

EVIDENCE SUBMITTED BY 'QUALITY OF LIFE' ORGANISATION;

- For the purpose of Drug and Alcohol Scrutiny Review, Health Scrutiny Commission.

Sarah Hancock-Smith, Team Manager of Quality of Life, provided written evidence to the commission. Sarah stated that she has responded on behalf of Quality of Life, provide by Leicestershire and Rutland Probation Trust. She stated that they also deliver the Criminal Justice Drugs Team, and has contacted Charlotte Talbott, Team Manager at CJDT about this review.

Responses:

1) What role does your org play in the delivery of D&A treatment services?

Leicestershire and Rutland Probation Trust is the provider of the Quality of Life Service. QoL is a recovery based drug and alcohol treatment service based at 7A Cumberland Street. We deliver one-to-one recovery keyworking and aftercare, structured group work, a range of activities, wraparound support including accommodation, education, training and employment and finances. Our service is very much service user led with a board of service users making key decisions about the strategic direction. We also train peer mentors and volunteers who play an integral role in service delivery. We also have an on-site social enterprise Cafe and a gym.

2) How is your organisation funded? And how much of this is from the city council?

The Quality of Life contract is entirely funded by the City Council (with some funding provided to the city council by the PCT for alcohol work).

Leicestershire and Rutland Probation Trust has a core contract with the National Offender Management Service which makes up most of their funding, but QoL is one of a number of externally funded contracts.

3) What are the issues for your org, re: current funding and future funding?

We are currently in the middle of a tendering exercise so are currently bidding to secure of funding for future service delivery. If QoL is not successful in gaining the contract this could have an unsettling affect on service users and service delivery. However the recommissioing also present many opportunities to redesign the treatment system to be more recovery focused.

In relation to current funding, as QoL is an aftercare service as we are successful the number of service users we work with grows. In the last year we have doubled the number of service users to 300 which places pressure on our resources. The other significant issue is that the majority of our funding is for

drugs; however around 60% of our presenting service users have an issue with alcohol. There is not sufficient funding dedicated to alcohol aftercare treatment to properly resource this need.

4) Service demands and Service user numbers, breakdown of ethnicity and age

Since July 2011 when the service commenced we have received 1200 referrals. At the end of January 2012 there were 305 active service users, 132 Drugs, 173 Alcohol. Of these around a third are in 'aftercare' and use the service on a more informal basis. Of the 2/3 that are in more structured contact we have the following breakdown of data (this may not be 100% accurate, but it gives an idea of the breakdown):

Ethnicity	
White - British	135
White - Irish	5
White - Other background	7
Black or Black British - Caribbean	2
Black or Black British - Other	2
Asian or Asian British - Bangladeshi	0
Asian or Asian British - Indian	19
Asian or Asian British - Pakistani	0
Asian or Asian British - Other	1
Mixed - White and Black African	1
Mixed - White and Asian	1
Mixed - Other background	0
Mixed - White and Black Caribbean	6
Chinese	0
Other background	3
Prefer not say	0
Total	182

Gender	

Age	
Under 18	0
18-21	6
22-25	6
26-30	12
31-35	19
36-40	18
41-45	25
46-50	22
51-55	11
56-60	2
61-65	3
66-70	2
71-75	1
76-80	0
81-85	0
86-90	0
91-95	0
96-100	0
Total	127

GENDER	
Male	139
Female	55
Total	194

5) What are the issues for your org, re: Commissioning and procurement?

The main issue is the amount of time that is needed to be dedicated to re-commissioning processes. Our service had only been in place for 18 months and was performing very well when the latest round of re-commissioning commenced. This takes time away from service delivery and continuous improvement and it is hoped that contracts in the future will be for longer periods to ensure that resources are dedicated to service delivery

6) How can the City Council and the new Clinical Commissioning Group help to improve your services to users?

Ensuring adequate funding is dedicated to alcohol service users aftercare where there is a clearly identified need. Assisting in increasing awareness to GPs and other professionals throughout the city of the pathways of substance misuse treatment.

Submitted by Sarah Hancock-Smith, Team Manager, Quality of Life