

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot



NAME OF ADP: Shetland

Key contact: ADP Co-ordinator
Name: Wendy McConnachie
Job title: Alcohol and Drug Development Officer
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I. DELIVERY PROGRESS REPORT

1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please select those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input type="checkbox"/>
Events/workshops	<input type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details...	
Other	<input checked="" type="checkbox"/>

Local media

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify...

We marked international overdose awareness day with social media activity, local media releases, a community candlelit event in a public park and naloxone training drop in sessions.



Many of our activities centred around local and social media, taking every opportunity we can to raise awareness, challenge stigma and encourage compassion.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- | | |
|-------------------------------------|-------------------------------------|
| Teaching materials | <input type="checkbox"/> |
| Youth Worker materials/training | <input type="checkbox"/> |
| Promotion of naloxone | <input checked="" type="checkbox"/> |
| Peer-led interventions | <input checked="" type="checkbox"/> |
| Stigma reduction | <input checked="" type="checkbox"/> |
| Counselling services | <input type="checkbox"/> |
| Information services | <input checked="" type="checkbox"/> |
| Wellbeing services | <input type="checkbox"/> |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> |

The ADP fund a peer education project, which delivers harm reductions education in schools and other young people's settings. The ADP also fund Dogs Against Drugs (charity) to deliver educational workshops in schools and in other young people's settings, in communities and in workplaces.

The following training courses were delivered by Scottish Drugs Forum, on behalf of the ADP –
Understanding stigma – promoting inclusive attitudes and practice
Drugs awareness
Introduction to trauma and working with people who use substances
Children and families affected by parental substance use
Staying alive in Scotland

CREW2000 delivered harm reduction training on behalf of the ADP.

1.4 Please provide details of where these measures / services / projects were delivered.

- | | | |
|---|-------------------------------------|------------|
| Formal setting such as schools | <input checked="" type="checkbox"/> | |
| Youth Groups | <input checked="" type="checkbox"/> | |
| Community Learning and Development | <input type="checkbox"/> | |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> | |
| Online or by telephone | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Workplaces |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

1.6 What proportion of license applications does Public Health review and advise the Board on?

- | | |
|------|-------------------------------------|
| All | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/> |
| Some | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

It would be beneficial if Public Health were consulted on occasional licenses and variations to licenses, rather than just new licenses. Variations to a license can range from a change to operating hours to commencement of a home delivery service for alcohol, so the impacts can be wide and varied.

Alongside reviewing and advising the Board regarding new license applications, both Public Health and the ADP, are keen that more focus be placed on ensuring that the five licensing objectives that apply in Scotland, are met at the point of application and during the continued operation of a licensed premises.

The ADP commissions, via the local authority, third sector organisations to deliver alcohol and other drugs education within schools and other young people's settings. However, it would be useful if there was a national curriculum for alcohol and other drugs education, to ensure consistency of core education, in advance of the ADP's enhanced provision.



2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input checked="" type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...

ABI delivery has been challenging, however there are plans to commission a piece of improvement work in the next financial year.

Off-island travel is required to access fibro scanning.



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|-------------------------------------|--|
| Feedback / complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires / surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group / forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Informally using social media, feeding back through services and through the ADP co-ordinator. |

For family members:

- | | | |
|--------------------------------------|-------------------------------------|---|
| Feedback/ complaints process | <input checked="" type="checkbox"/> | |
| Questionnaires/ surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group/ forum | <input checked="" type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Informally using social media, feeding back via services, the ADP co-ordinator and the FAB group. |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Feedback is welcomed, and is actively sought where appropriate. If necessary, feedback is shared with services involved. Importance is placed upon sharing positive feedback as well as negative, especially at a time where services are stretched and morale may be compromised. The ADP created case studies using feedback from parents seeking support for their children who were affected by parental substance use. These case studies formed the basis of understanding need around service provision. The implementation of experiential data collection for Medication Assisted Treatment standards will greatly improve local feedback.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- | | | |
|--|-------------------------------------|---------------------------|
| Planning, I.E. prioritisation and funding decisions | <input checked="" type="checkbox"/> | |
| Implementation, I.E. commissioning process, service design | <input checked="" type="checkbox"/> | |
| Scrutiny, I.E. Monitoring and Evaluation of services | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

Please give details of any challenges (max 300 words)

There is lived experience representation on the Alcohol and Drug Forum, which works in partnership with the ADP. Terms of Reference for both groups are currently being refreshed, to ensure that the advisory and consultation element of the Forum is formalised. Developing and expanding lived experience networks and panels is challenging in rural areas, so this is an area the ADP are focussing on via the Recovery Hub and Community Network.



2.5 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- a) Yes ☒
No ☐

b) If yes, please select all that apply:

- Peer support / mentoring ☐
Community / Recovery cafes ☐
Naloxone distribution ☒
Psychosocial counselling ☐
Job Skills support ☐
Other ☒ Harm reduction worker, focussing on naloxone and IEP

A new post has been created at the Recovery Hub and Community Network, funded by the additional funding streams from Government. Lived experience of substance use will be included in the desirable criteria. This post is likely to be filled early in the next financial year.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The Recovery Hub and Community Network provides naloxone and wound care advice/dressings. An enhanced IEP service will commence in the next financial year. Wound checking and advice is available from our NHS Drug service and there are GPs, ANPs and practice nurses on site.

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

The Community Mental Health Team and the NHS substance use service have joint clinical management. Supporting the team, there is a GP with special interest in dual diagnosis and a consultant psychiatrist. A consultant psychologist also works closely with the substance use team and attends



weekly risk meetings. In the coming year, there are plans to appoint a mental health nurse to the substance use team.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes ☒
No ☐

Please provide details (max 300 words) The NHS substance use service is part of the Community Mental Health Team and as such, work closely with CPNs in the team. Two members of staff within the NHS substance use service undertook an access to counselling qualification, with plans to commence further training next year. In the coming year, there are plans to appoint a mental health nurse to the substance use team.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

The NHS substance use team forms part of the community mental health team, with joint clinical management. The ADP part-fund a consultant psychiatry post, which is based within the community mental health team and supports the NHS substance use service. Staff from the community mental health team attend weekly risk meetings and there is a joint approach to providing support.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒
No ☐

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

The Recovery Hub and Community Network has continued to increase it's reach during 2021/22. Recovery groups include a women's recovery group, a women in recovery group which is abstinence based (at the request of the women who were accessing the Recovery Hub) and a cocaine anonymous group, which is an autonomous, peer-led group. In addition, a social evening is held weekly where people eat together, chat, craft or play games. Feedback from people who attend groups is that they are gaining a peer support network outside of the organised groups. The recovery Hub and Community Network led on international overdose awareness day, with people from recovery communities volunteering at the event.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services ☐
The majority of services ☒
Some services ☐
No services ☐

Please provide a summary of progress (max 300 words)



Work on delivering the National Trauma Training Framework continues with promotion of the Shetland Trauma Training Pathway, which guides practitioners to the relevant online training materials for their practice needs. Trauma Informed level training is for everyone. For staff completing the skilled level modules (workers who are likely to be coming into contact with people who may have been affected by trauma), reflective practice sessions with a Clinical Psychologist are also available.

The next step for services having completed skilled level training, is to consider taking a trauma informed lens to their whole service area, which involves working in partnership with those with lived experience. Colleagues in justice social work undertook this piece of work, conducting a series of interviews with people who have lived experience of the justice system in Shetland. Feedback was largely positive, reflecting a team of staff who bring their values around person-centred care to their work. An action plan has been developed following the service review. This includes improvements in how to access buildings and support around the court process.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- | | |
|--|--|
| Alcohol harms group | <input type="checkbox"/> |
| Alcohol death audits (work being supported by AFS) | <input type="checkbox"/> |
| Drug death review group | <input checked="" type="checkbox"/> |
| Drug trend monitoring group / Early Warning System | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details... |

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

It was agreed in partnership with AFS, that rather than undertake a data capture, Shetland would undertake real time alcohol death reviews, using the same framework that is used locally for drug death reviews. However, the drug death review process is undergoing a refresh. This will ensure that there is engagement with all services that were involved in a person's life, ensure that governance is strengthened and ensure that accountability for implementing learning points is appropriately assigned. Once the process has been agreed and resource has been identified, alcohol death reviews will commence.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

The Drug Death Co-ordinator/ADP Co-ordinator is informed of a suspected drug related death by Police Scotland. A full audit process is then undertaken which includes information from police, social work, primary care, substance use services, mental health and A&E/hospital admissions and other services where appropriate. If the individual is found to have involvement with more than two services, a timeline of every contact/engagement with all the relevant services is compiled.

The audit is presented to a multi-agency Sudden Death Audit Group, which also has responsibility for reviewing suicides. Learning points are fed back to appropriate agencies via representatives on the group. Actions arising from learning points are assigned appropriately and monitored by the Sudden Death Audit Group.



The audit process is currently undergoing a refresh. This will ensure that there is engagement with all services that were involved in a person's life, ensure that governance is strengthened and ensure that accountability for implementing learning points is appropriately assigned.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

With the increasing workstreams and requests from Government and Public Health Scotland, it is becoming increasingly challenging to focus on both delivery and reporting. In addition, the lateness of confirmation of funding, the non-recurring nature of funding, the use of the NRAC formula and monies awarded being insufficient to fund whole posts or fund development and delivery, makes it extremely challenging to develop, plan and implement service improvements.



3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes ☐
No ☒

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes ☐
No ☒

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP chair attends the child protection committee. The ADP vice chair is a member of the children's partnership. The ADP co-ordinator and lead officer for child protection meet to share information and collaborate with training and service improvement. The children's plan explicitly refers to joint working with partnerships around substance use, and substance use is one of the indicators within the plan. All local strategic plans align with the local partnership plan. Indicators within the partnership plan are the reduction of child protection cases involving alcohol or drug use and a reduction in people who are drinking at harmful levels.

Going forward, in order to develop the Whole Family Approach Framework, it is expected that the ADP Co-ordinator (who also has a lead officer role) will become a member of the Children's Partnership.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved ☒
Stayed the same ☐
Scaled back ☐
No longer in place ☐

3.6 Did the ADP have specific support services for adult family members?

a) Yes ☒
No ☐

b) If yes, please select all that apply below:

Signposting ☒
One to One support ☒
Support groups ☒
Counselling ☐
Commissioned services ☒
Naloxone Training ☒



Other

☐

Please provide details...

3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved ☒
- Stayed the same ☐
- Scaled back ☐
- No longer in place ☐

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

The funding has not been utilised as yet, as although it is recognised that there is a gap in service provision for children affected by parental substance use, it is not clear at this point what the gap is ie. lack of resource, requirement to upskill existing teams/staff, lack of packages/resources to use when supporting children, or all of the above.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

The ADP will work with the Children's Partnership in the coming year, to undertake a more in-depth audit, looking at support services that are not specific to substance use, to understand where children are currently receiving support and where there are instances that existing services cannot meet their needs.

b) If no, when do you plan to do this?

Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice



4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes ☐

No ☐

No prison in ADP area ☒

Please provide details on how effective the arrangements were in making this happen (max 300 words)
Although there is no prison in the area, justice social work colleagues provide throughcare support either on a compulsory or voluntary basis. Access to naloxone is included in the range of support provided.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- | | |
|---|---|
| Information sharing | <input checked="" type="checkbox"/> |
| Providing advice/ guidance | <input checked="" type="checkbox"/> |
| Coordinating activities | <input checked="" type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Access is available to non-fatal overdose pathways upon release | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details |

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- | | |
|-----------------------------|---|
| Information sharing | <input checked="" type="checkbox"/> |
| Providing advice/ guidance | <input checked="" type="checkbox"/> |
| Coordinating activities | <input checked="" type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Other | <input type="checkbox"/> Please provide details |

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Diversion from prosecution is utilised locally, where appropriate. Justice Social work routinely undertake cell visits for individuals who have appeared in court and have been remanded in custody. Part of the visit will be to assess healthcare needs, including any needs relating to substance use. This is then shared with the relevant prison, to enable timely access to support upon entering prison. A piece of work has commenced, to develop a custody liaison and support service. This will mean that people who are in police custody or who have been remanded awaiting transfer to prison, will have access to a substance use nurse. People who are involved with justice social work can access free gym and leisure centre membership.

Diversion From Prosecution ☒



- | | |
|---------------------------------|---|
| Exercise and fitness activities | <input checked="" type="checkbox"/> |
| Peer workers | <input type="checkbox"/> |
| Community workers | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> Please provide details... |

c) Upon release from prison (please select all that apply)

Everyone due for release from custody to Shetland, if not already subject to statutory throughcare, is offered voluntary throughcare. An agreement exists between the Scottish Prison Service and the Local Authority that shares details of those due for release from custody within the next few months. The local justice support worker writes to every individual with an appointment on the day of arrival in Shetland. The support worker will liaise with the NHS substance use service and offer support to access this service, as part of their throughcare support plan. In addition, people returning from prison will be asked if they need naloxone and will be offered support to access a range of services including, for example, housing, food bank and job centre.

The support plan also engages family as required and with the express agreement of the individual. This usually takes the form of planning for prison release and developing a positive support network.

Information sharing also exists between the prison based health centres and the local NHS substance use service.

People who are engaged in throughcare, can access free gym and leisure centre membership.

- | | |
|---------------------------------|---|
| Diversion From Prosecution | <input type="checkbox"/> |
| Exercise and fitness activities | <input checked="" type="checkbox"/> |
| Peer workers | <input type="checkbox"/> |
| Community workers | <input type="checkbox"/> |
| Naloxone | <input checked="" type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> Please provide details... |

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).
Click or tap here to enter text.

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	485,311
2021/22 Programme for Government Funding and National Mission Funding	218,634
Additional funding from Integration Authority	
Funding from Local Authority	163,974
Funding from NHS Board	24,295
Total funding from other sources not detailed above	
Carry forwards	247,321
Other	
Total	1,139,535

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	67,000
Community based treatment and recovery services for adults	501,323
Inpatient detox services	28,918
Residential rehabilitation (including placements, pathways and referrals)	77,166
Recovery community initiatives	
Advocacy services	
Services for families affected by alcohol and drug use (whole family Approach Framework)	32,300
Alcohol and drug services specifically for children and young people	
Drug and Alcohol treatment and support in Primary Care	
Residential Rehab	
Whole family Approach framework	
Outreach	
Other	104,331
Total	811,038

Additional finance comments

£355,709 carried forward through IJB. That leaves a £27,212 overspend which was on detox and residential rehabilitation, which were funded through Local Authority and NHS Board and additional allocation of £24,422.

