

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)**

**ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

<b>Direction:</b> Alcohol and other Drugs	<b>Direction to:</b> SIC and NHSS	<b>Overall Budget allocated by IJB for Direction:</b> <b>£692,451</b> SIC - £179,594 NHS - £512,857
<b>Reference Number:</b> 1.13	<b>Relevant Function(s):</b> Substance Use Recovery Service, Health Improvement, Adult Social Work, Recovery Hub, Alcohol and Drug Development Officer and Assistant	<b>Review Date:</b> March 2025
<b>IJB Report(s) Reference Number:</b> CC-35-24		
<b>Date Direction issued/authorised by IJB:</b> 22 August 2024	<b>Date Direction takes effect:</b> 1 April 2024	<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b>  Supersedes Direction 1.13 (IJB Report Ref. CC-23-23-F)
<b>Purpose of Direction</b>		
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 – <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 (**IAs**) 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)

- Deliver the strategic priorities for Alcohol and Drug Partnership

Directions	Outcomes and key actions	Performance Monitoring and Indicators	Challenges & Opportunities – inc. Risks and Finance
Provision of, via a variety of local partners – <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> </ul>	The overall objective is the delivery of local and national priorities to contribute to the Shetland Alcohol and Drug Partnership (ADP) vision -  Every individual, family and community in Shetland should have access to:	Planning, monitoring and coordination of activities is undertaken by the local Alcohol and Drug Development Officer.  Performance (measurable from existing data monitored locally through ADP, locally and nationally through Medication	<b>Challenges:</b> Workforce capacity – improvement work System/professional acceptance of change IT and Information sharing inadequacy

<ul style="list-style-type: none"> <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 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> <li>• Community engagement</li> <li>• Alcohol and Drug profiling projects</li> <li>• Support for families, children and young people affected by another person's substance use</li> </ul>	<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>Reduction in harm caused by alcohol and other drugs in Shetland.</p> <ul style="list-style-type: none"> <li>• Development of wound-care pathway for people who use substances, this is collaborative work between A+E, Primary Care, Recovery Hub, SURS</li> <li>• Near Fatal Overdose (NFOD - Scoping exercise with local partners to identify/develop NFOD pathways.</li> <li>• Naloxone distribution – collaborative work with pharmacies, looking at:  Pharmacy provision and governance</li> </ul>	<p>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-</li> </ul>	<p><b>Finance &amp; Risk:</b></p> <p>Experienced staff unable to continue due to non-recurrent funding. Services unable to continue due to lack of staffing. Poorer outcomes for people who access services – inconsistency and instability of services.</p> <p>Funding pressures on provision of residential rehab.</p> <p><b>Opportunities:</b></p> <p>Continue to engage with regional and national partners to share learning.</p> <p>Positive sharing of data re: impacts of work to support buy in and prioritisation by organisations.</p> <p>Continue work with communities and third sector to expand support options available outwith services.</p>
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	<p>Training for pharmacist distributors</p> <ul style="list-style-type: none"> <li>• Provision of support for children and young people affected by parental substance use (in line with Whole Family Approach Framework).</li> </ul> <p>Raise awareness and provide information in the community about drug related crime, coercion, and exploitation.</p> <p>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> <p>Input into all licensing applications.</p> <p>Local implementation, delivery and reporting of MAT standards – this includes work undertaken by the ADP, by SURS, by the Recovery Hub, and Pharmacy teams among others. This work is extensively</p>	<p>registrations in relation to parental substance use</p> <ul style="list-style-type: none"> <li>• Reduction in alcohol or other drug related harm</li> <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>	<p>Work with Oral Health Improvement Team to improve access to oral health services and reduce inequalities.</p>
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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).

Refresh Residential Rehab pathways

Regional and National engagement to ensure best outcome for Shetland population within national standards.

### Shifting Balance of Care

This Direction links to the following Shifting Balance of Care work streams:

<b>Project ref</b>	<b>Service/Programme</b>
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PJR0017	System Workforce Planning
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