**SHETLAND ALCOHOL & DRUGS PARTNERSHIP (SADP)**

**TERMS OF REFERENCE**

**Revised June 2016**

1. **Background**
	1. NHS Boards are required to establish and support a local Alcohol and Drugs Partnership (ADP) in each local authority area to support their Community Planning Partnership (CPP) in tackling the issues of alcohol and drugs misuse in the local community recognising that a multi-agency approach is needed to achieve the outcomes required.

1.2 The role of the ADP is to have an oversight of substance misuse issues and service delivery locally, to undertake strategic planning activities and to advise the partners.

1.3 In Shetland, SADP has fulfilled this role since 2009 bringing together representatives of Shetland NHS Board (the Health Board), Shetland Islands Council (the Council), Police Scotland, Highlands and Islands Fire and Rescue Service and the Procurator Fiscal Service.

1.4 In June 2015, Shetland’s Health and Social Care Partnership Integration Joint Board (IJB) was formally constituted as a public body under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and on 20 November 2015, the IJB approved its first Strategic Plan and assumed responsibility for the functions delegated to it under the terms of the Act. Under the terms of the Act, a wide range of the health and social care functions of the Council and the Health Board are delegated to the IJB. The delegated functions include alcohol and drugs. This means that responsibility and authority for all strategic planning and commissioning decisions with regard to alcohol and drugs services for the Council and the Health Board rests with the IJB.

#####  remit of SADP

2.1 To plan, co-ordinate and stimulate local action on drug and alcohol misuse.

2.2 To assess the level of drugs and alcohol misuse within the Shetland Islands based on established data collection methods and from time to time, specific commissioned research.

2.3 To determine the social and economic consequences for individuals, families and communities and make arrangements for appropriate, innovative, flexible services to meet their needs and to provide constructive challenge to service providers.

2.4 To facilitate effective consultation, specifically through the Drugs and Alcohol Forum and that the views of interested parties are taken into account as appropriate. This includes service users, their families/carers and independent sector service providers.

2.5 To facilitate consultation and collaboration between the statutory partner organisations.

2.6 To draw up appropriate strategies to tackle the social and economic consequences of substance misuse, drawing on best practice from national and international sources and set that out in an annual Substance Misuse Local Delivery Plan.

2.7 To recommend allocating the approved financial resources made available by the partners to meet the priorities as described in the Local Delivery Plan.

2.8 To monitor the impact and effectiveness of the various service delivery models and consequences through effective performance management arrangements. This may involve challenging individual agencies and promoting risk taking advocating new and innovative practice.

2.9 To oversee communication methods on safe practices, harm reduction and harm minimisation.

2.10 To oversee training programmes, methods and coverage to ensure individuals, families, carers, communities, organisations and professional groups have access to all the information they need.

2.11 To challenge local perceptions and promote a genuine community led approach to tackling drug and alcohol misuse.

2.12 To make recommendations to the statutory agencies for decisions as required.

2.13. To establish and maintain links with other relevant partnerships i.e. Child Protection/Adult Support and Protection Committees to improve safety, wellbeing and promote recovery.

#####  COMPOSITION

**SADP Membership**

* 1. SADP membership comprises:
* Chief Officer of the IJB, Director of Community Health and Social Care
* Chief Inspector/ Area Commander Police Scotland
* Assistant District Officer, Highlands and Islands Fire and Rescue Service
* Head of Planning and Modernisation, NHS Shetland
* Alcohol and Drugs Development Officer, NHS Shetland
* Service Manager Mental Health, NHS Shetland
* Director of Children’s Services, SIC
* Executive Manager Adult Social Work, SIC (representing Chief Social Work Officer, SIC)
* Team Leader Children and Families Social Work, SIC
* Head Children’s Services, NHS
* Executive Manager Housing, SIC
* Executive Manager Criminal Justice, SIC
* Procurator Fiscal Service (observer)
* Public Health Principal, NHS Shetland
* Clinical Director, Mental Health, NHS Shetland
* Team Leader, SMRS

3.2 Members of SADP will be able to nominate a substitute if they are unable to attend a meeting of SADP subject to the agreement of the Chair.

**Chair and Vice-chair**

3.3 A Chair and Vice-chair will be appointed by the members of SADP from among their number every two years.

3.4 Individual members of SADP may serve multiple terms as Chair / Vice-chair.

**Lead Officer**

3.5 The Lead Officer for SADP is the Alcohol and Drugs Development Officer.

3.6 The Lead Officer will support the Chair/Vice-chair arranging meetings, preparing agendas and making sure all papers are issued a week in advance of each meeting with late submissions accepted only with the agreement of the Chair/Vice-chair.

**Records of SADP meetings**

3.7 A minute will be taken at every meeting of SADP and approved at the next formal meeting of SADP.

3.8 An Action Tracker will be maintained and reviewed at every meeting of SADP.

3.9 The records will be subject to Freedom of Information Requests and the Lead Officer will arrange responses to any requests for information about SADP.

**In attendance**

3.10 Other representatives of the partner agencies, service providers and other stakeholders will be expected to attend meetings of SADP as required depending on the agenda and subject to the agreement of the Chair/Vice-chair.

3.11 Representatives of national agencies including the Scottish Government will be invited to attend depending on the agenda.

**4. Frequency of Meetings**

4.1 SADP will meet six weekly or as agreed by SADP.

 The dates will be set a year in advance.

4.2 Additional meetings will be arranged as required following discussion with the Chair.

4.3 Requests for items to be included on the agenda should be made through the Lead Officer and their inclusion on agendas will be at the discretion of the Chair.

1. **QUORUM**

5.1 The quorum for a meeting will be 5 members including representatives of at least 2 of the partner agencies.

Substitutes will be allowed by agreement with the Chair/Vice-chair.

5.2 If neither the Chair nor Vice-chair is available for a particular meeting, SADP may appoint a chair for that meeting only from among those members present at the meeting.

**5. RESOLUTION OF CONFLICT**

5.1 The discussion of agenda items will be carried out with the aim of reaching consensus. Where consensus is not reached, the Chair will identify the area of disagreement and this will be noted in the minute.

5.2 Any areas of disagreement and any unresolved issues will be brought to the attention of the Shetland Partnership and individual partner agencies as appropriate through reports prepared by the Lead Officer in discussion with the Chair.

ENDS