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Thanks to Kristian Garside for the photography.

## Mission

Helping individuals and families to achieve Recovery from addictions.

## Vision

**To be the provider of first choice of excellent, visibly innovative substance misuse services in Bradford, working with partners to:**

- Help people achieve healthy, positive and fulfilling lifestyles
- Promote healthy families
- Reduce crime and all forms of harm associated with addictions

## Values

**Creating an organisational ethos and culture that respects the rights, dignity and choices of the people who require our help and support is an approach that underpins all of our work.**

Bridge is an organisation that has 25 years experience of serving the needs of communities in Bradford. In all aspects of our work, both internal and external, the organisation will exhibit the following core values and characteristics:

- Honesty
- Accountability
- Courage
- Excellence
- Caring and respectful
- Creativity and Innovation
- Equality
- Resilience

## Recovery Statement

Recovery is the common outcome all Bridge services aim to achieve. Recovery is a journey of transformation enabling a person with a substance misuse problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. Bridge will use the following core principles to build resilience and facilitate recovery:

- Fostering hope, as a source of motivation and strength for Service Users when trying to overcome challenges in their lives
- Enabling Service Users to take personal responsibility for their own self care and Recovery, for their families, children and the community
- Tailoring services to the unique needs of Service Users, building on the capacities, resiliencies, talents, strengths and inherent worth of individuals
- Providing services that address all aspects of a Service User's life, including substance misuse, housing, work, education, training, healthcare, offending, spirituality, family life and relationships, community participation and support networks
- Recognising the need for protection of individuals, families, children and the community
- Promoting the rights of Service Users and reducing the barrier of stigma by promoting positive messages about recovery from real people.
- Challenging all forms of discrimination and ensuring the inclusion and full participation of Service Users in all aspects of their lives
- Basing services on robust research
- Providing opportunities for Service Users to help and support each other engendering a sense of belonging, promoting supportive relationships and community
- Empowering Service users to have a right to participate in decisions that will affect their lives; the right to determine their own path of Recovery to achieve their goals
- Recognising that Recovery is based on growth, experiencing setbacks and learning from experience
- Actively encouraging Service Users to influence the design of services and participate in their evaluation and delivery
- Welcoming former Service Users and providing them with opportunities to become members of our volunteer and staff team
- Ensuring services respond to the needs of families and promote healthy and safe family life

## Chief Executive's Statement

As we reach our landmark 25th year it is fitting to reflect on the many successes achieved by the thousands of people we have supported to achieve their goals. We must also remember the most vulnerable people who fell through the cracks in the treatment system during these years and constantly look at ways to improve our services.

We came to life in 1985 when visionary volunteers registered Bridge as a charity. Since then we have grown to become the largest treatment provider in Bradford, employing 56 staff 30 volunteers and helping 2,470 service users this year.

Bridge has made enormous progress this year, continuing our pattern of growth to provide the kind of services that means we're able to help more and more people. A major achievement was winning the contract to provide Integrated Substance Misuse Services across South and West Bradford. We are equally proud of our many innovations and improvements, including developing a validated tool to measure outcomes and effectiveness of substance misuse carers services that has received national interest. And we have strengthened our senior management team to enable more responsive central services, faster decision making and high quality support to staff.

At Bridge we've never been afraid to take a risk and it's that, bold, can-do, approach which has enabled us to make great strides for our service users. We saw

the potential of the government's Future Jobs Scheme and secured funding for twelve new posts. This initiative provided an opportunity for some of our service users to obtain their first paid job, a vital stepping stone in their pathway to recovery. We also became an Accredited Open College Network Centre, so that service users can obtain qualifications as part of their treatment.

Whilst we celebrate our achievements, we are entering the most challenging times the sector has ever faced. Reduced public spending means that all public sector services are going to feel the pain and the future of drug treatment will probably be within the context of significantly less money. Organisations like Bridge will be challenged financially and organisationally like never before. There is a systemic shift in how drug treatment is delivered and commissioned and the growing recovery movement is challenging the belief that drug use is a life sentence.

Recovery brings hope and transformation to families and



communities and is being energised by new entrepreneurs and activists. Bridge is delighted to be at the forefront of this movement and we have published a Recovery Statement which defines our core principles.

Finally, it is appropriate that I pay tribute to our fantastic staff and volunteers who, along with the support of our Board, partner agencies and commissioners bring such great professionalism and dedication to their important work. As we look ahead to the next year, I am confident that Bridge has been engineered with stability and sustainability as underpinning business principles and is positioned as well as it possibly can be to meet future challenges.

  
Jon Royle  
Chief Executive



## Chair of Trustee's Message

I am in the fortunate position of being able to begin this year's review by noting that Bridge continues to grow as an organisation across the board. We have increased the range of services we offer, as well as increasing our staff numbers, adding to our premises and maintaining a very healthy financial profile. Accordingly, Bridge continues to be on a very firm footing, even in the context of the obvious financial pressures facing health and social care organisations and the country in general.

We have secured an important contract to provide services in the South & West area of the city, with consequent growth in our staff numbers. Gaining this contract is a tangible demonstration of Bridge's ability to compete against other service providers on the basis of providing a service which offers real value for money, with the emphasis on providing high quality which is relevant to the people of Bradford.

At the same time, we have continued to innovate across the range of our existing services. Using a grant from Future Jobs, we have been able to help service users back into employment, leading to real jobs during a time of economic contraction. We have also arranged to have many of our group activities accredited by the Open College Network, thus helping our service users gain educational credit for the activities they undertake with us. Gaining such credit is itself useful in paving the way to further academic achievement or employment.

These initiatives are part of a broader emphasis within Bridge on a commitment to the recovery agenda in working with people who misuse substances, and this commitment has shown itself in other tangible ways. For instance we now host regular meetings of Narcotics Anonymous on Bridge premises as well as association with SMART recovery, and a Pathways to Recovery pilot. More broadly, we have published a recovery statement and have ensured that the recovery agenda is present as a continuing theme throughout Bridge's strategic plan.

Increasing our capacity to offer quality services has been matched by our ability to recruit high quality staff and volunteers, and we have also initiated and developed the new posts of Directors of Operations and Director of Human Resources. These are important posts because they



formalise roles into single posts in a way which gives greater freedom to other members of senior staff.

Finally, and on a personal note, I would like to say thank you to Ian Platts and Sylvia Harker, who stepped down this year from Bridge's Board of Trustees. Sylvia and Ian have both given generously of their time and energy in support of the work of Bridge, and the Board and Senior Management Team of Bridge are very grateful to them for their work on behalf of Bridge, its staff and clients.

Rob Newell  
Chair of Trustees

## Key Achievements

The objectives set by Bridge's 2009/10 Business Plan resulted in an 11% growth in provision of services for people with substance misuse problems. Some of our achievements are:

- Bridge was awarded a £550,000 annual contract to provide Integrated Substance Misuse Services across South and West Bradford.
- Bridge's submission to become an NTA 'Models of Recovery' pilot site was successful. Our project 'Pathways to Recovery' aims to develop strategies for closer integration and cooperation between the professional community and mutual aid groups resulting in increased numbers of drug users engaging in community resources
- Bridge became an Accredited Open College Network (OCN) Centre. The Volunteer Training Programme, Peer Support Scheme and IMPACT Day programme are now fully accredited under OCN.
- Staff and management held an away day event to develop the organisations vision, mission and strategy. We published a Recovery Statement that establishes the core principles Bridge will use to build resilience and facilitate recovery
- Bridge built on its commitment to improve employee engagement and communications, including producing a monthly staff newsletter and establishing a staff forum
- Successful in-house mutual aid groups were established, including two Narcotics Anonymous meetings and a SMART Recovery meeting
- Substantial improvements were made to the premises, including a dedicated family room
- Bridge Santa's Grotto remained busy for two days providing free presents for the children of any client of the Bradford Treatment System, thanks to generous donations from our Friends and Benefactors
- Bridge developed the Carers Support Outcome Profile (CSOP) tool which has been validated by Bradford University. The CSOP is used to measure outcomes and effectiveness of substance misuses carers services and has received national interest from the field.
- An evaluation of the pilot Hostel Liaison and Enhanced Needle Exchange services showed that they had exceeded their objectives and targets. Subsequently the services were re-commissioned under the Bridge main service contract.
- The organisational restructure was completed, with a new management framework fit for purpose, more efficient working practices and longer opening hours including weekends
- 12 new posts were established under the government Future Jobs initiative. These temporary positions provided employment for current and former service users across Bradford treatment services, four of whom went on to secure substantive employment.
- Grant funding was received from Bradford Council to rollout parenting classes across Bridge services.
- An Ideas and Innovation Scheme was established to encourage and award staff creativity and innovation



## Looking Forward

Our new three year strategy is ambitious, but flexible enough to respond to the uncertainties we live in. The strategic plan has been developed in the light of changes in Bridge's operating environment and through consultation with stakeholders, providing a framework of strategic objectives for informing decisions and actions.

During the period 2010-2013 the organisation will focus on:

- improving the effectiveness of its services
- seizing opportunities for growth, innovation and development in these times of change
- consolidating its achievements as a leading, enterprising and local provider in the substance misuse sector.

In the next year's annual review we'll report back on progress against our new strategic objectives:

- 1 Achieve and sustain high quality, effective and evidence based services within a culture of excellence and continuous improvement
- 2 Develop a highly skilled and committed workforce that is well led and managed
- 3 Ensure a Recovery ethos throughout our services
- 4 Build confidence with commissioners
- 5 Influence local, regional and national policy
- 6 Develop our evidence base and organisational learning
- 7 Ensure that Bridge is sufficiently resourced to enhance service provision and maintain long term viability
- 8 Ensure that Bridge has effective corporate governance

## Review of Services



### Drug Intervention Programme (DIP) Liaison Service

The service provides a named worker designated to act as liaison between Bridge and DIP providers, to develop partnership working. As part of this improved partnership working a Bridge clinic is held on a weekly basis within the DIP service to allow criminal justice clients access to brief interventions, key working and assessments for structured day programmes and/or prescribing. In addition, the worker holds three way appointments between the service user, DIP and Bridge.

Service users are encouraged to access other facilities at Bridge, including the gym, IMPACT structured day programme and complementary therapies. There is also one late clinic per week which links in closely with the men's clinic.

### Hostels

In its second year of running, this service has seen over 110 new clients from hostels in Bradford, offering access to effective drug treatment. In order to adapt to this need, the service was extended to do more hours at the hostels that have greater need. As a result, there has been increased partnership working with those hostels.

Although delivering key work sessions can sometimes be difficult in the hostel environment. The worker works closely with the service users and the hostel staff to make the sessions as effective as possible. Service users are supported and encouraged to take control of their chaotic lifestyles by accessing structured services. They are encouraged to attend doctor appointments for substitute prescribing, see the nurse and access other structured support available at Bridge. One of the results of the high numbers of service users accessing the physical health team has been that a high proportion of them have been diagnosed, through our clinics, as carrying Hepatitis C, some of whom are now accessing treatment.

Once a certain degree of stability has been attained, and service users have achieved a full tenancy, they are referred on to other treatment agencies who will then provide on going support.

### Needle Exchange Service

The Needle Exchange provides a confidential enhanced harm reduction exchange service providing harm reduction advice, information on a wide range of topics and access to the physical health nursing team, as well as acting as a referral point into structured drug treatment. As well as providing services onsite at Salem Street, the team run a late opening service 5 days per week at a local city centre pharmacy.

As well as providing interventions to over 950 individuals this year the team has continued to be involved in delivering district wide training in partnership with Project 6, offering programmes of certificated training to both pharmacy and agency staff across the district. The team also deliver in-house training to Bridge staff.

Changing trends in the types of substances being used by needle exchange clients means that although heroin users still account for just under half of all transactions, the predominant cohort are now users of performance image enhancing drugs (PIEDS). In the coming year, the service aims to expand its provision in external pharmacies and to develop a specialist PIED service in conjunction with local health services.

### Adult Service

The adult service provides structured psychosocial interventions including Cognitive Behavioural Therapy, Motivational Interviewing, Solution Focussed and Node Link Mapping. Over the past year this service has seen an increase in referrals from a variety of sources including the Community Drug and Alcohol Team (CDAT), GP services, the Drug Intervention Programme (DIP) and other structured treatment services. High proportions of the caseload are problematic cannabis users. However, the service also sees a number of opiate users who maybe in other Bradford treatment services or who do not wish to be substitute prescribed.

The service has helped in the region of 150 people this year, providing a comprehensive care plan with both short term and long term treatment goals. The care plan is regularly reviewed in partnership with the service user, family members or other professionals, where appropriate. In addition, clients can also access services such as housing, debt and financial advice.

### Benzodiazepine Withdrawal Service

The Benzodiazepine Withdrawal Service is successfully being rolled out across GP practices within the Bradford district. The service aims to support people who have become involuntarily dependent on benzodiazepines and to reduce or cease their prescribed medication use. Patients are involved in planning and implementing an individual, tailored programme, specific to their needs and receive support around anxiety management and coping skills, using Cognitive Behavioural Therapy techniques, Motivational Interviewing and access to complimentary therapy treatments.

During the year, 209 patients accessed the service (against a target of 120) and over 70% achieved their care plan goals. The service has been well received throughout the district by GPs, pharmacists and patients and is continuously developing to support patients in these difficult situations.

### Gym

The gym continues to be of interest to service users, with an average of 20 clients accessing the service daily. The gym offers support to services users to improve physical health, through health screening and individual training plans, with advice and guidance on healthy eating and nutrition. Smoking cessation clinics are offered weekly.

During the course of the year, the service has expanded, with new opening times on a Monday making it available 5 days per week. The extra sessions have long been an aspiration of the service and have been warmly received by service users. The gym has also undergone a programme of renovations, ensuring the best possible environment for service users accessing the gym as part of their support.



## Review of Services



### Carers Service

The Carers Service continues to be responsive and proactive in providing support to the carers of people who are involved in substance misuse through a wide variety of interventions. During the course of the year, the service has helped around 190 carers and family members by providing services including one to one counselling sessions, providing access to independent support groups and signposting to other agencies to help fulfil specific needs.

Over the past year the service has been involved with the development of a new carer outcome measure, the CSOP, which aims to be validated by the summer of 2010, allowing carers in these services to track their progress through treatment and allowing services to demonstrate the impact they have on the lives of individuals they support.

The service continues to expand the options on offer to those it supports, being involved with a district Naloxone pilot, and training service staff to deliver the Barnardos Family Links Nurturing Programme, helping individuals develop their parenting skills. The service has also launched a new support group for Asian Women to run alongside existing support groups.

Going forward, the service anticipates the launch of the Bradford District Carer Strategy in September 2010. It will continue to develop the attributes required to provide best value support to all carers affected by someone else's substance misuse.

### Dual Diagnosis Service

This clinic is run by an experienced RMN, who has the added skill of being a nurse prescriber. Bridge staff often draw on her experience and knowledge on issues of mental health and through co-working clients.

With a caseload of about 40 clients at anyone time, the clinic continues to offer a service for clients with both mental health and substance misuse problems, referrals for which come from a variety of sources including CDAT, GPs, DIP, Sharing Voices and other mental health services, as well as internally..

Clients are provided with key working interventions, access to mental health assessments and medical reviews in addition to a weekly prescribing doctor's clinic which addresses prescribing needs for those who require that specialist support.

There are close links between the service and other mental health workers in the district, and the service is represented in the local Dual Diagnosis Strategy meeting enabling enhanced partnership working and district wide shared care approach to be offered.



## Review of Services



### Young Persons Service

The Bridge Young Persons Service continues to work successfully as part of the Bradford integrated team which delivers targeted and specialised interventions to help prevent, reduce, and promote recovery from, the harms of substance misuse, promoting the health and wellbeing of young people living across the district of Bradford.

The service enables young people to discuss their substance/alcohol use, utilising a range of therapeutic techniques and enhanced social support, including node-link mapping and Cognitive Behavioural Therapy techniques and provides brief psychosocial interventions to young people from a wide range of referral sources. Alongside one to one support, the team plays a vital role in providing education and drugs prevention advice to young people across the district.

The team is experiencing an increasingly positive and effective relationship with educational services in the district, leading to increased numbers of referrals. Concurrently, effective liaising with other district services such as children's services and the Youth Offending Team allow the team to provide a holistic package of care which continues after treatment at Bridge has stopped.

Going forward, key challenges remain in providing up to date and accurate information about new synthetic drugs as well as sourcing suitable local support for young people using cannabis who suffer with anger issues when withdrawing. However the strong links the teams have made and the continuously developing skills base possessed by the individual workers, stand the service in good stead moving forward into the next year.

### Stimulant Service

The stimulant's service provides structured psychosocial interventions to users of stimulant drugs such as crack and amphetamine. The service provided specialist support around their stimulant drug use to over 120 individuals in the past year. A significant proportion of the people accessing this service are also being seen elsewhere for opiate addiction, and the service offers them additional support around their other drug use in order to help them on their journey to Recovery.

During this year the client facilities have been refurbished and extra clinical space where complementary and psycho-social interventions can take place has been established. The team have continued to develop their skill base for delivering specialist interventions and have been engaged in providing outreach sessions for service users involved in the Drugs Intervention Programme.

During the course of the next year, the service aims to develop closer links with other providers, offering more 'joined up' working with clients, allowing them to access the additional, specialist support the team offers as part of their overall care planned journey through treatment.

### Women's Clinic

Consisting of 3 experienced workers, the team runs a busy service with approximately 140 women engaged in structured treatment at any one time. Most of those engaged live chaotic lives and have complex specialist needs; as a result staff have developed close working partnerships with a variety of external agencies. Maintaining strong links with social services remains a high priority for the team and they continue to attend case conferences, planning meetings and core groups, ensuring the best possible levels of support for families engaged in treatment at Bridge.

As well as offering a late night clinic where vulnerable women can attend a safe female only space with food, key working, medication reviews and nurse health checks, the team continues to offer support at the One Stop Maternity clinic to ensure that all pregnant service users receive the help they need to access appropriate ante-natal and post natal care. Additionally, the team now also runs a clinic at Bradford Working Women's Project, offering structured psychosocial interventions to those whose lifestyle makes it difficult for them to engage with Bridge directly.

### Men's Clinic

This is a busy clinic, which has seen over 170 people in the past year and has a consistently high caseload, offers a service to those who are homeless or who have a long term partner accessing the women's service. Many of the clients have chaotic lifestyles and accessing support presents a significant challenge, as well as representing an important step along the road to recovery. Through regular key working and support, service users work towards reducing the chaos in their lives, focussing on establishing themselves in treatment and gaining stable accommodation so they can access services closer to where they have resettled.

The men's clinic offers one late night and two doctor's clinics per week for medical reviews, providing flexibility for those who struggle to engage. In addition, this service links in closely with the hostels clinic and the DIP clinic to ensure continuity of care and shared knowledge.

In the coming year it is hoped that the service may expand through offering an outreach clinic at Bradford Shelter, making the service more accessible to those individuals who find it difficult to attend the main site on Salem Street.





## Review of Services



### Volunteer Scheme

The Volunteer Programme continues to grow, with 38 volunteers currently registered, of which 20 are attending on a regular basis. Since September 2009 the scheme has trained 3 cohorts of volunteers with a total of 28 completing training. The volunteers accrued over 3,000 volunteering hours this year, equivalent to a value of £40,500 (ONS).

Over the last twelve months partnerships have been built up with other organisations in Bradford, including the Drug Rehabilitation Requirement team, Project 6 and TTP, who now take on our volunteers once training, references and CRB checks are complete. The scheme is also currently working with the Foundation Housing

Mentoring Programme to establish how a successful working relationship could be formed. Within Bridge, volunteers work across all areas of the service and during the past 12 months 6 volunteers have been successful in gaining employment in the social care field, one of whom as a support worker at Bridge.

The scheme continues to receive good feedback from its funding body, Volunteering England, and very positive responses from those individuals who have volunteered through the scheme and those who have benefited from the time and skills freely offered by the volunteers. The contribution volunteers make to Bridge services, and to other services in Bradford, is a valuable one and enables service users to be offered the best possible care.

### IMPACT

The IMPACT Structured Day Programme continues to be a vibrant aspect of treatment at Bridge. Nearly 190 clients accessed this service in the past year and were offered a wide range of interventions and learning opportunities, designed to help them move on from their substance misuse and develop the skills to build themselves a positive future.

Skilled drug workers offer tailored plans comprising individual psychosocial interventions, daily groups on Recovery, education, personal development skills, and encourage clients to engage in weekly social activities. Specialist workers provide support around education, training and employment, offering support to service users in improving self confidence in relation to future goals and planning their treatment exit.

Throughout the course of this year the service has worked hard to develop its syllabus and now, having achieved registered learning centre status, offers courses accredited by the Open College Network, allowing service users to earn college credits during their time at IMPACT that can be used towards qualifications in the future. Specific courses in maths, literacy, the CSCS card, IT skills, music and food hygiene are also provided.

In an ongoing effort to promote Recovery and choice to service users, links to Narcotics Anonymous and SMART Recovery have been established. Meetings are facilitated weekly by peers onsite at Bridge, allowing better access for service users who are unsure about taking their treatment in another direction.

## Claire's Story

I've been attending Bridge for several years now, always in and out of treatment, always a reason why I couldn't sit down and speak with my keyworker and all I wanted was my script.

In the beginning crack was my biggest problem, I was spending about £100 smoking crack every day on top of heroin, methadone and drinking a few cans. To keep up with my drug use I worked on the street as a prostitute on a regular basis, which brought with it its own problems, but it never really bothered me, it paid the bills and for my drugs.

Over time my heroin use got better and I was eventually using nothing on top of my script but I was still using crack daily. My partner was also a user and sometimes this would help and sometimes it wouldn't, every now and then things would get heated but otherwise we got along well. But because of the life I led my children had been taken away from me and I had very little access to them.

*“ I appreciated the support from Bridge as they helped me work with all the different agencies ”*

This was a difficult time but I appreciated the support from Bridge as they helped me work with all the different agencies I needed to and went to all the meetings I had to attend. But then things got harder, there was a bereavement in the family and I was finding it difficult to cope. My crack use started to increase and I had started back on the heroin. My past life was coming back, I was dropping off my script and had gone back to working on the streets.

But then I had a turn in my life, I had some health problems, and that made me sit back and think about what I was doing with my life and where I wanted to be - and it wasn't alone, without my children and with a crack pipe.

At that point I decided to make a change, I didn't only attend for my script but I actually stayed and talked to my keyworker, I tried to be as open and honest as I could, some stuff I had kept back for years but I was finally feeling that I was getting somewhere.

Bridge couldn't help me with everything, but where they were unsure they referred me to the right service and made sure I went.

As time went past, my drug use reduced to nothing – even the crack. This was the first time I had managed this and I was determined to keep up with it. I had some lapses, and dropped from my prescription a couple of times but it never went back to being as bad as it was before.

I have now been drug free for one month solid and feel that I am doing the best that I can. I am still prescribed but for the first time ever I am on unsupervised which felt like a real achievement in itself. I am also applying for more access to my children and am hopeful that I will be successful in this.

## Jane's Story

I was first prescribed diazepam in 2006 when I was admitted to hospital with cannabis psychosis.

I was originally given 30mg daily alongside other medication to help reduce my anxiety but before long I found my body had got used to the 30mg and no longer stopped my anxiety and I was also becoming more anxious during the periods between my doses.

I then started buying an extra 30mg off the street and so became dependent on 60mg daily.

In February 2009 I decided I wanted to come off the diazepam. I hated being addicted to something and my life seemed to revolve around the diazepam. I hated going out or doing anything unless I had had the diazepam and I realised I was more anxious than before I had started taking it, so I spoke to my GP who suggested contacting Bridge.

When I looked into it I found out Bridge had a Benzodiazepine Specialist Worker who assessed me and helped me to devise a structured diazepam reduction programme which would also offer me support around how to cope with my anxieties and withdrawals.

The worker also began working with my GP who agreed to take over the prescribing of the additional amount which helped me to stick to each reduction phase because I didn't have to worry about buying anything dodgy off the street.

Over the course of a year I reduced by 2mg each fortnight or month (depending on how I felt) from the 60mg down to nothing and I am now totally free of diazepam.

The worker helped me to identify positive things in my life that I enjoyed doing which would help me to focus on something other than the diazepam. She also recommended herbal remedies for sleeping and referred me for a course of acupuncture which helped both my anxieties and my sleep.

I believe that the support of the Benzodiazepine Specialist Worker and the programme we agreed with my GP enabled me to have a life without diazepam which I am extremely grateful for.

*“ Over the course of a year I reduced by 2mg each fortnight or month (depending on how I felt) from the 60mg down to nothing and I am now totally free of diazepam ”*

## Syed's Story

Syed had a difficult childhood and was taken into care at an early age. He began using heroin at 15 and became involved in crime.

After leaving prison he was referred to Bridge where he was prescribed methadone to stabilise his drug use and worked with his key worker to address long standing issues.

Initially Syed described feelings of low self esteem but he worked hard to identify his strengths and build on them. Cognitive behavioural therapy and node link mapping interventions enabled him to assess his options and set achievable goals.

As Syed grew in confidence he realised that obtaining employment was important to him so he was referred to a Bridge ETE worker. Together, they worked on an Individual Personal Development Plan that enabled him to learn interview skills along with job search techniques.

Syed's anger and drinking were identified as barriers to obtaining employment so he attended anger management sessions and entered a controlled drinking programme.

In the last 4 months he has obtained full time employment and is enjoying his job. He has now stopped drinking and is abstinent from all illicit and prescribed drugs.

"I came to IMPACT and I was introduced to my keyworker. I spoke to her about my concerns and was delightfully surprised on how professional and friendly she was. She guided me through my concerns and supported me to get a job, a situation I had nearly given up on.

I am now employed, totally drug free and happy. I would like to thank my keyworker and IMPACT for their help"

Syed

*" my keyworker supported me to get a job, a situation I had nearly given up on. "*

## A Client's Letter of Thanks

All staff at Bridge.

I would like to put pen to paper to state my thanks for all the help I have received in changing the course of my life.

The service that you provide is not given task, but you all never give up on any of us and strive to help in any and all ways possible.

As your case loads increase and their are not enough hours in the day, this does not effect the service you strive to provide, if anything it motivates you all the more to ensure that all the options are explored and evaluated for the best results.

So in these times of cut-backs and harder times to come, I would like to say to you all that you are invaluable for all that you do and your commitment shines through, so even though we mean and groan, we would be lost or worse without you all to guide us and support us. So a very big heart-felt thank you I would like to extend to everyone concerned, I only wish I had more to offer, but thank you all.

## Financial Review

2009-10 was a stable year in relation to service provision, with no new major services launching and none ceasing during the financial year. This was though the first full year of operating for IMPACT, the Benzodiazepine, and hostel liaison services, and is reflected by an increase in income by 11% to £1.76 million.

As in previous years the majority of income (95%) is funding for the commissioned substance misuse services, with 75% coming from NHS Bradford & Airedale and 20% from City of Bradford MDC.

Grant income was received for three projects; from the Dept of Health for our volunteer programme; from the Dept for Work & Pensions for 12 Future Job posts; and from the National Treatment Agency for the Naloxone pilot.

Expenditure for the year was £1.68million, an increase of 11% and proportionate to the increase in income and service provision during the year. 79% of expenditure is for salaries and other staffing costs, an increase of 13% on the previous year.

Bridge employed the equivalent of 39.4 full time employees during the year an increase from 34.0 in 2008-09.

The budget for the year showed a planned deficit of £80k with the intention being to use part of the designated funds to assist in the purchase of a new building for the young peoples' service.

Unfortunately due to difficulties in purchasing an appropriate building that project did not proceed during the year.

As a result of that change from planned activity, along with under-spend during the year against a number of headings and services, there has been an overall net surplus of £85k on the year.

All of Bridge's contractual service provision income and grant funding is classed as restricted and allocated to restricted funds.

At the year end the restricted funds held £98k; of which £58k is allocated against planned service expenditure in 2010-11; £40k is under-spend against contracts that will be clawed-back by Bradford & Airedale NHS during 2010-11; £420k held in Designated funds, £102k for the new premises and £318k being the value of premises and fixed assets.

The unrestricted general funds held £393k, which is a £24k increase, and resulted from the combination of a deficit of £6k on activities and a negotiated transfer from restricted funds, to support our reserves, of £30k.

From the above information it can be seen that Bridge has continued to grow at a sustainable rate and has been able to maintain its financial stability and security.

During the past year Bridge was successful in tendering for the Bradford South & West Integrated Substance Misuse Treatment Service, with the service transferring from Ripple Drug Services on 1st July 2010.

The Future Jobs programme will also bring additional income and posts into both Bridge and the district wide treatment service. These developments will provide further growth for Bridge in 2010-11 with the budgeted income being £2.1million.

The planned relocation of the Young People's service will be reviewed in light of the difficulties experienced in the last year, the current economic climate, and the changing priorities within the district.

Bridge relies on service related income rather than donated and voluntary income, and at present the only impact on income from the economic and banking crises has been a reduction in investment income.

However, as already referred to by our Chair of Trustees and Chief Executive, the coming few years will see significant changes in the financial, operational and commissioning environments that Bridge functions within. The Public Spending Review of October 2010, and reviews of NHS priorities and budgets, will in due course impact on the funding available to the treatment sector as a whole and consequentially to the district and Bridge.

The new drug treatment strategy in December 2010 will guide the strategic direction for Bridge; and as the activities of the PCTs are transferred to new bodies Bridge will have to operate within new commissioning structures.

Bridges' Trustees and Senior Managers believe that Bridge is well resourced in both financial and human resources terms to adapt to, and manage, these future changes, whilst continuing to deliver excellent services and developing new and innovative services for those who need them in Bradford.

## Summary of Financial Statements

The following summarised financial statements are extracted from the Trustees' Annual Report and Financial Statements for 2009-10 which should be consulted to give a full understanding of Bridge's financial affairs. The Trustees' Annual Report is available on request from Bridge.

### Summarised Income and Expenditure Account for the year ended 31st March 2010

	2010 £s	2009 £s
<b>Incoming resources</b>		
<b>Incoming resources from generated funds</b>		
Voluntary income	229,582	204,626
Activities for generating funds	2,398	9,051
Investment income	4,435	24,831
<b>Incoming resources from charitable activities</b>		
Substance misuse treatment and support	1,518,105	1,338,778
<b>Other incoming resources</b>	7,489	1,954
<b>Total incoming resources</b>	<b>1,762,009</b>	<b>1,579,240</b>
<b>Resources expended</b>		
<b>Cost of generating voluntary income</b>	13,476	8,285
<b>Charitable activities</b>		
Drug treatment and support activities	1,640,242	1,478,982
<b>Governance costs</b>	23,122	23,042
<b>Total resources expended</b>	<b>1,676,840</b>	<b>1,510,309</b>
<b>Net Incoming Resources</b>	<b>85,169</b>	<b>68,931</b>

### Summarised Balance Sheet as at 31st March 2010

	2010 £s	2009 £s
<b>Fixed assets</b>	<b>322,011</b>	335,497
Current assets	968,964	573,497
Liabilities: due within one year	(380,585)	(83,773)
<b>Net current assets</b>	<b>588,379</b>	489,724
<b>Total assets less current liabilities</b>	<b>910,390</b>	825,221
Liabilities: due after more than one year	-	-
<b>Total net assets</b>	<b>910,390</b>	825,221
<b>Funds:</b>		
General unrestricted funds	392,514	368,972
Designated funds	420,284	429,911
Restricted funds	97,592	26,338
<b>Total funds</b>	<b>910,390</b>	825,221

## How to donate to Bridge

Your generosity assists in providing additional benefits and activities for our clients, such as providing clothing, fresh fruit and nutritional advice, Christmas gifts and activities for children, sporting and 'outward bound' activities.

If you believe in the work Bridge does in Bradford, or you would like to show your appreciation for how Bridge has made a positive change in the life of someone you know, please do consider making a donation. You can send a cheque, payable to "The Bridge Project", to The Bridge Project, 35 Salem Street, Bradford BD1 4QH.

You can increase the value of your donation by 25% with Gift Aid at no extra cost to you. As a basic rate taxpayer a donation of £10 will be worth £12.50 to Bridge.

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## Funders

Bridge would not be able to provide its services without the financial support of:

NHS Bradford & Airedale • City of Bradford MDC • The Social Investment Business  
Department of Health - Opportunities for Volunteering • Department for Work and Pensions - Future Jobs Fund

Bradford and Airedale   
Teaching Primary Care Trust



The Social  
Investment  
Business

City of Bradford Metropolitan District Council

[www.bradford.gov.uk](http://www.bradford.gov.uk)

## Board of Trustees

As at the AGM on 22nd November 2010.

Rob Newell - Chair  
Mevla Burton - Vice Chair  
Peter Sleigh - Treasurer  
Sue Holden  
Paul Houghton  
Mohanlal Mistry

### Patron

Professor Lord Patel of Bradford OBE

### Senior Management Team

Jon Royle - Chief Executive  
Tracey Hogan - Director of Operations  
Martin Brook - Director of Finance  
Sally Black - Director of HR

### Company Secretary

Martin Brook

### Auditors

Baker Tilly Audit UK LLP  
The Waterfront  
Salts Mill Road  
Saltaire, Shipley  
West Yorkshire  
BD17 7EZ

### Bankers

Yorkshire Bank plc  
14 Broadway  
Bradford  
West Yorkshire  
BD1 1EZ

CAF Bank Ltd  
25 Kings Hill Avenue  
Kings Hill  
West Malling  
Kent, ME19 4JQ



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Bradford BD1 4QH

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Registered charity No: 517356  
Company Limited by Guarantee No: 1946704

[www.bridge-bradford.org.uk](http://www.bridge-bradford.org.uk)

Annual Review 2009-2010  
**Maximising Potential**