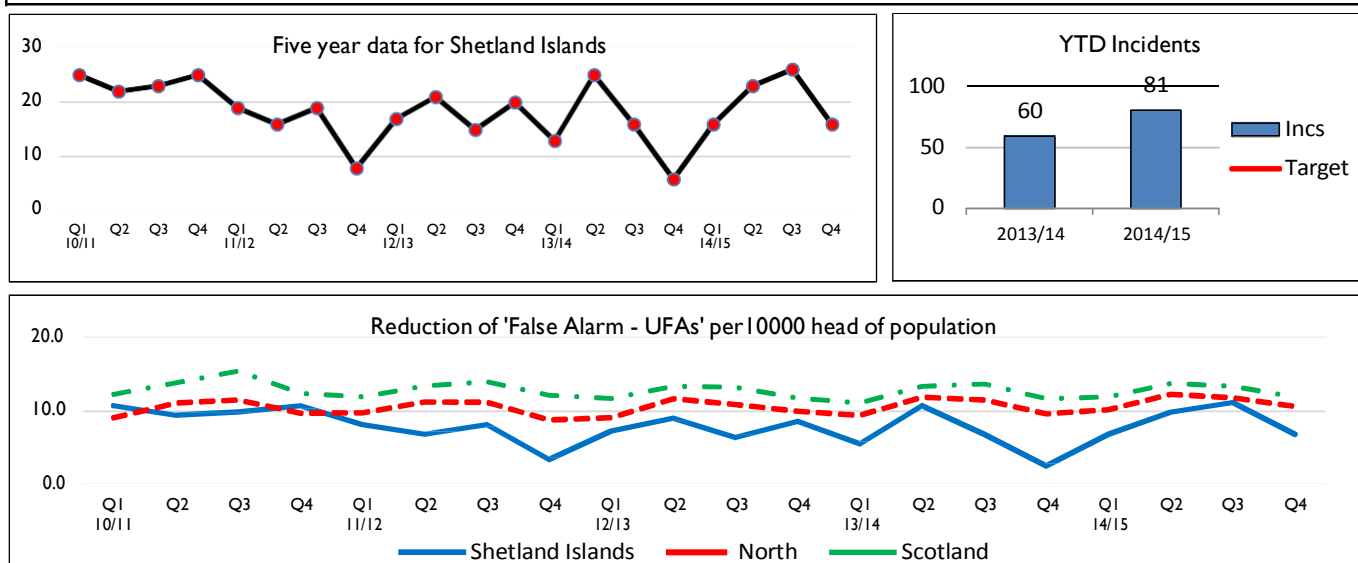
Priority 7 - Reduction of 'False Alarm - UFAs'

The Service responds to a number of false alarms over the reporting year, a number of which are unwanted fire alarm signals (UFAS). While we attended a decreased number of UFAS during Quarter 4, we continue to work closely with duty holders to reduce the number of UFAS events.

In addressing the number of UFAS incidents across Scotland, the Scottish Fire and Rescue Service (SFRS) introduced a national UFAS Reduction Procedure on 1 December 2014. The key aim of this procedure is the implementation of a standard management model to reduce the number of unwanted alarm signals across all areas of Scotland. This will be achieved in a number of ways:

- Working more closely with responsible 'duty holders' post UFAS events to review, and where appropriate, improve management arrangements within premises
- Effectively managing an appropriate response to repeat UFAS calls from known premises

SFRS recognises that high levels of Unwanted Fire Alarm Signals can have a significant impact on our staff and their full time employers. The recent appointment to the Prevention and Protection team based in Inverness will see the examination of this issue with the future development of plans to improve the overall picture in Shetland.



YTD ward ave. for Shetland Islands - 12	2010/11	2011/12	2012/13	2013/14	2014/15	Sparklines
Shetland Islands	95	62	73	60	81	
North Isles (Shetland)	3	0	0	2	3	
Shetland North	0	1	2	1	0	
Shetland West	3	1	0	0	1	
Shetland Central	6	7	1	5	7	
Shetland South	16	4	9	10	14	
Lerwick North	24	29	37	23	41	
Lerwick South	43	20	24	19	15	

4. Glossary

Primary Fire

Primary fires include all fires in non-derelict buildings and outdoor structures or any fires involving casualties or rescues or any fires attended by five or more appliances.

Secondary Fires

Secondary fires are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or if five or more appliances attend. They include fires in derelict buildings but not chimney fires.

Accidental Dwelling Fires

Building occupied by households, excluding hotels, hostels and residential institutions. In 2000, the definition of a dwelling was widened to include any non-permanent structure used solely as a dwelling, such as caravans, houseboats etc. Caravans, boats etc. not used as a permanent dwelling are shown according to the type of property. Accidental includes fires where the cause was not known or unspecified.

Fire Fatality

A person whose death is attributed to a fire is counted as a fatality even if the death occurred weeks or months later.

Fire Casualty

Non-fatal casualties, injured as a direct result of a fire attended by the service. Includes those who received first aid at the scene and those who were recommended to go for a precautionary check. Does not include injuries to fire service personnel.

Deliberate Fire

Fires where deliberate ignition is suspected.

Special Services

Special Services are non-fire incidents requiring the attendance of an appliance or officer. The Fire (Scotland) Act 2005 placed a statutory duty on FRS to attend fires and road traffic accidents. It also included an additional function order that covers non-fire incidents such as rescues from collapsed buildings or serious flooding.

CPP

Community Planning Partnership.

SOA

Single Outcome Agreement.

RTC

Road Traffic Collision

UFAS

Unwanted Fire Alarm Signals

RDS

Retained Duty System – Staff who are employed on a retained (part time basis) and provide an emergency response within a local area

CRU

Community Response Unit – staff who provide a specific role within a local area e.g. attending RTC or Wildfire type incidents

CFS

Community Fire Safety - CRU staff providing a local prevention and protection role and deliver fire safety advice and information

PDIR

Post Domestic Incident Response – A targeted delivery of key home fire safety advice and information to the local community and residents following a dwelling house fire

Community Safety & Resilience Board

Report Title:	Resilience Activity
Presented By:	Ingrid Gall, Resilience Advisor

1.0	Overview/Introduction
1.1	A brief of the activity currently being undertaken by Emergency Planning & Resilience but which affects all departments and services across the Council together with other organisations' in Shetland and on the Mainland.
2.0	Background Detail & Content
2.1	EMERGENCY HELICOPTER LANDING SITE – Following the development of an EHLS between the pitches at Clickimin, the Emergency Services have discovered that during some weather conditions and the way the helicopter can be positioned it will make it difficult to get trolley cot access to collect the casualty from the helicopter. When known, this was immediately addressed with a meeting to discuss what needed to be done. Further measurements were taken with the helicopter and trolley cot and it was proposed that the landing pad should be increased from 10 to 15 metres. Plans were then drawn up and, at the time of writing, waiting on agreement.
2.2	TRAINING - A training matrix is attached at Appendix 1, showing training which will be made available to Council staff and other organisations over the course of the current financial year. The Scottish Resilience and Development Service (ScRDS) of the Scottish Government will deliver multi-agency training at no cost other than provision of venue. The training and workshop provided by Plan B Consulting will be met from existing Emergency Planning & Resilience budgets. The training will not be compulsory and can be run again in future.
2.3	<p>EXERCISE FORTH EXPLORER was held in Edinburgh in February 2015. It was designed to examine current multi agency response procedures to a major maritime incident. Specifically looking at mass fatality and care for people issues. During the table top exercise a number of key areas were assessed and these included multi agency communications, the coordination of resources and incident management. As the exercise developed the opportunity was taken to consider wider issues, such as Police Scotland's "Disaster Identification Procedures" and the potential involvement of multiple Local Resilience Partnerships and Scottish Government. It is the intention to take this exercise to the North of Scotland, i.e., Inverness. Some of the issues identified during the exercise were:</p> <ul style="list-style-type: none"> • Big long list of people, groups and places. Everyone capable of doing what they need to do but needs to be combined and refined. • Many different agendas. • Complexity of communications. • Lots of questions surrounding Mass Casualties, Mass Fatalities and Disaster Victim Identification – this was a reasonably small number – what if this was a large cruise ship with 5,000 on board. • Need clarification on how local, regional, Scottish and National arrangements will work together. • Need enough time in the next exercise to go into detail and explore issues.

2.4	<p>EXERCISE SCOTLAND was an exercise run by BP in Aberdeen in May 2015. It was a major Incident Command System (ICS) exercise with the principal aim to allow BP North Sea Region the opportunity to test their response organisation against a protracted incident scenario in the safe confines of an exercise environment. BP created the Incident Management System following the Deep Water Horizon incident in 2011.</p> <p>More than 170 BP staff took part in this exercise from the UK, USA, Norway and Africa; with observers from Scottish Government, DECC, Maritime & Coastguard Agency, Police Scotland and the Scottish Fire & Rescue Service.</p> <p>The exercise allowed an open and meaningful discussion in how all organisations might improve upon integration of response in a multi-agency / industry response incident, in particular with respect to the use of the Incident Command System as the basis of the Operator response structure.</p> <p>There were a number of groups involved in the exercise: Incident Command which included Public Information; Logistics; Finance; Operations; Planning; Environment; and the Business Support Team (Business Continuity). These groups were complemented with coaches (with incident response experience from Deep Water Horizon) assisting and prompting “players” as well as a Simulation Cell who added injects and created phone calls, played the media and concerned public, etc. Finally, there was also a cell which had an “oversight” role. The issues raised included:</p> <ul style="list-style-type: none"> • Local Authority liaison with BP when an incident is being run from Aberdeen with operational response in Shetland. • Need clarification on how local, regional, Scottish and National arrangements will work together. • Clarification on BP’s Incident Management System tie in with the National Contingency Plan; Scientific, Technical and Operational Advice Notes (STOp notices); and the Scottish Government’s Guidance on Scientific and Technical Advice Cells (STAC)? <p>It is proposed to run high level workshop in conjunction with BP and attended by the Chief Executive, Directors and targeted Executive Managers of the Council. The workshop should also include NHS Shetland (Public Health), Maritime and Coastguard Agency, SEPA and SNH.</p> <p>The workshop would ensure awareness of the oil spill contingency response plans and also how they can be used to facilitate the Council’s response. It will also allow those present to see how the integration of response in a multi-agency / industry response incident could be improved.</p>
2.5	<p>SUMBURGH AIRPORT EXERCISE – this was a table top exercise held on 11th June 2015 at Sumburgh Airport. It will be followed by a live exercise in 2016 and a partial exercise in 2017 – developing the scenario used – that of an aircraft which has failed to take off successfully and ditched in the sea 1,000 metres from the end of the runway. The exercise raised a number of issues:</p> <ul style="list-style-type: none"> • Awareness that there is a Google “app” available to help with translating foreign language. • Media - check the latest in relation to public communications. • RNLI and videos used in the media before everyone is accounted for and next of kin notified – this was an action from the incident in August 2013. • How will security be managed at friends and relatives reception in terms of the media?

2.6	<p>EXERCISE SILVER SWAN – 5th November 2015, Multi-use Room, Clickimin, Lerwick. This is part of a national pandemic influenza exercise being held in Scotland.</p> <p>In the morning - aspects of the health and social care response to a serious flu pandemic. It will cover areas including surge capacity, service prioritisation, business continuity, antiviral distribution, Personal Protective Equipment (PPE) arrangements, communications and related issues regarding the interface between Boards, primary care and social care.</p> <p>In the afternoon - excess deaths can be a factor in a pandemic outbreak and the purpose of the exercise is to explore how this pressure on the system can be handled. The exercise will explore the pinch points in the system including:</p> <ul style="list-style-type: none"> • Death Registration • Transfer to mortuary/Funeral Home/cemetery or crematorium. • Mortuary capacity and storage capacity at funeral homes • Grave diggers/crematoria capacity • Grief, bereavement and other emotional issues <p>NHS Board - suggested attendees include:</p> <ul style="list-style-type: none"> • Director of Planning; Director of Emergency Care and Medical services; Medical Director; HR Lead; Business Continuity Lead or Emergency Planning lead; Consultant in Public Health Medicine; Infectious Disease Physician; Nursing Director/HAI Lead; Pharmacist; Out of Hours Lead; Communication lead; and GP's and GP Practice Managers <p>Health & Social Care Partnership - suggested attendees include:</p> <ul style="list-style-type: none"> • Interim Chief Officers; Local Authority Chief Social Work Officers (accepting that in some areas, the person with this responsibility will also be the Interim Chief Officer); Clinical Director (or equivalent), who should also then increase scope for GP input (as these staff will be practicing GPs who do sessions for their respective HSCPs); Other senior managers as chosen by Partnership e.g. with responsibility for care homes/home care services, district nursing services; Local Authority Emergency Planning Officer
2.7	<p>There are a number of other exercises planned over the current year and participation and observation is requested where appropriate.</p> <ul style="list-style-type: none"> • October 2015 – TAQA Pipeline Exercise • 24-11-15 – Tingwall Airport, Tabletop Exercise

2.8	<p>COMMUNITY RESILIENCE – this is an initiative from the Scottish Government for communities to create their own Emergency Plans. The aim is to progress this with assistance from Vaila Simpson and one of the areas which has expressed an interest and then roll out across Shetland. Members of the Shetland Partnership Performance Group have asked to be involved in the process.</p> <p>Scottish and Southern Energy Power Distribution (SSEPD) has established a fund to support communities to prepare for future emergency weather events. The fund of £300,000 is open to constituted community groups, not-for-profit organisations and registered charities working in the Scottish Hydro Power Distribution area in the north of Scotland and will support projects to a maximum of £20,000 that:</p> <ul style="list-style-type: none"> • Protect the welfare of vulnerable customers during a significant power outage or emergency weather event e.g the purchase of cold-weather kits or facilities to support elderly and other vulnerable groups • Enhance community facilities and services that may be used or instigated in the event of a significant power outage or emergency weather event e.g the upgrade of the village hall to allow for greater support during major incidents • Improve communication during an emergency situation, to keep communities informed or aid contact between local groups and response services e.g satellite radio technology for communication between local first responder groups <p>What can't be funded:</p> <ul style="list-style-type: none"> • Projects that do not benefit people living in the Scottish Hydro Power Distribution area • Activities that are the responsibility of the statutory authorities • Retrospective funding (ie paying for costs incurred before a decision on an application for support from the fund can be made) • The fund will not provide grants directly to individuals or the day-to-day running costs of an organisation <p>SSE will favour project proposals which are submitted from communities which have a Community Resilience Plan in place. To help local groups develop that plan SSE are willing to come to Shetland and run a short workshop, at the end of which, Communities will have a plan.</p> <p>https://www.ssepd.co.uk/Resiliencefund/</p>
2.9	<p>CONTINGENCY PLANS – The Council's Major Emergency Plan has been amended and is currently being reviewed by the Council directorates.</p> <p>A Control of Major Accident Hazards (CoMAH) External Emergency Plan for Total's Shetland Gas Plant had been developed and is being refined in light of new regulations.</p> <p>Ports & Harbours have updated their Sullom Voe Harbour Oil Spill and Shetland Marine Pollution Contingency Plans.</p>
2.10	<p>SHETLAND EMERGENCY PLANNING FORUM – The Forum Executive (Category 1 Responders) meets four times and year with the "full" Forum meeting twice a year. These meetings cover all aspects of contingency planning across a range of organisations in Shetland and awareness / involvement in regional and national meetings / groups.</p>

3.0	Conclusions
3.1	This report provides a brief of the activity currently being undertaken by Emergency Planning & Resilience but which affects all departments and services across the Council together with other organisations' in Shetland and on the Mainland.

For further information please contact:

Name: Ingrid Gall, Resilience Advisor, Emergency Planning & Resilience

Contact Information: Ingrid.gall@sic.shetland.gov.uk

Date: 16th June 2015

Attachments: Appendix 1 – Training Matrix

END

Appendix 1 – Training Matrix - Multi-Agency Strategic & Tactical Training, i.e., Directors, Executive Managers & Team Leaders:

Suggested Training:	Crisis Management - Founding Principles	Crisis Management - Decision Making Under Pressure	Crisis Management – Leading & Communicating	Business Continuity Workshop	Loggist
Training Provider:	ScoRDS	ScoRDS	ScoRDS	Plan B Consulting	Plan B Consulting
Proposed Date/s:	1 day	1 day	1 day	½ day - November	½ day - November
Detail:	<p>Aim of the programme is to: introduce tactical and strategic managers to the non-technical skills involved in crisis management.</p> <p>Learning Outcomes: On completion of the programme, be able to:</p> <ol style="list-style-type: none"> 1. Identify the challenges of crisis management. 2. Differentiate between the levels of response in crisis management 3. Explain how response arrangements are organised in Scotland. 4. Demonstrate the ability to contribute to a Resilience Partnership multi-agency team (in a crisis situation). 	<p>Aim of the programme is to: develop situation awareness and decision making skills of resilience partners in a crisis situation</p> <p>Learning Outcomes: On completion of the programme, be able to:</p> <ol style="list-style-type: none"> 1. Apply the process of situation awareness to information management in order to make effective decisions 2. Identify how to make effective decisions at the appropriate level in a multi-agency response 3. Demonstrate the ability to contribute to a resilience partnership multi-agency team 	<p>Aim of the programme is to: develop the leadership, team working and public communication skills of tactical and strategic managers in a crisis response.</p> <p>Learning Outcomes: On completion of the programme, be able to:</p> <ol style="list-style-type: none"> 1. Demonstrate appropriate styles of leadership when collaborating in a resilience Partnership multi-agency team 2. Evaluate the benefits of public communications to an effective multi-agency response 3. Analyse the stressors impacting upon effective multi-agency response 	<p>Opportunity to update BC Plans and explore what's new, problem areas – i.e., one plan for North Ness, etc.</p>	<p>Training in practical tools and techniques to log information during an emergency incident.</p>

Adult Support & Protection Committee Community Safety Board Briefing Note

Issue/Topic:	Adult Protection
Author:	Kate Gabb Lead Officer
Date of meeting:	APC last met on 16 th April 2015

The purpose of this briefing note is to provide the Shetland Community Safety Board with concise, clear and easy to read information about the issues you/your respective Partnership/Working Group are responsible for. Please ensure that the briefing note is no longer than one page long.

Background: The Shetland Adult Protection Committee is constituted under the Adult Support and Protection (Scotland Act) 2007. It has range of responsibilities which included the Adult Support and Protection Interagency Procedures, training, quality assurance, staff development, engaging with carers and users of services and publicity and awareness raising. Awareness of current high profile topics is also important- at present there is a national and local focus on financial abuse- particularly when it is targeted at more vulnerable adults.

Current Situation:

Training

- Developing a “Protection” module for the third sector
- Delivered the national training for A+E staff
- Developing an adult protection module for Fire and Rescue Staff in Shetland
- Building links with the Scottish Ambulance Service and their rollout of their own national adult protection training to ensure that local information is included

Work with Carers and Users groups

- Recent successful “Afternoon Tea” event with mental health service users which used the recent national advertising posters with some stories written to match the pictures as a discussion point
- Building on this with events for carers on 13th June and events with service users from Learning Disability services in September 2015

Financial Abuse

- Recent inputs to Royal Mail staff
- Recent meeting of local banks , Police Scotland, Trading Standards to agree a local strategy and awareness raising campaign

Quality Assurance

- Survey Monkey of stakeholders- APC completed and staff one planned
- Mainstreaming case file reading and Q A processes so that we conduct an interagency case file reading that has the capacity to focus on a number of issues as well as adult protection

Key Considerations:

As above

Conclusions:

Work continues as outlined above. I would be happy to speak to the Community Safety Board on any aspect of the work the Adult Protection Committee undertakes

**Antisocial Behaviour Working Group
Community Safety Board Briefing Note**

Issue/Topic:	June Update
Author:	Billy Mycock
Date of meeting:	Wednesday 6 th May 2015

Background:

This group meets four times a year. All partner agencies are invited to attend and discuss strategic issues relating to tackling Antisocial Behaviour (ASB) in Shetland through the implementation of the PIER/PIEC model and Promoting Positive Outcomes.(PIER / PIEC model (-Prevention, early Intervention, Enforcement, Rehabilitation (2004)), (Prevention, integration, engagement, communication (2009))).

Current Situation:

ASB Information Sharing Sub Group. (ASBIS)

Met twice since the last meeting 13 cases reviewed per meeting (9 new, 10 closed off), 3 ABCs. No new trends.

Community Bullying Protocol is hoping to be complete and out for consultation shortly. A copy will be circulated to this group.

Continue to work with:

Noise education programme for young tenants (being redeveloped).

Midnight Football (planning next set of sessions for end of the year).

FAST (External funding secured until March 2016, stronger links to works league).

Mobile CCTV System (preventing asb in mostly residential areas).

Key Considerations:

How do we better support people in transition as they appear to be more vulnerable to ASB. Specifically first time tenants and those with long term barriers to work.

Conclusions:

The best way to tackle ASB in Shetland at the moment appears to be improved information sharing between agencies and more targeted schemes at tackling the underlying issues to ASB.

**Child Protection Committee
Community Safety Board Briefing Note**

Issue/Topic:	Child Protection Committee
Author:	Kate Gabb Lead Officer
Date of meeting:	No meeting- next one 25 June 2015

The purpose of this briefing note is to provide the Shetland Community Safety Board with concise, clear and easy to read information about the issues you/your respective Partnership/Working Group are responsible for. Please ensure that the briefing note is no longer than one page long.

Background:

CPC operates under the National Guidance for Child Protection in Scotland and has a range of responsibilities including the preparation and dissemination of inter-agency child protection procedures. Publicity, training, staff development and quality assurance. It is also important to respond to current child protection issues- at the current time there is a national and local focus on child sexual exploitation and internet safety.

Current Situation: At present work is underway to update the 2012 Child Protection procedures and to reissue them in August 2015. The CPC Annual report is being drafted and will be presented to SIC. Community Planning Partnership and NHS Board through July and August. There has been recent training provided about child sexual exploitation in response to the national plan issued by Scottish Government in November 2014. Currently we have no evidence of the organised criminal gangs that have operated in other parts of the UK however local children services staff have been aware over the years of individual young people who have been exploited in this way. The Child Protection Committee has a sub –committee called the Mobile phone and internet safety committee and this group have worked hard to develop information leaflets for children and parents which were distributed to all schools in February 2015. Additionally safe internet training using the Child Exploitation and Online Protection Service Training is being delivered to as many groups as possible. If anyone would like training for their staff team or group then this can be organised by contacting Dawn. Smith@ Shetland .gov.uk.

Feedback from the recent Children’s Services inspection is expected within the next few weeks. This will result in an action plan and this will probably include some specific work for the Child Protection committee.

Key Considerations:

As outlined above

Conclusions:

Work continues as outlined above. If the Community Safety Board requires any further information or would like to see the CPC Annual report please let me know.

Road Safety Advisory Panel Community Safety Board Briefing Note

Issue/Topic:	Road Safety Advisory Panel
Author:	Elaine Skinley
Date of meeting:	11 June 2015

The purpose of this briefing note is to provide the Shetland Community Safety Board with concise, clear and easy to read information about the issues you/your respective Partnership/Working Group are responsible for. Please ensure that the briefing note is no longer than one page long.

Background:

The panel was established with the purpose of consultation with interested external parties and to coordinate efforts within the Council to improve road safety.

Current Situation:

- Regular updates are given by the Roads Engineer, Road Safety Officer and the Police in terms of the 4 'E's' of Road Safety. (Engineering, Education, Encouragement and Enforcement)
- Work on the new Clickimin paths is nearing completion to provide improved and safe access in the area and ultimately to the new school. This project has been externally funded by Transport Scotland through Sustrans. There was some discussion over whether gates could be erected at ends of the path and this will be investigated.
- Discussion on whether to run another Volunteer Campaign to encourage people to assist with Bikeability in schools. This campaign has run for the last 3 years with very little uptake from the public or parents. We will investigate whether we can work through the parent councils of the schools to see if they can assist with this.
- Driving Ambition dates were confirmed as 25th September for AHS pupils in Clickimin and 2nd October for the Brae High School pupils.
- There was no report from Police Scotland.

Key Considerations:

To improve safety on Shetlands roads and decrease casualty numbers in line with National Casualty Reduction Targets.

Conclusions:

Road Accidents impact negatively on all levels of the community and realising a reduction in accidents is recognised as a major community priority.

The Road Traffic Act (1988) (Section 39) places a duty on local authorities to provide a programme of measures to promote road safety.

The Scottish Government's publication "*Scotland's Road Safety Framework to 2020*", details the new tighter targets expected of Scotland's road safety units.

In response, the SIC will work hard to keep up the high standards of joint working applied to our initiatives and campaigns in an attempt to meet these new tighter targets.

**Shetland Alcohol & Drugs Partnership
Community Safety Board Briefing Note**

Issue/Topic:	Shetland Alcohol and Drug Partnership (SADP)
Author:	Karen Smith
Date of meeting:	25 June 2015

The purpose of this briefing note is to provide the Shetland Community Safety Board with concise, clear and easy to read information about the issues you/your respective Partnership/Working Group are responsible for. Please ensure that the briefing note is no longer than one page long.

Background:

SADP met on 20.04.15. The next meeting is scheduled for 15 June

Current Situation:

The redesigned Substance Misuse Service (Tier 3) commenced on 1st April 2015. Recruitment has been slow and although all staff have now been appointed there is a delay in the start date for some posts (June/July). Clients have been transferred from CADSS and all appointed a key worker.

Total number of clients = 128

Drugs – 75

Alcohol – 53

(numbers now include all Dual Diagnosis patients – previously not directly within T3 structure, but is now part of new service)

CADSS is tasked with delivering Tier 1 and 2 services. Informal drop-ins for any current client or ex client to be able to access peer support are currently being developed. Families Affected By Support and Young Peoples services continue to be delivered.

SADP has renewed its Delivery Plan and refreshed its Strategy (please see attached).

Key Considerations:

Consideration across all partners for communicating the new legislation regarding legal/synthetic highs. Anecdotally usage remains high within Shetland – evidence of injecting practices amongst some of the transient workforce.

Conclusions:

Any comments on the updated Strategy would be well received. Could these please be sent to the following e-mail address by the end of July: karenk.smith2@nhs.net

Document Details:

ADP Reporting Requirements 2013/14

- 1 Partnership Details**
- 2 Self-Assessment:**
- 3 Finance Framework**
- 4 Core & Local Indicators and key activities 2013/14**
- 5 ADP & Ministerial priorities**

Appendix 1

- **Guidance Notes and Commissioning Diagram**

1. PARTNERSHIP DETAILS

Alcohol & Drug Partnership:	Shetland
ADP Chair	Chief Inspector Edwin Graham
Contact name(s): See note 1	Karen Smith
Contact telephone	01595 743006
Email:	Karenk.smith2@nhs.net
Date of Completion:	
Date published on ADP website(s)	

The content of this template has been agreed as accurate by the Alcohol and Drug Partnership, and has been shared with our Community Planning Partnership:

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ADP Chair

The Scottish Government copy should be sent for the attention of Amanda Adams to:

Alcoholanddrugdelivery@scotland.gsi.gov.uk

2. ADP Self-Assessment 1 April 2013 – 31 March 2014

	Theme	R A G See 1	Evidence See Note 2
ANALYSE			
1	<p>ADP Joint Strategic Needs Assessment has been undertaken and provides a clear, coherent assessment of need, which takes into consideration the changing demographic characteristics of substance misusers in your area. Please also include here any local research that you have commissioned</p> <p>See Note 3</p>		<p>Shetland ADP uses data produced from ISD, NRS, Health Scotland, ScotPHO and local reporting systems among others.</p> <p>An annual study of young people aged 15 has been undertaken for the last 10 years and this information is used to assist in multi-agency planning for input into education planning/service improvement etc.</p> <p>Service activity data is collected on a monthly basis to understand capacity within services and to avoid duplication.</p> <p>A number of specific needs assessments have been undertaken i.e. Alcohol Related Brain Damage, understanding A&E Alcohol presentations, and data from hospital Alcohol related admissions, Keep Well and Sexual Health ABIs. This data is being analysed and mapped against national outcomes and recommended service standards to assess gaps</p> <p>We have developed a logic model for alcohol brief interventions which includes the numbers that we know of, and the pathways that we might expect those people being screened/offered support to take. This is helping us to identify what we <i>don't</i> know and areas that need to be developed further in terms of the quality of support offered and data captured.</p> <p>We have commissioned a peer-led service user research to understand better the needs of users, as user involvement to date has had limited success.</p> <p>A recent survey of NPS awareness and its use has been undertaken with the general population. A working group has been established and an event is planned for Sept 2014 to</p>

	Theme	R A G See 1	Evidence See Note 2
			raise awareness with general public. This event will also be used to gather more data.
2	An outcomes based ADP Joint Performance Framework is in place that reflects the ADP National Outcomes. See note 4		<p>The ADP Performance Framework is outlined within the ADP Delivery Plan 2012/15. All 7 Core Outcomes have clear actions and targets identified and a lead agency is highlighted to assist with monitoring and accountability.</p> <p>The outcomes within the ADP Delivery Plan are closely aligned with relevant plans i.e. Shetland Partnership Plan. Available: http://www.shetland.gov.uk/communityplanning/documents/CommunityPlan2013FINAL.pdf</p> <p>The ADP actions aligned with the Single Outcome Agreements year 2 are available: http://www.shb.scot.nhs.uk/board/planning/soa-2014.pdf</p> <p>Clear baseline data, indicators and targets are identified within the Delivery Plan.</p>
3	Integrated Resource Framework - Process Suitable data has been used to scope the programme budget and a baseline position has been established regarding activity, costs and variation. Note 5		<p>ADP has been operating under an agreed Fund Disbursement Process for a number of years. All partners agree the total funding for the next financial year and allocate resources based on identified local need.</p> <p>Mapping of Tier 2 & 3 service data has been collected to scope activity and resource allocation.</p> <p>We recognise that a large chunk of our funding is currently allocated to treatment services and need to further analyse spend and agree standards for achieving value for money, ensuring adequate focus on prevention, early intervention and detection, as well as treatment services.</p>
4	Integrated Resource Framework - Outcomes Note 5 A coherent approach has been applied to selecting and		<p>ADP has been operating under an agreed Fund Disbursement Process for a number of years. All partners agree the total funding for the next financial year and allocate resources based on identified local need.</p> <p>Tier 2 & 3 services are currently being redesigned. Once completed the redesign will highlight resource transfer options. A full option appraisal has identified an agreed service</p>

	Theme	R A G See 1	Evidence See Note 2
	prioritising investment and disinvestment options – building prevention into the design and delivery of services.		<p>specification that will support ROSC. Management options are being considered; 3 service providers (including 3rd sector) currently deliver on Tier 2 & 3, elements of these services are being amalgamated into the new team. Once management has been agreed, identified investments and disinvestments will be prioritised.</p> <p>Work is underway with all service providers to agree a unified reporting template that provides data on outcomes for individuals. DAISy is being incorporated into the new service spec.</p> <p>The IRF will be extremely helpful in supporting the development of this area of our work.</p>

PLAN

	Theme	R A G	Evidence
5	We have a shared vision and joint strategic objectives, which is aligned with our local partnerships, e.g child protection committees, violence against women, community safety etc.		<p>ADP Strategy highlights a joint agreed shared vision with the Community Plan: - ‘Our vision is for a confident, ambitious and caring Shetland that is a great place to live, work and visit.’</p> <p>ADP Delivery Plan highlights joint agreed strategic objectives that are clearly aligned to other plans and strategies. Available: http://www.shetland-communities.org.uk/subsites/sadp/</p>
6	<p>A. Our strategic commissioning work is clearly linked to Community Planning priorities and processes.</p> <p>Please include your ADP Commissioning Plan or Strategy if available.</p> <p>Please include information on your</p>		<p>A. ADP operates under the current CHCP Commissioning Agreement. Available: http://www.shetland.gov.uk/community_care/documents/CommissioningStrategy2009-2015.pdf</p> <p>New guidance for a joint Commissioning Strategy for 2014/15 is being developed as part of the Health and Social Care Integration. Shetland ADP will ensure that alcohol and drug services develop in line with the new guidance as part of the local work on integration.</p> <p>ADP Delivery Plan incorporated into SOAs and Community Planning Priorities. Available:</p>

PLAN

	<p>formal relationship to your local child protection committee and Criminal Justice Adult Services.</p> <p>B. What is the formal arrangement within your ADP for reporting on your Annual Reports/ Delivery Plans/shared documents, through your local accountability route.</p> <p>See note 6</p>	<p>http://www.shetland-communities.org.uk/subsites/sadp/</p> <p>The Chair of the Shetland Child Protection Committee and the Executive Manager of Criminal Justice are members of the ADP. All members of the ADP are required to complete a briefing note prior to meetings to inform/share relevant cross cutting information. The ADDO meets with the ASP/CP Co-ordinator on a quarterly basis.</p> <p>B. The ADP presents the annual report and delivery plan with the NHS Board, SIC Services Committee and Partnership Board on an annual basis or as and when appropriate. Briefing notes from the ADP are shared at a number of partnerships i.e. Shetland Mental Health Partnership, Shetland Community Safety Board, Adult Support & Protection/Child Protection Committee.</p>
7	<p>Service Users and carers are embedded within the partnership commissioning processes</p>	<p>Individual service providers consult with service users and carers on specific projects as and when requested.</p> <p>The ADP commissioned the Scottish Drugs Forum to assist with a consultation on the redesign of services.</p> <p>A Service User Group has been established via the ADDO and Health Improvement Team. The Group is in its early stages of development and is involved in the redesign work. Training for group members on participation is to be sourced by Dec 2014.</p>
8	<p>A person centered recovery focus has been incorporated into our approach to strategic commissioning.</p> <p>Describe the progress your ADP has made in implementing a ROSC, please include what your priorities are in implementing this during 2014-15. This may include:</p> <ul style="list-style-type: none"> • Recovery Orientated System of Care service review and redesign • Identify and commission 	<p>ADP Delivery Plan highlights a recovery oriented approach for individuals and service providers</p> <p>Recovery Outcomes are outlined in Service Level Agreements specific to each service provider</p> <p>Recovery Outcome reporting tool TOP is used locally (see attached outcomes from one of service providers for 12/13)</p> <p>All individuals have recovery plan and regular reviews</p> <p>Redesign of Tier 3 will assist with recovery outcomes and a more robust system of reporting individuals outcomes using the DAISy system.</p> <p>We recognise the need to work harder to be clear that we are supporting people into, through</p>

PLAN

	<p>against key recovery outcomes</p> <ul style="list-style-type: none"> • Recovery outcome reporting across alcohol and drug services eg. Outcome STAR. Other • Individual recovery care plan and review • Involved mutual aid and recovery communities <p>Please include your outcomes for all individuals within your alcohol and drug treatment system for 2013/14 if available.</p>		and then out of services into mainstream life, which is why this is a major focus of our redesign programme.
9	<p>All relevant statutory requirements regarding Equality Impact assessments have been addressed during the compilation of our ADP Strategy and Delivery Plan</p>		<p>ADP Strategy & Development plan have been equality impact assessed.</p> <p>Service providers have not been EQIA – this will be a priority for ADP once the redesign has been completed.</p>

DELIVER

10	<p>Joint Workforce plans, as outlined in 'Supporting The Development of Scotland's Alcohol and Drug Workforce' statement are in place across all levels of service delivery which are based on the needs of your population. (see note 7)</p>		<p>Service Level Agreements specify minimum training requirements for all service providers This include Child and Adult Protection training and awareness</p> <p>Redesign will highlight skills/qualifications gap and will be addressed once management option has been agreed.</p> <p>All service providers undertake skills audit and support workforce development. Historically this has not been undertaken jointly. The Redesign is expected to bring services together and therefore enable a unified workforce development plan to be established.</p> <p>Social Work plan</p>
11	<p>A transparent performance</p>		<p>All service providers in 3rd sector operate under a Service Level Agreement</p>

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	management framework is in place for all ADP Partner organisations who receive funding through the ADP, including statutory provision		<p>All service providers, including statutory sector, receive/participate in quarterly monitoring visits from ADP and Local Authority. Quantitative and qualitative data is produced at these visits. This data is presented to the ADP in summary form.</p> <p>Quarterly management accounts are also provided</p> <p>ADDO reports to ADP on H4 and A11 standards.</p>
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REVIEW

12	ADP Delivery Plan is reviewed on a regular basis.		<p>ADP plan is reviewed on a 6 monthly basis.</p> <p>Progress made is highlighted, as is progress still to be achieved. Elements are highlighted as necessary at each ADP meeting</p> <p>Reports of service activity are shared at ADP and any issues/challenges etc are highlighted.</p>
13	Progress towards outcomes focussed contract monitoring arrangements being in place for all commissioned services, which incorporates recommendation 6 from the Delivering Recovery Report (see note 8)		<p>All service providers in 3rd sector operate under a Service Level Agreement</p> <p>All service providers, including statutory sector, undertake quarterly monitoring visits from ADP and Local Authority. Quantitative and qualitative data is produced at these visits. This data is presented to the ADP in summary form.</p> <p>Quarterly management accounts are also provided</p>
14	A schedule for service monitoring and review is in place, which includes statutory provision		As Above
15	Service Users and their families play a central role in evaluating the impact of our statutory and third sector services.		<p>Individual service providers consult with service users and carers on specific projects as and when requested.</p> <p>The ADP commissioned the Scottish Drugs Forum to assist with a consultation on the redesign of services.</p>

REVIEW

			<p>A Service User Group has been established via the ADDO and Health Improvement Team. The Group is in its early stages of development and is involved in the redesign work. Training for group members on participation is to be sourced by Dec 2014.</p>
16	<p>A. There is a robust quality assurance system in place which governs the ADP and evidences the quality, effectiveness and efficiency of services.</p> <p>See note 9</p> <p>B. Describe the progress your ADP has made in taking forward the recommendations from the Independent Expert Review of Opioid Replacement Therapies in Scotland. Please also include your Key Aim Statement and a specific update on your progress in implementing.</p>		<p>A. All Services funded via the ADP are checked against the National Quality Standards.</p> <p>B. Shetland has identified Dr. Roger Diggle, Medical Director to fulfill the role of Senior Accountable Officer. Links with the Alcohol and Drug Partnership are being made through a small working group. This group will ensure that treatments are delivered in line with clinical guidelines and also take forward the recommendations outlined in the report.</p> <p>Shetland Substance Misuse Services, predominately Tiers 2 & 3 are currently being redesigned. Opportunities for change through the redesign include ensuring ROSC are embedded in all individual recovery plans (those that are already engaging in services and those who will be new). A new Service Specification has been approved that will ensure closer alignment with mental health services allowing individuals who receive opiate replacement the opportunities to engage with psychiatric services in a joined up and planned way. Service Users have been consulted throughout the process and will remain engaged through the Service User group that has been established in Shetland.</p> <p>Some of the challenges Shetland may face include: -</p> <ul style="list-style-type: none"> • Access due to rural issues. Shetland faces challenges in ensuring all individuals have equal access to services. This is a challenge for all of Shetland's services and we are looking at different ways of delivering services in localities i.e. using technology innovatively. • Full engagement with Primary Care. This is a challenge for some of the tiny rural practices who don't have the skill or confidence to support individuals with substance misuse issues. Training and support will be offered as part of the new Service Specification to ensure all Primary Care practices are up-skilled.

3. Financial Framework

Your Report should identify both the earmarked drug and the earmarked alcohol funding from Scottish Government which the ADP has received (via your local NHS Board) and spent in order to deliver your local plan. It would be helpful to identify any other expenditure on drugs and/or alcohol prevention, treatment or support which each ADP partner has contributed from their core budgets to deliver the Plan. You should also highlight any underspend and proposals on future use of any such monies.

Total Income from all sources

Income	Alcohol	Drugs	Total
Earmarked funding from Scottish Government			
Funding from Local Authority			
Funding from NHS (excluding funding earmarked from Scottish Government)			
Funding from other sources			
Total			

Total Expenditure from sources

	Alcohol	Drugs	Total
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)			
Treatment & Support Services (include interventions focussed around treatment for alcohol and drug dependence)			
Recovery			
Dealing with consequences of problem alcohol and drug use in ADP locality			
Total			

End Year Balance for Scottish Government earmarked allocations

	Income £	Expenditure £	End Year Balance £
Drug			
Alcohol			
Total			

Total Underspend from all sources

Underspend £	Proposals for future use

Support in kind

Provider	Description

4. Core and Local Indicators 2013/14

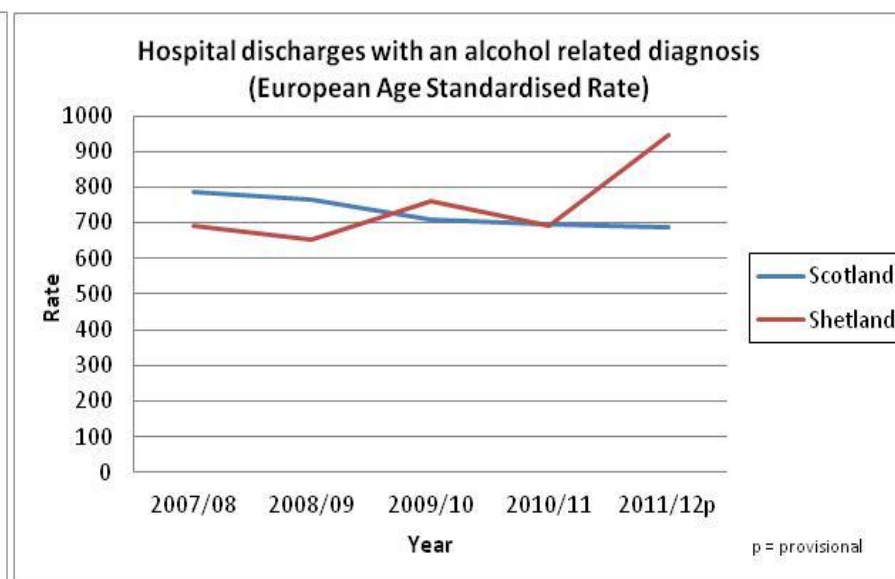
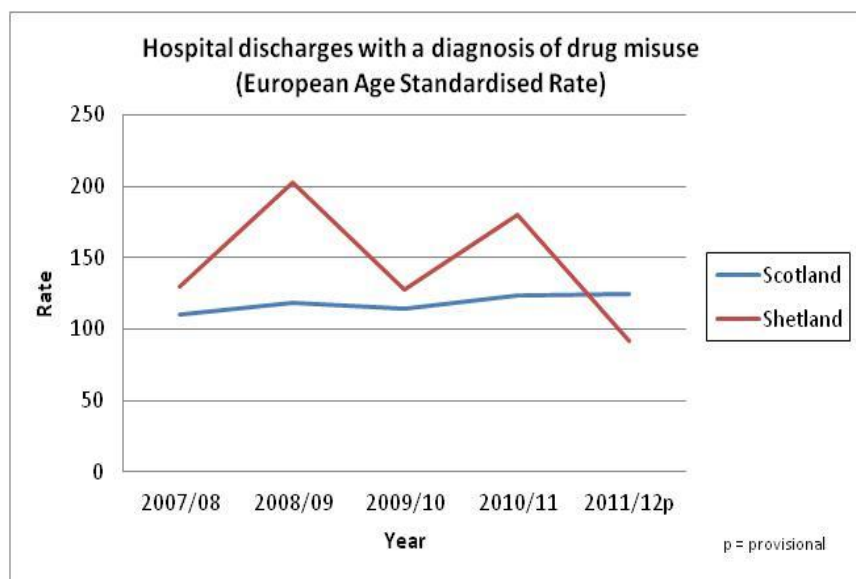
Please include progress made re-establishing baselines, local improvement goals/targets and progress using the ScotPHO website for all national outcomes. You may submit your annual update on your performance framework from your delivery plan, however please include local indicators, linkage between activities, indicators and outcomes, how you will measure if a ROSC has been successfully implemented in your area and please state how many people are in receipt of opiate replacement therapies in your area.

National Outcome: Health: People are healthier and experience fewer risks as a result of alcohol and drug use

Indicators	Baseline	Local Improvement Goal/Target	RAG	Key actions delivered to support this outcome in 2013/14
e.g. General acute inpatient & day case discharges (EASR) with a diagnosis of alcohol misuse in any position				
General acute inpatient & day case discharges (EASR) with a diagnosis of drug misuse in any position				
Alcohol-related deaths (underlying cause) (EASR) per 100,000 population; by calendar year (1997-2011)				
Prevalence of hepatitis C among people who inject drugs (PWID). Percentage of injecting drug users testing positive for HVC antibody (% is based on all injecting drug users tested)				

Indicators	Baseline	Progress
Rate of drug-related hospital discharges (three year rolling average over last 5 years) Graph below shows comparison with Scottish rate.	2009 – 2012 130	Numbers fluctuate on an annual basis. This is monitored at ADP and analysis is undertaken if there is a sudden increase.
Rate of alcohol-related hospital discharge rates (three year rolling average over last 5 years) Graph below shows comparison with Scottish rate.	2009 – 2012 800	During 11/12 there was increase from 161 to 220. An analysis has been undertaken to understand the increase. Local figures for 12/13 are showing a decrease to previous levels.

Rate of alcohol-related mortality (three year rolling average over last 5 years)	2009 – 2011 19	Numbers annually remain below the national average. This is monitored at ADP and analysis is undertaken if there is a sudden increase.
Prevalence of hepatitis C among injecting drug users	(HPS) number of reported HCV positive individuals who report IDU as risk group 8 IDU / 17 HCV+ (2001)	Reported 25 individuals with IDU recorded as risk group from 52 total persons reported to be HCV antibody positive. Further 19 individuals with risk group 'not known' some of whom may be IDU (HPS 2012). Increased awareness regarding testing and treatment among IDUs and other risk groups has encouraged more people to come forward.



National Outcome: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others

Indicators	Baseline	Progress
Estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Scotland, by age	2009/10 0.9%	We collect demographic data on usage of Tier 2 and 3 services. The ongoing redesign will streamline the data collection and help us understand the needs of these

group.		service users better.
Estimated prevalence of injecting drug use amongst 15-64 year olds in Scotland.	There is no data available	As above We are currently auditing our needle exchange programmes to understand quality and access
Percentage of 15 year old pupils who usually take illicit drugs at least once a month (areas with larger prevalence).	2010 5%	SALSUS & CADSS Study are ongoing. We adapt and develop our programmes of education according to the results and local knowledge. For example, there is lots of anecdotal information about use of legal highs at present so we are undertaking an awareness raising programme focussing on this issue.
Percentage of 15 year old pupils who have taken an illicit drug in the last year (areas with lower prevalence).	2010 8%	As above
The proportion of individuals drinking above daily and/or weekly recommended limits <ul style="list-style-type: none"> Men Women 	2008-11 44.4% 35.5%	<p>This information is collected locally via ABIs and Keep Well.</p> <p>Our Drink Better campaign is a whole population approach and has the following aims:</p> <p><u>Drink Better Objectives:</u></p> <ul style="list-style-type: none"> Educate the public, especially young people, about drinking and challenge unhealthy relationships with alcohol Prevent and speak out against the damage caused by alcohol misuse Promote the enjoyment that comes from drinking moderately and reasonably Promote moderation in drinking Place drinking in a historic and cultural context Debunk the myths about drinking and conduct/support scientific research <p><u>Drink Better Key Messages:</u></p> <ul style="list-style-type: none"> Drinking a bit less on each occasion Sometimes don't drink at all Drink in the right context: not to get drunk Drink for the right reason: not to drown your problems Respect those who choose not to drink Drink better quality products
The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits <ul style="list-style-type: none"> Men Women 	2008-11 23.4% 14.6%	
The proportion of problem drinkers <ul style="list-style-type: none"> Men Women 	2008 – 11 15.7% 8%	
Proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption)	2010 18%	

		A number of initiatives have been held i.e. Responsible Host and a 'Good Morning Shetland' initiative is planned for 13/14.
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National Outcome: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use

Indicators	Baseline	Progress
Percentage reduction in daily drugs spend during treatment	2011/12: 62%	82% of drug clients
Reduction in the percentage of clients injecting in the last month during treatment	2011/12: 78%	78% of injecting drug users have stopped or reduced injecting
Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up	Data unavailable	This information is not currently available. The redesign of Tier 3 will address data collection challenges.
Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment	11/12: 74%	75% of those with an employment/education issue have seen improvement at CADSS. Of the total number of clients in the SMS service currently, 43% have experienced improvements in employment/education during treatment.

National Outcome: CAPSM/FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances

Indicators	Baseline	Progress
Rate of maternities recording drug use per 1000 maternities (three year rolling average)	08/09 –10/11 2.0	Not available at individual island Board level. Combined island numbers are less than 10 and suppressed by ISD.
Rate of maternities recording alcohol use (three	12/13	Not available at individual island Board level. Combined island numbers are less than

year rolling average)	8.5	10 and suppressed by ISD.
Number of Child Protection Case Conference where parental drug and alcohol abuse has been identified as a concern/risk	Data unavailable due to low numbers	CP/ASP Coordinator meets with ADDO regularly to exchange information and keep abreast of needs.
Proportion of positive ABI screenings in ante-natal setting	0	An audit of ABIs in Maternity will be undertaken this year to ensure quality

National Outcome: Community Safety: Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour

Indicators	Baseline	Progress
Percentage of new clients at specialist drug treatment services who report funding their drug use through crime	11/12 4.7%	This was 5.7% for new clients referred in 2012/13 to SMS
Percentage of offenders given a DTTO who are reconvicted within one year	09/10 150.0	10/11 3 Orders made, 1 reoffended within the term of the Order. To our knowledge they have not reoffended within one year of the Order. 11/12 1 Order. To our knowledge there was no reoffending during the year. However, there are no mechanisms in place to record this information
Number of cases of vandalism (or malicious mischief), breach of the peace, assault or anti-social behaviour per 1,000 population due to alcohol. <ul style="list-style-type: none"> • Serious Assault • Common Assault • Vandalism • Breach of the Peace 	11/12 0.7 8.4 7.8 2.9	This data is currently unavailable at local level due to the new systems at National Level. The ADP will focus on how to ensure this information is still available locally for 13/14
Number of Community Payback Orders issued where alcohol and drug treatment is required, and proportion that are successfully completed	11/12 0	No requirements were made during this period. However, alcohol and drug issues were addressed as part of supervision requirements.
Proportion of victims of a crime who reported that the offender was under the influence of: -	10/11	This data is currently unavailable at local level due to the new systems at National Level. The ADP will focus on how to ensure this information is still available locally

<ul style="list-style-type: none"> Alcohol drugs 	28% 15%	for 13/14
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National Outcome: Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available

Indicators	Baseline	Progress
Percentage of young people (15 year olds) who have been offered drugs in the last year	2010 34%	This data is not currently available
Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood	09/10 5.9%	This question was not asked in Northern Constabulary's 2012 Community Consultation Survey. As of April 1 st 2013 they are part of Police Scotland, who will undoubtedly be carrying out their own community consultation survey.
Percentage of people noting 'alcohol abuse' as a negative aspect of their neighbourhood	09/10 1%	In the 2012 Community Consultation Survey carried out by Northern Constabulary, 17% of respondents felt that alcohol abuse was a major concern in the area that they lived, with a further 44% of respondents stating that it was a minor concern.
Number of premise and occasional licences in force per annum and the overall capacity of premise licences <ul style="list-style-type: none"> On Sale Off Sale Personal 	2012 97 43 357	2013 98 42 384
Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision <ul style="list-style-type: none"> On Sale Off Sale Personal 	11/12 0 (0 refused) 0 (0 refused) 37 (0 refused)	12/13 1 (0 refused) 1 (0 refused) 31 (0 refused)

National Outcome: Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery

Indicators	Baseline	Progress
The number of screenings (using a validated screening tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of i) % eligible for ABI and ii) % eligible for referral to treatment services		<p>This information is not readily available as we don't have complete record of screenings, only ABIs.</p> <p>We have developed a logic model for alcohol brief interventions which includes the numbers that we know of, and the pathways that we might expect those people being screened/offered support to take. This is helping us to identify what we <i>don't</i> know and areas that need to be developed further in terms of the quality of support offered and data captured.</p>
The number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance	11/12 240	ABI training is now being rolled out to other areas i.e. dentists, 3 rd Sector. Training has continued for ABI delivery to new staff within Primary Care and A&E also
Percentage of clients waiting more than three weeks between referral to a specialist drug and alcohol service and commencement of treatment	2013 3.2%	1% DATWT are regularly monitored and reports submitted to ADP and NHS Senior Management Team.
Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that)	No data available	No data available

5. ADP & Ministerial Priorities

ADP Priorities 2013/14

Please list the progress you have made in taking forward your ADP's five key commitments for 2013/14.

5. ADP & Ministerial Priorities in 2013/14

ADP Priorities

Please list your ADP's five key commitments for 2013/14 following this self-assessment.

1. Continue with the redesign process and implement changes.
2. Undertake a needs analysis regarding psychoactive substances currently in Shetland
3. Undertake EQIA with all Service Providers.
4. Continue to refine data collection systems to enable easier reporting and analysis
5. Develop closer links with Mental Health/Suicide Prevention activities and Substance Misuse in Shetland.

Ministerial Priorities

ADP funding allocation letters 2014-15 outlined a range of Ministerial priorities and asks ADPs to describe in this ADP Report their local Improvement goals and measures for delivering these during 2014/15. Please outline these below.

- Compliance with the Alcohol Brief Interventions (ABIs) HEAT Standard;
- Increasing compliance with the Scottish Drugs Misuse Database (SDMD);
- HEAT Drug and Alcohol Treatment Waiting Times Standard, including, increasing the level of fully identifiable records submitted to the Drug and Alcohol Treatment Waiting Times Database (DATWTD);
- Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP;

- Implementing improvement methodology at 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 independent expert group on opioid replacement therapies;
- Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements; and
- Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).

Local Indicator: Health

Indicators	Progress 2012/2013	Progress 2013/2014
Number of times naloxone has been used by ambulance staff & A&E.	This information is not currently available. The collection of this data will be a priority for 13/14.	
Number of time naloxone has been used by individuals and/or by other agencies	There were no reported uses of Naloxone in 2012/13. Due to staffing issues and sickness, the roll out of the Naloxone was less than expected, however, this will be significantly increased in 2013/14.	
Number of clients presenting with dual diagnosis	There were 17 new clients to the Dual Diagnosis Service, with an ongoing caseload of approximately 25-30 people	
Numbers of clients registered with substitute prescribing clinic	During 2012/13 84 clients were registered with the substitute prescribing clinic. This does not include people who have had more than one episode in that time period.	
Number of clients undertaking alcohol detox following pathway	18 detoxes were completed in 2012/13 by SMS nurses. This includes people who had multiple detoxes in that time period.	

Local Indicator: Prevalence

Indicators	Progress 2012/2013	Progress 2013/2014
Number of organisations signed up to Drink Better initiative and Pub Award	10 organisations have currently signed up to the Drink Better Initiative. Health Improvement continue to lead on this multi-agency initiative.	
Reduction in young people's drinking	Fewer young people attending A&E with alcohol related	

	issues. CADSS – young person's alcohol study Alcohol byelaw has assisted in police enforcement – removing alcohol from underage drinkers – has figure increased?	
Reduction in young people's drug taking	There has been a marked increase in use of synthetic highs in Shetland. Data is being gathered from a number of sources and a working group has been established to take this work forward.	NPS working group and and NPS survey?

Local indicators: Recovery

Indicators	Progress 2012/2013	Progress 2013/2014
Numbers of clients showing an increase in TOP scores at 3 month review	This data not available for 2012/13. TOP's will be completed 3 monthly in 2013/14 and thereafter.	

Local Indicator: CAPSM

Indicators	Progress 2012/2013	Progress 2013/2014
Number of cases of Domestic Violence	For 2011-2012 Northern Constabulary (Shetland Area Command) recorded 102 reported incidents of domestic abuse.	
Number of family members receiving support for substance misuse issues	74 with on-going support & 286 with one-off support (2011/12: 71 and 220 respectively), result of community awareness raising event and publicity	

Local Indicator: Community Safety

Indicators	Progress 2012/2013	Progress 2013/2014
Rates of drink & drug driving	This data is currently unavailable at local level due to the new systems at National Level. The ADP will focus on how to ensure this information is still available locally for 13/14	
Rates of Drunk & Incapable	There were 101 incidents of people being under the influence in 12/13. These are not all necessarily D&Is.	

	This data is currently unavailable at local level due to the new systems at National Level. The ADP will focus on how to ensure this information is still available locally for 13/14	
Numbers of anti social behaviour incidents where alcohol and/or drug use is a factor	This data is currently unavailable at local level due to the new systems at National Level. The ADP will focus on how to ensure this information is still available locally for 13/14	
Number of accidental house fires where impairment due to suspected alcohol/drug use was a contributory factor.	There was one house fire in Shetland due to suspected alcohol/drug use. Fire Scotland are represented on the ADP and this information is monitored regularly.	
Number of needles exchanged and returned	3,658 given out & 4,127 returned (2011/12: 7,025 out & 6,396 returned) An audit of the needle exchange services is to be undertaken in 13/14	

Local Indicator: Services

Indicators	Progress 2012/2013	Progress 2013/2014
Proportion alcohol and drug services with Investors in People Award	1 of the Third Sector providers out of 3 has IIP in place.	
Proportion of services where an assessment for the National Quality Standards for Substance Misuse Services has been carried out in the last 12 months	All Service Providers have had an assessment for the National Quality Standards in 12/13. This is an annual assessment undertaken by the Alcohol and Drug Development Officer.	
Number of naloxone awareness sessions carried out in the last 12 months	3 in 2012/13. The roll out of the programme was slower than expected in 2012/13 due to staffing issues and sickness. This will significantly increase in 2013/14.	
Demographic breakdown of users of services (by age, gender, race, disability etc)	All Service Providers show the demographic breakdown of the service users. This is part of the Service Level Agreement requirements and is analysed during the monitoring visits.	
Proportion of services where an EQIA has been carried out in the last 3	No Service Providers have had an EQIA within the last 3 years. This is a priority area for ADP.	

years		
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Ministerial Priorities

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- Increasing the reach and coverage of the national naloxone programme and tackling drug related death(DRD)/risks in your local ADP;
- Implementing improvement methodology at 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 independent expert group on opioid replacement therapies;
- Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements; and
- Improving identification of, and preventative activities focused on, new psychoactive substances (NPS).

APPENDIX 1: NOTES

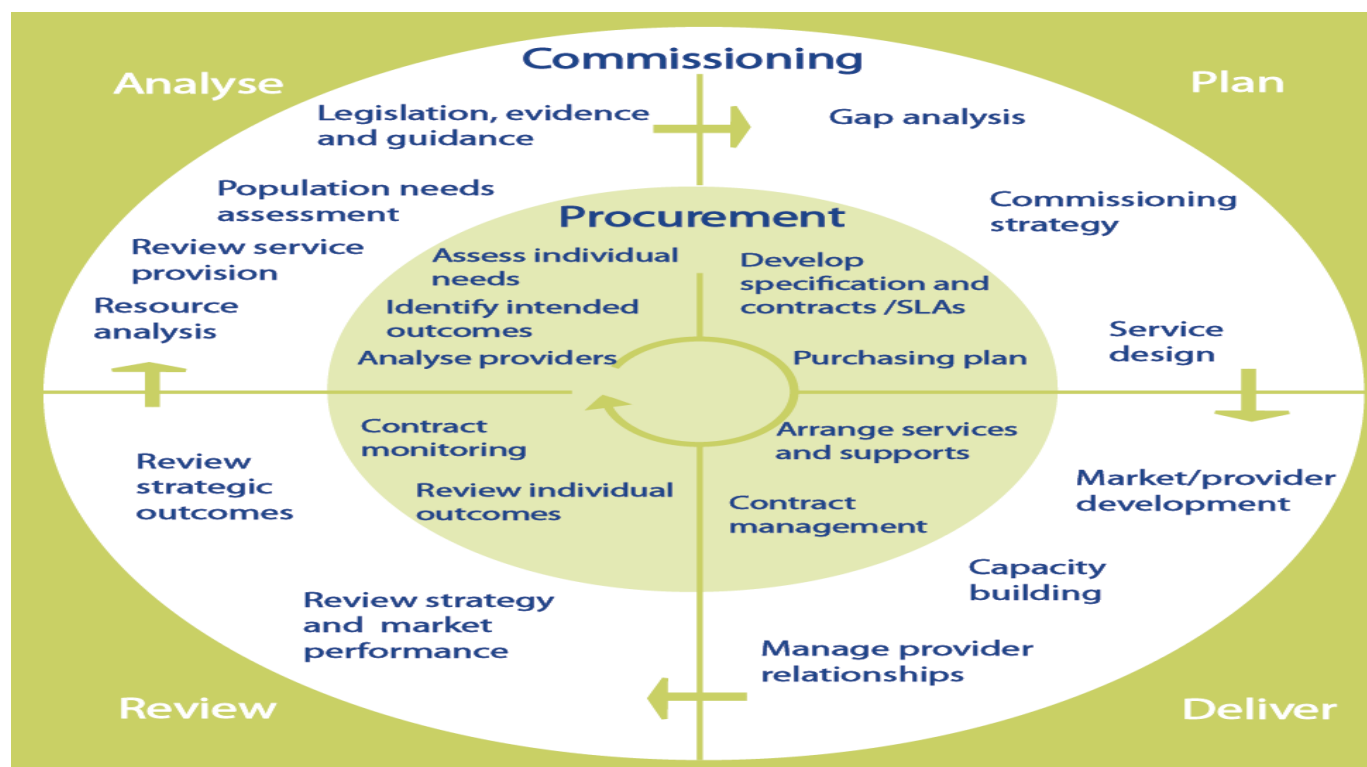
1. Please complete the RAG column for each theme according to the following definitions:
Red: No action is yet underway
Amber: Action is underway but is not yet completed
Green: Action is completed
2. This column should be used to describe the range of evidence used to support the RAG Score. We do not require the source documents to be attached unless specifically requested
3. **Joint Strategic Needs Assessment:** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The main goal of a

JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. (<http://www.nhsconfed.org/Publications/briefings/Pages/joint-strategic-needs-assessment.aspx>)

4. **Joint Performance Framework:** a national assessment process on how effectively local partnerships are achieving these improvements. (http://www.sehd.scot.nhs.uk/publications/cc2004_02.pdf)

5. **Integrated Resource Framework:** this is being developed jointly by the Scottish Government, NHS Scotland and COSLA to enable partners in NHS Scotland and Local Authorities to be clearer about the cost and quality implications of local decision-making about health and social care. The IRF helps partnerships to understand more clearly current resource use across health and social care, enabling better local understanding of costs, activity and variation across service planning and provision for different population groups. (<http://www.shiftingthebalance.scot.nhs.uk/initiatives/sbc-initiatives/integrated-resource-framework/>)

6. **Please indicate in your evidence if you have received feedback on this report from your Community Planning Partnership/ or other accountability route, specifying who that is.** Strategic commissioning is informed by The Commissioning Cycle (the outer circle) which drives purchasing and contracting activities (the inner circle), and these in turn inform the on-going development of Strategic Commissioning. Strategic commissioning is defined as ‘term used for all activities involved in assessing and forecasting needs, links investment to desired outcomes, considering options, planning the nature, range and quality of services and working in partnership to put this in place. Strategic commissioning process is defined by four stages, analyse, plan, deliver and review as presented visually in the diagram below.



7. The [Alcohol and Drug Workforce Statement](#) is addressed to anyone who has a role in improving outcomes for an individual, families or communities experiencing problematic drug and alcohol use.

8. A full range of essential care Services include identifiable community rehabilitation services – including using people with lived experience; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services; services addressing employability and accommodation issues.
<http://www.scotland.gov.uk/Resource/Doc/217018/0058174.pdf>)

9. **Quality Assurance Framework:** A guidance document which sets out the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. Examples of how to improve the quality of your services may be found at

<http://www.qihub.scot.nhs.uk/media/458288/efficient%20and%20effective%20cmht%20prototype%20version%201.pdf>

The Independent Expert Review of Opioid Replacement Therapies in Scotland 'Delivering Recovery' can be found at

<http://www.scotland.gov.uk/Publications/2013/08/9760/downloads>

The Quality Principles will be published in the coming weeks. This template will be updated with a link to them upon publication.

We are looking to improve this self-assessment for ADPs on a regular basis. Please describe briefly whether you found the questions asked to be useful in considering your current position.



Shetland Alcohol and Drug Partnership

Delivery Plan 2015 - 2018

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1. Introduction:

The Shetland Alcohol and Drug Partnership (ADP) brings together a range of partners, including:

- Shetland Island Council
- Shetland Health Board
- Police Scotland
- Third Sector Alcohol and Drug Agency i.e. CADSS
- Highlands and Islands Fire and Rescue Service

2. Strategic Direction

In 2015 the Shetland Alcohol and Drug Partnership is launching its refreshed 3-year Strategy to meet the challenges outlined in the Scottish Governments key policy documents, 'Changing Scotland's Relationship with Alcohol'¹, 'The Road to Recovery'², 'Essential Care'³ and the 'Quality Alcohol Treatment and Support Report.'⁴ Also included are the 'Review of Opioid Replacement Therapy'⁵ and the 'Quality Principles' for alcohol and drug services⁶.

Our goal is to create an environment where recovery focused services complement the individual, family and community and supports people to achieve lasting change.

We recognise the challenge of tackling health inequalities in Shetland and are committed to targeting ADP resources to those most in need.

The overall vision for the Shetland ADP is that individuals, families and communities live in an area where fewer people are using alcohol and drugs and, for those that do, recovery is a realistic option.

¹ Changing Scotland's Relationship with Alcohol; a framework for action (2009) Scottish Government

² The Road to Recovery (2008) Scottish Government

³ Essential Care (2008) Scottish Government

⁴ Quality Alcohol Treatment and Support Report (2011) Scottish Government

⁵ Review of Opioid Replacement Therapy (2013) Scottish Government

⁶ Quality Principles' for alcohol and drug services

Our key strategic aims as outlined in our strategy are: -

1. Reducing prevalence of problem alcohol and drug use in adults by 5%, by 2020, through prevention, early intervention and detection;
2. Reducing alcohol and drugs related harm to children and young people;
3. Improving recovery outcomes for Service Users;
4. Reducing drug related deaths and/or alcohol/suicide to 2 or fewer a year by 2020;

These strategic aims are closely aligned with the Community Plan:

- Shetland is the best place for children and young people to grow up
- We live longer, healthier lives
- People are supported to be active and independent throughout their adult lives
- Shetland stays a safe place to live
- Shetland has sustainable economic growth with good employment opportunities and our people have the skills to match, good places to stay and the transport people and businesses need.
- We have tackled inequalities by ensuring the needs of the most vulnerable and hard to reach groups are identified and met, and that services are targeted at those most in need
- We deliver sustainable services and make sustainable decisions, to safeguard and enhance our outstanding environment which underpins our social and economic well being

3. Governance Arrangements:

The Shetland ADP reports through the Community Safety and Resilience Board to the Community Planning Partnership (Shetland Partnership) and primarily contributes to the Reducing Inequalities and Healthier sections of the Community Plan.

Shetland ADP's 2015 – 2018 Delivery Plan and Annual Report will be submitted to the Community Safety and Resilience Board, Shetland Islands Council Executive Committee, NHS Shetland Board and Scottish Government.

The current membership of Shetland ADP consists of:

- (Chair) Director Health and Social Care, NHS/ Shetland Islands Council
- (Vice Chair) Shetland Area Commander, Police Scotland
- Chair of Shetland Alcohol and Drug Forum
- Shetland District Officer – Highlands & Islands Fire and Rescue Service
- Director of Children's Services – Shetland Islands Council
- Executive Manager Housing – Shetland Islands Council
- Councillor/Elected Member, Shetland Islands Council x2
- Chief Social Work Officer, Shetland Islands Council.

- Executive Manager Criminal Justice, Shetland Islands Council
- Executive Manager of Mental Health, NHS
- Director of Public Health, NHS
- Chair of Community Alcohol and Drugs Services Shetland Board (CADSS)
- General Manager, CADSS
- Procurator Fiscal (observer)

Meetings are held 6 times a year.

4. National Support and Engagement:

Shetland ADP accesses support through a number of national bodies in order to deliver on its outcomes:

4.1. Scottish Drugs Forum

- To assist in the development and roll out of the Local Naloxone Programme
- To assist in the development of user involvement
- To assist in the delivery of training.

4.2. Scottish Recovery Consortium

- To coordinate action to promote recovery
- To support “Recovery Month” activities.

In terms of further support requirements from National Organisations in order to deliver on our strategy and delivery plan we may require advice and assistance to:

- Encourage the development of mutual aid groups
- Develop our workforce
- Extend the range and focus of whole population approaches to alcohol misuse.

5. Fund Disbursement/Commissioning of Services:

Services are commissioned via the local Joint Strategic Commissioning Plan (2015/16) through the Community Health and Social Care Directorate.

A small sub-group of Shetland ADP oversees the funding process in as transparent a way as possible. All alcohol and drug money is discussed at this meeting and distributed amongst service providers fairly. Service providers are invited to submit bids that address the work prioritised in SADPs Delivery Plan. All bids are then considered at the Fund Disbursement Group and recommendations are made to the full membership of Shetland ADP for the final decision.

The Fund Disbursement Group is guided by the following principles: -

1. Funding should be allocated in line with the agreed Delivery Plan priorities
2. Decisions on funding should only be made through Shetland ADP
3. Shetland ADP and the Shetland Alcohol and Drug Forum should be involved in consultations/discussions on the priorities of the Delivery Plan and therefore priorities for funding.
4. All agencies should declare additional funding sources pursued/received to enable effective planning and use of resources
5. It is appropriate to review historical agreements made by Shetland ADP re allocation of funds and not to assume that these should remain the same.
6. All projects/staffing should be funded at cost- any additional funds should be offered up back to SADP to reallocate appropriately.
7. All organisations/ groups/ agencies in Shetland with a role in tackling drugs and alcohol misuse are encouraged to sign up to these principles.
8. There will be Full cost recovery
9. Service levels agreements will accompany funding
10. Monitoring and evaluation to be undertaken in line with quality standards
11. Quarterly funding updates to be submitted from disbursement parties

An outline of our current funding position (14/15) is provided below

Current funding position:

Income	Amount	Totals
ADP: -		
Drug services and support	128,514	
Alcohol prevention, treatment and support	476,912	605,426
Shetland Island Council: -		
Drug & Alcohol services and support	291,086	
Rehab budget	51,000	342,086
NHS: -		
Detox funding	30,149	30,149
		<u>977,661</u>
Expenditure	Amount	Totals
ADP support/management costs	86,500	86,500
CADSS	484,774	484,774
Dogs Against Drugs	38,000	38,000
Shetland Community Bike Project	39,500	39,500
Pharmacy	16,000	16,000
Social Work	42,258	42,258
Rehab	51,000	51,000
Detox	30,149	30,149
NHS	189,480	189,480
		<u>977,661</u>
Difference		<u>0</u>

6. Key Aims and Outcomes:

The current Shetland ADP Strategy covers the period 2015 – 2020. The main aim of the strategy is to provide the framework for a continued move to outcome-focused services.

A new approach to the delivery of our services, in particular Tier 3, has been the main focus of the Shetland ADP over the previous Delivery Plan.

Our key strategic aims (stated above) are what we intend to achieve over the life of this Delivery Plan

Our strategic aims and local outcomes are aligned with the National Core Outcomes. Indicators, targets and activities have been agreed. These will be monitored via the Shetland ADP on a regular basis. These are provided in detail below.

National Core ADP Outcome :		<p>Health: People are healthier and experience fewer risks as a result of alcohol and drug use.</p> <p>Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.</p> <p>Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.</p> <p>Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.</p>	
Local ADP Strategic Aim:		<p>Reducing prevalence of problem alcohol and drug use in adults by 5%, by 2020, through prevention, early intervention and detection:</p> <ol style="list-style-type: none"> 1. Promoting healthier attitudes towards alcohol by creating positive, health promoting cultures, for example Drink Better 'Good Morning Shetland' initiatives. 2. Increasing the understanding of the risks of drug use, taking into account the current trends of NPS 3. Tackling problems associated with the supply and availability of substances 4. Tackling substance-related violence, crime and anti-social behaviour. 	
Local Outcomes	Reach	Activities	Inputs
<p>Increased knowledge and awareness of:</p> <ul style="list-style-type: none"> ➤ The effect that a range of substances can have on the body and mind, in particular NPS; ➤ The wider impact of substance use; ➤ The associated risks; ➤ Actions that can be applied in challenging situations. <p>Improvement in:</p>	<p>Whole population.</p> <p>Targeted at risk groups i.e. domestic abuse, offenders.</p> <p>Individuals in Treatment.</p> <p>Individuals in Recovery Programmes.</p> <p>Individuals identified as risky, harmful, hazardous drinkers/drug users.</p>	<p>Refresh Drink Better strategy and action plan using segmentation and social marketing techniques to create changes in attitudes towards substances.</p> <p>Production of local Alcohol and Drug Profiles to inform targeting of programmes and services.</p> <p>Review NHS/SIC Alcohol and Drug Policies.</p> <p>Review ADP input into Licensing</p>	<p>SMRS</p> <p>CADSS</p> <p>Police Scotland</p> <p>NHS Health Improvement</p> <p>SIC Criminal Justice</p> <p>ADP</p>

<ul style="list-style-type: none"> ➤ Substance use ➤ Health and wellbeing ➤ Social skills, confidence, resilience and self-esteem ➤ Relationships ➤ Housing ➤ Offending ➤ Employment opportunities <p>Reduction criminal activity, anti-social behaviour and health related harm.</p> <p>Increase in referrals into Treatment Service</p> <p>Increase in positive discharges from Treatment Service</p> <p>More responsible media reporting of substance related topics.</p> <p>Decreased availability of alcohol and drugs</p> <p>Increased capacity within communities to address alcohol-related harm</p>	<p>Individuals identified as being affected by someone else's substance misuse.</p> <p>Employers/Employees</p>	<p>decisions in Shetland to understand impact of high numbers of licenses on drinking behaviour in Shetland</p> <p>Refresh ADP Communication strategy.</p> <p>Provide support to employers to adopt workplace alcohol policies or to increase staff's knowledge and understanding of alcohol issues.</p> <p>Streamline referral pathways and ensure all potential referrers including self-referral have accurate information to enable easier access into treatment services.</p> <p>Provide a 12 week recovery programme in partnership with the employability pipeline to maximize positive outcomes.</p>	
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	Local indicator	Baseline	Scotland	Target
1	Reduction in problem drug users (15 – 64years)	2.2%	1.7%	Reduce to 1.7%
2	Reduce % of males (16+) drinking above recommended weekly limits	44.4%	48.7%	Reduce by 4% to 40%
3	Reduce % of females (16+) drinking above recommended weekly limits	35.5%	38.6%	Reduce by 4% to 31%
4	Reduce % of binge drinkers (16+)	19%	21.1%	Reduce to 15%
5	Reduce % of problem drinkers (16+)	12.2%	11.7%	Reduce to 10%
6	Increase the number of Alcohol Brief Interventions delivered in wider (non Primary Care) settings in line with HEAT Standard	15%	26%	25% of ABIs to be delivered in wider settings by 2018
7	Decrease in the number of alcohol related A&E attendances	706	Not available	Decrease by 25%
8	Decrease numbers of drink/drug drivers	New		Set baseline
9	Increase numbers of workplace alcohol policies	New		Set baseline

National Core ADP Outcome :	<p>Health: People are healthier and experience fewer risks as a result of alcohol and drug use.</p> <p>Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.</p> <p>Families: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances.</p>
Local ADP Strategic Aim:	<p>Reducing alcohol and drugs related harm to children and young people;</p> <ol style="list-style-type: none"> 1. Supporting the development of healthy environments which reduce initiation of alcohol and drugs use by children and young people; 2. Ensuring children and young people affected by their own or parental substance use are identified and supported; 3. Ensuring adults who have child care responsibilities, where there are child protection or wellbeing concerns for those children, will have priority access to treatment and support. 4. Ensuring children and young people receive up to date, age appropriate and consistent messages regarding the risks of alcohol and drug use; 5. Ensuring children and young people develop the skills to enable them to take risks as safely as possible and to develop resilience in order to reduce self-damaging behaviours.

Local Outcomes	Reach	Activities	Input
<p>Increased knowledge and awareness of:</p> <ul style="list-style-type: none"> ➤ The effect that a range of substances can have on the body and mind, in particular NPS; ➤ The wider impact of substance use; ➤ The associated risks; ➤ Actions that can be applied in challenging situations. <p>Improved identification & responses to children affected by parental substance misuse;</p> <p>Improved supportive environment for children;</p>	<p>All School aged children and young people.</p> <p>High risk individuals</p> <ul style="list-style-type: none"> ➤ Vulnerable children and young people ➤ LAC ➤ Those at risk of exclusion ➤ CAPSM 	<p>Work with partners to facilitate joint learning and practice development across children and adult services to increase understanding of the potential impacts and risks of alcohol and drug misuse on families and children;</p> <p>Work across agencies on the delivery and implementation of the updated Getting Our Priorities Right protocol;</p> <p>Strengthen strategic planning across different partnerships;</p> <p>Review, update and refocus drug and alcohol education.</p>	<p>CADSS SMRS Health Improvement Bridges Schools DAD Youth Services Children & Families Social Work Children's Hearing System</p>

	Local indicator	Baseline	Scotland	Target
10	Decrease % 15 year olds having tried drugs in the last month	9%	18%	Decrease by 4%
11	Increase % 15 year olds reporting never trying drugs	91%	82%	Increase by 5%
12	Increase % of 13 year olds reporting never consuming alcohol now/ever	64%	68%	Increase by 5%
13	Increase in 15 year olds reporting never consuming alcohol now/ever	19%	30%	Increase by 11%
14	Decrease numbers of child protection cases where parental substance misuse is a significant factor.	65% (these are small numbers and therefore will fluctuate year on year)	39%	Decrease to 39% in line with Scotland
15	Increase numbers of School age children and young people reporting positive outcomes from education sessions;	New	Not available	100% of children and young people
16	Numbers of alcohol seizures from young people.	New	Not available	

<p>National Core ADP Outcome :</p>	<p>Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others; Recovery: Individuals are improving their health, wellbeing and life-chances by recovering from problematic drug and alcohol use; Services: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery.</p>
<p>Local ADP Strategic Aim:</p>	<p>Improving recovery outcomes for Service Users;</p> <ol style="list-style-type: none"> 1. Continuing through our new Substance Misuse Recover Service (SMRS) to develop and monitor our Recovery Oriented Systems of Care through ensuring interventions align with policy recommendations and incorporate the Quality Principles; 2. Improving health and ensuring testing, advice, immunisation and treatment support for those at risk from blood-borne viruses is available; 3. Increasing post treatment opportunities for people in recovery; 4. Ensuring quality of access to alcohol and drugs services and appropriate responses for vulnerable groups such as those fleeing violence and older drug users and/or those group with known higher prevalence i.e. drug and alcohol-related offenders etc; 5. Improving support and involvement of those affected by another's substance misuse; 6. Reducing stigma through regular communications to the general public and advising media colleagues on non-stigmatising ways of presenting information.

Local Outcomes	Reach	Activities	Inputs
<p>Improvement in;</p> <ul style="list-style-type: none"> ➤ Reduction in risk taking behaviour; ➤ Reduction in drug and alcohol consumption; ➤ Increase in numbers entering treatment; ➤ physical and psychological health, life and social context. ➤ Improved employability skills; ➤ Engagement with employment, education and/or training; ➤ Increased confidence and self-esteem; ➤ Increased aspirations ➤ Reduction in the use of drugs; ➤ Reduction in the consumption of alcohol; ➤ Increase in appropriate referrals; ➤ Sustained recovery; ➤ Services meet users needs; ➤ Services actively involve users in planning and delivery <p>Treatment and recovery services are better informed by the impact</p>	<p>Anyone experiencing problematic substance misuse;</p> <p>Chaotic users;</p> <p>Injecting users;</p> <p>Homeless</p> <p>Individuals in recovery from substance misuse</p> <p>Individuals contemplating recovery.</p> <p>Those affected by someone else's substance use.</p> <p>General population through the media</p>	<p>Work with SMRS to support the implementation of the new DAISy system and individual recovery indicators;</p> <p>Review current needle exchanges and available support for individuals and families affected by BBV;</p> <p>Work with partners to develop interventions, both medical and psychosocial, to support users of Novel Psychoactive Substances;</p> <p>Review the ongoing developments within Tier 2 services, including Families Affected by support, and wider support services i.e. Women's Aid;</p> <p>Provide training for generic and specialist services on the impact of alcohol within families/communities.</p> <p>Support and work alongside the Employability Pipeline project.</p> <p>Work alongside local media to promote positive messages of recovery and discourage poor reporting</p>	<p>SMRS;</p> <p>Housing;</p> <p>CADSS;</p> <p>Alcohol & drug Forum members;</p> <p>Womens Aid;</p> <p>Media outlets;</p> <p>Public Health;</p> <p>SIC Employability Pipeline Officers;</p>

of the local environment on alcohol recovery.			
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	Local indicator	Baseline	Scotland	Target
17	Decrease annual average acute admissions related to alcohol misuse	677.1% (160)	696.9%	Decrease by 10% a year.
18	Decrease annual average acute admissions related to drug misuse	89.3% (20)	124.6%	Decrease by 5%
19	Continue to meet HEAT Standard for treatment waiting times	100%	99%	Maintain 100%
20	Increase numbers of individuals who are in active treatment services who have reduction goals.	New		Set baseline
21	Increase the numbers of individuals who are accessing post treatment support/recovery groups	New		Set baseline

National Core ADP Outcome :		Health: People are healthier and experience fewer risks as a result of alcohol and drug use.	
Local ADP Strategic Aim:		Reducing drug and/or alcohol/suicide related deaths to 2 or fewer a year by 2020; <ol style="list-style-type: none"> 1. Increasing knowledge amongst colleagues, Service Users and family members of the risk factors for drug-related deaths, recognising the signs of overdose, increasing availability of Naloxone and adopting learning from national and local data; 2. Strengthening the work of the Sudden Death Group by ensuring members undertake service improvement and feedback processes across agencies; 3. Reducing stigma through high profile events, awareness raising campaigns and appropriate media reporting. 	
Local Outcomes	Reach	Activities	Inputs
Increased knowledge of overdose prevention; Individuals, families and communities able to manage an overdose situation; Reduction in drug related and alcohol/suicides; Raised awareness of suicide and suicide prevention; Reduction in stigma for individuals, families and communities affected by a sudden death.	Whole population; Anyone experiencing problematic substance misuse; Chaotic users; Injecting users; Homeless Individuals in recovery from substance misuse Those affected by someone else's substance use.	Work with service providers to ensure all Service Users and families are engaged in overdose prevention activities; Review the role and remit of the Sudden Death Group; Deliver high profile events i.e. Suicide Prevention Awareness Week across Shetland. Develop protocols to ensure high risk individuals are assessed re medication/impulsivity/suicide risk	SMRS CADSS Mind Your Head Housing Dept Public Health Primary Care Pharmacy

	Local indicator	Baseline	Scotland	2015 Target
22	Increase in the annual Naloxone supplies made	69	5.395	Increase to 150
23	Decrease in the number of drug-related deaths	0.06%	0.10%	Decrease to 0.02%
24	Decrease in the number of suicides	24.1%	15%	Decrease to 15%

Detail of local indicators:

Indicator	Source data	Target rational	Type
1	ISD study <i>Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland. Nov 2011 (2009-10 prevalence)</i>	By 2018 Shetland ADP would want to have the same prevalence rates as Scotland, 1.7%	%
2, 3, 4 & 5	Scottish Health Survey (2008/11)	Shetland ADP should be aiming 4% over 3 years which will positively improve overall health related issues.	%
6	ISD ABI data	HEAT Standard requirement to widen out ABIs into non primary care settings	Total number
7	Shetland ADP Local data – submitted via Police Scotland	Shetland ADP would look to increase	Total number
8	Shetland ADP Local data	Shetland ADP looking to improve year on year	Total number
9	Shetland ADP Local data via Health Improvement	HWL Awards would look to implemented/improved in local businesses	Total number
10, 11, 12 & 13	ISD Scottish Schools Adolescent Lifestyle and Substance use Survey (SALSUS) 2010	Look to continue the upward trend	%
14	Shetland ADP & CPC local data	Shetland ADP & CPC would look to improve year on year This service has previously not been offered in Shetland.	%
15	Shetland ADP Performance data	Baseline to be set. Review of Education will enable better monitoring of input	%
16	Shetland ADP Local data – submitted via Police Scotland	Shetland ADP would look to increase	Total number
17 & 18	ISD Scotland – SMR01 – annual average based on 2013 – 2014 data	Targets to show improvements.	EASR per 100,000 pop.

19	Shetland ADP Performance data – Waiting Times & SMR25	Continue to monitor and move across to DAISy system once implemented	%
20 & 21	Shetland ADP Performance data	New target due to redesign of Tier 3	Total numbers
22	NHS National Services Scotland	Decreasing the number of deaths is an indication of successful interventions	Total numbers
23 & 24	ISD/NRS	Decreasing the number of deaths is an indication of successful interventions	EASR per 100,000 pop.

CORE OUTCOMES FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs)

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use: a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others: a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use: a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour: reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery: services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

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Shetland Alcohol and Drug Partnership



Strategy

April 2015 – March 2020

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Foreword

The overall vision for the Shetland Alcohol and Drug Partnership is that individuals, families and communities live in an area where fewer people are using alcohol and drugs and, for those that do, recovery is a realistic option.

This strategy provides context and a high level overview of the work that will take place over the next five years to make that vision a reality.

During the life of the Strategy 2011 – 2015, the Shetland ADP undertook a major piece of work; the Shetland ADP Tier 3 Service Review. This was supported by Scottish Government and East Renfrewshire ADP. Evidence of need, based on national and local data, service uptake and feedback from Service Users and colleagues was used to redesign Tier 3, and some elements of Tier 2, in order to support a Recovery Oriented System of Care (ROSC) for service users in Shetland. A new treatment service and a reconfigured Tier 2 service were commissioned; a Substance Misuse Recovery Service (SMRS) for Tier 3 that will include, for the first time, provision for dual diagnosis for both alcohol and drugs and individual recovery indicators; and a reconfigured Tier 2 service that will support service users before, during and after treatment, Family Members Affected By and our young people.

Moving forward within this strategy we have included, for the first time, a dedicated section on how we aim to reduce drug-related deaths and suicides. In Shetland the number of individuals who lose their lives in these ways are small, but every death leaves behind children, family members and friends who are affected by their loss.

The provision of high quality, accessible services helps prevent deaths by ensuring people have the help when they need it, e.g. the provision of Take Home Naloxone to individuals can allow for a potentially life-saving intervention in the event of an overdose. Colleagues have been very successful at ensuring as many people as possible at risk of overdose receive a Naloxone kit. A multi-agency Sudden Death Group meets on a bi-monthly basis to review any deaths to identify and implement any lessons learnt. However, we believe there is more we can do to reduce these preventable deaths, and that the actions set out in this document will contribute to reducing deaths in the future.

This strategy was developed in partnership with colleagues in local agencies and at Scottish Government, Service Users and people in recovery, and carers. I would like to thank everyone involved for their commitment and vision.

Simon Bokor-Ingram
Director of Health and Social Care/ADP Chair.

1. Introduction

The Shetland Alcohol and Drug Partnership (SADP) is tasked with delivering a reduction in the level of drug and alcohol problems amongst young people and adults in Shetland, and reducing the harmful impact on families and communities. We are committed to working with the Scottish Government, colleagues across agencies, people in recovery and local communities to tackle the problems arising from substance misuse.

This strategy sets the direction for the development, delivery and review of services in Shetland for those who experience problems arising from substance misuse. Substance misuse includes alcohol, illicit drugs, prescribed medication, solvents and novel psychoactive substances. The strategy also encompasses support for children and young people who have problems arising from their own or others substance misuse, including that of their parents.

The strategy outlines high level actions that will help deliver on these tasks through our four key strategic aims of: -

1. Reducing prevalence of problem alcohol and drug use in adults by 5%, by 2020, through prevention, early intervention and detection;
2. Reducing alcohol and drugs related harm to children and young people;
3. Improving recovery outcomes for Service Users;
4. Reducing drug and/or alcohol related deaths and suicides to 2 or fewer a year by 2020;

2. National and Local Policy Context

2.1 National Policy Context

A number of national strategic plans for both alcohol and drugs underpinned the aims within our 2011 – 2015 strategy; 'Changing Scotland's Relationship with Alcohol'¹, 'The Road to Recovery'², 'Essential Care'³ and the 'Quality Alcohol Treatment and Support Report.'⁴ Since then the 'Review of Opioid Replacement Therapy'⁵ and the production of 'Quality Principles' for alcohol and drug services⁶ has given ADPs further guidance and support on ensuring the services and interventions delivered are of high quality and effective.

CORE OUTCOMES FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs)

1. HEALTH: *People are healthier and experience fewer risks as a result of alcohol and drug use: a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.*

2. PREVALENCE: *Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others: a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.*

3. RECOVERY: *Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use: a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.*

¹ Changing Scotland's Relationship with Alcohol; a framework for action (2009) Scottish Government

² The Road to Recovery (2008) Scottish Government

³ Essential Care (2008) Scottish Government

⁴ Quality Alcohol Treatment and Support Report (2011) Scottish Government

⁵ Review of Opioid Replacement Therapy (2013) Scottish Government

⁶ Quality Principles' for alcohol and drug services (2013) Scottish Government

4. FAMILIES: *Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.*

5. COMMUNITY SAFETY: *Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour: reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.*

6. LOCAL ENVIRONMENT: *People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.*

7. SERVICES: *Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery: services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.*

Achieving a number of the national outcomes would be significantly supported by addressing the problems associated with problem substance misuse and would in turn, support people to address these problems. More and better employment opportunities, children having the best start in life, longer and healthier lives, tackling inequalities, strong resilient communities and high quality and responsive public service will all contribute to reducing the harm caused by substance misuse.

The Children's and Young People's [Scotland] Act 2014 sets out the requirements for the establishment of the Getting it Right for Every Child [GIRFEC] named person role. The local implementation of this role and a reviewed and subsequently updated protocol on Children Affected by Parental Substance Misuse are in the process of being rolled out.

The process of Health and Social Care Integration will mean significant changes in how services are planned. A key principle within Integration is that of 'locality' based services. Health Improvement began a staged process of working within localities during the summer of 2014. This process is now finalised and all Health Improvement Practitioners are delivering Alcohol Brief Interventions amongst many other interventions within communities.

Funding will continue to be subject to ongoing constraints over the length of this strategy. All of our local alcohol and drug services are jointly funded through ADP and/or Shetland Islands Council funding allocations. A fund disbursement process ensures all services commissioned are meeting local need, are of high quality and effective. Over the coming years the ADP recognises future savings will need to be made however, we anticipate that alcohol and drug funding will remain a priority area within Scottish Government.

2.2 Local Policy Context:

The Alcohol and Drug Partnership is the lead strategic body for alcohol and drug issues in Shetland (SADP). It is located within the community planning structures in Shetland and functions as part of the Community Planning Partnership (Shetland Partnership Board). This allows for increasing joint planning and for addressing issues across the planning structures.

The ADP is made up of the following representatives: -

- (Chair) Director Health and Social Care, NHS/ Shetland Islands Council
- (Vice Chair) Shetland Area Commander, Police Scotland
- Chair of Shetland Alcohol and Drug Forum
- Prevention and Protection Station Manager, Islands – Scottish Fire and Rescue Service
- Director of Children's Services – Shetland Islands Council
- Executive Manager Housing – Shetland Islands Council
- Councillor/Elected Member, Shetland Islands Council x2
- Chief Social Work Officer, Shetland Islands Council.
- Executive Manager Criminal Justice, Shetland Islands Council
- Executive Manager Adult Social Work
- Service Manager of Mental Health, NHS
- Director of Public Health, NHS
- Chair of Community Alcohol and Drugs Services Shetland Board (CADSS)
- Manager, CADSS
- Procurator Fiscal (observer)

Within Shetland, alcohol and drug issues are addressed within a number of local plans and strategies. These include:-

- Integrated Children's Services Plan
- Child Protection Plan
- Adult Support and Protection Plan
- Shetland Community Safety Partnership's Annual Strategic Assessment
- Local Housing Strategy
- Health and Homelessness Strategy
- Prevention of Homelessness Policy (in draft format and maybe too low level?)
- Community Health Care Partnership
- Anti Social Behaviour Strategy
- Domestic Abuse Strategy
- Older Peoples Strategy
- Public Health/Health Improvement Ten Year Plan

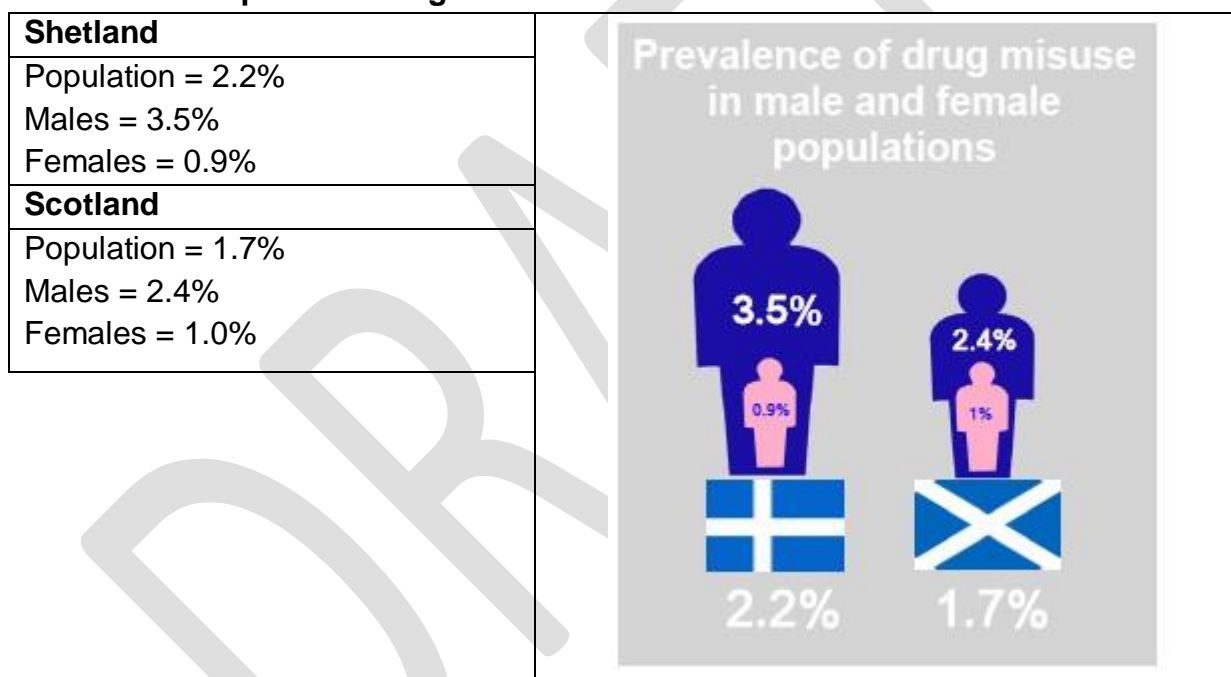
The Alcohol and Drug Forum brings together representatives from services and organisations with an interest in alcohol and drugs. This group is accountable to the ADP both for carrying out the actions required by the ADP and for bringing relevant issues to the attention of the ADP.

Besides the ADP and the Forum there are a number of small working groups that meet for specific projects: Novel Psychoactive Working Group meets monthly to monitor current trends and deliver awareness sessions accordingly; Education Mapping Group meets bi-monthly currently to strategically plan the current education programme for substance misuse within Schools and to identify gaps for future delivery; the Sudden Death Group meets bi-monthly to review deaths that are drug-related and/or suicide, (further details available in section 5).

3. Local Overview:

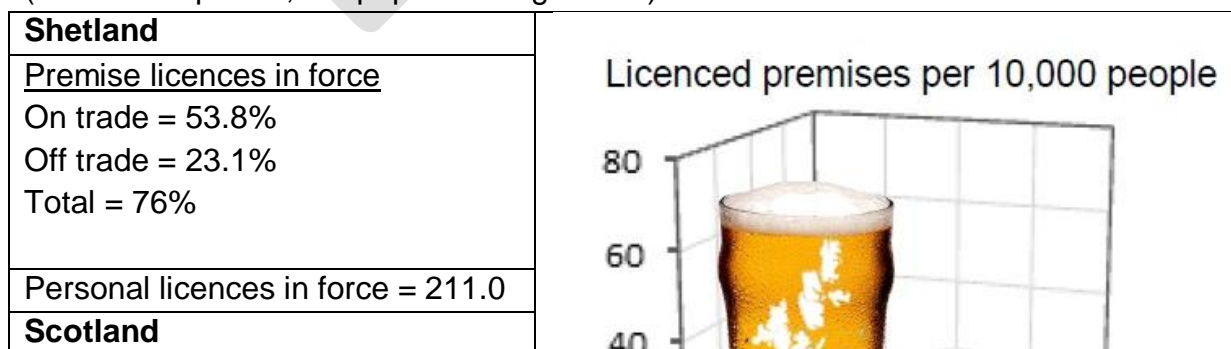
Below shows some key local data relating to alcohol and drugs in Shetland and how this compares to Scotland as a whole. The data presented will form part of the indicators that will allow the ADP to monitor performance and progress over the next five years. The local delivery plan (Appendix 1) outlines the full set of national and local indicators.

Prevalence of problem drug misuse in adults



Licensed premises:



(Crude rate per 10,000 population aged 18+)




<u>Premise licences in force</u> On trade = 26.6% Off trade = 11.4% Total = 38.0%	
Personal licences in force = 123.5	

Health:

(Age-sex standardised rate per 100,000 population)

Shetland	Scotland
Alcohol related hospital stays in 13/14 = 677.1	Alcohol related hospital stays in 13/14 = 696.6
Alcohol related mortality = 4.0	Alcohol related mortality = 21.4
<p style="text-align: center;">Alcohol-related hospital stays per 100,000</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>677.1</p> <p>Shetland</p> </div> <div style="text-align: center;">  <p>696.6</p> <p>Scotland</p> </div> </div>	

Children and Young People:

Shetland	<p style="text-align: center;">% of 15-year-olds who drink weekly</p> 
Child protection with parental drug and/or alcohol misuse = 65%	
Weekly drinkers aged 15 = 17.8%	
Scotland	
Child protection with parental drug and/or alcohol misuse	

= 39%	
Weekly drinkers	
aged 15 = 11.6%	

Deaths:

(Age-sex standardised rate per 100,000 population)

Shetland	Scotland
Deaths by suicide (2008 – 2012) = 24.1	Deaths by suicide (2008 – 2012) = 15.0
Drug-related deaths (2009 - 2013) = 0.06	Drug-related deaths (2009 - 2013) = 0.10

Deaths by suicide per 100,000 of population**Shetland****Scotland**

4. Strategic Aims

Our strategic aims have been developed through profiling Shetland against the Scottish National picture. This was agreed as although Shetland is similar geographically to Orkney and the Western Isles our substance misuse, in particular drug misuse, is very different. Therefore it was felt that profiling against Scotland would give us a more realistic benchmark to work towards.

Our strategic aims will be delivered through partnerships across different sectors, services and with Service Users and people in recovery. This section outlines our commitments to delivering our aims.

4.1 Strategic Aim 1;

‘Reducing prevalence of alcohol and drug use in adults by 5% by 2020, through early intervention and prevention;’

We will do this by: -

- Promoting healthier attitudes towards alcohol by creating positive, health-promoting cultures, for example Drink Better ‘Good Morning Shetland’ initiatives;
- Increasing the understanding of the risks of drug use, taking into account the current trends of Novel Psychoactive Substances;
- Tackling problems associated with the supply and availability of substances
- Tackling substance-related violence, crime and anti-social behaviour.

Our specific activities will be: -

- To refresh our Drink Better strategy and action plan using segmentation and social marketing techniques to create changes in attitudes towards substances;
- Production of local Alcohol and Drug Profiles to inform targeting of programmes and services;
- Review NHS and SIC Alcohol and Drug Policies;
- Review ADP input into Licensing decisions in Shetland;

- Refresh ADP Communication Strategy.

Our key performance indicators will be: -

- % of problem drug users (15yrs-64yrs);
- Individuals exceeding daily/weekly drinking limits;
- Individuals binge drinking;
- Individuals problem drinking;
- Number of Alcohol Brief Interventions delivered;
- Premise Licences in force (on and off trade);
- Personal Licences in force;
- Number of breached Licences;
- Number of alcohol related A&E attendances;
- Individuals drink/drug driving.

4.2 Strategic aim 2: -

‘Reducing alcohol and drugs related harm to children and young people;’

We will do this by: -

- Supporting the development of healthy environments which reduce initiation of alcohol and drugs use by children and young people;
- Ensuring children and young people affected by their own or parental substance use are identified and supported;
- Ensuring children and young people receive up to date, age appropriate and consistent messages regarding the risks of alcohol and drug use;
- Ensuring adults who have child care responsibilities, where there are child protection or wellbeing concerns for those children, will have priority access to treatment and support.
- Ensuring children and young people develop the skills to enable them to take risks as safely as possible and to develop resilience in order to reduce self-damaging behaviours.

Our specific actions will be: -

- Work with partners to facilitate joint learning and practice development across children and adult services to increase understanding of the potential impacts and risks of alcohol and drug misuse on families and children;
- Work across agencies on the delivery and implementation of the updated Getting Our Priorities Right protocol;
- Strengthen strategic planning across different partnerships;
- Review, update and refocus drug and alcohol education.

Our key performance indicators will be: -

- Drug use last month (pupils aged 15);
- Never tried drugs (pupils aged 15);
- Weekly drinking (pupils aged 15);
- Child protection cases with parental alcohol and/or drug use;

- % School age children and young people reporting positive outcomes from education sessions;
- Numbers of alcohol removals from young people.

4.3 Strategic Aim 3: - ***‘Improving recovery outcomes for Service Users;’***

We will do this by: -

- Continuing through our new Substance Misuse Recover Service (SMRS) to develop and monitor our Recovery Oriented Systems of Care through ensuring interventions align with policy recommendations and incorporate the Quality Principles;
- Improving health and ensuring testing, advice, immunisation and treatment support for those at risk from blood-borne viruses is available;
- Increasing post treatment opportunities for people in recovery;
- Ensuring quality of access to alcohol and drugs services and appropriate responses for vulnerable groups such as those fleeing violence and older drug users and/or those group with known higher prevalence i.e. drug and alcohol-related offenders etc;
- Improving support and involvement of those affected by another’s substance misuse;
- Reducing stigma through regular communications to the general public and advising media colleagues on non-stigmatising ways of presenting information.

Our specific actions will be: -

- Work with SMRS to support the implementation of the new DAISy system and individual recovery indicators;
- Review current needle exchanges and support available for individuals and families affected by BBV;
- Work with partners to develop interventions, both medical and psychosocial to support users of Novel Psychoactive Substances;
- Review the ongoing developments within Tier 2 services and wider support services i.e. Women’s Aid;
- Support and work alongside the Employability Pipeline project.

- Work alongside local media to promote positive messages of recovery and discourage poor reporting

Our key performance indicators will be: -

- Alcohol related hospital stays;
- Drug related discharges;
- Alcohol related A&E repeat attendances;
- Alcohol and Drug Treatment Waiting Times;
- Prevalence of Hepatitis C in people who inject drugs;
- Numbers of individuals in active treatment services;
- Numbers of individuals attending post treatment support/recovery groups.

4.4 Strategic Aim 4: -

Reducing drug and/or alcohol/suicide related deaths to 2 or less a year by 2020;

We will do this by: -

- Increasing knowledge amongst colleagues, Service Users and family members of the risk factors for drug-related deaths, recognising the signs of overdose, increasing availability of Naloxone and adopting learning from national and local data;
- Strengthening the work of the Sudden Death Group by ensuring members undertake service improvement and feedback processes across agencies;
- Reducing stigma through high profile events, awareness raising campaigns and appropriate media reporting.
- Develop protocols to ensure high risk individuals are assessed re medication/impulsivity/suicide risk

Our specific activities will be: -

- Work with service providers to ensure all Service Users and families are engaged in overdose prevention activities;
- Review the role and remit of the Sudden Death Group;
- Deliver high profile events i.e. Suicide Prevention Awareness Week across Shetland.

Our key performance indicators will be: -

- Alcohol related mortality;
- Drug related mortality;
- % of problem drug users with Take Home Naloxone;
- Numbers of suicides.

5. Drug and/or Alcohol Related Deaths and Suicides

5.1 Introduction: -

Drug-related deaths in Scotland have been unacceptably high in recent years. These deaths are preventable and ADP's have been tasked with developing a strategy to reduce deaths in their local area.

Most drug-related deaths occur in an accidental overdose situation whereas there are very rarely alcohol-related deaths associated purely with intoxication and these are much more likely to be as a result of experiencing end stage liver disease or cancers.

However, while the toxic effects of alcohol rarely cause deaths, accidents relating to intoxication, for example through road traffic accidents or house fires are avoidable.

Drug-related deaths in Shetland are primarily caused by poly-drug use, in particular opiates, benzodiazepines, alcohol, and more recently, Novel Psychoactive Substances.

Deaths from both alcohol and drugs can be prevented if we firstly reduce the number of people experiencing both problematic use and secondly ensure services are equipped to respond to those who develop problems. We believe our strategy aims to ensure both these objectives are fulfilled.

There are specific areas of work in which the ADP is involved which will contribute to prevalence of alcohol and/or drug problems: -

- Reducing access and availability: the ADP is represented on the Local Licensing Forum

- Culture change: the ADP takes a lead on the development and delivery of the Drink Better initiatives;
- A continued commitment to the delivery of Alcohol Brief Interventions (ABIs) in NHS and wider settings will ensure early identification of harmful and hazardous drinking;
- An ongoing development of an alcohol 'logic model', initially to show the impact of ABI's and now being developed to include wider service providers data;
- A continued commitment to work in partnership with the Community Safety and Resilience Board;

Shetland has the highest rate of suicide in Scotland. Local audits via the Sudden Death Group have highlighted long-term alcohol use in 34% of suicides since 2000.

The Sudden Death Group, chaired by the ADP Chair meets bi-monthly to review circumstances of individual deaths that are drug-related and/or suicide in Shetland. Any implications for policy or practice are then taken back through members to their organisations for progression. Alongside the Drug-Related Death Database, extensive data is collected locally with the aim of identifying potential preventative interventions. The group reports on progress against actions at every meeting.

5.2 Areas for Improvement: -

Due to the small numbers involved in Shetland caution should be taken when assessing trends. However a number of commonalities have enabled the Sudden Death Group to identify high level actions that will be taken forward over the next year: -

- Review Shetland Bereavement Policies to ensure Sudden Deaths are responded to appropriately;
- Establish which clients, in particular those with co-morbidities, are identified as the highest risk group and what risk management interventions are put in place;
- Develop a multi-agency 'Responding to Distress' protocol in relation to Commitment 19 of the Mental Health Strategy (2012-2015)

6. Monitoring Progress:

Supporting this strategy is an ADP Delivery Plan 2015 – 2018 (Appendix 1) which sets out our key activities, indicators and timescales against each of the Core Outcomes listed to address our strategic aims.

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target;
- Monthly reporting on ABI target;
- Quarterly performance report to ADP via ADP Quality Assurance Group;
- Quarterly financial report to ADP
- Quarterly Service Level Agreement monitoring meetings with commissioned services;
- Bi-monthly Service User group progress reporting;
- Annual alcohol and drugs profiling reports;
- Annual Reports based on the Strategy and Delivery Plan will be submitted to the NHS Board, Community Safety and Resilience Board and Scottish Government.

Appendix 1: Delivery Plan**Appendix 2: Shetland Alcohol and Drug Partnership: Services offered within Shetland (2015)**

Service Provided	Tier	Treatment Modality
ADP Support Team Prevention and education through events and campaigns	1	
Alcohol Brief Interventions Delivered through Health Centres, A&E, Maternity, Well North and other settings.	2	
Community Alcohol and Drugs Services Shetland (CADSS) Early Intervention and prevention, Families Affected by, Informal Community Support, Young Persons work	1,2,	
Gilbert Bain Hospital A&E, Occasional admissions to ward for start of alcohol detox treatment		
Health Centres Advice, support, treatment options, referrals to other services	1,2	
Health Improvement Drink Better, prevention and education through events and campaigns, smoking cessation, Keep Well Checks	1,2	
Housing Advice, Psychosocial support and signposting	1	
Mental Health Department Psychological therapies, dual diagnosis for alcohol, referrals to other services	1,2	
Shetland Community Bike Project (SCBP) Supported employment opportunities	1	
Substance Misuse Recovery Service (SMRS) Substitute prescribing, community detox, Psychosocial support, specialist GP service, Dual Diagnosis, Residential Rehab support.	3	1,2,3

Service Provided	Tier	Treatment Modality
Social Work Direct work with offenders where alcohol and drugs are an identified criminogenic need.	1,2	
Youth Services Support for young people	1	

Key:**1,2,3,4 Tier****1,2,3 Modality (Treatment Type)****Tier 1 Interventions: Information and advice, screening and referral by generic services****Definition:**

Include provision of drug-related information and advice, screening and referral to specialised drug treatment

Tier 2 Interventions: Open access, non-care-planned interventions**Definition:**

Include provision of drug related information and advice, triage assessment, referral to structured treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare

Tier 3 Interventions: Structured, care-planned drug treatment**Definition:**

include provision of community-based specialised drug assessment and co ordinated care planned treatment and drug specialist liaison

Tier 4 Interventions: Drug specialist inpatient treatment and residential rehabilitation**Definition:**

Provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare

Treatment Types for Tiers 3 & 4

- **Code 1 – Structured preparatory and motivational intervention:**
Planned intervention that stabilises the client or prepares them for further interventions
- **Code 2 – Prescribed drug treatment (including detoxification, maintenance or reduction programme:**
The prescribing of a substitute drug, (e.g. Methadone, lofexidine, subutex) for facilitating the complete cessation of the use of illicit drugs, controlling withdrawal symptoms or reducing illicit drug use

- **Code 3 – community based support and/or rehabilitation:**
Interventions that have the purpose of tackling the social and psychological problems faced by the client *(such as debt/benefit/relationship and family problems, relapse prevention or employability and training issues) e.g. structured day programmes, counselling, group work.
Clients may be in receipt of other treatment interventions in parallel with community based support and rehabilitation (e.g. substitute prescribing).
- **Code 4 Residential Detoxification and rehabilitation:**
Detoxification and/or rehabilitation that involves the client being admitted to a residential facility or hospital.

Appendix 3: Shetland ADP Funded Services 2015 - 2020

Alcohol and Drug Development Officer
Admin support

Community Alcohol and Drugs Services Shetland (CADSS)
Dogs Against Drugs (DAD)
Shetland Community Bike Project (SCBP)
Substance Misuse Recovery Service (SMRS)

Residential detox and rehab
Substitute prescribing unit costs

**Shetland Domestic Abuse Partnership
Community Safety Board Briefing Note DRAFT**

Issue/Topic:	Domestic Abuse & Gender-Based Violence
Author:	Dr Susan Laidlaw SDAP Acting Chair
Date of meeting:	CSRB – 25 th June 2015
<p>Background:</p> <p>The Shetland Domestic Abuse Partnership (SDAP) is a formal multi-agency approach to addressing domestic abuse and other forms of violence against women. The Partnership feeds into the Shetland Community Safety & Resilience Board (CSRB), the key strategic partnership with responsibility for the Safer strand of the Single Outcome Agreement (SOA).</p>	
<p>Current Situation:</p> <p>Capacity within the Partnership</p> <p>Capacity within the Partnership to implement the Domestic Abuse Action Plan is improving. There is currently an acting Chair and we now have some officer support from Community Development. We also now have input from the NHS Shetland Public Health Department to collect and collate data and will soon have elements of our training programme available on line which will reduce the amount of face to face training required.</p> <p>MARAC</p> <p>The SDAP continues to support the implementation of the Multi Agency Risk Assessment Conference (MARAC) process. The first three years of funding ran up to end March 2015, and the MARAC Steering Group heard at the end of that period that we had been awarded a further year's funding from the Government's Violence against Women and Children's Fund to run up to the end of March 2016. The Co-ordinator post now sits within the Adult and Child Protection Team, which provides a better level of support and sustainability than the previous arrangements. The Steering Group chairmanship and the Independent Advocacy post both sit within Women's Aid and there are arrangements in hand to ensure that male victims have access to Independent Advocacy through Victim Support.</p> <p>In the last quarter (January to March 2015) there have been six referrals (all female) to MARAC with seven children affected. The total number of clients in 2014 was 30, and the total number of children affected was also 30.</p> <p>Rape and Sexual Assault Short Term Working Group</p> <p>This group has been set up following a number of concerns raised through SDAP and the sexual health services. Work is ongoing to raise awareness, identify training needs for staff, improve the links between the services that victims might access and consider the pathways and options that are available to them.</p> <p>Strategic Planning</p> <p>The current Domestic Abuse Strategy and Action Plan run until March 2016. We are therefore about to undertake a needs assessment and review of current funding and services to inform a new Strategy for 2016, which will include the longer term funding requirements for MARAC. This work will also identify how Domestic Abuse work fits within the Health and Social Care Integrated Partnership and Community Planning / Community Safety structures in terms of both service delivery, support and resources; and Governance arrangements.</p>	
<p>Key Considerations:</p> <ul style="list-style-type: none"> • Development of a new strategy that is informed by local need and evidenced based practice to tackle domestic abuse and other forms of gender based violence in Shetland. • This will include the longer term future of MARAC 	
<p>Conclusions:</p> <p>Work on a new Strategy and Action Plan will identify the capacity required with SDAP, and the services need in Shetland in the context of decreasing funding; and different structures and ways of working.</p> <p>In the meantime, the work of the MARAC is being prioritised, to ensure that the individuals at highest risk due to domestic abuse in Shetland are identified and helped to keep safe.</p>	