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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 Foreword

"We progress through change"

Having joined the Board in June 2004, I became Chairman when our previous Chair, Dr. Phil Guy, retired after five years of successfully consolidating the charity's stability and standing. His contribution on the Board will be missed. As the year progressed, more new Trustees came onto the Board as all the previous very long serving and dedicated Trustees gradually handed over the reins and retired. The Board at the end of the year consisted of Trustees who had all been in place for less than one year and offered a fresh view and a new vigour. The change of Board triggered a complete review of the governance, structure, policies, aims and objectives of our Charity to ensure we are fit to face the future.

The financial report clearly shows that the Charity did not embark on these changes because we have experienced any current downturn or loss or other adverse situations, but because it is prudent to try to ensure that we do not do so in the future. Indeed, we have significantly increased our income this past year, despite (or because of?) the changes that have been taking place. It is for the continuing well-being of the charity that we must continually strive to improve, adapt and grow, and not remain static.

The Trustees reviewed the structure of our full-time managerial team. As befits a Charity of our size, John Meakin, our Services Manager who has been with this Charity for 19 years, was promoted to the more strategic role of CEO, with full authority and responsibility for all operational resources and activities. He is charged with growing the Charity in terms of income, resources and service provision.

In turn, John has expanded the post held by Erik Wilson, our Finance and Personnel Officer, to include all procurement and administrative activity in the new role of Administration and Facilities Manager. Further managerial

appointments in business development and services provision are being considered to build a strong new 'Board of Operational Management', which will work very closely with the Board of Trustees to formulate and execute all plans and policies, and we expect to report progress next year.

Since our Charity was founded in 1985, competition for funding amongst charities has increased considerably and is an obvious major concern for all charities today. Until this last year, our Charity was restricted both to our local area and the type of services we could offer by the clauses in our original Memorandums. This placed our Charity under a significant competitive disadvantage. We needed to change and expand the Aims and Objectives contained in our governing document and the necessary changes have been agreed with the Charity Commission and adopted by the Charity.

Our premises have long been a cause for concern, both in terms of the high cost of repairs and refurbishment associated with an old building, especially after flood damage, and also as to suitability for purpose. At the very end of the year, the Board took the decision to start the process to sell our building and find ourselves more suitable accommodation, so we expect to carry out our relocation next year.

We must examine every aspect of our Charity to ensure we are fit to compete. In terms of resources, our computer system's hardware and software has been, and still is being, updated to provide faster and better facilities for all staff. Development of a Website is underway and will probably be up and running by the time this report is published. Modern businesses need to use modern tools.

2004/5 has been about laying the groundwork by updating the organisation so we are in a fit state to build and progress the Charity and its Aims. Restructuring and repositioning will continue apace. Our aim now is to broaden and grow the Charity. Times are changing and so are we. The past is gone and we now face any challenges that the future may present with a new energy and optimism.

In concluding, let it be recorded that throughout this year of internal change our services have continued to be provided to the same high standards as always by our excellent staff. The Trustees and Management appreciate the dedication of our staff. We rely upon them so much to carry on regardless. The only purpose of the Charity's existence is to provide client services and every one of our staff performs that task admirably. We are justifiably proud of them.

Eddie Hornby  
Chairman

## The CDP as a Value-Based Organisation

Vision	<p>Of safe, sustainable, liveable and healthy lifestyles, families and communities.</p> <p>Where individuals take responsibility for their futures and are self reliant and active.</p> <p>A programme and service provision that is both responsive and readily accessible.</p> <p>A charity infrastructure that realises its potential to be democratic, effective, collaborative and accountable.</p>
Internal Vision	<p>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.</p> <p>The Charity promotes innovation, learning and results.</p>
Values	<p>The Charity is a value-based organisation:</p> <ul style="list-style-type: none"><li>● Focuses on our clients</li><li>● Uses resources wisely</li><li>● Treats employees and clients fairly and equitably</li><li>● Creates beneficial partnership opportunities</li><li>● Creates a culture of accountability, innovation and excellence</li></ul>

## Chief Executive's Foreword

CDP employees continue to play a significant role in translating the Charity's vision and values into direct service delivery. I believe that few jobs are more rewarding than serving our communities by working in this sector.

The CDP has been providing services for 20 years but we are far from complacent. To help ensure that our community and service users are served in the most efficient, effective and customer-friendly manner possible, we continue to undergo significant change in how we operate. Our focus remains on achieving more productive results with a higher level of customer satisfaction.

The Charity recognizes its employees contributions to achieving these goals and as such continues to strive at providing employees with a competitive total employment package that rewards employee achievement. We continue to strive to maintain our workplace as a safe and more family-friendly environment and to develop and maintain a workforce that is diverse. The CDP is an employer committed to equal opportunity and to employing the best and the brightest.

Together with the Administrative Officer our focus remains on ensuring the infrastructure of the organisation is in place to support both qualitatively and quantitatively the above aims.

Working with the trustees on the Business Development Committee, and concerned with the strategic overview we are exploring the aims of and re-branding the Charity, diversification of operations, and the critical evaluation of all business opportunities that will enhance and sustain the Objects of the Charity for the future.

Public bodies should remain conscious that Trustees have a duty to preserve the independence of their charity and to ensure that its control and direction remain, in every respect, in the hands of its Trustees. Diversity and independence are

important strengths. But for many charities, joint working can make for more effective use of resources in meeting service user's needs, and the CDP recognises that an increase in such activity is good for public confidence in the Charity. The Charity Commission believes that all charities should consider seriously and imaginatively whether there are ways in which they could do more and better for their service users by working together. Shared service delivery continues to be a serious commitment for the CDP.

John Meakin  
Chief Executive

## Implementing Models of Care

Models of Care is a national framework that aims to guide the development of drug treatment services so that they are delivered in a consistent and equitable manner.

The CDP continues to develop within this framework, providing:

- Tier One: taking referrals from non specialists
- Tier Two: advice, information and assessment service
- Tier Three: structured care planned counselling for people who particularly do not require prescribing

What are we hoping will be achieved with Models of Care?

- An effective system of treatment and care that is needs led and evidence based.
- A local consensus amongst professionals and service users on the best care pathways.
- Clarity of our own roles and those of other agencies within the local treatment system.
- When service user information is shared between services it is communicated appropriately, effectively and efficiently.
- When a service user requires specialist services from more than one agency there is a clear system of care coordination to ensure that they receive the necessary assistance in an effective and timely manner.
- Effective monitoring processes, arrived at through dialogue, that contribute to a cycle of continuous quality improvement.

## Open Access Advice and Information

The CDP Open Access service provision demonstrates competencies in the areas of skilled rapid assessment, brief intervention, harm reduction/overdose advice, problem solving and triage.

This service:

- Provides a wide range of information on drugs and their effect to drug users, concerned others and professionals.
- Provides a range of accurate, appropriate and factual information that is accessible and meaningful in terms of context, language, literacy level and comprehensibility. Advice and information may be provided by a variety of methods, including verbal, written, audio-visual aids (eg videos) face-to-face or by telephone.
- Provides drug misusers with information, advice and support to remain healthy, until, with appropriate support they can achieve a drug free life.
- Provides advice and support to reduce problems related to drug misuse, including health, social, psychological and legal problems. We also provide educational and preventative interventions and health promotion advice.
- Provides access to practical supportive measures for harm reduction and for accessing health and social care.
- Provides advice and support to reduce the dangers associated with drug misuse, including respiratory problems, HIV, hepatitis B and C and other blood-borne infections.
- Provides advice and support for reducing drug-related death (immediate death such as overdose, and long-term such as blood-borne infections).

- Provides advice on safer sex and reducing the risks of HIV and other sexually transmitted infections.
- Provides information about other drug (and alcohol) misuse treatment services and referral where appropriate.

## Facts and figures about our service:

From April 2004 to March 2005 we had 621 telephone enquiries and we saw 892 people.

39% of new service users are female up 6% from last year.

## Aftercare

The CDP Aftercare provision is based on a needs assessment, which includes relapse/risk management strategies.

The following factors being considered:

- Daytime activities/employment
- Appropriate accommodation
- Additional specialist counselling
- Personal support networks
- Welfare rights assistance
- Social security arrangements

- Risk/relapse plans
- Unmet needs
- Client's own wishes
- The views of significant, identified, consented others, e.g. relative, friend, mentor, advocate and other professionals (e.g. statutory, or voluntary organisations)

## Risk & Relapse Planning:

Service users receive as part of their care plans, crisis and contingency plans. These plans form a key element of the care plan, and are based on the individual circumstances of the service user. Contingency planning prevents crises developing by detailing the arrangements to be used where, at short notice, either the key worker is not available, or part of the care plan cannot be provided, e.g. the absence of a staff member through sickness.

The contingency plan includes the information necessary to continue implementing the care plan in the interim, for example, telephone numbers of service providers and the name and contact details of substitutes who have agreed to provide interim support.

To reduce risk, the plan, as a minimum, includes the following information:

- Who the user is most responsive to
- How to contact that person
- Previous strategies, which have been successful in engaging the service user

Facts and figures about outcomes:

Based on comparisons in CISS scores (on presentation and at discharge) we can report the following:

In 85% of cases there was positive improvement in sexual/injecting risk behaviours. The areas that showed the least movement were General Health and Occupation. However, in 40% of cases, some improvement in occupation readiness was evidenced.

In 16% of cases there was a negative movement in social functioning, in other words a deterioration in the stability of their accommodation despite improvements in other areas.

(CISS: the Christo Inventory for Substance Misuse Services: George Christo, Ph.D., Psych.D. This is the main tool used for treatment outcome evaluation work, providing a simple validated standard measure for outcome monitoring in a practice setting.)

## Drug Intervention Programme

The Drug Interventions Programme is a national programme which aims to reduce drug related crime by ensuring that appropriate interventions within the Criminal Justice System are available and promoted to drug misusing offenders at every stage from arrest, through sentence, to discharge into the community.

The Drug Interventions Team is a multi-agency, multi-professional team with a management structure covering the key operational areas of arrest referral, court liaison, resettlement, throughcare and aftercare and administration. Other non-drug treatment specialist are incorporated in this team from housing.

DIP is closely linked to the Prolific and Persistent Offender Management initiative.

There is a single point of contact (phone/fax) and a freephone 24/7 phone service. The latter service provided by the CDP/ARENA Team.

## Arena

Arena throughcare/aftercare aims to bring about a change for the better to health, sense of well being and way of life, leading to a reduction in drug related offending.

Arena provides practical support along the care pathway developing holistic packages of care.

Arena will assist in identifying the points at which clients may have previously dropped out of services, had treatment stopped or suffered a breakdown in communication. Arena will agree with the client a care plan that will be based on a full picture of the client situation in order to identify the pressures faced, e.g. accommodation needs, domestic situation, mental health and lifeskills.

Arena staff can work intensively, particularly in the days following release from prison or post residential rehabilitation.

## Mentors

Volunteer mentors are also employed in a befriending role, helping with access to activities and education and assist with establishing a social life.

Facts and figures about our service:

From April 2004 to March 2005 ARENA worked with 137 people and the 24/7

Service received 335 calls.

## Outreach Services

- East Yorkshire
- Ethnic Minority Outreach Service
- Floating Support (Dual Diagnosis) - a Mind/CDP shared delivery
- Sex Workers Outreach Service
- Parents & Carers

The CDP develops services in consultation with service users. Our needs lead approach has successfully helped us to develop a range of different outreach support and aftercare services that provide interventions for people prior to, during and after treatment. These services particularly target hard to reach and stigmatised groups of clients. These services also require significant liaison and joint working arrangements across the independent and statutory sectors.

### East Yorkshire

We work peripatetically, enabling staff to provide a locally based and accessible service. We wish to offer our thanks and appreciation to the numerous hosting agencies in the East Riding who have enabled the CDP to provide this service.

### Ethnic Minority Outreach Service

Provides culturally sensitive advice, information and support. This outreach project offers much needed support and information in community centres, in religious and language schools and in the meeting places of befriending groups. Working with ethnic minorities, creating a safe helpful environment is a challenge on its own. Respecting the different cultural backgrounds and having to put aside Western approaches means the constant assistance and consultation of interpreters, professionals, community leaders and above all, potential service users.

## Floating Support (Dual Diagnosis)

Out tenancy support scheme operates in East Yorkshire and aims to ensure that those with problems maintaining their tenancies as a result of drug/alcohol or mental health issues avoid eviction difficulties with neighbours. It provides the extra support that clients need to make the transition to living independently and successfully in the community.

## Sex Workers Outreach Service

This is a project of long standing (first established in 1989), providing a regular twice weekly street outreach advice, information and syringe exchange. The project signposts people into drug treatment and sexual health services. The duration and consistency of service delivery has resulted in the service being highly respected.

Facts and figures about our Outreach services:

From April 2004 to March 2005 we saw:

264 East Yorkshire residents.

In Hull and East Yorkshire 303 Parents telephoned for assistance and

207 Parents were seen.

In Hull 154 people were seen from the ethnic minority communities.

The Street Outreach service had 681 contacts of which 244 were with injecting drug users, representing 36% of our contacts.

## Parents & Carers

The CDP continues to develop this area of work. There are a number of initiatives that we would be looking to develop under the heading of Parents and Carers Together (PACT).

The project aims to create and extend over its lifetime a network of parent volunteers able to facilitate and develop one-to-one, group and telephone support to families adversely affected by members drug use. This approach could lead to a number of self-help and self-sustaining support groups.

This includes the development of support for grand-parents who may have very specific needs when they find themselves looking after a second generation.

We will also be exploring the development of specific resources in consultation with parents, carers and users e.g. the production of a family support video.

We see a role for parents and significant others, in some cases, along side treatment e.g. in the use of complementary therapies, which could be offered simultaneously to a number of different family members. This would both benefit significant others directly and facilitate relationship building.

Continued support and aftercare is an area that to date has often been neglected. The planning of aftercare support services, integral to the broader treatment process must include taking account of the needs, concerns and constraints upon parents and carers.

The project works in this regard to better equip families and carers to sustain the gains made by a family member whilst in treatment.

The areas that we immediately address are:

- Relapse Prevention (Relapse Resistance Education)
- Health Decision Making
- Conflict Resolution
- Coping Skills
- Problem Solving
- Peer/Other Support Networking
- Risk Management
- Crisis and Contingency Planning

## Social Work Student Placements

All areas of CDP service delivery are available to Social Work students on Practice Placements. Students gain both personally and professionally from the challenges presented by the service user mix, the range of working environments and the support from the dedicated staff team.

## 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 (MIND)

Criminal Justice Intervention Programme/Drugs Intervention Programme

University of Lincolnshire

University of Hull

St John the Evangelist Church Sewerby

Sir James Reckitt Charity

Saffda

Humberside Learning Consortium

Hull Jubilee Aid in Sickness Fund

Hull Charterhouse

## Independent Auditors Report to the trustees of Hull and East Yorkshire Council for Drug Problems

We have audited the financial statements of the Hull and East Yorkshire Council for Drug Problems for the year ended 31st March, 2005 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial statements have been prepared under the historical cost convention and the accounting policies set out therein.

This report is made solely to the company's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of directors and auditors

As described in the Statement of Directors' Responsibilities, the directors are responsible for the preparation of the Directors' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Companies Act 1985. We also report to you if, in our opinion, the Directors' Report is not

consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding trustee remuneration and transactions with the Charity is not disclosed.

We read other information contained in the Directors' Report, and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the audited financial statements. Our responsibilities do not extend to any other information.

## Basis of opinion

We conducted our audit in accordance with Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

## Opinion

In our opinion the financial statements give a true and fair view of the state of the charity's affairs as at 31st March, 2005 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Companies Act 1985.

Smailes Goldie  
Chartered Accountants  
Registered Auditors  
Regent's Court,  
Princess Street,  
Hull. HU2 8BA

2005

# Statement of Financial Activities

(incorporating Income and Expenditure Account) year ended 31st March, 2005

	Unrestricted funds £	Restricted funds £	Endowment funds £	Total funds 2005 £	Total funds 2004 £
<b>Incoming resources</b>					
Gifts in kind	1,500	-	-	1,500	-
Donations	2,437	250	-	2,687	3,828
Activities to further the charity objects:					
Grants and contracts for advice and information, Waterhouse Lane project and charity project	52,948	442,101	-	495,049	382,593
Activities to generate funds:					
Activities permissible within Charities objects	6,631	-	-	6,631	6,145
Investment income	7,446	-	-	7,446	3,105
	70,962	442,351	-	513,313	395,671
<b>Resources expended</b>					
Direct charitable expenditure	53,825	363,416	-	417,241	217,416
Management and administration	986	23,246	-	24,232	121,697
Total resources expended	54,811	386,662	-	441,473	339,113
Net incoming/(outgoing) resources before transfers	16,151	55,689	-	71,840	56,558
Transfers between funds	41,495	(39,495)	(2,000)	-	-
Net movement in funds	57,646	16,194	(2,000)	71,840	56,558
Fund balances brought forward	107,429	28,122	96,000	231,551	174,993
Fund balances carried forward	165,075	44,316	94,000	303,391	231,551

## Balance Sheet as at 31st March 2005

	2005		2004	
	£	£	£	£
Fixed assets				
Tangible fixed assets		158,219		164,095
Current assets				
Debtors	1,096		21,438	
Cash at bank and in hand	157,928		59,925	
	-----		-----	
	159,024		81,363	
	-----		-----	
Creditors: amounts falling due within one year				
Creditors	13,852		13,907	
	-----		-----	
Net current assets		145,172		67,456
		-----		-----
Total assets less current liabilities		303,391		231,557
Creditors: amounts falling due after more than one year				
Other creditors		-		-
		-----		-----
Net assets		303,391		231,551
		=====		=====
Income funds:				
Endowment fund		94,000		96,000
Restricted funds		44,316		28,122
Unrestricted funds				
- designated funds		38,000		31,240
- non designated funds		127,075		76,189
		-----		-----
		303,391		231,551
		=====		=====

These accounts have been prepared in accordance with the special provisions as part VII of the Companies Act 1985 relating to small companies and in accordance with the Financial Reporting Standard for Smaller Entities (effective June, 2002).

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

## Board of Directors

### Directors:

Mr I Dugdale

Mr E Hornby (Chair)

Mr S Pritchard

Mr M Sienko (Vice-Chair)

Mrs J Smith

Ms J Walker

### Retiring Directors:

Mr Colin Bell (deceased September 2004)

Revd. Peter Corcoran

Mr A Glaholme

Dr Phil Guy (Chair)

Mr T Jarvis

Mr G Sitlinton

Mrs J Turner

## Company Details

Registered Charity No.:	1002636
Company Registration No.:	2533486
Registered Office:	6 Wright Street HULL HU2 8HU Telephone: (01482) 225868 Fax: (01482) 580025 Email: <a href="mailto:cdp@drugproblems.co.uk">cdp@drugproblems.co.uk</a> TxT: 447833 646645 Web: <a href="http://www.drugproblems.co.uk">www.drugproblems.co.uk</a>
Bankers:	Abbey National Plc PO Box 126 Newport Gwent NP9 4UP
Solicitors:	Rollits Wilberforce Court High Street HULL HU1 1YJ
Registered Auditors:	Smailes Goldie & Co Chartered Accountants Regents Court Princess Street St Stephens Square HULL HU2 8BA

- The CDP is a member of the Federation of Drug and Alcohol Professionals (FDAP) and subscribes to the FDAP's Code of Practice.
- The CDP has Investors in People status, now in its fourth year (independently audited)
- The CDP is working with a QUADS action and review schedule.