

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)**  
**ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT**  
**2014**

Direction: Alcohol and other Drugs	Direction to: SIC and NHSS	Overall Budget allocated by IJB for Direction: £641,029
Reference Number: 1.13	Relevant Function(s): Substance Misuse Recovery Team, Health Improvement, Adult Social Work, Recovery Hub, Alcohol and Drug Development Officer	Review Date: March 2024
IJB Report(s) Reference Number: CC-23-23		
Date Direction issued/authorised by IJB: May 2023	Date Direction takes effect: 1 April 2023	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:  Supersedes CC-07-22-F (titled “Substance Misuse”)
<b>Purpose of Direction</b>		
<p>To deliver on the strategic priorities for Alcohol and Drug Partnerships (ADP), as set out by Scottish Government in the Rights, Respect and Recovery Strategy –</p> <ul style="list-style-type: none"> <li>• Fewer people develop problem drug or alcohol use</li> <li>• People access and benefit from effective, integrated, person centred support to achieve their recovery</li> <li>• Children and families affected by alcohol and drug use will be safe, healthy, included and supported</li> <li>• Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported</li> <li>• People who experience alcohol or drug related harm do not experience stigma or discrimination</li> </ul>		

## Accountability and Governance

Alcohol and Drug Services are included within the Integration Authority scheme of delegation, alongside other adult health and social care services provided by the NHSS and SIC. The ADP will ensure that effective oversight arrangements are in place to deliver the local strategy and will provide performance and financial reports to the Integrated Authority and Scottish Government.

The Scottish Government's direct funding to support ADP projects is transferred to NHS Boards via their baseline allocations for onward delegation to Integration Authorities (**IA**s) specifically for ADP projects.

Ministers are clear that the full funding allocation should be expended on the provision of projects and services which deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. A quarterly financial report against this funding is submitted to Scottish Government.

The allocation represents the minimum amounts that should be expended on these services and it is expected that additional resources, including funding, will continue to be invested in reducing alcohol and drug harms and deaths. Further, all of these resources should be invested transparently in partnership, and be informed by the evidence base to deliver priorities within local strategic plans and be based on an appropriate and current needs assessment.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>Provision of, via a variety of local partners –</p> <ul style="list-style-type: none"> <li>• Education programmes (including peer education) within schools and other young people's settings</li> <li>• Education programmes for parents and carers</li> <li>• Education programmes for delivery in the workplace/community groups</li> <li>• Drug detection and deterrent service</li> <li>• Supported work placements for those who experience multiple barriers to employment</li> <li>• Alcohol Brief Intervention (ABI) training (to support delivery as part of the Board targets)</li> <li>• Alcohol Screening</li> <li>• Supported behaviour change for low level alcohol use</li> <li>• Information and signposting</li> <li>• Engagement in to treatment</li> <li>• Alcohol and drug treatment programmes aligning to MAT (Medication Assisted Treatment) standards</li> <li>• Psychosocial interventions</li> <li>• Harm reduction interventions</li> <li>• Pre and post treatment support</li> <li>• Assertive outreach</li> <li>• Residential rehab</li> </ul>	<p>The overall objective is the delivery of local and national priorities to contribute to the Shetland Alcohol and Drug Partnership (ADP) vision -</p> <p>Every individual, family and community in Shetland should have access to:</p> <ul style="list-style-type: none"> <li>• a full and meaningful life without alcohol or drug related harm</li> <li>• dignified and respectful treatment free from stigma or discrimination</li> <li>• encouragement and support to find their own type of recovery</li> </ul> <p>Performance (measurable from existing data monitored locally through ADP, locally and nationally through Medication Assisted Treatment (MAT) standards and via ADP Annual Report)</p> <ul style="list-style-type: none"> <li>• Waiting times targets met</li> <li>• ABI targets met</li> <li>• Targets of third sector commissioned services met</li> <li>• Delivery of the Staying Alive in Scotland good practice indicators</li> <li>• Delivery of Drug Death Task Force recommendations</li> <li>• Delivery of Medication Assisted Treatment standards</li> <li>• Delivery of Recovery Orientated Systems of Care</li> <li>• Reduction in alcohol or other drug related hospital attendances</li> <li>• Reduction in alcohol or other drug related hospital admissions</li> <li>• Reduction in harmful and problem alcohol or other drug use</li> <li>• Reduction in Child Protection referrals/registrations/re-registrations in relation to parental substance use</li> <li>• Reduction in alcohol or other drug related harm</li> </ul>

<ul style="list-style-type: none"> <li>• Community engagement</li> <li>• Alcohol and Drug profiling projects</li> </ul> <p>Planning, monitoring and coordination of these activities is undertaken by the local Alcohol and Drug Development Officer</p>	<ul style="list-style-type: none"> <li>• Reduction in alcohol or other drug related deaths</li> <li>• Increase in illegal substances removed from circulation</li> <li>• Increase in those experiencing multiple barriers to employment entering training/education/paid or voluntary work.</li> <li>• Increase in lived and living experience input into service planning and provision</li> </ul> <p>Performance (measurable through engagement processes)</p> <ul style="list-style-type: none"> <li>• Reduction in stigma experienced by those affected by substance use</li> <li>• Increase in knowledge relating to substance use and harms, including how to access local and national support</li> </ul>
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## Improvement Plan

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Reduction in harm caused by alcohol and other drugs in Shetland.	Stabilise and mainstream IEP (Injection Equipment Provision) service	Sustainable IEP service in place end 23/24	Finance - Funding for substantive posts (1)		AOD-2324-1 Tackling Inequalities
	Development of wound-care pathway for people who use substances, this is collaborative work between A+E, Primary Care, Recovery Hub, SMRS	Pathway in place end 23/24	Workforce capacity – improvement work (2) System/professional acceptance of change (3)		Shifting the Balance of Care Best Value Engagement
	NFOD (Non-Fatal Overdose) expand information sharing pathway beyond SAS and SMRS so that people who have experienced a near fatal overdose are proactively followed up.	Possible Pathway expanded to include ?Primary Care ?Recovery Hub (currently under discussion) End 23/24	Workforce capacity – improvement work (2) System/professional acceptance of change (3) IT and Information sharing inadequacy (4)		
	Naloxone distribution – collaborative work with pharmacies, looking at: <ul style="list-style-type: none"> <li>Pharmacy provision and governance</li> <li>Training for pharmacist distributors</li> </ul>	Clear, effective network for Naloxone distribution in place end 23/24	Workforce capacity – improvement work (2) System/professional acceptance of change (3)		

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	Implementation of ABI action plan by Health Improvement Team.	<p>Short-term: Roll out of ABI training to priority groups (A+E, Maternity, Primary Care) 23/24</p> <p>Medium term – Improvement in ABI target 24/25.</p>	<p>Workforce capacity – improvement work (2)</p> <p>System/professional acceptance of change (3)</p> <p>IT and Information sharing inadequacy (4)</p>		
	<p>Improve support for children and young people affected by parental substance use. Improvement work based on local review of national whole family approach guidance and 2018 needs assessment and lived experience, priorities:</p> <ul style="list-style-type: none"> <li>• Upskilling staff</li> <li>• Resource sharing</li> <li>• Understanding current situation to support consistent approach</li> </ul> <p>Local investment in: Mind Your Head for Young People support and</p>	<p>Input into Joint Strategic Needs Assessment led by Public Health 23/24</p> <p>Complete scoping of local needs, informed by above, ADP develop action plan 23/24</p>	System/professional acceptance of change (3)		

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	Shetland Women's Aid provision for children and young people.				
Improve outcomes for people who experience problems with alcohol or other drugs	Stabilise and mainstream Recovery Hub service	Recovery Hub service remains available to deliver on MAT standards  23/24		Recurring funding exists within budget however staff are on temporary contracts	AOD-2324-2 Tackling Inequalities Shifting the Balance of Care Best Value
	Work with Advanced Nurse Practitioner with special interest in Public Health (ANP wsi PH) to improve access to and uptake of health services (see Community Nursing Direction)		Workforce capacity – core service (5)		Engagement Prevention/ Early Intervention
	Understand issues around employment opportunities for people accessing Medication Assisted Treatment (MAT) – scope challenges through discussion with Recovery Hub, service users, SMRS and employment services.	Q2 23/24	Workforce capacity – improvement work (2)  Stigma (community and employers) (6)		
Protect vulnerable people from harm and exploitation	Raise awareness and provide information in the community about drug related crime, coercion, and exploitation. Encourage people to report	Engagement by frontline services with offered training	Lack of engagement from Community (7)		AOD-2324-3 Tackling Inequalities Shifting the

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	<p>suspected exploitation to the police.</p> <p>Information, education and communication informed by local and national intelligence around need.</p>	<p>23/24</p> <p>Community engagement with materials and comms. 23/24.</p>	<p>Stigma (community and professionals) (8)</p>		Balance of Care
Children and young people have access to high quality education around alcohol and other drugs, delivered effectively by schools and other settings.	Offer support, advice and consultation on development, delivery and evaluation of alcohol and other drug education by services that support children and young people (including but not limited to schools).	<p>Maintain effective links with education input into ADP</p> <p>Continue to relay national discussions to local providers to support development, Ongoing</p>	<p>Workforce capacity – improvement work (2)</p> <p>Stigma (community and professionals) (8)</p>		<p>AOD-2324-4</p> <p>Prevention/ Early Intervention</p> <p>Best Value</p>



Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
<p>Support the local Licensing Board to fulfil its duty to promote the five licensing objectives:</p> <ul style="list-style-type: none"> <li>• preventing crime and disorder</li> <li>• securing public safety</li> <li>• preventing public nuisance</li> <li>• protecting and improving public health and</li> <li>• protecting children from harm</li> </ul>	<p>Scrutinise applications for alcohol licenses in Shetland and offer expertise to the licensing board in their decision making process.</p> <p>Comments will be made in collaboration with Public Health, aiming to support members to uphold its duty, particularly in relation to:</p> <ul style="list-style-type: none"> <li>• protecting and improving public health and</li> <li>• protecting children from harm</li> </ul>	<p>Input into all licensing applications</p> <p>Ongoing</p> <p>Support development around alcohol and Public Health as and when requested by Licensing Board 23/24</p>	<p>Workforce capacity (5)</p>		<p>AOD-2324-5</p> <p>Best Value</p>
<p>Improve outcomes and reduce inequalities by the consistent delivery of safe and accessible drug treatment and support.</p>	<p>Local implementation and reporting of MAT standards – this includes work undertaken by the ADP, by SMRS, by the Recovery Hub, and Pharmacy teams among others. This work is extensively reported to Scottish Government in line with their evolving reporting requests. (these can be shared if requested, and will be summarised in the ADP Annual Report).</p>	<p>Standards and reporting still evolving, continue to engage with process.</p> <p>Ongoing.</p>	<p>Workforce capacity – improvement work (2)</p> <p>Workforce capacity – core service (5)</p>		<p>AOD-2324-6</p> <p>Tackling Inequalities</p> <p>Prevention/ Early Intervention</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
	Regional and National engagement to ensure best outcome for Shetland population within national standards.				
ADP workforce is able to support planning, coordination and improvement work.	<p>Monitor demands as MAT standard reporting etc evolves, to understand workforce requirements, and support effective prioritisation.</p> <p>Targetted project/scoping work only to go ahead where resource is available, local Alcohol and Drug Development Officer will coordinate work across the ADP to make best use of resources</p>	ADP continues to function under pressure. 23/24	<p>Workforce capacity – improvement work (2)</p> <p>Workforce capacity – core service (5)</p> <p>Finance - Funding for additional work (1)</p>		AOD-2324-7

#	Risk	Consequences	Control Measures
1	Finance - Funding for substantive posts	Experienced staff unable to continue due to instability of work. Services unable to continue due to staffing. Poorer outcomes for service users – inconsistency and instability of services. Poorer outcomes for service users due to loss of “hub” effects on network/system.	Continue discussions with finance and Scottish Government re: stability of recurrent funding and risks to organisation of temporary/substantive contracts.
	Finance - funding for additional work	Small teams lack economies of scale to be able to engage with additional project work. Opportunities missed due to limited capacity, unable to pursue project work due to timescales, short term funding (and/or related recruitment challenges). “Ring-fenced” funding may not be Shetland-appropriate, Shetland has poorer outcomes/less improvement due to inability to use full extent of available funding, or funding not available at scale to make significant difference (e.g. extent of MAT standards reporting exists across all boards, burden experienced more significantly in smaller teams)	Continue good relationships across ADP, health and care system and beyond to support matching of finance to viable project work where possible. Feedback within regional and national forums re: remote and rural and island board impact of funding allocations. Encourage ADP service to engage with Health and Social Care Workforce Planning processes to support service modelling for the future.
2	Workforce capacity – improvement work	Teams/individuals do not have capacity to engage with improvement work, services, networks and system do not improve, poorer outcomes for people who use alcohol and other drugs, with increased health inequalities	Use strength of system and ADP network to share learning and support protected time for improvement wherever possible. Actively manage risks through Health and Social Care Integrated Workforce Planning and implementation processes. Continue to engage with regional and national partners to share learning. Proactive sharing of data re: impacts of work to support buy in and prioritization by organisations. Protection of staff time to undertake core work where capacity is limited, escalating risk of non-progress against improvement plan where appropriate.

			Pursue funding where available to support capacity for improvement work.
3	System/professional acceptance of change	Changed ways of working/pathways/ processes are not embedded or viable due to poor uptake despite need. Service users experience poorer outcomes. Uncertainty or confusion around service change contributes to poorer outcomes, negative experience of services, less likely to engage in the future.	Involvement of all key partners in change and improvement work. Encourage staff engagement in partner services through regular team meetings, involvement in change, and individual level supervision and appraisal process to understand development needs and aspirations linked to organisational priorities. ADP communication and media strategy to share outcomes and work.
4	IT and Information sharing inadequacy	Pathways stall due to inability to share information appropriately between systems/organisations. Services unable to support people as a network due to poor information sharing – increased load on manual sharing means increased risk of individuals being missed or inequality of outcomes.	Continue work to develop and share robust Information Governance practices across organisations. Support development of productive relationships between teams/across pathways where IT is inadequate. Engage with digital strategy development where opportunity arises.
5	Workforce capacity – core service	System pressures/demand mean core service is limited, urgent/emergency work has to be prioritised and prevention/early intervention opportunities are missed. We do not achieve shift towards prevention, people have poorer outcomes. Urgent/emergency care need increases, service is unviable.	Engage with recruitment support where funding is available. Actively manage risks through Health and Social Care Integrated Workforce Planning and implementation processes. Gather and share data around demand and capacity to understand and articulate magnitude of risk and inform service and workforce planning. Effective prioritisation so those with most capacity to benefit receive services. Continue work with communities and third sector to expand support options available outwith services

6	Stigma (community and employers)	People who use alcohol and other drugs have poorer outcomes, and inequalities increase, as opportunities are not available due to community understanding, preconceptions and judgements. Lack of engagement from community with work to support people, vulnerable people are not protected from harm.	Careful use of ADP communication and media strategy. Continue engagement with Safer Shetland around child and adult protection.
8	Stigma (community and professionals)	People who use alcohol and other drugs have poorer outcomes, and inequalities increase. Shetland fails to move towards prevention/early intervention due to lack of understanding, preconceptions and judgements making it more difficult for people to access help that they need. Education around alcohol and other drugs does not enable positive outcomes for Shetland.	Continued engagement with education and children and young people's services, sharing any external resources appropriately. Careful use of ADP communication and media strategy. Engagement with trauma-informed practice networks, and input into professional groups to build understanding and decrease stigma. Continue to proactively offer access to free national training around alcohol and other drugs and stigma specifically.