

## Outer Hebrides ADP Funding Application Pack 2014 - 2015

### Contents:

1. Funding Information	Page 2
2. Outer Hebrides Alcohol & Drug Partnership (ADP) Funding 2014 – 2015	Page 3
3. Guidance notes for Outer Hebrides ADP grants 2014 – 2015	Page 4
4. About the Outer Hebrides ADP	Page 5
5. Funding Eligibility and Marking Criteria	Page 6

### Annexes:

Annex A: Agreed Core Outcomes for Alcohol Drug Partnerships	Page 8
Annex B: National Quality Standards	Page 9
Annex C: Out of Hours Drop In Service Specification	Page 10
Annex D: Glossary of Terms	Page 11
Annex E: Further Reading	Page 12

## 1. Funding Information

- Funding is for the period June 2014 – March 2015. (Subject to agreement of funding levels by the Scottish Parliament and successful evaluation of the project)
- Before submitting your application please ensure you have read all the guidance and completed the application in full.
- Successful applicants will be expected to provide half yearly reports and return statistics when required. Failure to do so will jeopardise your grant.
- The deadline for applications is Friday 30<sup>th</sup> May 2014.

Please Note - Late applications will not be accepted.

- **Please return your completed electronic application to:**

Email: [karen.peteranna@nhs.net](mailto:karen.peteranna@nhs.net)

Karen Peteranna  
ADP Administrative Assistant

- **Please also send a signed copy to:**

Karen Peteranna  
ADP Administrative Assistant  
Health Promotion  
Block 11  
Laxdale Court  
Stornoway  
Isle of Lewis  
HS2 0GS

**Please contact if you have any further questions:**

Suzanne Macaulay / Karen Peteranna  
ADP Development Officer  
Email: [smacaulay@nhs.net](mailto:smacaulay@nhs.net) or [karen.peteranna@nhs.net](mailto:karen.peteranna@nhs.net)  
Tel: 01851 76 2021 / 76 2022

## 2. Outer Hebrides Alcohol & Drug Partnership (ADP) Funding 2014 - 2015

The Outer Hebrides Alcohol & Drug Partnership (ADP) wishes to receive funding applications for 2014 – 2015 from organisations to develop recovery based services covering the Lewis and Harris areas in order to support people affected by problematic alcohol and drug use, in line with the strategic priorities outlined in the Outer Hebrides ADP 2011 – 2015 Strategy.

The Outer Hebrides ADP has monies available to develop the following new pilot services in Lewis and Harris:

- A drop in facility for problem drinkers and substance users who are in recovery.
- A service to offer evening and weekend support to problem drinkers and substance users who are in recovery

These services could be provided by a partnership or by individual organizations and premises, including kitchen/ café facilities, may be available for use in the Stornoway town centre during this period.

Applicants should have:

- suitably qualified and trained staff
- experience in delivering substance related services or recovery based services

What do we mean by recovery? We mean a process through which an individual is enabled to move on from their problem alcohol or drug use, towards an alcohol or drug-free life as an active and contributing member of society. Furthermore, it incorporates the principle that recovery is most effective when service users' needs and aspirations are placed at the centre of their care and treatment. In short, an aspirational, person-centred process.

Closing date for funding applications is Friday 30<sup>th</sup> May 2014.

Funding packages for these pilot services will be from June 2014 until March 2015 subject to agreement of funding levels by the Scottish Government and successful evaluation of the project. Your bid should detail planned development of the service over the period June 2014 – March 2015.

For application packs and further information please visit [www.outerhebadp.co.uk](http://www.outerhebadp.co.uk). The website contains information on suggested further reading relevant to this funding.

Please contact if you have any further questions:

Suzanne Macaulay / Karen Peteranna  
ADP Development Officer

Email: [smacaulay@nhs.net](mailto:smacaulay@nhs.net) or [karen.peteranna@nhs.net](mailto:karen.peteranna@nhs.net)

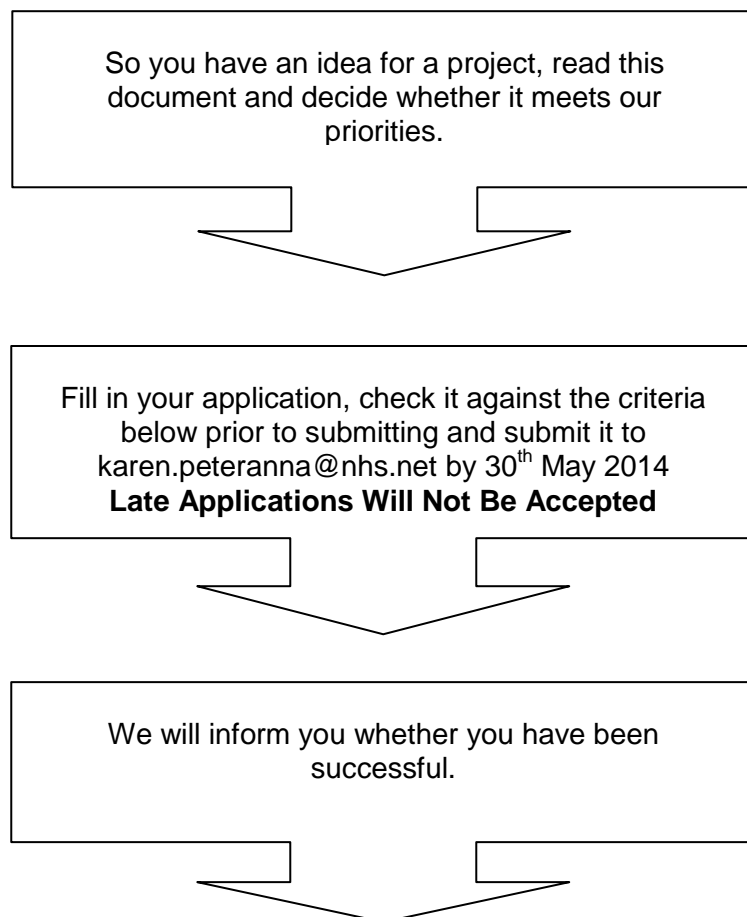
Tel: 01851 76 2021 / 76 2022

### 3. Guidance notes for Outer Hebrides ADP grants 2014 - 2015

#### Introduction

This guide is for organisations that want to apply for a grant from the Outer Hebrides Alcohol and Drug Partnership (ADP). This guide will help you understand the application process and provide key information about the grants. Please read this guidance before you complete the application form.

#### The Application Process



#### 4. About the Outer Hebrides ADP

The continued investment by Scottish Government of significant earmarked funds provides an opportunity for ADP's to make considerable progress towards nationally agreed core outcomes and local outcomes. The Road to Recovery drugs strategy, Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol, the National Delivery Framework for Alcohol and Drug Delivery and the Quality Alcohol Treatment and Support (QATS) report continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland.

The Outer Hebrides ADP plays a significant role in the local delivery of national addiction strategies to tackle drug and alcohol misuse problems. Its members are drawn from a wide range of statutory and non- statutory agencies and groups.

#### Vision

The Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced

#### Our aim is to:

- Prevent problems arising from substance use
- Reduce problems and harm caused by substance use

The ADP is committed to the following:

- To ensure that the needs of service users are central to its work.
- To be impartial and fair in dealing with all stakeholders.
- To foster open and meaningful partnerships with all stakeholders.
- To encourage new and imaginative solutions to the problems associated with substance misuse.

As part of this commitment the ADP wishes to develop high quality local services amongst partners we are therefore looking for applications that fulfil the following priorities and criteria as well as committing to the National Quality Standards for Substance Misuse Services.

#### Strategic Priorities for ADP

This funding relates to the Outer Hebrides ADP's priority areas for action:

##### 1. Early Years:

- Children
- Children affected by parental substance use

##### 2. Early intervention:

- Young people
- Families and young people affected by substance use
- Vulnerable groups
- Harmful and hazardous drinkers and substance users

##### 3. Problem drinkers and substance users:

- Dependent Drinkers and Substance Users
- Persistent heavy drinkers and persistent substance users

## 5. Funding Eligibility and Marking Criteria

Before completing your application please check you are eligible by going through the following criteria, which will also be used as our marking criteria. Questions in the application form relate to each of the marking criteria below, e.g. Question 1 in application form will be marked against Question 1 below.

### 1. Project Description

The project has clear aims and objectives that contribute to the overall vision and aim of the ADP

**(6 max)**

### 2. Your organisation

The application is led by a statutory body or a constituted community/voluntary/ charitable organisation and must provide a copy of its constitution (where applicable).

**(1 max)**

The organisation has a proven track record in delivering drug and alcohol services

**(1 max)**

The organisation has staff who have qualifications or training relevant to the proposed project

**(1 max)**

### 3. Equality and Diversity

The proposals are fully inclusive and do not discriminate:

**(1 max)**

The service is accessible to clients

**(1 max)**

If your service is targeted to a specific geographical area or particular group please submit evidence of locally identified need

Please include an Equality and Diversity Impact Assessment

### 4. Types of service

The proposed project contributes to the achievement of key strategic priorities of the ADP as outlined in Section 4 of the application form.

If the project does not show evidence of contribution to the key strategic priorities the proposal is not eligible for further consideration

1 mark for evidence of contribution 4 marks for quality of service provided

**(5 max)**

### 5. Partnership

The proposed project shows evidence of a multiagency approach in ensuring an integrated service for clients.

2 marks if it shows a multi-agency approach or planned partnership working

**(2 max)**

### **6. Target Group**

The application outlines the number of people likely to receive the service

**(2 max)**

### **7. Need**

Proposals are based on identified need. Please include evidence of these including needs assessments where appropriate.

**(2 max)**

### **8. Outcomes and health gain**

The application outlines the expected outcomes and health gain people are likely to achieve when in receipt of this service. Please refer to Core Outcomes for Alcohol & Drug Partnerships. **Please include both quantitative and qualitative information** (if both are not provided then the application will be scored down)

**(7 max)**

### **9. Activities and timescales**

Programme Planning – Activities & Timescale must be SMART

**(5 max)**

### **10. Monitoring and evaluation**

The application is able to demonstrate how the project is to be evaluated, and clearly explains how outcomes for clients will be evidenced

**(4 max)**

### **11. Budget**

The application has a clear budget and planned expenditure

**(1 max)**

If match funding has been applied for the proposal must include evidence of this

**(No score)**

### **12. Sustainability**

The proposal has a clear exit strategy to ensure service for clients beyond the current financial year.

**(1 max)**

**TOTAL: 40**

## Annex A:

### Agreed Core Outcomes for Alcohol Drug Partnerships: *The National Delivery Framework for Alcohol and Drug Delivery* <http://www.scotland.gov.uk/Publications/2009/04/23084201/0>

- 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. CAPSM: 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.
- 8. SERVICES: Alcohol and drugs 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.



## **Annex B:**

### **National Quality Standards**

#### **Standard Statement 1**

You will be provided with all the information you need to help you decide about using the service.

#### **Standard Statement 2**

You will have all the information you need about arrangements for ending your contact with the service.

#### **Standard Statement 3**

You will be able to access safe, quality surroundings when engaging with the service.

#### **Standard Statement 4**

You will be involved in a full assessment which makes sure that decisions about your care and support are based on your needs.

#### **Standard Statement 5**

You will receive a written personal plan that clearly sets out what the service will provide to meet your needs.

#### **Standard Statement 6**

The service will work with you to achieve the jointly agreed actions in your personal plan.

#### **Standard Statement 7**

You will be able to discuss and plan your long-term support with service staff, involving your family, other organisations, services or representatives as appropriate.

#### **Standard Statement 8**

You will receive quality support and care.

#### **Standard Statement 9**

The service will work with a wide range of partners, including other services, so that your needs are met.

#### **Standard Statement 10**

The service you receive has been designed with you, your family, and the needs of the local community in mind.

#### **Standard Statement 11**

Your views will be sought in order to constantly monitor the type, delivery and development of services.

## **Annex C (Service Specification):**

### **Out of Hours Drop In Service for Substance Users Covering Lewis and Harris**

#### **Introduction**

The Outer Hebrides ADP is undergoing a transformation in its approach to improving the lives of individuals, families and communities affected by drugs and alcohol. This service specification is based on three core objectives:

- i) Prevent the onset of drug/alcohol problems and intervene early when they rise;
- ii) Regulate the supply of illicit drugs and alcohol; and
- iii) Support and empower people to overcome entrenched problems.

#### **Vision**

The Outer Hebrides ADP wishes to build strong and mutually supportive relationships with highly skilled providers who are able to develop evidence-based but innovative interventions that are responsive to changing patterns of drug and alcohol use. Providers will deliver a core range of specialist interventions that will be embedded within a wider framework of mainstream health/ social care services, community led assets (voluntary associations etc.), peer support and self-help initiatives. Providers will coordinate this range of approaches to deliver a straight-forward pathway that is easy for people to navigate and clearly demonstrates a highly attractive and achievable alternative to the culture of addiction. Recognising how drug/alcohol problems not only affect individuals but impact on their families and communities, providers will enable people to take responsibility for addressing their holistic needs and building the personal strengths needed to maintain strong and sustainable recoveries from drug/alcohol problems.

#### **Specification framework**

This specification does not present a prescriptive model; instead, it outlines the outcomes The ADP wishes to achieve and the core principles and parameters of service delivery. Providers will use their specialist expertise to creatively develop safe and effective ways to deliver these outcomes in collaboration with partners. As well as having problems, individuals, families and communities affected by drugs/alcohol also have strengths and assets that should be embraced to regenerate and improve lives. Providers are therefore required to identify, empower, encourage and foster these assets within communities as part of their solutions to reducing harms and enabling recovery.

Strong and sustainable recovery clearly requires more than the alleviation of dependency and involves addressing issues that led people into drug/alcohol use (such as trauma and bereavement) and the risk factors that could lead to relapse.

Therefore, a fundamental feature of the interventions will be the close relationships with related services (health, housing and employment) and community assets (such as voluntary associations) that can help address these problems and build protective strengths.

The Outer Hebrides ADP appreciates the challenges providers will face in implementing these aspirations and will work collaboratively with providers in order to realise shared ambitions.

## **Annex D:**

### **Glossary of Terms**

#### **i. ABI (Alcohol Brief Intervention):**

An alcohol brief intervention is described as a short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

#### **ii. Hazardous drinkers:**

- A person who drinks more alcohol than the recommended limits;
- A person whose level of alcohol consumption or pattern of drinking will increase their risk of harm if the current drinking habits continue;
- People who are not currently experiencing any adverse effects due to their drinking, but who would at an increased risk of certain illnesses in the medium – long term if they continued to regularly exceed the recommended limits.
- People who engage in binge drinking

#### **iii. Harmful drinkers:**

- Harmful drinking is a pattern of drinking that causes damage to health (either physical or mental)
- Excessive drinking
- Already caused damage to the individual concerned.

## Annex E:

### Further Reading:

1. Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services  
<http://www.cosla.gov.uk/system/files/private/l131122item09appendix.pdf>
2. The Road to Recovery drugs strategy  
<http://www.scotland.gov.uk/Publications/2008/05/22161610/0>
3. Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol  
<http://www.scotland.gov.uk/Publications/2009/03/04144703/0>
4. The National Delivery Framework for Alcohol and Drug Delivery  
<http://www.scotland.gov.uk/Publications/2009/04/23084201/0>
5. Quality Alcohol Treatment and Support (QATS) report  
<http://www.scotland.gov.uk/Publications/2011/03/21111515/0>
6. Outer Hebrides ADP Strategy  
<http://www.outerhebadp.co.uk/resources/publications-of-interest/>