



leicestershire **community**
projects trust

Scrutiny Review Report

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

Leicestershire Community Projects Trust (LCPT) delivers a range of drug and alcohol services for both adults and under 18s.

Adults

We are contracted by Leicester City Council's Drug and Alcohol Action Team to deliver the following services to people living in the city who experience issues with drug and/or alcohol:

- Advice and information services
- Assessment
- Intermediate treatment for users of all substances
- Specialist needle exchange services

These services are delivered through LCPT's Drug Advice Centre and Alcohol Advice Centre which operate duty systems so that people can access the services anytime without pre-arranged appointments. They also include 4 out of hours outreaches: 3 located in City GP surgeries and one Saturday morning outreach in the NHS Community Drug and Alcohol Service at Paget House; as well as outreaches to working women, via New Futures, and people who are Rough Sleepers.

Additional City Council funded services include:

- 'Baseline': specialist service for users of stimulant substances (DAAT funded)
- Anchor Centre: support for homeless or vulnerably housed street drinkers (part DAAT, part Health and part Police funded)

Other adult substance services that are not funded by Leicester City Council are:

- The Niebo East European Support Service: Big Lottery funded (5 years) to support vulnerable East European migrants in the City
- Intercept Project: support for people with mental ill-health being arrested for class A drug related offences: Lloyds TSB funded for 3 years (1 year remaining)

Under 18s

LCPT co deliver the 'New Directions' service in partnership with Leicestershire Partnership Trust (contract holders with LCPT on a flow down contract). New Directions provides a similar range as our adult drug and alcohol services, with a key role in supporting, advising and training professionals from other organisations who work with young people in the City.

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

LCPT is funded by:

- Leicester City Council - £711,130 **(80%)**
- The Big Lottery - £38,015 **(4%)**
- Safer Partnership – £102,160 **(11%)**
- Lloyds TSB - £42,160 **(5%)**

(The above is based on our 2011-2012 financial year)

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

LCPT has been on a standstill budget for the last 5 years, whilst having increased targets set for us by commissioners. Our staff still move up the pay scale each year and we still have to pay for this in spite of there being no increase for the services that they are employed to deliver.

Another big problem for LCPT is the fact that many council contracts are being gathered together in larger contracts that preclude us from bidding alone due to our relatively small size financially. The City Drug and Alcohol Community contract for example was recently tendered at over £3,000,000 whereas previously some of it was in smaller amounts that we could potentially bid for. Also contracts like this attract larger national organisations to bid, such as Turning Point and Crime Reduction Initiative. These organisations have bid writing teams and greater resources which make them very hard to compete against. Nevertheless we have worked hard to form a local partnership to bid for such contracts because we do not believe these organisations have the same passion for serving the people of Leicester as we have proven. We have been able to win Big Lottery Funding and Lloyds TSB funding to develop much needed services for East European migrants (helping LCC' Homeless Outreach Team to rehouse all 27 rough sleepers in our first year) and people with mental ill-health being arrested for class A drug related offences. Our responsiveness to need at a grass roots level and our proven track record is a strength in this respect. However, bid writing and service development/consolidation occupies much of the senior management teams time.

4) LCPT accessed by BME communities and more particularly by women

For the period 1st April 2011 to 31st March 2012

Receiving services for support, harm minimisation, advice and treatment

Total Number of Females from ethnic minority Communities 67

Ethnicity	Number of People
Asian Bangladeshi	1
Asian British	10
Asian Indian	24
Asian Pakistani	1
Black African	6
Black Caribbean	1
Mixed White & Asian	2
Mixed White and Black Caribbean	15
Other Asian	2
Other Black	3
Other Mixed	2
TOTAL	67

Ward	Number of People
Abbey	6
Belgrave	5
Castle	5
Evington	2
Humberstone & Hamilton	8
Knighton	9
Latimer	1
NFA	1
New Parks	4
Rushey Mead	8
Spinney Hills Ward	1
Stoneygate Ward	3
Western Park	3
Leicester	11
TOTAL	67

Total Number of Males from ethnic minority Communities 323

Ethnicity	Number of People
Asian Bangladeshi	1
Asian British	51
Asian Indian	123
Asian Pakistani	11
Black African	22
Black Caribbean	14
Mixed White & Asian	11
Mixed White and Black Caribbean	26
Mixed White and African	3
Other Asian	30
Other Black	8
Other Mixed	9
Other Ethnic group	14
TOTAL	323

Ward	Number of People
Abbey	11
Aylestone	1
Beaumont Leys	5
Belgrave	5
Braunstone & Rowley Fields	4
Castle	16
Coleman	10
Evington	4
Eyres Monsell	2
Fosse	4
Freeman	4
Humberstone & Hamilton	16
Knighton	5
Latimer	6
NFA	1
New Parks	2
Rushey Mead	13
Spinney Hills Ward	22
Stoneygate Ward	10
Thurncourt	4
Western Park	1
Westcotes	5
Leicester	172
TOTAL	323

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

Service demands:

We are required to meet the needs of substance users, families, carers and professionals to provide Information, advice and support to anyone concerned about their own or someone else's substance misuse. Assessment of need, on-going support, onward referrals, needle exchange, harm minimisation, crisis intervention, one to one support, care planning, dual diagnosis support, acupuncture, advice to professionals, families and carers, safe environment for street drinkers, specific support to eastern Europeans, African Caribbean and Asian communities, washing/shower/refreshment facilities.

Currently wrap around support is an increasing demand upon our staff's time as government changes to benefits are being felt. We anticipate this to increase as benefit changes really begin to bite during this year. We also anticipate greater demands upon The Anchor Centre and Baseline if YASC closes as proposed.

Service user numbers and breakdown of ethnicity and age

Total number of service users for last full year: 2011/12 = **2,934**

Age	Number of clients
11-18	207
19-30	916
31-40	705
41-65	528
66-75	17
76-89	3
90 plus	1
Age not known	557

Ethnicity	Number of clients
	15
Asian Bangladeshi	2
Asian British	67
Asian Indian	174
Asian Pakistani	14
Black African	30
Black British Caribbean	5
Black Caribbean	13
Mixed White and Asian	14
Mixed White and Black African	3
Mixed White and Black	44

Caribbean	
Not known	818
Other Asian	38
Other Black	13
Other Mixed	14
Other White	82
White British	1573
White Irish	15

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

Please see 3 above. We are increasingly reliant on partnerships in order to secure our core drug and alcohol contracts. In the main though we have to acknowledge that the DAAT commissioners have been supportive of our work and have frequently acknowledged their gratitude to our staff.

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

At a recent steering group for the Anchor Centre the local Police Inspector expressed his concern at that fact funding for that project is only agreed on a year on year basis. This is a particular problem and having 3 years of commitment for funding would make it far easier for us to plan and develop the service.

Commissioners could help further by ensuring that all services that they commission are integrated in terms of targets so that organisations are working alongside each other and not in competition. One positive aspect of the bringing together of City drug and alcohol services into 1 lot is that it will make for a better integrated system. The CCG needs to continue to ensure services are integrated. For example, the City domestic violence services should be better connected to drug and alcohol services.

If you require any further information please do not hesitate to contact me.

Mike Haj

Services Development Director