

DERBYSHIRE COUNTY COUNCIL

MEETING WITH CABINET MEMBER, HEALTH AND COMMUNITIES

14 April 2015

Report of the Director of Public Health

SUBSTANCE MISUSE S256 BUDGET EXPENDITURE

1 Purpose of the report:

This is the third in a series of reports identifying areas of proposed spending which fall under the Section 256 budget within the Public Health substance misuse commissioning team for Cabinet Member consideration and approval.

2 Information and analysis:

- 2.1 In 2013, a Section 256 agreement was brokered between statutory partners Derbyshire Primary Care Trust and Derbyshire County Council in order to successfully carry forward a forecast underspend accumulated since 2010-11.

In developing the areas for expenditure, prioritisation was given to the following:

- the need for further investment in peer-led recovery services in Derbyshire
- the limitations and opportunities of non-recurrent funding
- the development of Mutual Aid and peer-led services
- localism and supporting the Voluntary Sector in Derbyshire
- purposeful funding with clear, tangible outcomes which add significant value to mainstream treatment service provision
- developing better integration of drug and alcohol services
- identifying areas of currently unmet need and/or inequality in provision or access.

The first and second reports proposing a range of expenditure was considered and approved at meetings on 15 July and 23 December 2014. The underspend currently stands at slightly over £400,000.

- 2.2 The proposed expenditure (in the form of one-off grant payments) includes three projects which have been developed in partnership between organisations, stakeholders and service users. The first two projects have been designed to run as pilot schemes with the aim of

alternative funding being sought for future sustainability dependent on the achievement of successful outcomes. Funding for the third project is following an unsuccessful national bid to Public Health England (PHE), which was nevertheless supported locally by the Authority and by the regional PHE team.

2.3 DAAS Relate family counselling project

The aim of the project is to support families and young people who have been impacted by alcohol use in the family to develop, improve and enhance their relationships so that they build resilience, manage change and move forward from difficult situations in a more positive and robust way. We know that when a person manages to change their alcohol use in a positive way it can have a significant impact on their relationships. Sometimes the impact of the change is not viewed as positively by others, and, paradoxically, relationships and family life can become fractured and more challenging for individuals to cope with. For example young people may struggle to cope with a change in parenting or previously unchallenged behaviours become more noticed and less tolerated. The impact of this change, if not supported, can result in heightened conflict, relationship breakdown and ultimately a return to the negative behaviours related to alcohol that originally led to the alcohol intervention services.

The proposal is for DAAS and Relate to work together to facilitate counselling service provision in several locations across Derbyshire which will develop, extend and enhance existing DAAS support services to families affected by alcohol.

The project would offer up to 15 counselling sessions per week across a number of locations with a counsellor/s able to offer Young People's counselling (SafeSpeak) in Derby and Chesterfield, and Relate Family Counselling in Swadlincote and Amber Valley.

2.4 DAAS Veterans' alcohol project

Research suggests that alcohol has historically been used by military personnel to cope with the intense stress of battle but also as a way of mediating the transition from the heightened experience of combat to routine safety. Statistics demonstrate that alcohol misuse is common among large numbers of currently serving regular service personnel, due to the culture of "down time", subsidised (cheap) alcohol being readily available and a lack of alternative social activities. Research demonstrates that alcohol dependence is twice as high for serving military personnel than their civilian counterparts, and that this does not change when people leave Services. Large numbers of ex-service personnel have established drinking patterns and increased dependency on alcohol whilst in service, and find this not only difficult to change, but

also a means to support reintegration into a civilian environment with the many adjustment problems, plus mental health issues including Post Traumatic Stress Disorder. A 2014 report published by the Commons Defence Committee particularly highlighted the effects of alcohol misuse for veterans and their families. The report warns;

“Urgent action is needed to reduce the harm caused by the abuse of alcohol to armed forces personnel and their families. Too many members of the Armed Forces appear to believe that alcohol is integral to group cohesion or believe that alcohol is an appropriate way of coping with a return from military deployment.”

The report concludes *“British society has a unique debt of gratitude to look after citizens who have risked their lives for their country”*.

Whilst definitive statistics from MOD are unavailable to measure the size of the veteran population in the UK, it is estimated that nationally there are approximately four million veterans – i.e. 8% of the adult population. There are additionally 5.4 million partners, spouses and dependents of veterans. Through comparing this figure to provide a Derbyshire local picture, it is estimated that 50,000 ex-armed forces personnel are living in the county of Derbyshire, with around 60,000 affected family members.

Many ex-service personnel feel unable to contact generic alcohol service provision, and of those who do, a percentage may choose not to disclose that they are veterans due to stigma and shame. However, information gained from both national and local information sources strongly suggests increasing numbers of veterans in the county and a need for a specific project to support the needs of veterans and their families who are affected by alcohol misuse.

2.5 Rhubarb Farm Recovery Café

Rhubarb Farm applied for financial support under Public Health England’s Capital Funding Round 2015/16 for the refurbishment of an existing portakabin to be used as a Recovery Café and training room to enable recovering drug and alcohol misusers to receive support, peer mentoring and access to workers from other organisations to support them in their recovery. Despite strong support locally within the Authority and from the regional PHE team, they were unfortunately unsuccessful on this occasion. However, their plan to develop a Recovery Café and training room will add significant value to the services already offered at Rhubarb Farm. The funds will be used to repair the roof, install new kitchen units, cooker and sink, flooring and lighting and provide two laptops to help recovering misusers access and learn how to use computers.

The aim of the Recovery Café is provide facilities around the principles of recovery:-

- to support people with their abstinence or reduction in substance use
- to help them develop new relationships and restore family ties
- to enable them to build their confidence
- to provide them with a purpose to fill the gap left by abstinence or reduction
- to enable peer mentoring and support from others who are further along the recovery road
- to provide a safe haven for those who want to break away from current negative influences.
- to help towards employability by providing support for job search, signing on and learning IT skills, as well as learning cookery, budgeting and other life skills

3. Financial considerations:

There remains sufficient resource within the S256 budget for these three grants:

DAAS Relate family counselling project - £39,000

DAAS Veterans' Alcohol project – £41,000

Rhubarb Farm Recovery Café - £9500

4. Other considerations:

In preparing this report the relevance of the following factors has been considered: legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

5. Background papers:

Report for the Cabinet Member 15 July 2014.

Report for the Cabinet Member 23 December 2014.

6. Key Decision:

No

7. Call-in:

Is it required that call-in be waived for any decision on this report?

No

8. Officer's Recommendations:

- 8.1 That the Cabinet Member approves the proposed expenditure from the S256 Substance Misuse Budget.
- 8.2 That the Cabinet Member agrees to receive subsequent reports with updated plans for further expenditure of this Budget within the headlines identified.

Elaine Michel
Director of Public Health