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Statement of Purpose

The Hull & East Yorkshire Council for Drug Problems exists to provide locally accessible and accountable opportunities for individuals and families to address substance related problems, including dependence and thereby live more resourceful lives.

In order to fulfil this purpose, the Council for Drug Problems will:

- Provide a range of services including referral to appropriate providers of services, that are delivered in a way that meets individual needs.
- Make the maintenance of confidentiality one of the constant aspects of our service provision.
- Assist users of substances to gain a sense of their self worth and attain levels of personal responsibility for, and control over, their lives that enables acceptance and integration into their community and wider society.

Recognise the skills and commitment of our staff as central to our ability to achieve this mission.

Chair's Forward

Once again I have the privilege of introducing readers to the annual report of the Hull and East Yorkshire Council for Drug Problems. Within these pages you will find recorded an outline of our activity over the last year. The story told is not the kind of tale about drugs that most people have come to expect because this story is a positive one. The formula of success involves taking a group of hard working and highly skilled people. Mix this with a range of methods that are tried and tested. Create an atmosphere that does not threaten or put off those you are seeking to help and you adhere to a philosophy that respects those seeking help in the knowledge that if they are to make long lasting changes to their lifestyles they need to feel that they own the choices that help them along the way.

I recently outlined the positive things that are happening in our area to a TV production company who had decided to make a programme in Hull. It was of course a one sided dialogue. Apparently Hull is the drug capital of Britain. There are drugs on every street corner and a population of hapless dupes who take them. It need hardly be said that in the eyes of the TV Company nothing is being done about it. The United Nations suggests that for every 1 million people in Europe there are less than 20 drug related deaths. The equivalent figure in the USA is 59 deaths per million. Hull is not the Bronx or some other Hollywood imagined inner city ghetto. We have successes and we need to point them out. Nevertheless I am always telling people that there are no easy solutions to the drug problem. That you can lead a horse to water but you can't make it drink and there simply is no magic pill that can remove problems that have been long developing and can be slow to recede. However, if we could bottle that formula we would have a winner on our hands.

Dr Philip Guy
Chair
Hull and East Yorkshire
Council for Drug Problems

The CDP as a Value-Based organisation

Vision

Of safe, sustainable, liveable and healthy lifestyles, families and communities.

Where individuals take responsibility for their futures and are self reliant and active.

A programme and service provision that is both responsive and readily accessible.

A charity infrastructure that realises its potential to be democratic, effective, collaborative and accountable.

Internal Vision

The Charity's dedicated and skilled employees thrive in a creative and supportive work environment, where they are able to deliver the highest service quality and value.

The Charity promotes innovation, learning and results.

Values

The Charity is a value-based organisation:

- Focus on our clients
- Uses resources wisely
- Treat employees and clients fairly and equitably
- Create beneficial partnership opportunities
- Create a culture of accountability, innovation and excellence

Planning Context for the CDP

The Council for Drug Problems spans localities covering rural, urban and coastal communities.

The area is served by two Unitary Authorities:

- Kingston Upon Hull City Council
- East Riding of Yorkshire Council

The East Riding of Yorkshire Council is the largest Unitary Authority by area in England and Wales, being in excess of 2,400 square kilometres and with a population of over 310,000 people.

Predominantly agricultural with residential centres based on small market towns, villages and coastal towns.

No. of people per hectare	1.3
England and Wales average	3.4

The rural aspect of the East Riding leads to a number of important factors to be taken into account in project planning:

- Awareness levels and expectations of substance treatment services among rural residents.
- The absence of sustained rural service provision resulting in suspicion of “imported” services.
- Urgent need to provide accessible and appropriate advice information and support services coupled with enhanced concern for confidentiality. Fear of vigilantism.
- Difficulty finding acceptable premises.
- Travel costs
- Difficult to recruit, train, manage and support staff.
- Staff feelings of isolation.
- Staff lack immediate support structures.
- Physical distances over which staff need to operate

Hull

The City of Hull has a population of 243,000 living in an area of 7,145 hectares. It has developed as a major sub-regional centre for the relatively remote East Riding and Humber region.

The city is faced with tackling a number of key social issues in the areas of crime and poor health.

Hull Issues:	Hull	England
Population (1996-2001)	Reduction 7%	Increase 1.5%
Empty homes	6.6 %	3.2%
Unemployment	6.0%	2.7%
Adults on Income Support	16%	10%
5 GCSEs at A-C Grade	28.9%	50%
Poor numeracy (Age 16-60)	32%	24%
Total crimes per 10,000	1.928	1.011
Deaths under age 75	120.1	100

The area is served by four local Primary Care Trusts:

- Eastern Hull Primary Care Trust
- West Hull Primary Care Trust
- East Yorkshire Primary Care Trust
- Yorkshire Wolds and Coast Primary Care Trust

The Local Drug Action Teams (DATs)

The Hull & East Riding Drug Action Team's, currently one body, is in the process of splitting in order to merge with the Community Safety Partnerships, forming two strategic bodies for Hull and East Yorkshire.

There will be budget differentiation between Hull and East Yorkshire with the possibility of a Pace of Change Agreement controlling the process.

National Strategic Drivers

National Treatment Agency for Substance Misuse (NTA)

(A special health authority, established by government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England)

NTA Priorities: The NTA will focus on the following nine priorities:

- Integrated care: To develop a co-ordinated system of treatment in all areas of the country, incorporating a range of treatment options as outlined in the service framework, Models of care.

Access to treatment: To double the number of people accessing treatment between 1998 and 2008.

- Effectiveness: To increase the proportion of people completing or appropriately continuing treatment.
- Efficiency: To increase the efficiency of the treatment system – indicated by reduced waiting times.
- Information management: To develop effective local information systems that will meet both local business planning and national performance monitoring needs.
- Diversity: To ensure that the diverse needs of the whole population are reflected in the planning and provision of treatment.
- Service user and carer involvement: to ensure that service users and carers are involved in the planning of services and development of policy.
- Treatment for offenders: to ensure that drug misusing offenders have access to treatment and that treatment agencies and criminal justice agencies appropriately share information.
- Capacity: To recruit an additional 3000 practitioners to the drug treatment workforce and retain and develop those currently in the sector.

The Criminal Justice Interventions Programme (CJIP)

Hull, having been identified as one of the 25 high crime DAT's is now establishing integrated CJIP teams to co-ordinate individual offenders through care/aftercare. This is to be consistent with the integrated care pathway approach as outlined in Models of Care. CJIP funding is designated for the reduction in offending and developing this Criminal Justice arm of treatment.

Other Drivers: Charity Reform
Active Communities Directorate
Parenting Fund

Cross Cutting Treasury Review
Future Builders
Every Child Matter

The next few pages focus on three development areas of CDP activity....

Firstly the continued development of Models of Care (MoC), in line with the last two Annual Reports. The staff team at the CDP have embraced Models of Care with enthusiasm, contributing to it's implementation locally on several levels.

Within Models of Care the CDP core will be taking on a key function of screening, risk assessment, prioritising and referral, (triage).

This section also includes brief outlines of two new service developments. Both rely on a partnership approach and extend the opportunities for innovative and more intensive work with service users.

The year began with setting up the Floating Support Service (Dual Diagnosis) within East Yorkshire in conjunction with Hull and East Yorkshire Mind.

The year ended with gaining a contract to provide a through care and aftercare service within the Criminal Justice Interventions Programme. This will involve working in an integrated team of Statutory and Independent sector providers. This takes the CDP back into work within the Criminal Justice System in a way that has not happened for some ten years.

Both of these projects will have literature of their own that will explain in more detail, their full range and scope.

Models of Care

Models of Care (MoC) was introduced by the NTA in 2002 and sets out a National Framework for the Commissioning of adult treatment for drug misuse in England. This framework was established to enhance the planning, commissioning and provision of treatment services.

Treatment is defined as “a range of interventions intended to remedy an identified drug related problem or condition relating to a persons physical, psychological or social (including legal) well being”.

Models of Care introduced a four tier system for treatment services and identified a range of treatment modalities. This approach is based on a needs lead philosophy and recognises that service users may require access to a number of tiers simultaneously, e.g. needle exchange (Tier 2), structured counselling (Tier 3) and housing services (Tier 1).

Planning and co-ordinating care should facilitate access based on client need. Good systems of care planning and co-ordination will ensure that these services are client centred and not determined by the modality's provider. Explicit links will be established and publicised about the different care pathways in order to promote an integrated treatment system.

The CDP have become increasingly aware of how Models of Care will change practice, and it is expected that the triage assessment and referral process within the Tier System will be undertaken by the CDP.

Being an open access service, the CDP fits in to the Tier System at Tier 2. Models of Care acknowledges, probably for the first time, that complex and chaotic drug users often present to open access services at times of crisis, where a high level of competence is needed to provide safe and effective management. “Tier 2 services require competent drug and alcohol specialist workers. This tier does not imply a lower level than in Tiers 3 and 4 services. Indeed many of the functions within this Tier require a very high level of professional training and skill”. (Models of Care P.17).

Triage Assessment

This is a filtering process that aims to establish which intervention or Tier of service would be most appropriate and best suit an individual drug or alcohol user.

The assessor carrying out the triage assessment is accountable for the outcome of the assessment and the choice of treatment programme.

Aims of the Level 2 Assessment

- Identify and respond to emergency or acute problems
- Identify risks to the substance user or others
- Ensure appropriate referral based on the level of expertise and intensity of the intervention required
- Route drug and alcohol users with more complex needs into an enhanced care co-ordinated programme of care, including a comprehensive assessment
- Allow individuals with less complex needs to access less structured services (e.g. advice and information and harm reduction services)

Supporting People and Floating Support

Supporting people is a working partnership of local government, service users and support agencies. It offers the chance of improved quality of life for vulnerable people through greater independence. In particular by promoting housing related support services:

- Budgeting help and form filling
- Appointment with diary management
- Help with practical tasks and skill development
- Access to social, recreational, vocational and educational activities
- Advocacy
- Confidence building
- Good neighbour skills
- Tenancy Management
- Emotional Support

The CDP in partnership with Hull & East Yorkshire Mind is providing a Floating Support Service across East Yorkshire for people with a dual diagnosis (a drug or alcohol problem and mental health problems).

The outreach team works with people in their own homes and community. Flexibility is a key feature of the teams approach. The team provides a complementary service, rather than acts as a substitute, for other health, social or community support agencies. However, it can provide a greater degree of actual client contact time than most other professionals.

More about CJIP

The Criminal Justice Intervention Programme (CJIP) is a three-year programme that aims to help reduce crime by providing support and treatment to drug users. This programme is considered to be a world's first, bringing together the courts, prison service, the national probation service for England and Wales, police, treatment providers, aftercare support services and drug action teams.

To be delivered at a local level through Criminal Justice Integrated Teams (CJIT) consisting of personnel from a range of organisations and using a case management approach CJIP will work to provide offenders with a continuity of care and support from pre-arrest through to sentence completion and beyond.

Central to this approach are throughcare and aftercare, which aims to provide tailor-made treatment based on the best available assessment of an individual's health and support needs.

The CDP closed the financial year by successfully winning the contract to deliver this aspect of CJIP in Hull. The throughcare/aftercare element will be known as arena and by working in the arena of everyday life, aims to provide very practical throughcare and aftercare services.

Linked to the team of four fulltime staff will be a team of up to twelve volunteer mentors that will be recruited and trained in a collaboration between the CDP and Hull Compact Ltd.

Another very new element of this contract is the provision of a 24 hour freephone telephone line: 0800 6126126.

This project capitalises on and extends the CDP approach to working with drug users, their partners and families. An approach that looks at treatment in the widest and most inclusive sense.

Student Practice Placements

The CDP has three practice teachers on the Staff Team, and for many years we have seen the provision of placements as an important role for the Agency.

Our association with the Social Work Department at Hull University is long standing and as the changes in the MA programme in social work unfold, we look forward to a continued collaboration.

Students can gain both personally and professionally from the challenging environment presented by the Open Access and Outreach Service mix at the CDP. The Agency provides scope to address issues of dual diagnosis, black and minority ethnic group concerns (including asylum seeker and refugees), parents and carers, rural, criminal justice and commercial sex workers. In addition to targeted outreach brief interventions, the full range of case managed client work is available.

Statistical Summary

Telephone Information & Support (% change over 2002/03)

Self	714	+25%
Parent/Family	257	no change
Professional	155	-42% *

(* change in way recorded: figure excludes referrals)

On-going Face to Face Client Work

Self	720	+1%
Parent/Family	213	+7.5%
Professional	282	-5%

Gender

Male	663	
Female	339	(33.3% of total)

Area

Hull	770
Bridlington	124
Other East Yorkshire	334
Not Given	59

Street Outreach

Contacts	1171	+28%
Contacts with Injectors	561	+39%

	2003/04	2002/03	2001/02
Allocated to Key Worker	56%	54%	42%
Single Session	28%	23%	30%

A Special Thank you for financial support.....

Hull and East Riding Drug Action Teams
Comic Relief
East Riding of Yorkshire Council
Health Action Zone
Hull City Council
Yorkshire Wolds and Coast Primary Care Trust
West Hull Primary Care Trust
Floating Support
Criminal Justice Intervention Programme
University of Lincolnshire
University of Hull
St John the Evangelist Church Sewerby
Sir James Reckitt Charity
Saffda
Preston Road NDC
Humberside Learning Consortium
Hull Jubilee Aid in Sickness Fund
Hull Charterhouse

Financial Information

Growth in Prime Charitable Activity:

	1999	2000	2001	2002	2003	2004
Income change over previous year	£291,774	£246,916	£253,513	£287,514	£329,323	£395,671%
		-15.4	2.7	13.3	14.7	20.1
Income adjustment for RPI		£246,916	£249,042	£277,700	£307,833	£359,384
% change over previous year			0.9	11.5	10.9	16.7
Amount of 'added value'		£31,501	£79,315	£57,166	£37,891	£81,959
% of unadjusted income		12.8	31.3	19.9	11.5	20.7
WTE's employed at year end	9.15	8.73	6.63	9.46	10.48	10.98
% change over previous year		-4.6	-24.1	42.7	10.8	4.8

NB. RPI: Retail Price Index (adjusting for inflation)
 WTE: Whole Time Equivalent
 'Added Value': Relates to grants or contracts secured by the CDP, which are in addition to statutory funded activity. The management see these additional activities as enhancing or adding value to our core ongoing business.

Statement of Financial Activities

(incorporating Income & Expenditure Account)

	Unrestricted funds £	Restricted funds £	Endowment funds £	Total funds 2004 £	Total funds 2003 £
Incoming resources					
Donations	2,250	1,578	-	3,828	3,623
Activities to further the charity objects:	36,325	346,268	-	382,593	314,367
Activities to generate funds:	6,145	-	-	6,145	5,908
Investment income	3,105	-	-	3,105	5,425
Other incoming resources	-	-	-	-	69,282
	47,825	347,846	-	395,671	398,605

	Unrestricted funds £	Restricted funds £	Endowment funds £	Total funds 2004 £	Total funds 2003 £
Expenditure					
Direct Charitable expenditure	10,595	206,821	-	217,416	177,499
Management and administration	7911	20,906	-	121,697	251,545
Fundraising and publicity	-	-	-	-	(30)
Total resources expended	11,386	327,727	-	339,113	429,014
Net incoming/ (outgoing) resources before transfers	36,439	20,119	-	56,558	(30,409)
Transfers between funds	2,000	-	(2,000)	-	-
Net movement in funds	38,439	20,119	(2,000)	56,558	(30,409)
Fund balances brought forward	68,990	8,003	98,000	174,993	205,402
Fund balances carried forward	107,429	28,122	96,000	231,551	174,993

Balance Sheet as at 31st March 2004

	2004		2003	
	£	£	£	£
Fixed assets				
Tangible fixed assets		164,095		155,284
Current assets				
Debtors	21,438		62,758	
Cash at bank and in hand	59,925		36,583	
	<u>81,363</u>		<u>99,341</u>	
Creditors: amounts falling due within one year				
Creditors	<u>13,907</u>		<u>79,632</u>	
Net current assets		67,456		19,709
Total assets less current liabilities		<u>231,557</u>		<u>174,993</u>
Creditors: amounts falling due after more than one year				
Other creditors		-		-
Net assets		<u>231,551</u>		<u>174,993</u>
Income funds:				
Endowment fund		96,000		98,000
Restricted funds		17,493		8,003
Unrestricted funds				
- designated funds		31,240		31,240
- non designated funds		86,818		37,750
		<u>231,551</u>		<u>174,993</u>

A full set of audited accounts is available from Head Office by request.

PATRON

Lord Hotham

Board of Directors

Mr C Bell
Mr J Clough
Revd. P. Corcoran
Mr P Guy
Mrs E Harknett
Mr L Harrison
Mrs J Turner
Mr G Sitlinton
Mr G Wolmark

Service Manager: Mr J Meakin

Finance & Personnel Manager: Mr E Wilson

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