Brighton & Hove City Council

Title:	**People Overview & Scrutiny**
Date:	**09 October 2024**
Time:	**4.00pm**
Venue	**Hove Town Hall Council Chamber**
Members:	**Councillors:** O'Quinn (Chair) Sheard (Deputy Chair) Cattell Czolak Helliwell McLeay Meadows Shanks Simon Thomson **Co-optees:** Fulford (Older People's Council) Martindale (CVS) Muirhead (CVS) Robinson (PaCC) Sasidharan (BME representative) Hurst (Church of England education co-optee) Cowler (Catholic Church education co-optee)
Contact:	**Luke Proudfoot** Overview & Scrutiny Officer

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AGENDA

8 Procedural Business

(a) **Declaration of Substitutes:** Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) **Declarations of Interest:**

(a) Disclosable pecuniary interests;
(b) Any other interests required to be registered under the local code;
(c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare:
(i) the item on the agenda the interest relates to;
(ii) the nature of the interest; and
(iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) **Exclusion of Press and Public:** To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls and on-line in the Constitution at part 7.1.

9 Minutes **7 - 18**

To agree the draft minutes of the 09 July 2024 People Overview & Scrutiny committee meeting (copy attached).

10 Chair's Communications

11 Public Involvement

To consider the following items raised by members of the public:

(a) **Petitions:** To receive any petitions presented by members of the public to the full Council or to the meeting itself;
(b) **Written Questions:** To receive any questions submitted by the due date of 12noon on the 3rd October 2024;
(c) **Deputations:** To receive any deputations submitted by the due date of 12 noon on the 3rd October 2024.

12 Member Involvement

To consider the following matters raised by Members:

(a) **Petitions:** To receive any petitions submitted to the full Council or to the meeting itself.
(b) **Written Questions:** A list of written questions submitted by Members has been included in the agenda papers (copy attached).
(c) **Letters:** To consider any letters submitted by Members.
(d) **Notices of Motion:** To consider any Notices of Motion.

13 School Organisation **To Follow**

Report of the Corporate Director, Families, Children & Learning (report to follow – this will be circulated separately as an addendum to the meeting papers).

Ward Affected: All Wards

14 Transition to Adulthood Strategy **19 - 82**

Report of the Interim Corporate Director, Health, Care & Wellbeing (copy attached)

Ward Affected: All Wards

15 Reducing Harms from Drugs & Alcohol - Brighton & Hove Drugs & Alcohol Strategy **83 - 140**

Report of the Interim Corporate Director, Housing, Care & Wellbeing (copy attached)

The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

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Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested.

For further details and general enquiries about this meeting contact XX, (01273 29XX – email XX) or email scrutiny@brighton-hove.gov.uk

Date of Publication Date Not Specified

BRIGHTON & HOVE CITY COUNCIL

PEOPLE OVERVIEW & SCRUTINY

4.01pm 9 JULY 2024

HOVE TOWN HALL - COUNCIL CHAMBER

MINUTES

Present: Councillor O'Quinn (Chair) Sheard (Deputy Chair), Cattell, Helliwell, McLeay, Meadows, Shanks, Simon and Thomson

Other Members present: Sara Fulford (Older People's Council); Joanna Martindale, Adam Muirhead (community & voluntary sector representatives); Anusree Biswas Sasidharan (BME representative); Lesley Hurst, Maria Cowler (diocesan education co-optees)

PART ONE

1 PROCEDURAL BUSINESS

1 a Declarations of substitutions: Sally Polanski (Amaze) substituting for Becky Robinson (Parent Carer Council)

B Declarations of interest: There are none.

C Exclusion of the press and public: There are no part two items

2 MINUTES

2.1 There were no minutes to approve.

3 CHAIR'S COMMUNICATIONS

3.1 The Chair gave the following communication: It is always going to be a challenge holding the first Overview and Scrutiny Committee meeting following a change to an Executive and scrutiny model of governance. There are decisions being made that are too far along for us to scrutinise in any meaningful way. Therefore, in this first meeting we are going to be hearing from those Cabinet Members whose portfolios align with the remit of this Scrutiny Committee to hear from them about their priorities and to ask questions of them. In an Executive and Scrutiny system the relationship between the two is incredibly important. We want to form a good working relationship with the cabinet and to be able to be a critical friend to them.

We are joined by Cllrs Tristram Burden, Gill Williams, Leslie Pumm, and Jacob Taylor today. Tristram will present on his portfolio of adult social care and public health; and Leslie on his portfolio of communities, equalities and human rights. Unfortunately, Cllr Emma Daniel won't

be able to attend today's meeting. She has circulated some information on her priorities and Cllr Jacob Taylor will be available to answer any questions members may have.

Following this meeting, I will ask officers to arrange an informal meeting for all People committee members to agree an outline 2023-24 People O&S work plan, drawing on the presentations that we will hear today plus whatever work plan ideas O&S committee members have. I want to stress that Scrutiny is a member led process and that it will be for People Committee members to agree a work plan. However, I believe that it is essential that this is informed by the Council Plan priorities and that we concentrate our time and resources on issues where we can make a difference, in other words, a policy that is being developed and we can contribute to it.

Going forward into the Autumn and beyond, we will have a chance to look more closely at plans and strategies as they are formed, have an input into council policies, and to scrutinise decision making.

4 PUBLIC INVOLVEMENT

4.1 There were no public questions.

5 MEMBER INVOLVEMENT

5.1 There were no member questions.

6 PEOPLE OVERVIEW & SCRUTINY COMMITTEE TERMS OF REFERENCE AND PROCEDURES

6.1 The Chair opened the first item of business, a paper outlining the terms of reference for the People Overview and Scrutiny Committee. She asked if members had any questions about the Terms of Reference or procedures for scrutiny.

6.2 Giles Rossington introduced the report to the committee and said that he was happy to answer any questions.

6.3 Cllr Meadows asked a question regarding the work programme noting that it will be difficult to scrutinise the Cabinet Forward Plan due to the timings of the Cabinet meetings and the People Overview and Scrutiny Committee meetings. The Chair responded that the Committee will have a good idea of what is coming up based on the presentations today and that the Committee would not just be looking at decision already made. Giles Rossington said that the key to scrutiny was what value looking at an issue would bring, and that the Committee was not limited to pre-decision scrutiny.

6.4 Cllr Shanks asked about the call-in process as it is not mentioned in the terms of reference. Giles Rossington responded that the call-in process is delivered by the Overview and Scrutiny Committees but not limited to the Committee. Any members (so long as they meet the criteria of six members made up of at least two groups, or one group and independents) can call in a decision. Once this request has been accepted, it will go to either the People or Place Overview and Scrutiny Committee.

6.5 Cllr Shanks asked a question regarding who would decide if a call-in request was valid. Giles Rossington responded that the call-in request would be made to the Chief Executive and the Monitoring Officer. The request would need to have a valid reason, such as no consultation was made, it goes against the council plan, it would have the opposite effect as planned (the reasons for a call-in are set out in the constitution.) The Chief Executive and the Monitoring Officer will then consider the call-in request, it is not a political decision. The Chief Executive, who was present in the audience, offered an example of a call-in request being made at her previous council of Bournemouth, Christchurch and Poole Council. A decision to implement a PSPO had been requested for a call-in asking if all of the data had been properly considered. The Chief Executive stated that as long as the criteria were met and the reason justified a call-in would probably be accepted.

6.6 Adam Muirhead asked a question regarding the quorum for the meetings, was this three or three and the chair. Giles Rossington responded that the chair is not required for the meeting and that the quorum of three is based on typical best practice. However, the chair (should they be present) would want to decide if a meeting with just three attendees should go ahead. As the Committee is not a decision-making body it would not necessarily need to go ahead with the meeting and it could be postponed. It is unlikely that we would ever have such a low turnout for a meeting.

6.7 Cllr Sheard asked a question regarding call in requests and task and finish groups with relation to issues, such as housing, that are covered by both Overview and Scrutiny Committees, and how a decision would be made as to which committee would look at these. The Chair stated that she has regular conversations with Cllr Evans, Chair of the Place Overview and Scrutiny Committee, and that they realise that there are a lot of areas of overlap between the committees. They would discuss any issues and come to a decision. The Chair also said that it would be possible to do joint task and finish groups on issues that relate to both committees. Dialogue between the Chairs would be key. Giles Rossington stated that in forming the new system it was decided not to have formal protocols relating to this as it can be decided by informal dialogue between the Chairs to facilitate joint working or distribution of issues. However, should it be necessary in the future formal protocols could be looked at.

7 PRESENTATIONS BY CABINET MEMBERS

7.1 Cllr Taylor presented on behalf of Cllr Daniel who was unable to attend. Cllr Taylor noted that Cllr Daniel is the Cabinet Member for Children, Young People and Youth Services, and that he is the Cabinet Member for Finance and City Regeneration, which includes school finance.

Cllr Taylor presented Cllr Daniel's priorities within her portfolio which included:

- Early years (best start to life) and the first 1001 days in a child's life.
- Tackling educational disadvantage
- School budgets and school organisation
- Bringing children back into the city for care and placements

7.2 Cllr Meadows asked if the slides could be distributed and if in the future they could be sent in advance of the meeting. Cllr Taylor answered yes to both.

7.3 Joanna Martindale welcomed educational disadvantage being one of the priorities and stated that it would require people from a lot of different backgrounds and organisations

working together, but that lots in the community sector would want to work on this. Cllr Taylor stated that it is a nut that Brighton and Hove hasn't cracked and that Brighton is similar in many ways to some of the London Boroughs but that the city's deprivation was more concentrated into three areas rather than mixed in throughout the city.

7.4 Sara Fuller welcomed the prioritisation for children but was concerned that Island Lodge, currently a facility for older people with dementia, may lose beds to be used for children's places. Cllr Taylor answered that the plan was not to take away beds that are currently used for dementia patients as Island Lodge has been running below capacity for a number of years, so is not really a lose of beds. The building can be easily divided into separate spaces.

7.5 Cllr Sheard asked a question on early years and the best start in life stating that there was help for families when children reached school age, such as help with uniforms and free school meals, but what help is available for younger children? Cllr Taylor responded that the Family Hubs provide support for families and that there are also various ways that families can access support such as the Brighton Fund, the Fairness Fund, and food banks, but most support for families with younger children comes directly from central government.

7.6 Cllr Sheard asked if it was still too early to see the impact of the change in school placement criteria to take into account free school meals. Cllr Taylor responded that it was too early to see the impact of the change as it was to come into effect from next September's intake, but that it would be very interesting to monitor the data on this.

7.7 Cllr Sheard referred to Cllr Taylor's use of the term 'care deserts' and said that to his knowledge there were only two secondary schools in the East of the city. He asked if there was a lack of secondary school places in the East of the city and if this was a secondary school desert. Cllr Taylor responded that Cllr Sheard was correct that there were only two secondary schools in the East of the city, however there were currently enough places within the area.

7.8 Cllr Sheard was concerned about reports regarding Homewood College and asked if Cllr Taylor was worried about SEND placements. Cllr Taylor responded that the issue had recently moved to a consultation and that the school was different to mainstream schools as places are commissioned based on need. All pupils from Homewood College had been found suitable places, he believed within the city, with some pupils moving to mainstream schools with support packages.

7.9 Cllr McLeay asked a question regarding the priority of bringing SEND pupils who have placements outside of the city back. She asked if St Bartholomew's School site was being considered for this, having previously been suggested as such. Cllr Taylor said that the building was owned by the catholic diocese and so it was not something that the council could decide on its own, but it may be something that the diocese would be interested in. All of the buildings from schools set to close are designated for educational use and would require permission for any change, and so all four building would be considered.

7.10 Cllr Shanks said that she hoped that the new Labour government would be providing more funding for schools and hoped that the council were not closing schools too soon, when more money might keep them open. Cllr Shanks also said that catchment areas needed to be looked at as the issue had been dodged before. Cllr Shanks noted that there had been some issues with school federations raised in the press. Cllr Taylor stated that he was not close enough to the Labour frontbench to know if Per Pupil School funding would change, but even if

it did increase the problem was the number of pupils. More money would be helpful, particularly to schools who are near to setting a balanced budget. Cllr Taylor said that the issue of catchment areas would be a good item for the committee to look into. Regarding school federations Cllr Taylor said that the Labour manifesto said they would look into federations. Most schools in the city have not moved to academies. Federations could potentially be a route to solving school budget problems as efficiencies can easily be found. For example, multiple school business mangers or premises managers would not be needed for a federation.

7.11 Cllr Helliwell Thanked Cllr Shanks for her support in looking at catchment areas as cross-party support on the issue would reduce fears from parents. Cllr Helliwell asked if there were deficits in schools that were full as well as those that were lacking pupil numbers. Cllr Taylor responded that not all schools who have low pupil numbers have deficits and that not all schools that are full had balanced budgets. More resources from the Council's HR department is being used by schools to help save them money. Federations is another solution and the Council will continue to look at PANs.

7.12 Cllr Meadows asked why the Council were not putting schools that are in deficit in federation together, rather than asking schools that manage their budgets to support schools that are not. Cllr Meadows asked how Cllr Taylor expected this to work. Cllr Meadows asked about catchment areas and feeder schools, as she believed that these are being used by more affluent parents to get their children into good schools, such as Cardinal Newman. Cllr Taylor said that he thought it unfair to say schools haven't been managing their budgets as this was largely driven by low pupil numbers. Cllr Taylor went on to explain that no federations are planned at the moment and that there will be very few surpluses at any of our schools.

7.13 Cllr O'Quinn thanked Cllr Taylor for covering for Cllr Daniel. She asked Cllr Pumm, Cabinet Member for Communities, Equalities and Human Rights, to present to the committee.

7.14 Cllr Pumm presented his three priorities, although pointed out it was a big brief and that it was difficult to pin it down to only three. His three priorities are:

- Poverty reduction
- Reducing Anti-Social Behaviour (ASB)
- Empowering LGBTQ+ Community

7.15 Cllr Shanks asked a question regarding reporting ASB and drug use to the police, stating that she found that residents were reporting ASB via 999 with no response and that they often did not want to report in other ways as they did not want to give their name and address. Cllr Shanks also raised the issue of ASB being caused by council tenants within housing blocks. Cllr Pumm responded that he was frustrated by how ASB prevention budgets were spent and that the council can look at how it scrutinises Sussex Police. Cllr Pumm stated that he had written to the new Home Secretary to ask about ASB budgets. Labour has committed to 13,000 new community police officers and PCSOs, which will help to tackle ASB.

7.16 Adam Muirhead stated that his organisation was doing a lot of work in ASB prevention. He said that he really liked Cllr Pumm's emphasis on prevention as this will save money in the long run. Adam Muirhead further stated that poverty is a big driver of ASB and that he wanted to look at that. Cllr Pumm agreed and stated that reducing poverty would reduce ASB and reducing ASB would set people on the right path out of poverty.

7.17 Sara Fulford asked a question regarding poverty among older people, the low uptake of pension credit and what the council are doing to increase uptake. Cllr Pumm stated that Sara Fulford was right that there were many examples of poverty but that he did not have an answer on increasing the uptake of pension credit but would find out for her.

7.18 Cllr Sheard stated that he thought the council was doing a lot in the area of poverty reduction and asked if the council had a poverty reduction strategy. Cllr Pumm stated that council does have a poverty reduction strategy but that they want to update their approach and do more to tackle poverty.

7.19 Cllr Sheard said that Cllr Pumm had used the phrase 'nuisance ASB' and asked a question about the difference between ASB and nuisance ASB. Cllr Pumm replied that nuisance ASB is ASB that is more of a nuisance, giving the example of a very loud party that was past midnight, that this would be ASB but given the late timing it was a nuisance.

7.20 Cllr Sheard stated that in his ward of Coldean and Stamner there are a lot of student HMOs which bring a different atmosphere to other housing types. He then asked where the Council believed the line was between students enjoying their university experience and ASB. Cllr Pumm said that he did not have that data at hand but was happy to go away, look for it and send it to Cllr Sheard.

7.21 Cllr McLeay said that the Youth Action Group were doing great work with teenagers and young men, giving them role models and skills and that the council should continue to work with them. Cllr McLeay said that there were very few CCTV cameras in the city and that those wanting to commit ASB know where these are, and that Sussex Police have recently removed a job post monitoring CCTV. She asked what was happening with CCTV. Cllr Pumm responded that the Council has recently taken over some CCTV from the police and that where there are repeated ASB issues we have to look at CCTV, although sometimes putting in CCTV can only move the problem elsewhere.

7.22 Joanna Martindale responded to the point raised by Sara Fulford about pension credits stating that community groups do a lot of work on benefits uptake, giving the example of Amaze's work on disability benefits. Joanna Martindale stated that there is a lot that community groups can do in reducing ASB. She went on to point out that young people are often the victims of ASB and should be involved in the decision making. Cllr Pumm agreed with Joanna Martindale and said that he was pleased to hear of the work of the third sector on benefits uptake. Cllr Pumm said that he was excited to bring the issues to committee. He went on to say

7.23 Dr Anusree Biswas Sasidharan noted that it was important to work with various people and groups on poverty reduction. She went on to ask what empowerment of LGBTQ+ people looked like and how can it be measured. Cllr Pumm said that Dr Anusree Biswas Sasidharan was right to highlight the work of other groups and the need to work with them on poverty reduction. Cllr Pumm stated that he has chosen to focus on the LGBTQ+ community as they are under threat in the current political climate, however this does not mean ignoring other communities. Cllr Pumm used examples from London on empowerment of LGBTQ+ communities including an LGBTQ+ Charter, changes in licensing rules to define what an LGBTQ+ venue is, and further protecting these spaces in licensing and planning.

7.24 Cllr Helliwell asked a question on the police rowing back on attending mental health situations and how this would impact on ASB. Cllr Pumm did not have an answer on this specifically but would find out from local partners.

7.25 Cllr O'Quinn said that a lot of work in education and early years feeds into ASB prevention. Cllr O'Quinn thanked Cllr Pumm for his presentation for answering questions. She asked Cllr Gill Williams, Cabinet Member for Housing and New Homes, to present to the committee.

7.26 Cllr Williams said that we were in the midst of a national housing crisis, and that in the last year over 2500 households had come to the council for help with homelessness. She stated her priorities as being:

- Improving housing quality, safety and sustainability
- Delivering the homes that the city needs
- Preventing homelessness
- Supporting independence and improving health and wellbeing
- Providing resident focused housing services

7.27 Cllr Shanks said that in Wigan they were doing lots of things with empty buildings, and that the council has the powers so would like to see these being used. Cllr Shanks asked further questions on emergency support being outsourced, and the estates development budget being distributed to residents' associations to sped up its spending. Cllr Williams responded that anyone could apply for this money and that residents' associations should apply for it. Cllr Williams stated that the papers on the emergency support are on the papers for the last cabinet meeting. Instead of leasing out and letting them get on with it the council are taking over the lease and commissioning out the service so that the council can set the standards and have oversite of the staff. Regarding empty buildings Cllr Williams said that she was thrilled to get the powers to double council tax on empty buildings and second homes. Cllr Williams stated that the council had recently hired an officer specialising in empty homes to focus on this area.

7.28 Cllr Shanks said that she knew about the new council tax powers but that in Wigan they are buying the council properties, so not just making an income from empty properties but bringing them back into use. Cllr Williams said that she did not recall this ever happening in Brighton and Hove. She said that the new government were looking at compulsory purchases and hoped for news on this soon.

7.29 Adam Muirhead stated that youth homelessness was really important to him, because of his lived experience, and noted that a recent report said that 136,000 young people are homeless and that a petition had recently been sent to Parliament on this issue but only six MPs turned up to debate the issue. Adam Muirhead asked a question on ensuring that youth homelessness was a priority given the decommissioning of the YACs specialist youth homelessness services. Cllr Williams responded that she wanted to pay special attention to youth homelessness and that the council are looking at purpose units for young people. Cllr Willaims said that they were looking at the possibility of sending an officer to Barts House a couple of mornings a week to make it easier for people, including young people to come in and ask for help.

7.30 Dr Anusree Biswas Sasidharan welcomed improved involvement with tenants and asked how and who will engage? She also asked if engagement will take place with those on the

housing waiting list, not just tenants. She stated that there was a power dynamic within housing between officers and those on waiting lists causing people to feel scared to complain or to reject unsuitable housing offers. Cllr Williams said that the council needs to engage more, and that it should not been seen as 'us' and 'them' but 'we'. She stated that there are currently two consultations regarding housing allocations policy and on housing strategy. She stated that the council are engaging with those on the housing waiting list. Cllr Williams stated that she understood the point regarding complaints as it is very difficult. She urged those who did not feel able to complain to speak with their ward Councillors, as this is one of the reasons that they are there. Cllr Williams said that there were valid reasons for rejecting a housing offer, and those with genuine reasons for rejection would be listened to and supported but there is a lack of supply and often there is no where else to offer them.

7.31 Cllr Thomson said that she was very excited about the increased and improved engagement, and with the potential to buy retail properties to turn into housing. She asked if this is part of the plan. Cllr Thomson also asked a question regarding the relationships with housing associations. Cllr Williams responded that regarding commercial properties she felt that we should be open to this if it would work, but not just regarding purchasing the commercial properties but looking at other options. She gave examples such as if a parade of shops is owned by the council, can an extra floor be built on top to provide housing, or if the council own a car park could housing be built over it? Cllr Williams said that she intends to leave no stone unturned in finding places suitable to build more homes and are looking everywhere. Regarding housing associations Cllr Williams said that they are the landlords not the council but their properties do appear on the council's list for people to bid on, and that although the council are then not the landlords of these people they can intervene and ask housing associations to do a better job. She further stated that the council could encourage housing associations to build more.

7.32 Cllr Meadows asked a question regarding the money spent on insourcing as previously a lot of money was spent on outsourcing services. She said that she was pleased that the council have brought in standards for landlords but that the council was the largest landlord in the city and needed to be sure to meet these same standards. Cllr Meadows asked a question regarding homeless people without a connection to the city and if the council were housing them or trying to reconnect them with their previous location. She asked a further question on what the council is doing about its own empty housing stock, as many properties are being left empty for a significant amount of time waiting for repairs before new tenants can move in. Cllr Williams stated that regarding outsourcing, the repairs had been brought back in house the day before the covid lock down and that this had built up a large back log. She stated that the council are outsourcing repairs to deal with the backlog as they do not want people waiting so long for issues to be resolved and that once the back log had been dealt with they wanted to move to preventative work. Cllr Williams said that she was thrilled to have landlord licensing and that yes the council does also need to meet these standards. Regarding rough sleepers Cllr Williams said that the council does try to reconnect rough sleepers from outside of the city with their previous councils. Cllr Williams said that having void stock is very annoying but that because of new fire safety regulations many properties needed to be brought up to standards before new tenants were moved in.

7.33 Cllr Cattell warned that there were planning restrictions involved with turning commercial properties into homes, and that although the previous government had relaxed the rules the council still has article four rules needing planning permission. Cllr Cattell also said that she would not be in favour of putting people in ground floor flats in places like Western Road. Cllr

Thomson clarified that she was not necessarily suggesting putting people into ground floor flats on Western Road.

7.34 Cllr Cattell asked if Cllr Williams was aware of planning rules on changing commercial properties into housing. Cllr Williams said that she was not an expert but that she had some knowledge.

7.35 Cllr Helliwell said that all of the committee members will know families facing homelessness. She asked what the council were doing to encourage house swaps which might improve a family's situation even if it did not stop overcrowding. Cllr Williams responded that it was a very difficult situation and that it can lead to being unfair on other people.

7.36 Cllr Sheard asked a question regarding the large number of short term lets in the city and what is being done to bring these back to long term tenancies. Cllr Williams responded that one of the issue that she had written to the new Housing Secretary about this issue. She stated that there are around 4,700 AirBnB type lets in the city as well as over 7,000 people on the housing waiting list and in emergency accommodation. The Levelling Up and Communities Act promised the potential powers to tackle these using planning policies like article 4 and a mandatory registration programme. Cllr Williams also stated that she has asked for a licensing scheme and powers to limit the number in one area. She stated that this is an area that both Place and People Scrutiny Communities could work on.

7.37 Cllr O'Quinn thanked Cllr Willaims and asked Cllr Tristram Burden, Cabinet Member for Adult Social Care, Public Health and Service Transformation, to come and present to the committee.

7.38 Cllr Burden presented on the priorities for his portfolio which included:
- Prevention and advancing health equity
- Preparing for CQC inspections
- Support and development of the care market

7.39 Jasmine, Youth Council representative, asked a question regarding an explanation of mental health prevention work. Cllr Burden told the committee that the council has an aging well contract for people 50+ and that this involves befriending and providing activities for people to help keep them active. Cllr Burden added tat there were a range of issues that can cause mental health issues and that the council did not want people to get to a crisis point before coming to the council, and that they wanted to provide wrap around care.

7.40 Cllr Thomson stated that anti-social behaviour was one of the main issues that she found in her ward, and that there were a number of housing associations and hostels in her ward providing different levels of care, wanting to know what the council was doing to produce more consistent levels of care. Cllr Burden asked for clarification on the question. Cllr Thomson clarified that she believed that two of the hostels in her ward provided excellent services but perhaps some more consistency was needed in this area. Cllr Burden responded that he particularly wanted to see joined up services that did not have duplication. Cllr Burden also said that the corporate restructure would ensure that health and housing services were working closely together and that services were designed to all be of a good quality but provide different services.

7.41 Sally Robinson, said that she was keen to see work done around the transition from children to adult services as she believed this is something that could be better in the city. She also asked a question regarding how the city approaches the personal assistant workforce. Cllr Burden replied that transitional safeguarding is something that the Chair is very aware of. Cllr Burden added that he, Cllr Grimshaw, and Cllr Williams would be meeting regularly on this issue and would bring something on this to the committee. Regarding personal assistants Cllr Burden said that BHCC and ESCC have a service to get more PAs available. He went on to say that he wanted to create a Brighton and Hove care co-op, but that this was still in the feasibility study stage. He said that the advantage of this would be that the PAs would own a share in the co-op.
Cllr O'Quinn said that she had spoken with Steve Hook, Interim Director of Adult Social Care and Housing, and that she thinks that the transition would be something very important and worth the committee looking into.

7.42 Dr Anusree Biswas Sasidharan said that she was delighted that Cllr Burden was looking into transitional services and would be happy to refer him to people that she has been working with on this issue. She also asked a question regarding how health equity data is collected. Cllr Burden said that there is no easy answer as to where the data comes from as there are so many data points, but that he had shared a document (https://www.brighton-hove.gov.uk/sites/default/files/2024-03/BHCC-%20Health%20%26%20Adult%20Social%20Care%20Report%202022-2023%20%28Digital%20Version%29.pdf

https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna/jsna-headline-summary-reports/jsna-executive-summary) within the Microsoft Teams chat for the meeting that provides a lot of data on this.

7.43 Adam Muirhead said that Adult social Care was a big brief with a big budget and that he was interested in Cllr Burden's comments regarding building the care market. Adam Muirhead went on to ask a question regarding the importance that the council places on the social value of contracts. Cllr Burden responded that the social value of contracts is very important and that the council have just refreshed the policy regarding the social value of contracts. He stated that the council wanted to ensure that the people that they are working with are providing social value.

7.44 Cllr O'Quinn thanked Cllr Burden for waiting until the end to present to the committee. She thanked the committee members for their questions. She stated that Giles Rossington would be sending out an invitation shortly regarding a meeting to discuss the committee's work programme.

The meeting concluded at Time Not Specified

Signed Chair

Dated this day of

Brighton & Hove City Council

Overview & Scrutiny Agenda Item

Subject: **Transition to Adulthood Strategy**

Date of meeting: **9th October 2024**

Report of: **Corporate Director, Health, Care & Wellbeing**

Contact Officer: **Name: Natalie Sacks-Hammond**
Email: natalie.sacks-hammond@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 People Overview & Scrutiny Committee has identified transition from children and young people to adulthood as a key area of interest and has requested an update on work ongoing to develop a Council Transition Strategy.

1.2 The Transitions Strategy is a work in progress and sets the current state of Transitions to adulthood in the city. Young people with a range of additional needs and challenges in the city are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships. This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.

1.2 This strategy is a co-produced plan to deliver coordinated support to children and young people with a range of additional and specialist needs transitioning to adulthood. It recognises that a poorly managed transition period leads to poor outcomes for young people and expensive interventions further down the line. It aims to provide an effective and appropriate local offer of combined services to help parents and carers prepare their children and young people into adulthood.

1.3 The strategy aligns with the Council's Plan outcomes of:

- "A city to be proud of"; aiming to build a stronger and unified city where everyone feels included. This will be achieved through working with partners in the community to support young people with additional needs to thrive and prosper in the city.
- "A fair and inclusive city"; aiming to promote inclusivity, addressing the inequality that many children and young people with additional needs experience. This will be achieved through

working collaboratively with young people, their parent carers and a wide community of voluntary and community groups, public and private sector organisations to drive change for the benefit of everyone in the city.

- "A healthy city where people thrive"; aiming to create a 'better future for children and young people' who are 'starting and living well'.
- "A responsive Council with well-run services"; ensuring a whole Council approach to providing support and meeting the needs of young people by working with all relevant Council services and other partners such as the NHS.

1.4 The report includes the methodology of benchmarking that was used to determine the gaps in good transition, the results of the benchmarking and recommendations for the delivery plan. Further information on the development of the Transition Strategy is included as Appendix 1 to this report.

2. Recommendations

2.1 People Overview & Scrutiny Committee notes the draft strategy for Transition to Adulthood and comments on aspects of the draft strategy.

3. Context and background information

Local Context

3.1 In Brighton and Hove, until the age of 18 and/or 24, services for children and young people with additional educational and social needs are commissioned and provided by the Family Children and Learning directorate (FCL). At age post-18, some of these services transfer to the Housing, Wellbeing and Care Directorate under Adult Social Care (ASC). However, eligibility criteria may vary between children and adult services, which generally have a higher threshold for being eligible for support. Children's social care and education support is free at the point of consumption, whereas Adult Social Care services are subject to a means tested financial assessment and all adult have to pay something towards the cost of their social care support. Some NHS services continue but many post-18 do not receive any support at all. The plans and processes for children and young people transferring to different forms of adult support are complicated and varied.

3.2 The initial self-assessment of provision available to children and young people by the Council's care services and NHS health services in the city showed that there is a lack of consistency and gaps in planning and providing support. This makes is hard for children and young people and their families to understand the process. This strategy is designed to fill the gaps in provision identified.

3.3 Stakeholders agree that the current start period to plan for children and

young people transitioning to adulthood is often far too late and allows too short a period to prepare young people for proper transitioning to adulthood. Stakeholders agree that planning for this transition should take place when a child is 14 years old at the latest.

Method

3.4 A Transitions Steering Group was set up, working with a wide of range of stakeholders to develop an understanding of what is needed in the city to meet the needs of children and young people transitioning to adulthood and independence. This included members and partners from Amaze, Parents and Carers Council (PaCC), Autism Support Communities (mASCot) and leading practitioners from both Adult and Children's Directorates, and local NHS leaders.

3.5 Five key care pathways identified for inclusion in this strategy are:

- Learning Disabilities
- Physical Disabilities & Complex Health Needs
- Mental Health needs
- Neurodiversity & people who may also be autistic (with and without disabilities)
- Looked after children (LAC) approaching Leaving Care

3.6 The group used the Preparing for Adulthood (PfA) nationally recognised self-assessment tool to identify the gaps in provision through completing the benchmarking tool, collating feedback, consulting with stakeholders and other local authorities, carrying out a gap analysis and facilitating workshops.

3.7 Consultations were held with parents and carers of children and young people including those with physical disabilities and complex needs, neurodiverse children and young people, and those with social, emotional or mental health needs. Further details can be found in the slides in Appendix 1.

Transition Strategy Standards

3.8 The principles of good transition to adulthood planning are based on on the Preparing for Adulthood standards as identified and produced by the National Development Team for Inclusion (NDTi), the National Network of Parent Carer Forums (NNPCF) and Genuine Partnerships - a Community Interest Company co-created by the children and young people, families and practitioners of Rotherham.

3.9 The Preparing for adulthood Standards set out what good outcomes look like for children and young people. These standards are in the areas of:

- **Co-production – where children and young people, their parents and carers are involved in producing the transition plan.** 67% of standards not met. Plans to address the gaps include improving the quality of the contact and involvement made with children and young

people before services are commissioned and improving the local offer in terms of the website and information on health.

- **Information and communication.** 60% of standards not met. Plans to address the gaps include adult social care (ASC) and FCL Services to provide some guidance and support to parents and carers and children and young people to navigate the information available and to make better use of the available resources about mental health.
- **Systems and processes to support good outcomes.** 33% of standards not met. Plans to address the gaps include establishing a good quality assurance framework with physical disability and developing other vocational options for young people post-18 to avoid keeping them in education till 25 years as the only option.
- **Education.** 62.5% of standards not met. Plans to address the gaps include offering children and young people GCSE post-16 core subject tuition and supporting children and young people leaving care with mental health needs to identify the right educational provision.
- **Employment.** 50% of standards not met. Plans to address the gaps include ASC and FCL services to link with Youth Employability Service to establish a clearer planned pathway for children and young people seeking employment.
- **Friends and community inclusion.** 50% of standards not met. Plans to address the gaps include maintaining the good knowledge and support for children and young people through the community and voluntary sector.
- **Health.** 44% of standards not met. Plans to address the gaps include continued dedicated provision of mental health support for children and young people.
- **Independent living.** 80% of standards not met. Plans to address the gaps include supporting parents and carers in their preparation of children and young people for living independently.
- **Transitional safeguarding** 25% of standards not met. Plans to address the gaps include developing a local framework to meet the local need and reflect the work of commissioners who work with care markets to commission services which are flexible and can respond to children and young people's changing needs and reduce the risks of harm.

  NB: The scores within these standards are not a reflection of the day to day quality of services provided to the young people and/or young adults, but specifically in relation to how those services between pre- and post-18 plan for an effective transition pathway.

Delivery Plan

3.10 The Delivery Plan will set up ASC and FCL services to collaborate to co-ordinate all transition provision and activity in the city. The collaboration will include links with community groups and NHS partners. In collaboration ASC and FCL will ensure early referral from all pathways when children and young people reach 14 years (year 9), so that ASC and other partners have a clear understanding of who the young person is before they are 18. The Plan will be delivered in collaboration with existing teams and delivery groups. ASC and FCL will measure and monitor the improvement in

services' provision annually through the Delivery Plan and services' self-assessment against the PfA standards.

4. Analysis and consideration of alternative options

4.1 None directly for this report

5. Community engagement and consultation

5.1 Members of the community including young people and their families have been widely consulted as part of the development of this strategy as set out in the slides in Appendix 1. The delivery of this strategy will be in collaboration with Council services and existing delivery teams/groups.

6. Financial implications

6.1 This report indicates Transition to adulthood Strategy, which outline the approach and action needed to support young people with needs as they move into adulthood. This report focused on planning, assessing needs, identifying resources and setting goal rather than budgeting or financial forecast.

Name of finance officer consulted: Jamiu Ibraheem
Date consulted (dd/mm/yy): 30/09/24

7. Legal implications

Use the report management system to send the report to your legal officer to ensure that this section is completed by them before you release the report as final on the system.

7.1

Name of lawyer consulted: Date consulted (dd/mm/yy):

8. Equalities implications

8.1 The strategy aims to advance equality of opportunity for young people who have a range of additional needs and challenges and who are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships. This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.

8.2 As part of the development of this strategy, those with specific needs and challenges have been consulted to ensure that all groups have been considered such as LGBTQ+, those who are neurodivergent, have learning difficulties, physical disabilities and/or mental health needs, and those who

are leaving care. Feedback from these groups have been used to form actions to resolve the issues they face.

8.3 By co-producing this strategy with children and young people, their parent carers and a wide community of voluntary and community groups, public and private sector organisations, the strategy aims to promote inclusivity, addressing the inequality that many children and young people with additional needs experience. The collaborative approach will promote community cohesion through building social and support networks across the city and provide further support to those with caring responsibilities.

9. Sustainability implications

9.1 None directly for this report

10. Health and Wellbeing Implications:

10.1 The strategy is focused on ensuring that the Council contributes to a 'better future for children and young people' who are 'starting and living well'. It will support children and young people to access the health and wellbeing services and information that they need without the feelings of anxiety, stress and uncertainty that the current system has left them with through a lack of clarity on accessing services and interventions. This will benefit children and young people who need extra support when transitioning into adulthood and will have a positive experience on their lives and those of their carers/parents.

11. Conclusion

11.1 The Committee is asked to note the draft Strategy for Transition to Adulthood and to comment on any aspects of the draft Strategy.

Supporting Documentation

1. Appendices

1. Transition to Adulthood Strategy slides – Appendix 1

Transition to Adulthood Strategy:(DRAFT)

2024-2027

Brighton & Hove City Council

Reason for strategy – local context

We know our communities of young people with a range of additional needs and challenges in the city are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships.

This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.

Brighton & Hove City Council

Reason for strategy – local context

In Brighton and Hove, until the age of 18 and/or 24, services for Children and Young People (CYP) with additional educational and social needs are commissioned and provided by the Family Children and Learning directorate (FCL). Some also have their care provided by the NHS.

From 18 and 25, some of these support services transfer to Brighton & Hove City Council's Housing, Care and Wellbeing Directorate delivering Adult Social Care (ASC) support. If they meet the eligibility criteria for care and support, they have to pay towards the cost of their care. Some young adults receive their adult support via the NHS, such as Continuing Healthcare and Mental Health Services. Others do not receive any support via the council post-18.

Brighton & Hove City Council

Reason for strategy – local context

The plans and processes for CYP transferring to different forms of adult support is complicated and varied. Some services have a plan from 14, others from 16 or 17 and 17.5 years.

The initial self-assessment of provisions available to CYP by our care and health services in the city showed that there is a lack of consistency and gaps in planning and providing support. This makes is hard for CYP and their families to understand the process.

This strategy is designed to fill the gaps in provision identified.

Brighton & Hove City Council

Reason for strategy – local context

Stakeholders agree that the current start period to plan for CYP transitioning to adulthood is often far too late and allows too short a period to prepare a YP for proper transitioning to adulthood.

Stakeholders agree that planning for this transition should begin when a child is in Year 9 at school (14 years old) at the latest.

Stakeholders agree to coproduce these plans with CYP and their parents/carers.

Brighton & Hove City Council

Reason for strategy – local context

This strategy is a coproduced plan to deliver coordinated support to CYP leaving care and transitioning to adulthood. It recognises that a poorly managed transition period leads to poor outcomes for YP and expensive interventions further down the line.

It will provide an effective and appropriate local offer of combined services to help parents and carers prepare their CYP into adulthood.

In Brighton and Hove, CYP, their parents and practitioners aim to work together and understand transition as an ongoing process and not a single event.

Brighton & Hove City Council

A better Brighton & Hove for all

Our transition strategy sits within the Brighton & Hove City Council Plan:

Outcome 1
A City to be proud of:
We want to build 'a stronger and more unified city, where everyone feels included, working together for a thriving and prosperous city'.

Outcome 2
A fair and inclusive City:
By coproducing this strategy with CYP, their parent carers and a wide community of voluntary and community groups, public and private sector organisations, the Strategy aims to promote inclusivity, addressing the inequality that many CYP with additional needs experience. We Will collaborate across the city, building partnerships to drive change for the benefit of everyone in the city.

Brighton & Hove City Council

A better Brighton & Hove for all

Outcome 3
A healthy City where people thrive:
The strategy will ensure that we contribute to a 'better future for CYP' who are 'starting and living well'.

Outcome 4
A responsive council with well-run services:
Meeting the needs of our young adult residents with additional needs requires a whole council approach to the way we provide support, but not necessarily just via Adult Social Care. This strategy will mean that Children's Services, Adult Services, Housing and other council service work together with other partners such as the NHS to achieve this.

Brighton & Hove City Council

Method

We set up a Transitions Steering Group, working with a wide of range of stakeholders to develop an understanding of what is needed in the city to meet the needs of CYP transitioning to adulthood and independence.

Chaired by:

- Interim Director – Housing, Care and Wellbeing (HCW)

Including partners & members from Community groups:

- Amaze
- Parents and Carers Council (PaCC)
- Autism Support Communities (mASCot)

Working together with leading practitioners from both Adult and Children's Directorates, and local NHS Leaders including:

- Senior Leaders in Brighton & Hove Integrated Care Board (ICB)
- Senior Leaders in Sussex Partnership NHS Foundation Trust (SPFT)
- AD – Children's Safeguarding & Care (FCL)
- AD – Education and Skills (FCL)
- AD – Health SEN & Disabilities (FCL)
- AD – Commissioning & Partnerships (HCW)
- Interim AD – Operations (HCW)

Method

We appointed workstream leads around five key care pathways identified for inclusion in this strategy. The pathways are:

- Learning Disabilities
- Physical Disabilities & Complex Health Needs
- Mental Health needs
- Neurodiversity & who may also be autistic (with and without disabilities)
- Looked after children (LAC) approaching Leaving Care

Using the Preparing for Adulthood (PfA) nationally recognised self-assessment tool based on 8 key standards, plus an additional standard on Transitional Safeguarding, we identified gaps in the provision by:

- Completing the benchmarking tool
- Receiving and collating feedback
- Consulting with stakeholders and researching other LAs and organisations' provisions
- Carrying out a gap analysis
- Facilitating workshops to develop the strategy and decide on the lifetime of the Strategy

Transition pathway

Current Transitions pathways:

- For CYP supported by FCL, FCL lead on their transition plan with ASC
- CYP with mental health needs and/or who are leaving care need help and support with their journey to adulthood, but aren't always supported by ASC
- CYP with learning disability who are also neuro divergent, and CYP with physical disability and complex needs are supported by FCL and ASC, via the Specialist Community Disability Service.
- This means that many CYP who are Care Leavers, who have mental health needs and who are neurodivergent without a learning disability do not have a clear transition pathway to adulthood.

Consultation

What CYP tell us.

The CYP at Amazing futures said:

- They experience stress and uncertainty as they approach 18.
- They experience difficulties transferring from child to adult services.
- Changes in eligibility for services, and support arrangements left them confused about what they qualify for and what they don't.
- A sharp drop in support from adult services post 18 left them feeling vulnerable.
- There is inadequate transitions planning and a lack of clear information about the transitions process.
- They face a lack of joined-up working (such as communication and collaboration) between services and other partners.
- Services take an inadequate account of their capabilities, views, needs and aspirations.
- There is some support available once they enter higher education

Consultation

What Parent Carers of CYP tell us generally

Parents in PaCC said:

- The stress and difficulties faced by family members relating to their young person's transition, and often being confused by what is on offer.
- Requiring a level of handholding through the transition process that is no longer available (particularly through the community groups that previously provided the service).
- Transition planning needs to start earlier to avoid the dangerous "cliff edge" at 18.
- Mental health support for young people with a Learning Disability is too hard to access, or is unsuitable, leading to high concern around accessing health interventions.

Consultation

Parent Carers of CYP with Physical Disabilities and Complex Needs

Parents in PaCC said:

Health:
- Provide comprehensive health assessments around age 16-18 to facilitate handover to adult services.
- Improve clarity and consistency in managing the specific health needs of adults with learning disabilities.

Community Inclusion and Relationships:
- Advocate for LGBTQ+ inclusion and peer support within the LD community.

Housing and Independent Living:
- Provide clearer information on housing options, eligibility criteria, and support services.

Employment, Education, and Training:
- Ensure a continuum of support beyond age 21, provide tailored pathways to employment, and expand supported internship opportunities.

Parent Carer Concerns:
- Provide clearer information on legal processes, parental responsibilities, and crisis support pathways.

Consultation

Parent Carers of Neurodivergent CYP (with and without Learning Disabilities)

Parents in PaCC said:

Health:

- Shorten waiting lists for neurodivergent assessments to reduce stress and system navigation.
- Improve clarity and establish clearer pathways for transitioning to adult services,

Community Inclusion and Relationships:

- Provide more mentoring and buddy systems for young people.
- Address the lack of opportunities for forming and maintaining friendships, especially for those who are homebound.

Housing and Independent Living:

- Prepare young people for independent living, address shortages in suitable housing, and provide support for conflicts within households.

Employment, Education, and Training:

- Offer diverse options for employment, education, and training that accommodate neurodivergent strengths and interests.
- Strengthen transitions to higher education and address inconsistencies in university support for neurodivergent students.

Consultation

Parent Carers of CYP with Social Emotional Mental Health (SEMH) Needs:

Parents in PaCC said:

Health:
- Ensure clear pathways for assessments, waiting lists, and medication transitions. Ensure better communication between child and adult mental health services
- Address gaps in talking therapies

Community Inclusion and Relationships:
- Acknowledge and appreciate existing supportive services like Family Hubs and community projects.
- Utilize online platforms for accessing services and interventions.

Housing and Independent Living:
- Provide continuity of staff and services, avoid reliance on charities, and ensure appropriate housing options.

Employment, Education, and Training:
- Value existing employment support services and ensure awareness of legal frameworks.
- Address gaps in post-16 work experience, tailored support, and career advice for young people with SEMH needs.

Consultation

Parent Carers of Neurodivergent Young People with SEMH Needs:

Parents in PaCC said:

Community Inclusion, Friends, and Relationships:

- Siblings can be impacted by a lack of relationships among young people with SEMH needs, leading to isolation.
- Transparency around decision-making processes and panels.

Housing and Independent Living:

- Insufficient support available in youth advice centres for young people with additional needs.
- Families experiencing cramped accommodation and inadequate support in shared housing situations.

Employment, Education, and Training:

- Parents need a single point of contact for planning, placements, and transport.
- Lack of access to life skills development opportunities for young people not attending college.
- Limited opportunities for work experience tailored to young people's interests.
- High threshold for supported internships and inadequate specialist careers advice for young people with SEMH needs.

Principles of good transition to adulthood planning

These principles are based on the Preparing for Adulthood standards as identified and produced by the National Development Team for Inclusion (NDTi), the National Network of Parent Carer Forums (NNPCF) and Genuine Partnerships - a Community Interest Company co-created by the CYP, families and practitioners of Rotherham.

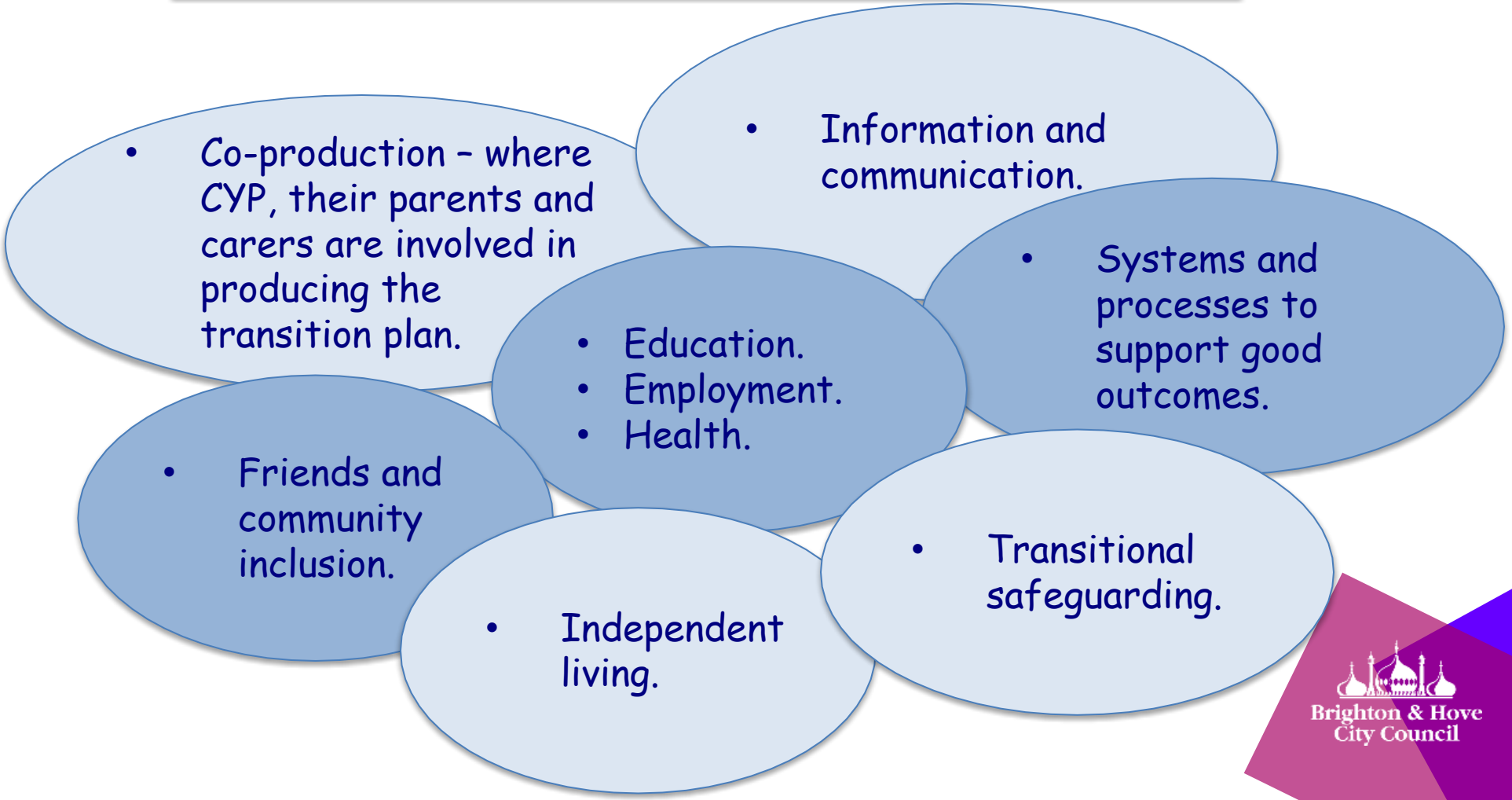
They set out 5 cornerstones of good transition to adulthood planning.

With good planning CYP will have access to:

- Paid employment and higher education
- Housing options and independent living
- Good health
- Strong friends, relationships, community inclusion
- Choice and control over their lives and support

Principles of good transition to adulthood planning

The preparing for adulthood standards sets out what good outcomes looks like for CYP. These are in the areas of:



Brighton & Hove City Council

Principles of good transition to adulthood planning

There should be:

- A readily available service based on person-centred planning and decision-making, supported by accurate information held about CYP and their parents and carers.
- Ease of access of that information about CYP and where that information sits (not in multiple places).
- Support for CYP, parent carers to have access to the information they need when they need it.
- Co-ordinated support across all services, removing duplication of provision, and supporting participation.
- Levels of engagement with CYP and their parent carers around service planning and commissioning.

Brighton & Hove City Council

Principles of good transition to adulthood planning

There should be:

- Early pathway planning (14 years) and continued up to age 25. If the young person and their parents/carers know at the age of 14/15 that their child is not going to meet the threshold for adult social care support, they can put plans in place for accessing other pathways (e.g., supported internships/apprenticeships or work) – meeting clearer expectations from an early stage.

- Support for all CYP Families and carers to navigate access to provision when they need it.

- A continual focus on transition to adulthood outcomes for CYP in all service areas

Brighton & Hove City Council

Transition strategy standards

The plan in Brighton & Hove:

- Is based on benchmarking all care, health and support services currently in scope against the self-assessed gaps in provision required by the preparing for adulthood standards.

Identifies five pathways for CYP with:

- Learning Disabilities
- Physical Disabilities & Complex Health Needs
- Mental Health needs
- Who are neurodivergent & who may also be autistic (with and without disabilities)
- Looked after children (LAC) approaching Leaving Care

- Includes providing safeguards against risks of harm for CYP while they are undergoing transition to adulthood.

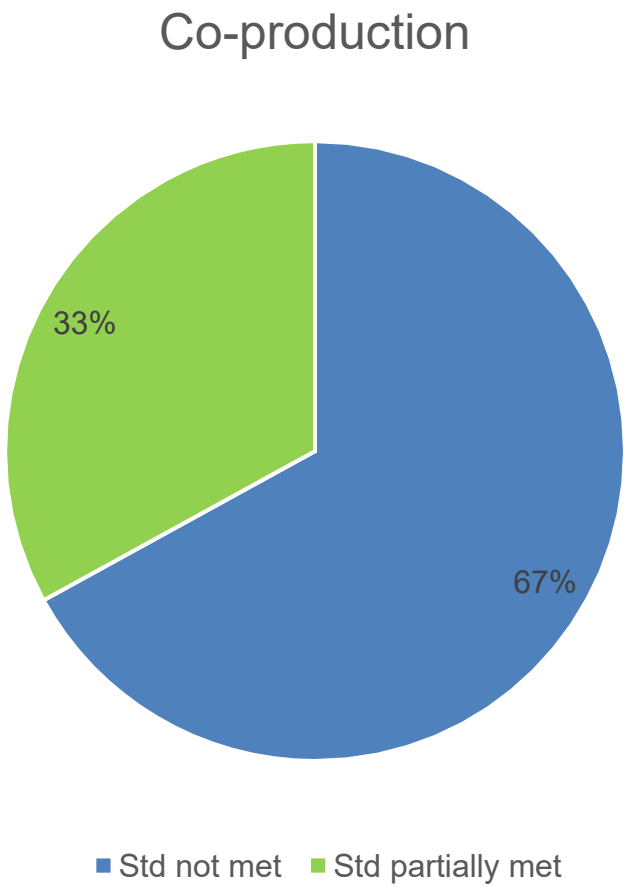
- Coordinates all current provision by providers; sets out how gaps in provision are filled; and monitors how BHCC and partners continually work to achieve good transition arrangements for our CYP.

Brighton & Hove City Council

Transition strategy standard

Standard 1 – Co production – current position

- 67% of Co-production standards not met. 33% of Co-production standards partially met. 0% of Co-production standards fully met



Brighton & Hove City Council

Transition strategy standard

Standard 1 – Co production – plan to address gaps in provision

- Improve the local offer website – and improve information on health

- Improve the quality of the contact and involvement made with CYP before services are commissioned

ASC and FCL Services map

- conversations started with CAMHS with CYP with mental health
- availability of communications and resources about mental health
- service feedback mechanism not widely known amongst parents and carers community
- evidence in PfA self-assessment tool to show how good work with care leavers is carried out by the Leaving Care Team

Brighton & Hove City Council

Transition strategy standard

Standard 1 – Co production – plan to address gaps in provision

- Improve the quality of contact with community groups working in this area Amaze, PaCC and mASCot

ASC and FCL Services to work with community groups to:

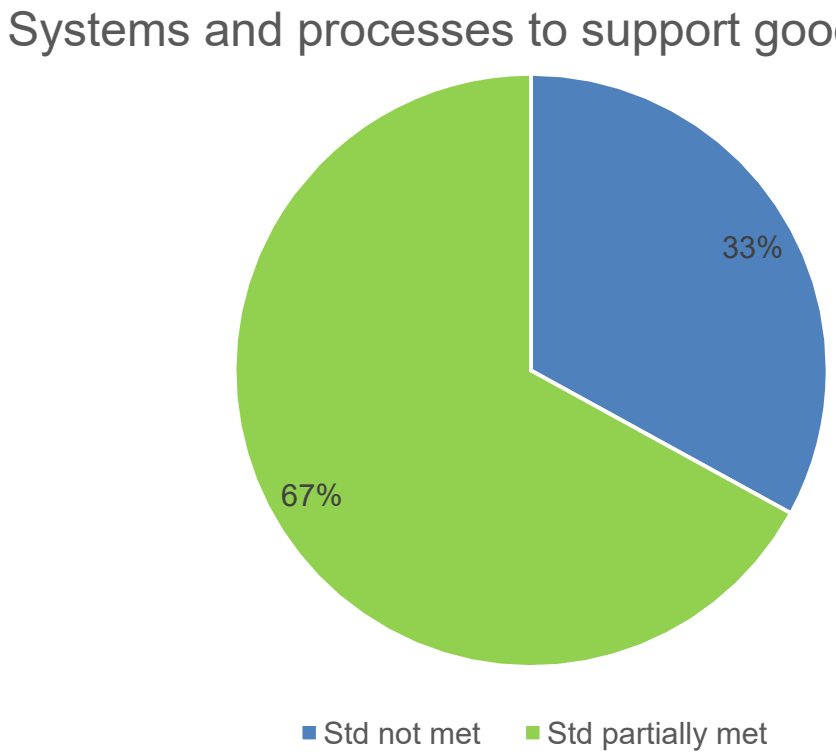
- Provide a suite of support offers around advocacy through the transition process
- Address key findings as captured in PaCConnect consultation Transition to Adulthood Report November 2023

Brighton & Hove City Council

Transition strategy standard

Standard 2 – Information and communication – current position

- 60% of information and communications standards not met. 40% of Information and communications standards partially met. 0% of Information and communications standards fully met



Brighton & Hove City Council

Transition strategy standard

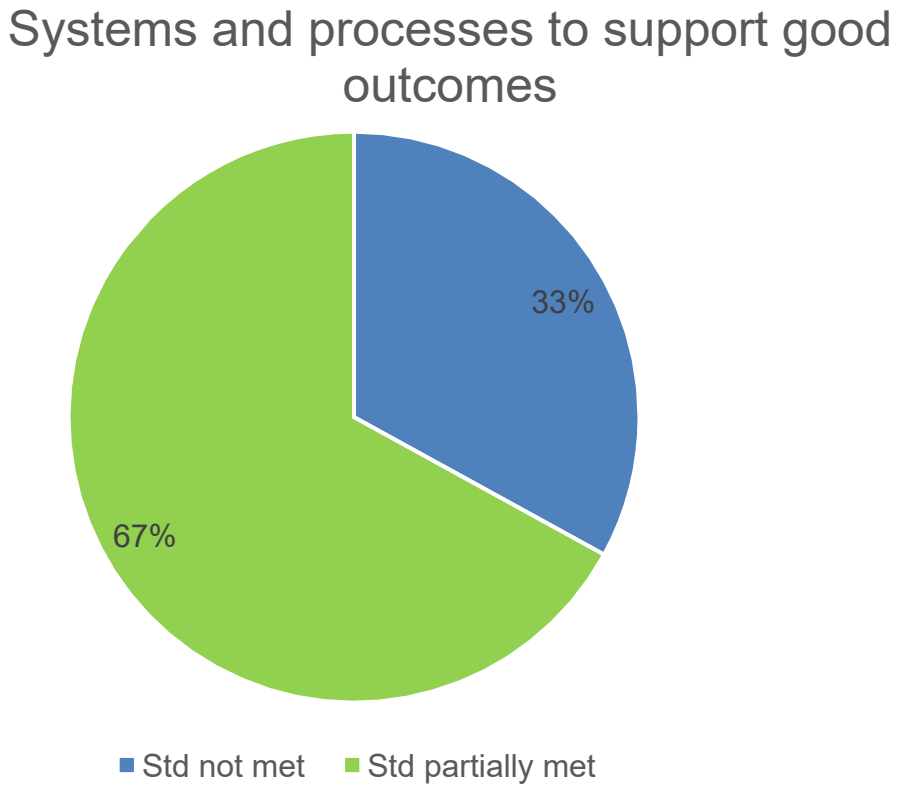
Standard 2 – Information and communication – plan to address gaps in provision

- ASC and FCL Services provide some guidance and support to parents and carers and CYP to navigate the information available
- Ensure that Parents and carers know where to go for the right information
- Make better use of the available resources about mental health and the feedback mechanism. Ensure that conversations started through CAMHS with CYP about mental health continue
- Badge Schools' information for SEND learners through digital youth hub and local offer website around preparing for adulthood.

Transition strategy standard

Standard 3 – Systems and processes to support good outcomes – current position

- 33% of Systems & Processes standards not met. 67% of Systems & Processes standards partially met. 0% of Systems & Processes standards fully met



Brighton & Hove City Council

Transition strategy standard

Standard 3 – Systems and processes to support good outcomes – plan to address gaps in provision

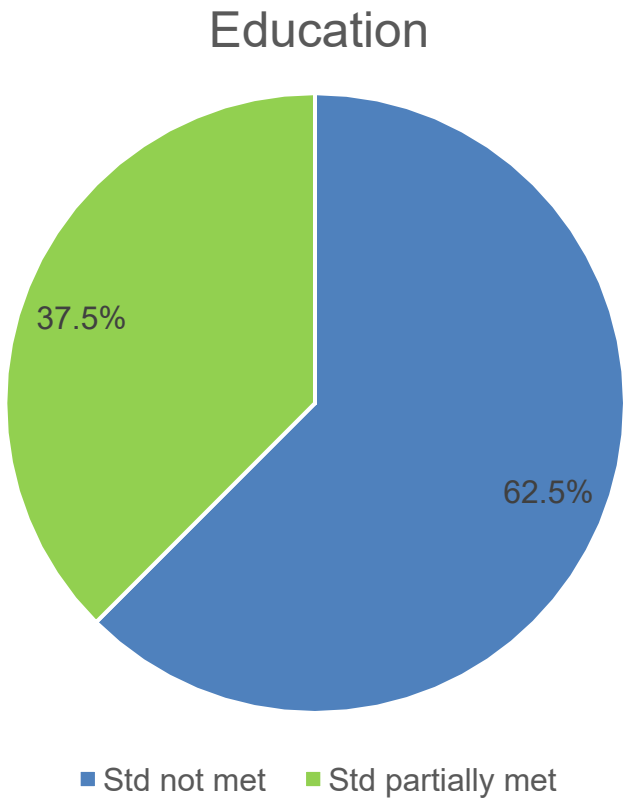
- ASC and FCL Services to work with practitioners to establish good quality assurance framework with physical disability (replicate SEND quality assurance framework)
- Develop other vocational options for YP post-18 to avoid keeping CYP in education till 25 years as the only option
- Establish clear system for evidencing good outcomes for CYP leaving care and CYP that are neurodiverse.
- Continue with support for mental health advocacy services in the community

Brighton & Hove City Council

Transition strategy standard

Standard 4 – Education – current position

- 62.5% of Education standards not met. 37.5% of Education standards partially met. 0% of Education standards fully met



Brighton & Hove City Council

Transition strategy standard

Standard 4 – Education – plan to address gaps in provision

- FCL and ASC Services to coordinate the establishment of options so that CYP do not fall into education as an only option.

- Support CYP leaving care with mental health needs to identify the right educational provision

- Offer CYP GCSE post 16 core subject tuition.

- ASC and FCL Services coordinate attendance of relevant practitioners at CYP review conducted by schools' reviews

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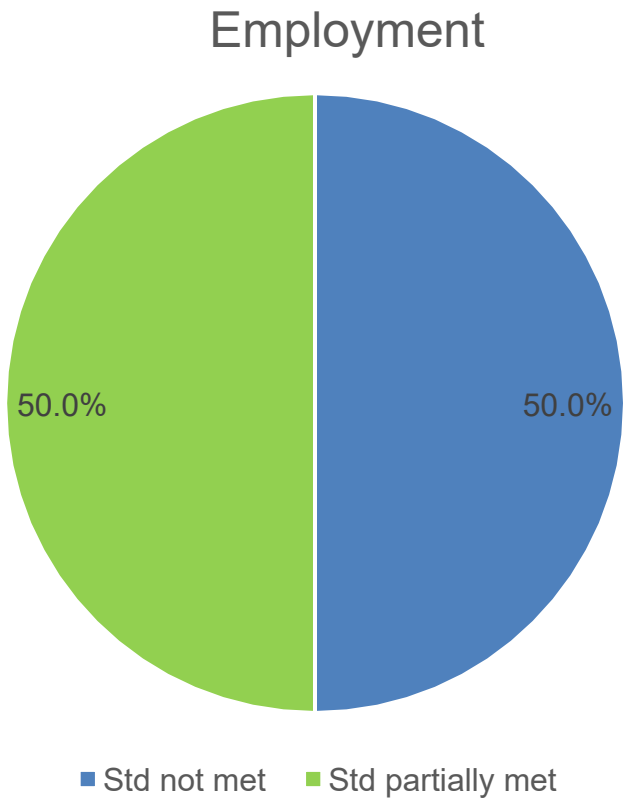
Transition strategy standard 2

Standard 5 – Employment – current position

- 50% of Employment standards not met. 50% of Employment standards partially met. 0% of Employment standards fully met



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Transition strategy standard

Standard 5 – Employment – plan to address gaps in provision

- ASC and FCL Services to link with Youth Employability Service to establish a clearer planned pathway for CYP seeking employment

- ASC and CSC Services to coordinate with wider stakeholders so that what is available is better channelled into support

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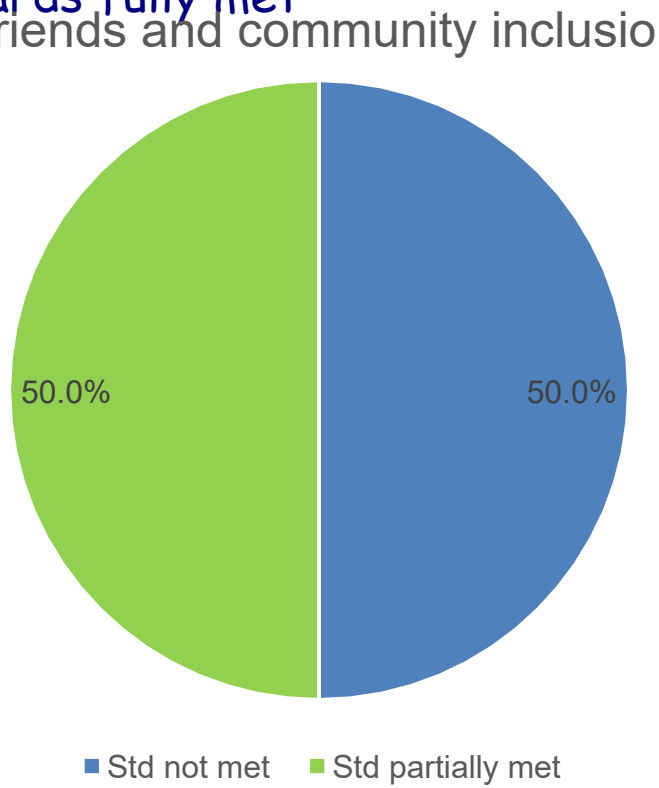
Transition strategy standard

Standard 6 – Friends and community inclusion – current position

- 50 % of Friends and community inclusion standards not met. 50% of Friends and community inclusion standards partially met. 0% of Friends and inclusion standards fully met



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Transition strategy standard

Standard 6 – Friends and community inclusion – plan to address gaps in provision

- Maintain the good knowledge and support for CYP through the community and voluntary sector

ASC and FCL Services to map

- the good understanding in the Leaving Care Team encouraging care leavers to build good relationships and networks
- The good feedback by the neuro diverse community through Amazing futures about opportunities for activities

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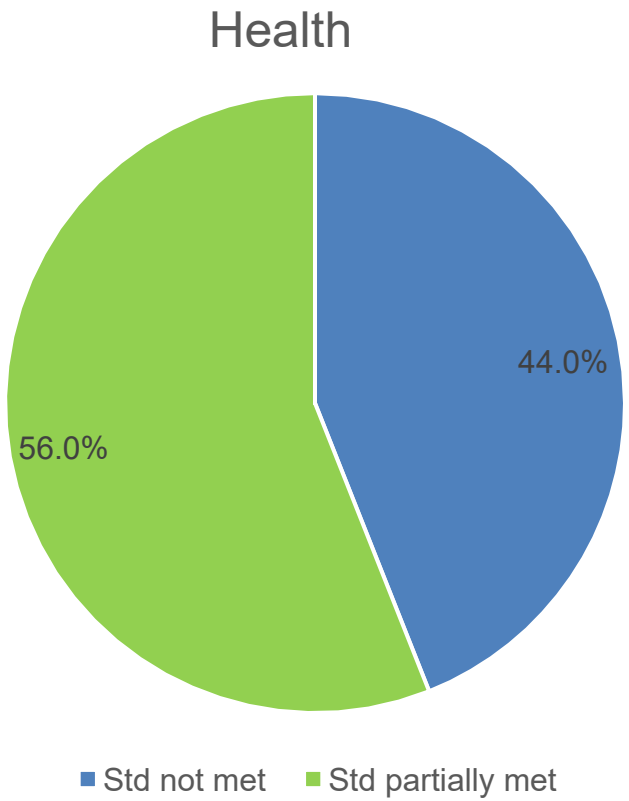
Transition strategy standard

Standard 7 – Health – current position

- 44% of Health standards not met. 56% of Health standards partially met. 0% of Health standards fully met



Transition strategy standard

Standard 7 – Health – plan to address gaps in provision

- Continue coordination and support for
  - Healthy child programme offer with specialist nursing.
  - Complex case panel.
  - Adults Dynamic Support Register (DSR).

- Continue dedicated provision of mental health support for CYP with mental health.

- Continue enhanced services through primary care for CYP in ND community if they are disabled.

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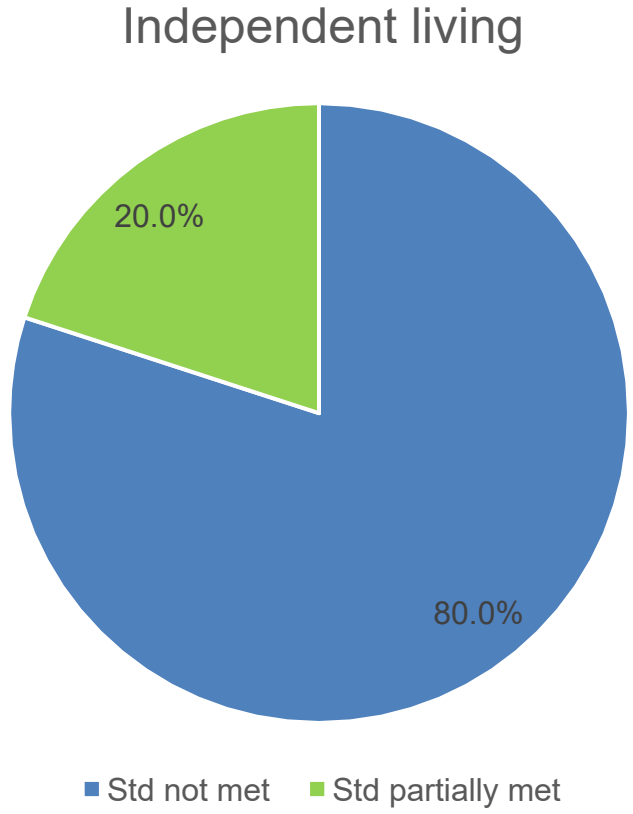
Transition strategy standard

Standard 8 – Independent living – current position

- 80% of Independent living standards not met. 20% of Independent living standards partially met. 0% of Independent living standards fully met



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Transition strategy standard

Standard 8 – Independent living – plan to address gaps in provision

- ASC and FCL Services to coordinate how CAMHS works more closely with ASC Accommodation Commissioners

- Housing Services to work with the leaving care team more closely to map the progress of CYP when they are assessed as ready to get their own council tenancy.

- ASC and FCL Services to support parents and carers in their preparation of CYP for living independently. Skills, routines and strategies taught by parents and carers to CYP at 14 years and possibly younger.

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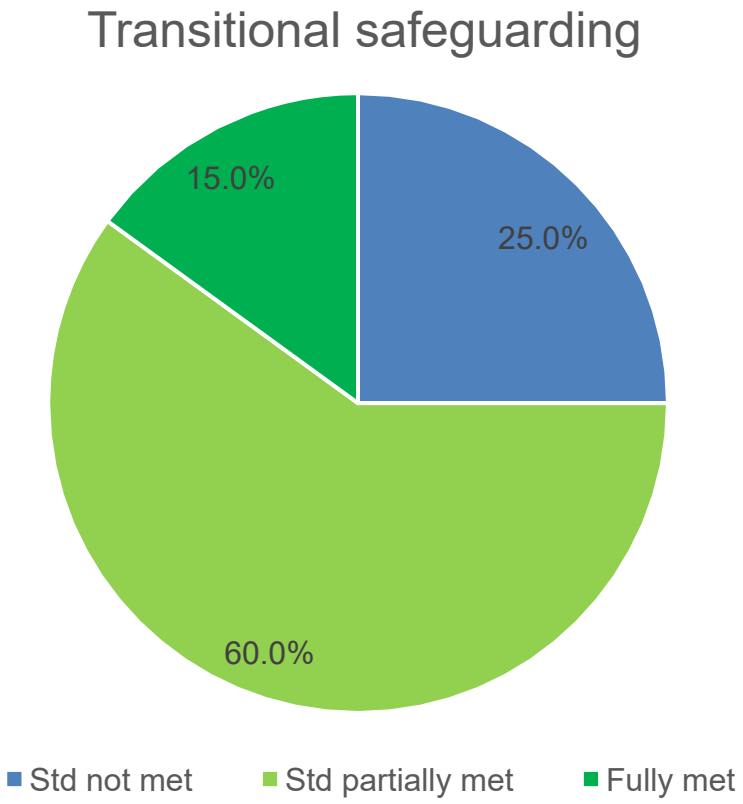
Transition strategy standard

Standard 9 – Transitional Safeguarding – developed locally - current position

- 25% of Transitional safeguarding standards not met. 60% of Transitional safeguarding standards partially met. 15% of Transitional safeguarding standards fully met



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Transition strategy standard

Standard 9 – Transitional Safeguarding – plan to address gaps in provision

- Definition of transitional safeguarding: "An approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives". (Holmes and Smale 2018)

- Key principles
  - Transition a process not an event.
  - Improve legal literacy from children services to adult services and vice versa. Learn from each other's legislation and approaches.
  - Don't confuse YP's capacity with consent (particularly with the fear of YP approaching 18)

- ASC and CSC Services will facilitate connectivity between children's and adult partnership to improve cooperation. Key is a culture shift of key stakeholders working across the partnerships together.

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Transition strategy standard

Standard 9 – Transitional safeguarding - continued

- ASC and FCL Services to develop a local framework (based on NIHCE guidelines) to meet the local need. The framework is based on a fluidity of approach to support and encourage professionals working in children's and adult's services to understand each other's roles.
- Local framework will reflect the work of commissioners who work with care markets to commission services which are flexible and can respond to CYP's changing needs and reduce the risks of harm (meeting the needs of CYP who don't quite fit care requirements).
- ASC and FCL Services to work with Commissioners to develop a commissioning action plan that sets out how the marketplace will be influenced to provide the services required (education, employment, social care and accommodation markets).
- ASC and FCL Services to involve Housing professionals in this discussion.

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Transition strategy standard

Standard 9 – Transitional safeguarding - continued

- ASC and FCL Services to work with existing Adolescent Vulnerability Risk Meeting (AVRM). The AVRM will continue monitoring the risk of CYP remaining vulnerable to exploitation after they turn 18.

- ASC and FCL Services will work with the developed Multi-Agency Risk Meeting (MARM) in adult services and link with the AVRM. As CYP become care leavers and there continues to be risk around their support and welfare, there will be continuity from the work of the AVRM to the MARM and a wrap-around multi agency support continues.

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Transition strategy standard

Standard 9 – Transitional safeguarding - continued

- ASC and CSC Services to encourage agencies in the system to develop person centred and asset-based support of the CYP around the management of risk.

- ASC and CSC Services to work on gaining information, views and perspective from young care leavers, about the type of service that will meet their needs. The team will engage with young care leavers to make sure that services that come out of an AVRM or MARM are appropriate and that CYP have a stake in what the services look like.

- ASC and CSC Services to attend the corporate parenting board meetings. Attendance will capture the views of CYP at risk on what is working and what is workable.

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Transition strategy standards – Delivery Plan 1

The plan:

- Sets up ASC and FCL Services to collaborate to co-ordinate all transition provision and activity in the city. The collaboration will include links with community groups and NHS partners

- In collaboration, FCL and ASC will ensure early referral from all pathways when CYP reach 14 years, so that ASC and other partners have a clear understanding of who the CYP is before they are 18.

- Links with existing protocols and assessment teams to ensure relevant parts of this plan are delivered through existing structures and providers.

- Links with implementation plans for existing
  - Adult Learning Disability Strategy – "The Big Plan" 2021-26 – priority 5
  - SEND Strategy 2021-26 – priority 5
  - Autism Strategy 2023
  - Housing Strategy 2023-27 – priority 4

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Transition strategy standards – Delivery Plan 2

To be delivered through the collaboration of ASC and FCL Services working with:

ASC practitioners & Commissioners

FCL practitioners & Commissioners

NHS Clinicians & Commissioners

Reps from Parentcommunity groups

And coordinated through other existing delivery groups/teams:

Sussex Integrated Care protocols for transition planning for CYP

CAMHS Services

Schools transition review sessions

BHCC Leaving Care Team

LD strategy delivery group

Autism strategy delivery group

SEND strategy delivery group

Housing strategy delivery group

ASC and CSC will measure and monitor the improvement in services' provision annually through the Delivery Plan and services self-assessment against the PfA standards.

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Transition strategy standards – Delivery Plan 3
Will be based on four key domains:

- Getting The Numbers Right:

The Steering Group Members will need to map the demand of YP requiring a Transition Plan across the five care pathways in the care and health system in the City.

- Information Advice & Guidance:

A Key element of the delivery plan will be to have a consistent IAG offer across the five care pathways, using existing resources and developing a clear to plan for monitoring and updating the information.

- Assessment, Planning & Commissioning:

The annual review process is led by schools and colleges and all services need to engage in the reviews. FCL & ASC Services to lead on the coordination of this and the commissioning priorities that emerge from the review process.

- Engagement, Consultation & Coproduction:

Ensure the models of good practice in place with SEND Services are adopted across all five care pathways.

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Appendices:

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Appendix 1: Legislative framework

- The Care Leaver Covenant (CLC) 2018 supports YP leaving care to become independent. It allows public, private and voluntary sector organisations to pledge support on apprenticeships and work experience. Every care leaver is entitled to a personal adviser.

- The Children and Social Work Act 2017 provides for most care leavers to receive support from Children's Services up to the age of 25.

- The Children & Families Act 2014 brought together different areas of law that affect children, especially vulnerable children, and codifies how they are protected in law.

- The Children (Leaving Care) Act 2014 places a responsibility on local authorities to assess and meet the care and support needs of young people aged 16 and 17 who are in care or who have been in care. Applies to all CYP who were looked after at age 16-18.

- The Care Act 2014 aims to ensure the well-being of people over 18 in need of care and support services. It entitles any person over 18 or carer to request an assessment of their needs.

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Legislative framework

- The Care Leavers (England) Regulations 2010 aims to ensure that care leavers are provided with comprehensive personal support, so they achieve their potential as they make their transition to adulthood.

- The Autism Act 2009 makes provision about the needs of adults who have autistic spectrum disorders, including autism and Asperger syndrome1 ensuring they receive appropriate services that recognise and meet their specific needs

- The Children and Young Person's Act 2008 makes provision to enable local authorities to delegate functions in relation to looked after children to providers of social work services; makes provision for the accommodation and maintenance of children and requires local authorities to take steps to secure sufficient accommodation for the children they look after; extends the duty on local authorities to appoint a personal advisers.

Legislative framework

- The National Health Service Act 2006 governs the provision of healthcare for both adults and children delivered via the NHS offering ongoing health and social care if the person has primary health needs and meets the eligibility criteria.

- The Mental Capacity Act 2005 provides a framework for decision making for those who lack capacity and are over 16.

- The Children Act 2004 focuses on the wellbeing of children (the maltreatment of a child and to make this known to the relevant authorities); ensuring and providing the best levels of care and protection where the interests of children are paramount in their welfare and safeguarding.

- The Children (Leaving Care) Act 2000 simplifies the arrangements for financial support of young people leaving care.

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Legislative framework

- The Housing Act 1996 provides duties to house people with a learning disability if they are homeless in "ordinary accommodation" (and only require such, rather than the more specialist accommodation available under the CA 2014).

- The Children Act 1989 purpose is to ensure that the welfare and developmental needs of every child are met. The Act provides the basis in law for most of children's services' duties and responsibilities towards children and their families. It also provides the legal framework for the child protection system.

- The Mental Health Act 1983 tells people with a mental health disorder what their rights are and how they can be treated. It covers the assessment, treatment and rights of people with a mental health disorder. The 2007 amendments to the 1983 Act introduced the possibility of compulsory treatment outside hospital (community treatment orders). "Mental health disorder" is used to describe people who have: a mental illness; a learning disability; and/or a personality disorder.

Appendix 2:

Steering group members

Case work Officer – Health, SEND and Disability Services (FCL)
Assistant Director - Commissioning & Partnerships (HCW)
Assistant Director - Children's Safeguarding & Care (FCL)
Children's Continuing Care – Operations Manager (NHS SICB) also represents Adults
Commissioning & Performance Manager (HCW)
Chair of parents and carers council (PaCC)
Head of Service - Disability Services (25+) (HCW)
NHS SICB (Transitions)
Improvement and Development Manager – SPFT
Deputy Head of Children's Community Commissioning and Transformation (Community and Urgent Care- SICB)
Professional Lead for Allied Health Professions in CAMHS & Specialist Services. Sussex Partnership NHS Foundation Trust (SPFT)
PaCC rep
Commissioning & Performance Manager (HCW)
Sussex Community NHS Foundation Trust
Assistant Director - Health SEN & Disabilities (FCL)
Head of Service - Children's Safeguarding & Care (FCL)

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Steering group members

Commissioning Officer (HCW)
Specialist Nurse – Safeguarding Team (Sussex Community NHS Trust)
Sussex NHS commissioners
Head of Safeguarding & Performance (Children's services)
SPFT / Occupational therapist - SCDS
Lead Practitioner – children's safeguarding and care (autistic young people without a learning disability) (FCL)
Head of Adult Safeguarding: Resources, Safeguarding and Performance (HCW)
Deputy Head of Children's Commissioning (NHS ICB)
General Manager operations – communities and localities (HCW)
Head of Service (Children's Safeguarding and Care) (FCL)
Head of Service SCDS (FCL)
Commissioning & Performance Manager (HCW)
mASCot
Head of mental health (SPFT)
CYP MH commissioner (responsibility for Brighton & Hove).

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Steering group members

Supported employment for young people
SPFT / Consultant Clinical Psychologist – SCDS (learning disabilities team)
mASCot rep
Programme Manager
(SPFT)
mASCot rep
Sussex Integrated Care Board
Supported employment for young people
Head of SEN Statutory Service (FCL)
Interim Assistant Director of Operations (HCW)
CEO Amaze
Deputy Designated Safeguarding Transition Nurse. Sussex Integrated Care Board (SICB)
Interim Director (HCW)
Head of Service (Adolescents and Youth Offending Service) – Children's safeguarding and care (FCL)
Transforming Care Manager (FCL)
Exploitation Coordinator – Safer Communities

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Appendix 3: Good Practice Examples:

At the national level there are some good examples of transition to adulthood planning:

- Nottinghamshire County Council – start their referral from 14 years. Someone from the dedicated Transitions Team (social workers and community care officers) provide planning, assessment, advice and support to CYP their family and anyone else involved in supporting them. They work with people who have an EHCP whether they have received services from children's social care or not.

Good Practice Examples:

Birmingham City Council – has a Preparation for Adulthood team, working with Birmingham Children's Trust. It has 3 elements:

- Integrated Transitions Team (ITT) working with young people aged 14 to 30 years whose needs require continuing support from statutory adult services.
- Transitions Hub which provides essential services for young people who have endured Adverse Childhood Experiences (ACE) and trauma.
- The BRIDGE (building resilience independence direction guidance empowerment) Team. The team works with young people who, as a result of trauma, may be vulnerable as adults due to child exploitation, domestic abuse, offending behaviours, drugs and alcohol.

Brighton & Hove City Council

People Overview and Scrutiny Committee

Council Agenda Item 15

Subject: **Reducing Harms from Drugs and Alcohol: Brighton & Hove City Council's Drugs and Alcohol Strategy**

Date of meeting: **9 October 2024**

Report of: **Steve Hook, Interim Corporate Director, Housing, Care and Wellbeing**

Contact Officer: **Name: Caroline Vass**
Tel: 07968 049106
Email: caroline.vass@brighton-hove.gov.uk

Ward(s) affected: **All**

For general release

1. Purpose of the report and policy context

1.1 This report provides an update to the People Overview and Scrutiny Committee on the progress of Brighton & Hove City Council's Drugs and Alcohol Strategy (the Strategy), which is attached at Appendix 1.

1.2 The report invites the Committee to provide comments and feedback on the draft Strategy as part of the ongoing consultation process.

2. Recommendations

2.1 That the People Overview and Scrutiny Committee note the content of this report

3. Context and background information

3.1 In late 2021, the Council established the CDP in response to the Government's 10-year strategy *'From Harm to Hope: A 10-year drugs plan to cut crime and save lives'.* The national strategy was formulated following Dame Carol Black's independent review of drugs (link here: Review of drugs: phase one report - GOV.UK (www.gov.uk)).

3.2 The national strategy commits to reducing crime and saving lives by:

- breaking the drugs supply chain;
- delivering a world class treatment and recovery service; and
- achieving a generational shift in demand for drugs.

3.3 The purpose of the Council's CDP is to provide oversight and direction to the development and delivery of a strategy and delivery plan for the Council to reduce the harms to residents from drugs and alcohol. It provides a single

platform to address shared challenges and to promote collaboration and learning.

3.4 The multi-agency forum includes leaders from various organisations across the City who have a role in reducing drug and alcohol related harms including the Council, Sussex Police, probation services, treatment and recovery providers, community groups and people with lived experience (PWLE).

3.5 Reflecting the structure of the national strategy, the Council has adopted three priority workstreams, each overseen by sub-groups. These sub-groups are co-chaired by a local authority lead and an external partner and they are responsible for driving forward actions in their respective areas.

3.6 The CDP oversees and receives reports from these sub-groups which lead the development and delivery of actions in line with the national strategy's priorities.

3.7 The sub-groups have reviewed relevant existing strategies to better inform the 12 month action planning process. By synthesising objectives where different strategies overlap they have created a more coherent approach ensuring consistency and alignment across work programmes of various partners. This process has also established a baseline against for next steps.

3.8 The sub-groups' work over the past 18 months, combined with input from PWLE of drug and alcohol related harms, has been pivotal in shaping the Council's draft Strategy.

3.9 It is this draft Strategy and the process of its development that is brought to the People Overview and Scrutiny Committee for awareness, information and feedback as part of the consultation process.

Scope of the Strategy

3.10 The Strategy is relevant to all individuals living, working or visiting the City and addresses the harms caused by both drugs and to a more limited extent alcohol, as defined by treatment services.

3.11 Addressing drugs and alcohol related harms is a complex issue, often intertwined with risk factors such as untreated mental health conditions, chronic pain, physical health issues, homelessness or trauma. These factors can both drive and result from drug and alcohol use. Tackling this challenge requires a multi-agency approach to reduce harms, reshape perceptions and limit the availability of drugs in the City. The Strategy outlines this approach.

3.12 The Strategy has a longer-term vision to 2030 but will be regularly reviewed to ensure it continues to meet the needs of our population and reflects any national changes or funding availability.

3.13 Detailed action plans will sit underneath each of the three priority workstreams and a progress monitoring framework will be developed and reviewed at the CDP board meetings.

Development process

3.14 The Strategy is a collaboration between all CDP partners and the CDP provides oversight to the process.

3.15 The leads for each of the three priority areas have played an active role in shaping the Strategy. They have co-developed the initial draft and continue to provide input as the Strategy evolves.

3.16 Since January 2024, Council officers have been working with PWLE of drug and alcohol use to listen to their experiences of drug and alcohol treatment services in the City. Council officers have heard from approximately 50 people from a wide range of backgrounds. This insight has been captured in the Strategy. A cross-cutting principle and enabler noted in the Strategy is to continue to work with PWLE to implement the Strategy.

3.17 Since June 2024, the draft Strategy has been and continues to be presented to a range of stakeholder forums for information and feedback including:

- Community Safety Partnership;
- Safeguarding Adult Board;
- Safeguarding Children Board;
- Multiple Compound Need Steering Group;
- Mental Health Oversight Board;
- Drug Related Harm Group;
- Criminal Justice Board; and
- Brighton and Hove Health and Care Partnership Board.

3.18 Council officers will also be liaising further with PWLE to refine and develop the Strategy.

3.19 The Council's design team has produced a public facing draft Strategy which will be launched for public consultation in October 2024.

3.20 A final version of the Strategy will be presented to the CDP Board at its November 2024 meeting for approval. Following this it will be submitted to the Health and Wellbeing Board and Cabinet and at relevant CDP partners' boards.

Principles

3.21 The principles underpinning the Strategy are to:

- reduce stigma;
- provide a fair service to reduce inequalities. Target resource according to need and inclusion;
- be guided by the latest evidence, local data and intelligence to make best use of our resources;
- work in partnership with PWLE of drug and alcohol harms; and
- work collaboratively across organisations to support people and communities as effectively as possible.

3.22 As outlined earlier, the Strategy sets out the three priority workstreams and defines the objectives to deliver each workstream, with associated actions. Each priority workstream will develop a detailed action plan that will sit under these higher-level objectives.

3.23 The three priority workstreams and their aims are:

Supply – to break the drugs supply chain:
Aim: To address the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, protecting prisons from being academies of crime and strengthening community confidence;

Treatment – to deliver world class treatment and recovery services:
Aim: to rebuild drug treatment and recovery services, including for young people and offenders; and

Demand – to achieve a generational shift in demand for drugs:
Aim: to reduce the demand for drugs and alcohol in the next generation. There are two approaches to reducing the demand for drugs:

- Treat the causes of substance use, for example untreated poor mental health, homelessness, or the impact of trauma experience; and
- Challenge the normalisation and cultural environment with regards to drug use.

3.24 The Council's strong foundation for this Strategy is built on existing partnerships, good collaboration across partners and a shared commitment to reducing drug and alcohol related harms for the City's residents.

3.25 The CDP provides the leadership for the programme, bringing together professionals from the Council and multiple agencies including the NHS, service providers and the criminal justice system and PWLE of drugs and alcohol related harms.

3.26 The Strategy represents a City-wide collaborative approach to reducing drugs and alcohol related harms with feedback and contributions welcomed from stakeholders across the City.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 The draft Strategy was developed by the multi-agency CDP and the priority working groups mentioned earlier in this report. Prior to drafting the Strategy, the Council's public health team worked with PWLE of drug and alcohol harms to hear what is important to them and to ensure a range of voices informed the development of the Strategy. Council officers continue to work with PWLE

in refining the Strategy and in its implementation. An equality impact assessment, attached at Appendix 2, has been undertaken to inform the development of the Strategy and will be used in the implementation of the recommendations and actions.

5.2 Previous iterations of the draft Strategy have been consulted on extensively with stakeholders and partners and this final draft is planned for wider public consultation during October and November 2024.

6. Conclusion

6.1 The Committee is asked to note and comment on the draft Strategy, as part of the consultation process.

6.2 Council officers can provide this Committee with briefing updates at key stages if required.

7. Financial implications – to be completed

7.1 There are no financial implications for the strategy external to the standard funding of services across the combatting drugs partnership However, the extent of the delivery of the strategy depends on the level of core and supplementary funding allocated via central government over the life of the strategy.

Name of finance officer consulted: Jamiu Ibraheem Date consulted 01/10/24

8. Legal implications – to be completed

8.1 There are no legal implications arising directly from this report which is for noting.

Name of lawyer consulted: Manjinder Nagra Date consulted (30/09/24):

9. Equalities implications

9.1 An equalities impact assessment has been completed and informed the development of the Strategy .

10. Sustainability implications

10.1 The Strategy does not pose a significant sustainability impact. It will be published online and there will be a small number of printed copies for people who do not have digital access.

11. Other Implications

Social Value and procurement implications

11.1 This is not a procurement consideration.

Crime & disorder implications:

11.2 The CDP includes representation from a range of agencies including the Council's Community Safety Team, the police, Police & Crime Commissioner and probation services and these partners were involved in and are committed to the Strategy.

Public health implications:

11.3 The Strategy will inform and describe the objectives and recommendations for action for the multiagency combatting drugs partnership, which takes a three-pronged approach to reducing drugs and alcohol related harms across the city. The Strategy guides the direction of the Council in improving public health and wellbeing and reducing inequalities associated with drugs and alcohol use across the city.

11.4 The Corporate Director of Public Health is the Senior Responsible Officer of the CDP Board which has oversight of the Strategy.

Supporting Documentation

1. Appendices

1. Appendix 1 – DRAFT 'Reducing Harms from Drugs and Alcohol: Brighton & Hove Drug and Alcohol Strategy'
2. Appendix 2 – Equalities Impact Assessment
3. Appendix 3 – Presentation to People Overview and Scrutiny Committee.

2. Background documents

1. 2022 Drugs and alcohol needs assessment

Reducing Harm from Drugs and Alcohol: Brighton and Hove Drugs and Alcohol Strategy 2024-2030

October 2024

Brighton & Hove City Council

Introduction

- The draft strategy ‘Reducing Harms from Drugs and Alcohc
- Background and context to the programme
  - The Combatting Drugs Partnership
  - Priority workstream sub-groups
- How the strategy was developed
- Working with people with lived experience
- Principles and aims of the strategy
  - Reducing supply of drugs
  - Improve quality capacity and outcomes of treatment and recovery services
  - Achieve a generational shift in demand for drugs and alcohol

Background

In 2021 the Government launched a 10-year drugs strategy ‘From Harm to Hope’. The strategy commits the Government to reduce crime and save lives by:

- Breaking the drugs supply chain
- Delivering a world class treatment and recovery service and
- Achieving a generational shift in demand for drugs.

Every local area was required to establish a multi-agency forum the Combatting Drugs Partnership:

Brighton & Hove multi-agency forum comprises leaders from different organisations across the city who have a role in reducing drug and alcohol related harms.

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Combatting Drugs Partnership

Provides oversight and direction to the development and delivery of a strategy and delivery plan for Brighton and Hove to reduce the harms to residents from drugs and alcohol.

Multi-agency Combatting Drugs Partnership

Supply
to break the drugs supply chain

Treatment
to deliver world class treatment and recovery services

Demand
to achieve a generational shift in demand for drugs

Brighton & Hove City Council

The three sub-groups have:

- Met quarterly
- Reviewed relevant existing strategies
- Aligned objectives where different strategies reflect similar aims
- Created a collaborative 12-month action plan
- Undertaken a programme of monitoring against these existing plans, objectives and actions.
- Enabled the Partnership to develop a robust understanding of partners' programmes
- Developed the first iteration of the strategy

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Scope and principles of the strategy

Our Vision

Our vision is to make Brighton and Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

- The strategy takes us to 2030
- Covers: everyone who lives in, works in, or visits the City
- Includes drugs and, to a more limited scope defined by treatment services, alcohol harms.
- Recognises the complexity of substance use, and risk factors such as untreated mental health conditions, chronic pain, poor physical health, homelessness, or experience of trauma.
- Aims to reduce stigma
- provide a fair service to reduce inequalities
- be guided by the latest evidence, local data and intelligence to make best use of our resources
- work in partnership with people with lived experience of drug and alcohol harms
- work collaboratively across organisations
- Will be monitored: detailed action plans will be led by each priority workstream, and a progress monitoring framework will be reviewed at the Partnership Board meetings.

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Development process

- The strategy is a collaboration between all partners in the CDP and the CDP provides oversight to the process
- The priority area leads co-developed the first iteration of the strategy and continue to contribute
- Since January 2024, we have been working with people with lived experience of drug and alcohol use to listen to their experiences of drug and alcohol treatment services in Brighton and Hove. This insight has informed the strategy – and will continue to do so
- Since June the draft strategy has been, and continues to be, presented to a range of stakeholder forums
- The design team has produced a public facing draft strategy. This will go out for public consultation in October 2024.
- The CDP Board will receive a final draft of the strategy at its November Board meeting for sign off, prior to the document being presented to the Health and Wellbeing Board and Cabinet, and at relevant partners' organisations' boards.

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Working with people with lived experience

If we can engage people with the development of services then we all better understand the constraints and decisions behind the service development and prioritisation

Communities and residents and people who have used drugs and/or alcohol, people in treatment and in recovery.

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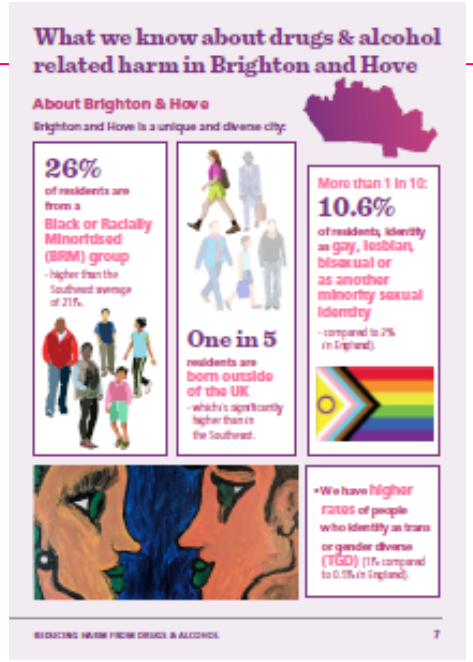


Priority 2:
Improve the quality, capacity and outcomes of our drug and alcohol treatment and recovery services.

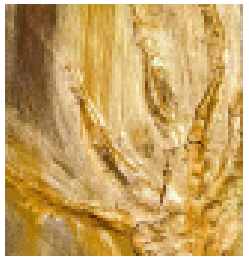
Priority two aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This priority is co-led by the adult drug and alcohol treatment service CGL and the Council's Public Health Team and comprises representation from the children and young people's drug and alcohol treatment service (RU-OK), and the NHS, including primary care.

Children's and adults' drug and alcohol treatment and recovery services have benefitted from substantial additional supplementary funding grants between 2022 and 2025. In 2024/25 this amounted to approximately £6.4m. This funding is in place until March 31st 2025. Currently it is unclear what additional funding streams may come into place from April 2025. Current service capability and capacity has been significantly increased with these grants.

Why this is important

Improving the capacity of drug and alcohol treatment services is essential to address historic underinvestment which has led to insufficient capacity in the drug and alcohol treatment service. Alongside this we need to improve the skills mix and capability in the service, to meet the increasing complexity of caseload. The supplementary funding has started to address this historic underinvestment and outcomes are beginning to improve.

Further enhancing services will continue to address these gaps, improving public health, safety, and productivity, and continually foster stronger, more resilient communities.



We want to:

- Increase numbers of people in treatment
- Sustain the capacity of the treatment services
- Increase the capability and skills mix of professionals
- Improve integration between services to provide partnership into treatment for people with co-occurring needs.

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment needs

- Recruit to additional posts in the drug and alcohol treatment service enabling more people to access the service, and reduce caseloads for key workers.
- Explore the feasibility of a seven-day-a-week drug and alcohol service.
- Improve access and waiting times to community and inpatient detox, residential rehab and short-term structured treatment options.
- Increase access to Naltrexone (opiate long-acting opioid substitution treatment).

2.2 Improve the capability of services to support clients with multiple needs

- Recruit to specialist posts to ensure provision of targeted support and skills for complex case management.
- Improve and increase the knowledge, skills, and confidence of the workforce to ensure a practices trauma-informed approach.
- Improve the skills set and ability of the workforce and develop treatment interventions to address co-occurring neurodiversity.
- Improve the knowledge and skills of frontline criminal justice workers to reduce stigma and increase referrals into treatment.
- Improve the knowledge skills and confidence of the workforce to support pathways for those affected by violence against women and girls.

2.3 Improve access to, and experience of, services for adults and children and young people, especially from under-served cohorts

- Focus on under-served cohorts, for example LGBTQ+, women, young carers, people who are neurodiverse and people from black and racially minoritised backgrounds.
- Ensure an integrated approach between service providers to improve the transition for young people into adult services, especially for high priority groups such as care experienced.
- Improve the referral pathway between youth offending services into RUOK? treatment services.
- Explore outreach services to ensure accessible support, promote early intervention, and enhance recovery outcomes.
- Use known promotion techniques to connect people with an unmet substance use needs to structured treatment, including LGBTQ+ young people.
- Ensure an integrated approach between partner agencies to support those involved in the criminal justice system to ensure access to specialised service provision in custodial settings and engagement in treatment for those leaving custodial settings, including youth justice settings.

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.

Service activity

- 111 under 18s across the city received specialist drug and alcohol treatment in the year 2023/24 compared to 96 in 2022/23.
- 2,376 adults were in structured treatment, including 1,068 adults in treatment for opiates as at January 2024).
- As of January 2024, Change Grow Live (CGL) have a rate of 63% continuous care for people who have been released from prison against a national average of approximately 48%.

How we engaged with communities and partners and what we found out

How we engaged with people with lived experience of drug or alcohol harm and what we found out

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.

Brighton & Hove City Council

Priority 1: Disrupt the local drug supply chains, reduce the availability of alcohol, and tackle/disrupt drug and alcohol related crime

We want to:

- reduce drug and alcohol related crimes
- protect vulnerable children and adults
- work closely with our communities
- support people convicted of drug or alcohol related crimes into treatment and recovery

What we will do:

1. Disrupt the flow of drugs into the city

1.2 Prevent children, young people and adults from becoming involved with organised crime groups

1.3 Safeguard children and young people and adults who are being exploited

1.4 Work towards a thriving night-time economy free from drug and alcohol related violence

1.5 Increase support and communications to communities experiencing drug-related and alcohol-related crime and anti-social behaviour

1.6 Improve pathways between the criminal justice system and treatment services

Priority 2: Improve the quality, capacity and outcomes of our drug & alcohol treatment and recovery services.

We want to:

- Increase numbers of people in treatment
- Expand the capacity of the treatment service
- Increase the capability and skill mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment need

2.2 Improve the capability of services to support clients with multiple needs

2.3 Improve access to, and experience of, services for children, young people and adults, especially from under-served cohorts

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drugs

2.5 Develop an integrated response for people with co-occurring substance use and other needs

2.6 Develop a better understanding of higher risk drugs and emerging drug trends in the community to manage the associated harms

Priority 3: Achieve a generational shift in demand for drugs and alcohol

We want to:

- stop children and young people starting to use drugs and alcohol
- address the risk factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, poverty, domestic violence and abuse, or the impact of trauma

What we will do

3.1 Challenge the normalisation of all drugs and alcohol use in children, young people and adults, including cannabis, and alcohol consumption, and raise awareness of the detrimental impact of use.

3.2 Promote Healthy lifestyles in children and young people and families

3.3 Improve awareness of and access into the range of services to support children and young people

Brighton & Hove City Council

Governance/engagement timeline

Month	Actions
June	Councillor briefing and CDP members and sub-group members review draft D&A strategy discussion at relevant forums: Community Safety Partnership, Safeguarding Adults Board, Safeguarding Children Board, Multiple Compound Need Steering Group, Family Help Partnership, Mental Health Oversight Board, Brighton and Hove Health and Care Partnership, Drug related harm meeting (Police led)
July	Share draft with members of forums above and wider stakeholders CDP Board sign off draft
August	Councillor briefings pre public consultation
Sept / Oct	Public consultation PWLE workshops and council wide workshop
October	Public consultation cont. People O&S
November	CDP sign off final version
December	Councillor briefings
January	Strategy presented at Cabinet for sign off

Thank you and questions

Governance (BHCC) – as stated / Health and wellbeing Board

- *annual update to HWB?*

Consultation – comprehensive, and includes PWLE, we tried for greater input from BRM groups, and have this as a focus going forwards.

- *any other thoughts?*

- Anything that we have missed that should be included?

Brighton & Hove City Council

General Equality Impact Assessment (EIA) Form - *DRAFT*

Support:

An EIA toolkit, workshop content, and guidance for completing an Equality Impact Assessment (EIA) form are available on the EIA page of the EDI Internal Hub. Please read these before completing this form.

For enquiries and further support if the toolkit and guidance do not answer your questions, contact your Equality, Diversity, and Inclusion (EDI) Business Partner as follows:

- Economy, Environment and Culture (EEC) – Chris Brown,
- Families, Children, and Learning (FCL) – Jamarl Billy,
- Governance, People, and Resources (GPR) – Eric Page.
- Health and Adult Social Care (HASC) – Zofia Danin,
- Housing, Neighbourhoods, and Communities (HNC) – Jamarl Billy

Processing Time:

- EIAs can take up to 10 business days to approve after a completed EIA of a good standard is submitted to the EDI Business Partner. This is not considering unknown and unplanned impacts of capacity, resource constraints, and work pressures on the EDI team at the time your EIA is submitted.
- If your request is urgent, we can explore support exceptionally on request.
- We encourage improved planning and thinking around EIAs to avoid urgent turnarounds as these make EIAs riskier, limiting, and blind spots may remain unaddressed for the 'activity' you are assessing.

Process:

- Once fully completed, submit your EIA to your EDI Business Partner, copying in your Head of Service, Business Improvement Manager (if one exists in your directorate), Equalities inbox, and any other relevant service colleagues to enable EIA communication, tracking and saving.
- When your EIA is reviewed, discussed, and then approved, the EDI Business Partner will assign a reference to it and send the approved EIA form back to you with the EDI Manager or Head of Communities, Equality, and Third Sector (CETS) Service's approval as appropriate.
- Only approved EIAs are to be attached to Committee reports. Unapproved EIAs are invalid.

1. Assessment details

Throughout this form, 'activity' is used to refer to many different types of proposals being assessed.

Read the EIA toolkit for more information.

Name of activity or proposal being assessed:	**Reducing Harm from Drugs and Alcohol: Brighton and Hove Drugs and Alcohol Strategy (2024-2030)**
Directorate:	Housing, Care and Wellbeing
Service:	Public Health
Team:	Drugs and alcohol

Is this a new or existing activity?	New
Are there related EIAs that could help inform this EIA? Yes or No (If Yes, please use this to inform this assessment)	No

2. Contributors to the assessment (Name and Job title)

Responsible Lead Officer:	Caroline Vass interim Director of Public Health
Accountable Manager:	Fran Piccoletti Drug and Alcohol Programme Manager
Additional stakeholders collaborating or contributing to this assessment:	Combatting Drugs Partnership Board

3. About the activity

Briefly describe the purpose of the activity being assessed:

The Drugs and Alcohol Strategy for Brighton and Hove describes how the Brighton and Hove Combatting Drugs Partnership will deliver locally the ambitions in the national strategy 'From Harm to Hope'. The strategy describes the longer-term vision to 2030, to reduce harms from drugs and alcohol for everyone who lives in, works in, or visits Brighton and Hove. It is a multi-agency strategy, with multiple organisations taking on responsibility for its objectives.

The strategy has been developed by the multi-agency Combatting Drugs Partnership, comprising leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, Police, Probation service, NHS ICB, mental health providers, treatment and recovery services, community and voluntary sector and people with lived experience.

This strategy is a high-level document that sets out the Combatting Drugs Partnership's vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, it is not a comprehensive alcohol strategy.

The strategy will be underpinned by the principles to:

- Reduce stigma
- Target resource according to need
- Be guided by the latest research and best practice, local data and intelligence to make best use of our resources and evaluate services and projects
- Work in partnership with people with lived experience of drug and alcohol harms
- Work collaboratively across organisations to support people and communities as effectively as possible

This Equality Impact Assessment (EIA) will be assessing the impact that the Drugs and Alcohol Strategy for Brighton and Hove may have on diverse protected characteristics and different communities, based on our current knowledge and assessment.

A range of barriers to accessing services and support was identified. Some of them are likely to affect all groups equally:

- Missed opportunities by services such as a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.

- Shame and stigma as a barrier for seeking help.
- Judgements based on the perception of 'what an addict looks like'.
- Lack of awareness of drug and alcohol support and services available - by professionals and service users.

What are the desired outcomes of the activity?

The desired outcome is to make Brighton and Hove a place where everyone will be safe from the harms caused by drugs and alcohol. The three key priority areas or strategic workstreams are:

- Disrupt the local drug supply chains, reduce the availability of alcohol and tackle/disrupt drug and alcohol related crime.
- Improving the quality, capacity and outcomes of our drug & alcohol treatment and recovery services.
- Achieving a generational shift in demand for drugs.

Which key groups of people do you think are likely to be affected by the activity?

All residents of Brighton & Hove, including children and young people and also people receiving support from drug and alcohol services.

4. Consultation and engagement

What consultations or engagement activities have already happened that you can use to inform this assessment?

- For example, relevant stakeholders, groups, people from within the council and externally consulted and engaged on this assessment. **If no consultation** has been done or it is not enough or in process – state this and describe your plans to address any gaps.

The Public Health team consulted with individuals who have experience using drug and alcohol services in Brighton and Hove through workshops and focus groups to shape the Drugs and Alcohol Strategy.

This engagement informed some of the objectives and framing of the Drugs and Alcohol Strategy. These key stakeholders will be re-engaged as the Drugs and Alcohol Strategy goes out to consultation, as well as throughout the delivery of the strategy.

The draft strategy has been developed by the multi-agency Combatting Drugs Partnership, made up of leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the BHCC, Sussex Police, Probation service, treatment and recovery services, community groups and people with lived experience. All partners have been consulted, and their feedback was taken onboard when developing the strategy.

Partner colleagues from across different organisations have been part of the initial consultation and it has been presented to the ICB Child Safeguarding Board, the Brighton and Hove Health and Care Partnership Board, the Police-led Drug Related Harm Group, The Sussex Criminal Justice Board, and the PCN Health Inequality Group.

Within BHCC, the draft strategy has been presented for feedback to the Community Safety Partnership, Safeguarding Adults Board, and Mental Health Oversight Board. Further consultation is planned with the BHCC Safeguarding Children Board, Multiple Complex Needs Steering Group, and the Family Help Partnership.

In addition, the Drugs and Alcohol Strategy will go through public consultation, to engage with residents from Brighton and Hove and beyond.

This EIA also refers to the Safe and Well at School Survey (SAWSS) 2023. This is an anonymous online survey conducted by Brighton and Hove City Council Public Health team in partnership with the University of Sussex, engaging with students across primary and secondary schools in the city. A total of 7,802 young people aged 11-16 took part, and 5,807 8–11-year-olds took part, a total of 13,609 young people.

5. Current data and impact monitoring

Do you currently collect and analyse the following data to enable monitoring of the impact of this activity? Consider all possible intersections.

(State Yes, No, Not Applicable as appropriate)

Age	YES
Disability and inclusive adjustments, coverage under equality act and not	YES
Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers)	YES
Religion, Belief, Spirituality, Faith, or Atheism	No
Gender Identity and Sex (including non-binary and Intersex people)	YES
Gender Reassignment	YES
Sexual Orientation	YES
Marriage and Civil Partnership	Not applicable
Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)	YES
Armed Forces Personnel, their families, and Veterans	NO
Expatriates, Migrants, Asylum Seekers, and Refugees	Partially
Carers	YES
Looked after children, Care Leavers, Care and fostering experienced people	YES
Domestic and/or Sexual Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)	YES
Socio-economic Disadvantage	YES
Homelessness and associated risk and vulnerability	YES
Human Rights	Not applicable
Another relevant group (please specify here and add additional rows as needed)	Ex-offenders, Lone parents, People experiencing homelessness, People with experience of or living with addiction and/ or a substance use disorder (SUD), Sex workers

Additional relevant groups that may be widely disadvantaged and have intersecting experiences that create exclusion and systemic barriers may include:

- Ex-offenders and people with unrelated convictions
- Lone parents
- People experiencing homelessness
- People facing literacy, numeracy and /or digital barriers
- People on a low income and people living in the most deprived areas
- People who have experienced female genital mutilation (FGM)
- People who have experienced human trafficking or modern slavery
- People with experience of or living with addiction and/ or a substance use disorder (SUD)
- Sex workers

If you answered "NO" to any of the above, how will you gather this data to enable improved monitoring of impact for this activity?

Data about these groups is collected and analysed by and from services and partner organisations delivering the strategy. In some cases this may not be comprehensive and we will work towards improving this, noting in particular gaps in data for armed forces personnel.

What are the arrangements you and your service have for monitoring, and reviewing the impact of this activity?

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The actions and targets will be SMART: specific, measurable, achievable, realistic and timely, and will be developed to meet short term, medium term and longer-term needs. The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership to ensure it continues to meet the needs of our population, to reflect any changes in national policy, and accommodate funding changes (the current supplementary substance misuse treatment and recovery grant (SSMTRG) ends in March 2025).

6. Impacts

Advisory Note:

- **Impact:**
  - Assessing disproportionate impact means understanding potential negative impact (that may cause direct or indirect discrimination), and then assessing the relevance (that is: the potential effect of your activity on people with protected characteristics) and proportionality (that is: how strong the effect is).
  - These impacts should be identified in the EIA and then re-visited regularly as you review the EIA every 12 to 18 months as applicable to the duration of your activity.
- **SMART Actions mean**: Actions that are (SMART = Specific, Measurable, Achievable, Realistic, T = Time-bound)
- **Cumulative Assessment:** If there is impact on all groups equally, complete **only** the cumulative assessment section.
- **Data analysis and Insights:**
  - In each protected characteristic or group, in answer to the question 'If "YES", what are the positive and negative disproportionate impacts?', describe what you have learnt from your data analysis about disproportionate impacts, stating relevant insights and data sources.
  - Find and use contextual and wide ranges of data analysis (including community feedback) to describe what the disproportionate positive and negative impacts are on different, and intersecting populations impacted by your activity, especially considering for Health inequalities, review guidance and inter-related impacts, and the impact of various identities.

- For example: If you are doing road works or closures in a particular street or ward – look at a variety of data and do so from various protected characteristic lenses. Understand and analyse what that means for your project and its impact on different types of people, residents, family types and so on. State your understanding of impact in both effect of impact and strength of that effect on those impacted.

- **Data Sources:**
  - **Consider a wide range (including but not limited to):**
    - Census and local intelligence data
    - Service specific data
    - Community consultations
    - Insights from customer feedback including complaints and survey results
    - Lived experiences and qualitative data
    - Joint Strategic Needs Assessment (JSNA) data
    - Health Inequalities data
    - Good practice research
    - National data and reports relevant to the service
    - Workforce, leaver, and recruitment data, surveys, insights
    - Feedback from internal 'staff as residents' consultations
    - Insights, gaps, and data analyses on intersectionality, accessibility, sustainability requirements, and impacts.
    - Insights, gaps, and data analyses on 'who' the most intersectionally marginalised and excluded under-represented people and communities are in the context of this EIA.
- Learn more about the Equality Act 2010 and about our Public Sector Equality Duty.

6.1 Age

Does your analysis indicate a disproportionate impact relating to any particular Age group? For example: those under 16, young adults, with other intersections.	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data relating to Age from the Brighton and Hove Drugs and Alcohol Needs Assessment (D&ANA, 2022), and from the Safe and Well at School Survey (SAWSS) 2023 which pertains specifically to school-age children and young people.

The SAWSS reports that 3% of 11 to 14 year olds and 20% of 14 to 16 year olds have tried cannabis, while 2% of 11 to 14 year olds and 8% of 14 to 16 year olds had tried other drugs. According to the Needs Assessment there were 88 under 18 year olds receiving specialist drugs and alcohol treatment in 2021-2022. Of these, 9% reported their primary substance of concern as Benzodiazepines, which is significantly higher than the England average of 1%. The alcohol specific hospital admission rate for Children and Young People is higher at 53 per 100,000 than the England average of 29 per 100,000.

Data from the Needs Assessment also highlighted that children and young people are particularly vulnerable to exploitation relating to involvement with drugs including involvement in gangs or county lines. 13% of first-time entrants to the youth justice system aged 10 to 17 years have committed offences relating to drugs. Children and young people affected by drugs and alcohol use in the family are also

noted to have worse health, wellbeing and educational outcomes than other children. Many children and young people also have co-occurring vulnerabilities such as poor mental health or exposure to domestic violence.

The team also conducted a series of workshops to engage with people with lived experience (PWLE) of involvement with drugs and alcohol and support services to better understand their needs. Approximately 50 adults participated, with representation across an age range of 16 to 74 years. The strategy recognises however that there was no similar engagement with children and young people via focus groups or workshops.

Age-specific aims are reflected in the strategy, which will be underpinned by multi-agency action plans and assessed against SMART objectives.

These aims include:

- A commitment to further engagement with children and young people
- Work with the Community and Voluntary Sector, Children's services, Sussex police, school services and the children and young person drug and alcohol service, RUOK?, to prevent involvement of children and young people with organised crime groups, and to prevent exploitation opportunities
- Work with police, community safety teams and safeguarding agencies to safeguard children and young people who are being exploited
- Support the multi-agency youth disposal pathway to include an out of court pathway for young people to guide them into treatment.
- Improve access to, and experiences of, services for children and young people, including improving the transition for young people into adult services
- Promote healthy lifestyles in children and young people, via engagement with school-based services, family hubs, and supporting parents in treatment via the Parenting Our Children and Accessing Recovery Programme
- Stop children and young people starting to use drugs and alcohol

Older adults might experience specific barriers in accessing drug and alcohol treatment and recovery services. Those barriers include:

- Isolation.
- Difficulty accessing services due to failing physical health and mobility issues.
- Digital exclusion or due to information being aimed mainly at younger people to prevent them from starting to take drugs and smoking, which can be excluding older generations who are already doing this.

The following measures can be implemented to address these barriers:

- To ensure that all materials are fully accessible for people of all ages. To provide materials in a variety of accessible formats.
- To ensure that all venues are accessible.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.2 Disability:

Does your analysis indicate a disproportionate impact relating to Disability, considering our anticipatory duty?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data relating to Disability and long term conditions. The 2021 Census ONS data shows that nearly one in five residents (19%) are disabled as defined by the Equality Act. Among residents without a disability, 8% have a long term physical or mental health condition.

There is often significant co-occurring mental health needs. According to the D&ANA 2022, 61% of young people in drugs and alcohol treatment had a mental health problem, while 64% of adults in drug treatment and 63% in alcohol treatment had co-occurring mental health needs.

The team also engaged with people with lived experience. Of the 23 participants in the PWLE workshops for whom this information was captured, 20 self-identified as having a disability or long-term condition. Themes from the workshops identified disability as a trigger influencing drug and alcohol use. Accessibility of services, including accessible spaces, was identified as a barrier for disabled users. Better mental health provision was identified as an area for improvement.

Further engagement with people with lived experience is planned via the Drug and Alcohol Lived Experience Programme, of which the needs of disabled people will be one of three focussed 'design sprints' (see section 7).

Recognition of disability and unmet physical and mental health needs as risk factors for drug and alcohol use, and as barriers to accessing services, is reflected in the strategy. Priorities relating to this include:

- Improve the capability of services to support clients with multiple needs
- Improve access to, and experience of, services for adults and children and young people, especially from underserved cohorts (which includes people who are neurodiverse)
- Develop an integrated response for people with co-occurring substance use and other needs, including mental and physical health needs and neurodiversity
- Treat the causes of substance use, for example untreated poor mental health

These high-level strategic aims will be underpinned by multi-agency action plans and assessed against SMART objectives.

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Information not being available in accessible formats,
- Lack staff training in various accessible communication methods.
- Inaccessible venues.
- Lack of flexibility in service delivery to accommodate fluctuating conditions.
- Lack of service provision tailored to meet the needs of people with learning disabilities.

The following measures can be implemented to address these barriers:

- To ensure that all materials are fully accessible and available in a variety of formats, such as for example large print, Easy Read and British Sign Language.
- To ensure that all venues are accessible.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to

understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

What inclusive adjustments are you making for diverse disabled people impacted? For example: D/deaf, deafened, hard of hearing, blind, neurodivergent people, those with non-visible disabilities, and with access requirements that may not identify as disabled or meet the legal definition of disability, and have various intersections (Black and disabled, LGBTQIA+ and disabled).

The strategy will be designed by the design team to be accessible and will be uploaded in an accessible format for screen readers

6.3 Ethnicity, 'Race', ethnic heritage (including Gypsy, Roma, Travellers):

Does your analysis indicate a disproportionate impact relating to ethnicity?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data relating to Ethnicity from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022). More than a quarter (26%) of residents of Brighton and Hove are from a Black or Racially Minoritised group. Amongst users of drug and alcohol treatment services in 2021-22, 11% were from BRM backgrounds.

Unfortunately the people with lived experience (PWLE) workshops did not reach as many people from Black and Racially Minoritised backgrounds as hoped. The strategy acknowledges this and commits to undertake further engagement with these groups as a priority. This reflects a focus within the strategy of improving access to and experience of services for underserved cohorts including people from Black and Racially Minoritised backgrounds.

Further engagement with people with lived experience is also planned via the Drug and Alcohol Lived Experience Programme (see section 7).

The output of these planned programmes will inform the development of action plans underpinning the strategy.

Barriers in accessing drug and alcohol treatment and recovery services may include:
- Information not being accessible to people for whom English is a second language or who face literacy barriers. Content not being provided in plain English, use of complex terminology and professional jargon can form a barrier to access.
- Lack of interpretation services and information not available in multiple languages.
- Cultural stigma within certain communities.
- Lack of culturally competent services.

The following measures can be implemented to address these barriers:
- To ensure that all materials are available in multiple languages.

- To provide content in plain English.
- To provide access to interpreting services.
- To ensure services are culturally sensitive.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.4 Religion, Belief, Spirituality, Faith, or Atheism:

Does your analysis indicate a disproportionate impact relating to Religion, Belief, Spirituality, Faith, or Atheism?	No

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The development of the strategy did not explicitly consult on data relating to religion.

Data on religious identity was captured as part of the PWLE workshops, with participation of a range of people who identified as having a particular religion or none.

It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to religion, belief, spirituality, faith or atheism. However we note that:

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Possible conflict between religious beliefs and certain treatment approaches.
- Lack of consideration for religious dietary requirements in residential recovery settings.
- Lack of awareness of cultural stigma around drugs and alcohol within certain religious communities.
- Lack of culturally competent services.
- Lack of same-sex support when required for religious reasons.
- Services not accommodating people's religious-based preferences in service delivery or interactions.

The following measures can be implemented to address these barriers:

- To ensure services are culturally sensitive and respectful of people's preferences related to their religious identity.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.

- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.5 Gender Identity and Sex:

Does your analysis indicate a disproportionate impact relating to Gender Identity and Sex (including non-binary and intersex people)?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data relating to Gender Identity and Sex from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022). The data shows that 63% of all service users in 2021/22 were male. However, women may find it harder to access drugs and alcohol treatment due to specific concerns such as fear of losing their children, or stigma. They may also find it difficult to access male dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence. From hospital admission data, inpatient episode rates of intentional self-poisoning are significantly higher for women in Brighton and Hove (62.8 per 100,000) compared to England (38.6 per 100,000).

Data from the Safe and Well at School survey suggests 17% of pupils who did not or did not always identify with their gender given at birth had tried drugs, compared to 12% of those who did.

Of the 23 participants in the PWLE workshops for whom this information was captured, there was representation from participants who self-identified as Woman, Man, Non-binary, and In Another Way.

Feedback identified the importance of all-female service and activity spaces to enable service users to feel safe and comfortable.
Further engagement with people with lived experience is planned via the Drug and Alcohol Lived Experience Programme, of which the needs of women is one of three focussed 'design sprints' (see section 7).

Recognition of specific vulnerabilities and barriers to access relating to Gender Identity and Sex are reflected in the strategy, which includes a focus on underserved cohorts and a priority area led by the women's drug and alcohol treatment service, Oasis. Amongst the specific priorities is a focus on developing an integrated response for people with co-occurring substance use and other needs, including:

- Improving the knowledge and confidence of the workforce to support pathways for those affected by violence against women and girls
- Ensure a joined up approach to complex cases and multiple compound need (for example violence against women and girls)

The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

Other barriers to access to drug and alcohol treatment and recovery services may include:

- Childcare responsibilities and lack of childcare provision.
- Underrepresentation of men in seeking help due to societal expectations.
- Inadequate considerations of gender-specific issues in service delivery.

The following measures can be implemented to address these barriers:

- To signpost parents to available childcare options.
- To reduce stigma around men seeking help by providing services in a sensitive and empathetic way.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.6 Gender Reassignment:

Does your analysis indicate a disproportionate impact relating to Gender Reassignment?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Data from the 2021 ONS UK Population Census estimates that Brighton and Hove has higher rates of people who identify as trans or gender diverse (1% compared to 0.5% in England).

Of the 23 participants in the PWLE workshops for whom this information was captured, seven participants identified as trans. Feedback identified specific barriers for trans people in accessing drugs and alcohol support, in particular where accessing treatment may impact on gender reassignment treatment. It also highlighted the importance of specific trans-inclusive spaces to facilitate access to support, including diversity of staff and volunteers.

Recognition of the specific barriers and needs of trans and gender diverse people is reflected in the strategy, which includes a priority of improving access to and experience of services, especially from underserved cohorts including LGBTQIA+ people.

The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Fear of discrimination and transphobia.
- People feeling discomfort in gendered spaces in residential recovery settings.
- Lack of understanding and awareness from staff and other Service Users.
- Fear of potential impact of seeking help on people's ongoing transition needs.

The following measures can be implemented to address these barriers

- To create safe, non-judgmental, trans-inclusive spaces to facilitate access to support, including diversity of staff.
- Use inclusive language and diverse imagery in all materials and communications.
- Ensure respect for people's chosen names and pronouns.

- Ensure that people's ongoing transition needs are part of support planning and delivery.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.7 Sexual Orientation:

Does your analysis indicate a disproportionate impact relating to Sexual Orientation?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

2021 Census data suggests the proportion of adults identifying with an LGB+ orientation (10.6%) in Brighton and Hove is three times higher than in the rest of the South East and England. The Brighton and Hove Drugs and Alcohol Needs Assessment (2022) estimates that in 2021-22 18% of service users were from the LGBT community.
Data from the SAWSS shows that pupils who are LGBTQIA+, unlabelled, or unsure of their sexuality are statistically significantly more likely to have tried drugs (15% compared to12%)

Additionally, of the 23 participants in the PWLE workshops for whom this information was captured, 6 participants identified as gay, lesbian, bisexual or another minority sexual identity. Feedback included the value of group-specific safe spaces and sessions including for LGBTQ+ groups.
Further engagement with people with lived experience is planned via the Drug and Alcohol Lived Experience Programme (see section 7).
Recognition of specific vulnerabilities and barriers to access relating to sexual orientation are reflected in the strategy, which includes a focus on underserved cohorts including LGBTQ+ people. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

Barriers in accessing drug and alcohol treatment and recovery services may include:

- Fear of discrimination and homophobia.
- Lack of safe, non-judgmental spaces.

The following measures can be implemented to address these barriers

- To create safe, non-judgmental, inclusive spaces to facilitate access to support, including diversity of staff.
- Use inclusive language and diverse imagery in all materials and communications.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.

- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.8 Marriage and Civil Partnership:

Does your analysis indicate a disproportionate impact relating to Marriage and Civil Partnership?	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The development of the strategy was not explicitly informed by data relating to marriage or civil partnership status.

It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this. However we note that there can be specific barriers related to marriage and civil partnership, such as potential lack of family-oriented support services and lack of inclusive language and imagery (for example relating to single people and families) in promotional materials.

The following measures can be implemented to address these barriers

- To ensure that family-oriented support is available when needed.
- Use inclusive language and diverse imagery in all materials and communications.
- To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to inform the further development of the strategy and underpinning action plans and also to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
- To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
- To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

6.9 Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum):

Does your analysis indicate a disproportionate impact relating to Pregnant people, Maternity, Paternity, Adoption, Menopause, (In)fertility (across the gender spectrum)?	YES

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022), which recognises the specific needs of and barriers to parents and families in accessing drug and alcohol services. This is reflected in the strategy, which includes a priority area led by the women's drug and alcohol treatment service, Oasis. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

6.10 Armed Forces Personnel, their families, and Veterans:

Does your analysis indicate a disproportionate impact relating to Armed Forces Members and Veterans?	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The development of the strategy was not explicitly informed by data relating to the armed forces or veterans. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this group. However we note that this cohort may experience barriers to accessing treatment, such as stigma, PTSD, availability linked to duty requirements. We will explore potential barriers and ensure the action planning reflects these. Further work is identified for this cohort

6.11 Expatriates, Migrants, Asylum Seekers, and Refugees:

Does your analysis indicate a disproportionate impact relating to Expatriates, Migrants, Asylum seekers, Refugees, those New to the UK, and UK visa or assigned legal status? (Especially considering for age, ethnicity, language, and various intersections)	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

ONS Census data (2021) suggests one in five residents of Brighton and Hove were born outside of the UK. The strategy was not explicitly informed by data relating to this group. As above, the strategy reflects a recognition that engagement with certain groups has been limited, and there is a focus on collaboration with underserved cohorts as a priority.

6.12 Carers:

Does your analysis indicate a disproportionate impact relating to Carers (Especially considering for age, ethnicity, language, and various intersections).	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022).

Carer status was also recorded for participants in the PWLE workshops. Of the 23 participants for whom this information was captured, five identified as parents or carers. Participants identified being an unpaid carer as a life stressor that is a risk factor in drug and alcohol use.

Being a young carer is also a risk factor for drug and alcohol use. The SAWSS reports that 22% of young carers are likely to have tried drugs (as against 12% of other pupils).

This is reflected in the strategy, which includes priority areas to develop an integrated response for people with co-occurring substance use and other needs such as being a carer. It also aims to improve access to and experience of services for young carers. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

6.13 Looked after children, Care Leavers, Care and fostering experienced people:

Does your analysis indicate a disproportionate impact relating to Looked after children, Care Leavers, Care and fostering experienced children and adults (Especially considering for age, ethnicity, language, and various intersections). **Also consider our Corporate Parenting Responsibility in connection to your activity.**	*Yes*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

Data from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022) recognises the specific challenges and vulnerabilities faced by care-experienced children and young people.

We know that people who are care experienced are disproportionately represented in drug deaths in Brighton & Hove, and the strategy and work planning reflects this.

Data from the SAWSS shows that adopted children are statistically significantly more likely to have tried alcohol than children who are not (51% vs 43%), as well as being more likely to have tried drugs (31% vs 12%)

As discussed above, the strategy recognises that there was limited engagement with children and young people via focus groups or workshops, and this includes looked after children.

A commitment to further engagement with children and young people is reflected in the strategy. The strategy also includes priority areas to ensure an integrated approach to improving the transition for care leavers into adult services. This and other high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

6.14 Homelessness:

Does your analysis indicate a disproportionate impact relating to people experiencing homelessness, and associated risk and vulnerability? (Especially considering for age, veteran, ethnicity, language, and various intersections)	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

There is a high rate of homelessness according to the Brighton and Hove Drugs and Alcohol Needs Assessment (2022). In 2021/22 26% of people in drug treatment had housing difficulties. Cuckooing is also often associated with exploitation of vulnerable people by supplying them with drugs and alcohol. In 2021/22 there were 28 new cuckooed properties identified.

Recognition of specific vulnerabilities and barriers to access relating to homelessness are reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including housing issues or homelessness. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

The development of the strategy and action plans will be developed closely with partners working in relevant Housing and homelessness teams, and there is homelessness representation on the CDP steering group.

6.15 Domestic and/or Sexual Abuse and Violence Survivors, people in vulnerable situations:

Does your analysis indicate a disproportionate impact relating to Domestic Abuse and Violence Survivors, and people in vulnerable situations (All aspects and intersections)?	*yes*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

To inform the development of the strategy, the Public Health team used data from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022), which reflects the particular vulnerabilities and needs of survivors of Domestic and Sexual Abuse and Violence, particularly in accessing services in male-dominated environments. Domestic violence is also a risk factor for involvement with drugs and alcohol; in 2021/22, 27% of young people in treatment were affected by domestic violence.

This is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including domestic violence and abuse, and improving awareness of, and access into services for people with experience of domestic abuse. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

6.16 Socio-economic Disadvantage:

Does your analysis indicate a disproportionate impact relating to Socio-economic Disadvantage? (Especially considering for age, disability, D/deaf/ blind, ethnicity, expatriate background, and various intersections)	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The strategy was informed by data relating to socio-economic disadvantage from the Brighton and Hove Drugs and Alcohol Needs Assessment (2022) particularly as it relates to housing issues and homelessness and educational outcomes for children. 17% of the population live in the 20% most deprived areas in England, and 15% of under-16 year olds live in income deprived households. In the year ending September 2022 the unemployment rate in Brighton and Hove was 3.5% This is reflected in the focus within the strategy on addressing the risk factors associated with drug and alcohol use including poverty. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

6.17 Human Rights:

Will your activity have a disproportionate impact relating to Human Rights?	*See below*

If "YES", what are the positive and negative disproportionate impacts?

Please share relevant insights from data and engagement to show how conclusions about impact have been shaped. Include relevant data sources or references.

The development of the strategy was not explicitly informed by data relating to Human Rights. It is not envisaged that the detailed action plans underpinning the strategy will cause any disproportionate impact relating to this.

6.18 Cumulative, multiple intersectional, and complex impacts (including on additional relevant groups):

What cumulative or complex impacts might the activity have on people who are members of multiple Minoritised groups?

- For example: people belonging to the Gypsy, Roma, and/or Traveller community who are also disabled, LGBTQIA+, older disabled trans and non-binary people, older Black and Racially Minoritised disabled people of faith, young autistic people.
- Also consider wider disadvantaged and intersecting experiences that create exclusion and systemic barriers:
    - People experiencing homelessness
    - People on a low income and people living in the most deprived areas
    - People facing literacy, numeracy and/or digital barriers
    - Lone parents
    - People with experience of or living with addiction and/ or a substance use disorder (SUD)
    - Sex workers
    - Ex-offenders and people with unrelated convictions
    - People who have experienced female genital mutilation (FGM)
    - People who have experienced human trafficking or modern slavery

The Brighton and Hove Drugs and Alcohol Needs Assessment (2022) recognises the high level of residents experiencing co-occurring and multiple compound needs and the impact of this on drug and alcohol use.

This is reflected in the strategy, which includes a focus on people experiencing multiple disadvantages via the Multiple Compound Need Programme. The high-level objectives in the strategy will be underpinned by multi-agency action plans and assessed against SMART objectives.

A range of barriers to accessing services and support was identified. Some of them are likely to affect all groups equally:
- Missed opportunities by services such as a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Judgements based on the perception of 'what an addict looks like'.
- Lack of awareness of drug and alcohol support and services available - by professionals and service users.

7. Action planning

What SMART actions will be taken to address the disproportionate and cumulative impacts you have identified?

- Summarise relevant SMART actions from your data insights and disproportionate impacts below for this assessment, listing appropriate activities per action as bullets. (This will help your Business Manager or Fair and Inclusive Action Plan (FIAP) Service representative to add these to the Directorate FIAP, discuss success measures and timelines with you, and monitor this EIA's progress as part of quarterly and regular internal and external auditing and monitoring)

1. ***To increase engagement with diverse people with lived experience of using services , particularly from groups with unmet needs in order to inform the further development of the strategy and underpinning action plans.***

The Brighton and Hove Drug and Alcohol Lived Experience Programme is a project commissioned to bring together people with lived experience of Multiple Compound Needs, service providers and commissioners in a safe space in order to facilitate the co-production of effective services. The service will recruit a wide variety of participants with lived experience from drug and alcohol services and volunteer sectors within Brighton & Hove. It will recruit participants that are representative of the demographics of people accessing drug and alcohol services in the city. The service will be reported on quarterly, and is a pilot project for the financial year 2024-2025. The project will inform the development and implementation of the Drugs and Alcohol Strategy for Brighton & Hove.
2. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, to gather feedback to help Combatting Drugs Partnership to understand further potential negative impact of barriers on people with protected characteristics and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.
3. To improve data collection and analysis to enhance understanding of people's experience of accessing and using drug and alcohol treatment and recovery services and to routinely inform the delivery of the service.
4. To ensure that culturally sensitive comprehensive equalities training, guidance and support is available to all staff and that their training and support is regularly monitored.

Which action plans will the identified actions be transferred to?

- For example: Team or Service Plan, Local Implementation Plan, a project plan related to this EIA, FIAP (Fair and Inclusive Action Plan) – mandatory noting of the EIA on the Directorate EIA Tracker to enable monitoring of all equalities related actions identified in this EIA. This is done as part of FIAP performance reporting and auditing. Speak to your Directorate's Business Improvement Manager (if one exists for your Directorate) or to the Head of Service/ lead who enters actions and performance updates on FIAP and seek support from your Directorate's EDI Business Partner.

The Combatting Drugs Partnership Programme

8. Outcome of your assessment

What decision have you reached upon completing this Equality Impact Assessment? (Mark 'X' for any ONE option below)

Stop or pause the activity due to unmitigable disproportionate impacts because the evidence shows bias towards one or more groups.	
Adapt or change the activity to eliminate or mitigate disproportionate impacts and/or bias.	
Proceed with the activity as currently planned – no disproportionate impacts have been identified, or impacts will be mitigated by specified SMART actions.	
Proceed with caution – disproportionate impacts have been identified but having considered all available options there are no other or proportionate ways to achieve the aim of the activity (for example, in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	**X**

If your decision is to “Proceed with caution”, please provide a reasoning for this:

We need to note and ensure that the needs of Armed Forces Members and Veterans and expatriates, migrants and asylum seekers and refuges are adequately met

Summarise your overall equality impact assessment recommendations to include in any committee papers to help guide and support councillor decision-making:

as above

9. Publication

All Equality Impact Assessments will be published. If you are recommending, and choosing not to publish your EIA, please provide a reason:

10. Directorate and Service Approval

Signatory:	**Name and Job Title:**	**Date:** DD-MMM-YY
Responsible Lead Officer:	Caroline Vass, interim DPH	01/10/24
Accountable Manager:		

Notes, relevant information, and requests (if any) from Responsible Lead Officer and Accountable Manager submitting this assessment:

EDI Review, Actions, and Approval:

Equality Impact Assessment sign-off

EIA Reference number assigned: HASC72-06-Sep-24-EIA-Drugs-and-Alcohol-Strategy
For example, HNC##-25-Dec-23-EIA-Home-Energy-Saving-Landlord-Scheme

EDI Business Partner to cross-check against aims of the equality duty, public sector duty and our civic responsibilities the activity considers and refer to relevant internal checklists and guidance prior to recommending sign-off.

Once the EDI Business Partner has considered the equalities impact to provide first level approval for by those submitting the EIA, they will get the EIA signed off and sent to the requester copying the Head of Service, Business Improvement Manager, Equalities inbox, any other service colleagues as appropriate to enable EIA tracking, accountability, and saving for publishing.

Signatory:	Name:	Date: DD-MMM-YY
EDI Business Partner:		
EDI Manager:		
Head of Communities, Equality, and Third Sector (CETS) Service: *(For Budget EIAs/ in absence of EDI Manager/ as final approver)*		

Notes and recommendations from EDI Business Partner reviewing this assessment:

Notes and recommendations (if any) from EDI Manager reviewing this assessment:

Notes and recommendations (if any) from Head of CETS Service reviewing this assessment:

Reducing harm from drugs & alcohol

Drugs & Alcohol Strategy 2024-2030

Housing, Care and Wellbeing

Brighton & Hove City Council

Contents

Foreword

To come

Councillor?

Acknowledgment: The art used in the strategy was provided by Cascade Creative Recovery and represents some of the works created by members of the Cascade art group. Cascade Creative Recovery aims to support connections with others to prevent isolation and relapse on the recovery journey. The art group enables conversations while creating to help build human connections, recovery capital, and resilience in a supportive but informal environment.

Introduction

This draft strategy for Brighton and Hove, describes how the Brighton and Hove Combatting Drugs Partnership will deliver locally the ambitions in the national strategy 'From Harm to Hope'.
The strategy describes the longer-term vision to 2030 to reduce harms from drugs and alcohol for everyone who lives in, works in, or visits Brighton and Hove.

The strategy has been developed by the multi-agency Combatting Drugs Partnership, made up of leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.

This strategy is a high-level document that sets out the Combatting Drugs Partnership's vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, it is not a comprehensive alcohol strategy.

The strategy should be read in conjunction with other key stakeholders' strategies, please see appendix four.

Our Vision

Our vision is to make Brighton and Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

Our strategic priorities

1. **Disrupt the local drug and alcohol supply chains, reduce the availability of drugs, and tackle/disrupt drug and alcohol related crime**

We will work collaboratively across the community safety teams, police and communities to disrupt local drug supply chains and alcohol and drug related crime to create safe and thriving communities.

2. **Deliver a world-class treatment and recovery service**

We will enhance both the quality and the capacity of our drug and alcohol treatment and recovery service, to provide person-centred support to everyone who needs it, focusing on those at higher risk.

3. **Achieve a generational shift in demand for drugs and alcohol**

We will

a) challenge the normalisation of drug and alcohol use and

b) address the causes of harmful drug and alcohol use, for example untreated mental health conditions, housing issues or homelessness, domestic abuse or the impact of trauma.

We will incorporate the following principles in everything we do:

- Reduce stigma
- Target resource according to need
- Be guided by the latest research and best practice, local data and intelligence to make best use of our resources and evaluate services and projects
- Work in partnership with people with lived experience of drug and alcohol harms
- Work collaboratively across organisations to support people and communities as effectively as possible

Stigma

Many people who experience harms directly or indirectly from drugs or alcohol use may be affected by stigma when seeking help or accessing services. This could be in the form of direct judgement from other people or health care providers, expectations of stigma, or self-stigma.

This strategy takes a compassionate and non-judgemental approach and we have aimed to use a people-first language approach throughout this strategy.

The policy context

In Brighton and Hove many people sign up to our drug and alcohol services every year. However, drug and alcohol use still harms individuals, families and communities in our City.

The global availability of drugs is at a record high[i]. The UK is now Europe's largest market for heroin and is a target for Organised Crime Groups (OCGs)[ii]. The drugs market continues to evolve and present new challenges in tackling the supply chain of drugs. These challenges include the use of illegal online markets and the increasing availability of synthetic opioids, such as nitazenes and fentanyl.

In 2021 the Government launched a 10-year strategy 'From Harm to Hope'[iii]. The strategy commits the Government to reduce crime and save lives by:

- Breaking the drugs supply chain
- Delivering a world class treatment and recovery service and,
- Achieving a generational shift in demand for drugs and alcohol.

Addressing the harms from drugs and alcohol use is a complex issue. Often harmful drug and alcohol use is found alongside risk factors such as untreated mental health conditions, chronic pain, poor physical health, neurodiversity, homelessness, or experience of trauma. Such factors may be both the drivers and consequences of drug and alcohol use. They require a multi-agency approach to reduce harms from, change perceptions of, and address the availability of drugs in the city.

The Partnership will be responsible for overseeing the implementation of the strategy.

What we know about drugs & alcohol related harm in Brighton and Hove

About Brighton & Hove

Brighton and Hove is a unique and diverse city:

26%
of residents are from a
Black or Racially Minoritised (BRM) group
- higher than the Southeast average of 21%.

One in 5
residents are born outside of the UK
- which is significantly higher than in the Southeast.

More than 1 in 10:
10.6%
of residents, identify as gay, lesbian, bisexual or as another minority sexual identity
- compared to 3% in England).

- We have **higher rates of people who identify as trans or gender diverse (TGD)** (1% compared to 0.5% in England).

In Brighton and Hove we have:

... an estimated **3030** **people** who use **opiate** and/or **crack cocaine** in 2019/20.

This is a significantly **higher rate** compared to the South East and England.

This breaks down as follows:

- **1,564** people - opiates only
- **477** people - crack only
- **989** people - opiates and crack

...the **7th** highest age standardised **mortality rate** of **drug misuse deaths** in England, at **12.7** per **100,000 people.**

More than double the rate in England (5.2 per 100,000) (2020-22) [iv]

... **9%** of **young people in treatment** cited **benzodiazepines** as their primary substance of concern.

This is significantly higher than the England average of 1%.

20% of 14-16 year olds report trying cannabis and 8% report trying other drugs [vii]

A significantly **higher** rate of **alcohol specific mortality** compared to England. **21.8** per **100,000 people.**

More than double the rate in England (5.2 per 100,000) (2020-22) [v]

10% of secondary school pupils report getting drunk at least once or twice a month [vi]

Alcohol specific **hospitalisations** in **children** and **young people** are higher than the England average

(53 per 100,000 compared to 29 per 100,000) (2018-21)

In Brighton there were:

991 police recorded drug offences

Approx **1,500** reported drug litter incidents, subsequently disposed of by the council

Service activity

- **111 under 18-year-olds received specialist drugs** and **alcohol treatment** in the year 2023/24 compared to 95 in 2022/23.

- **2,776 adults were in structured treatment,** including 1,098 adults in treatment for opiates (as at February 2024)

- As of January 2024, **Change Grow Live (CGL) have a rate of 63% continued care for people** who have been **released from prison** against a national average of approximately 48%.

How we engaged with communities and partners and what we found out

A 2023 Brighton and Hove City Council drug related harm survey and a community forum on drug harms found that drug dealing and drug taking are ranked as top concerns for our communities, and that:

- Over 50% of over 400 survey respondents felt that drug dealing or drug taking was a very big problem in their neighbourhoods.
- Residents were not always confident in the response of the Council or Police when they reported drug related incidents.
- Some residents felt unsafe reporting drug related incidents.
- A culture of normalisation around drug use had developed leading to open drug dealing, drug taking and associated drug litter.

How we engaged with people with lived experience of drug or alcohol harm and what we found out

Between January and March 2024 we heard from approximately 50 adults, who have experience of accessing drug and alcohol services. We heard from people of different ages, sexual orientation, gender identity, and disability. It is important to note that the people we spoke with may not be representative of the wider population of those with experience of drug or alcohol harm, and as such we cannot generalise these findings. We did not reach as many people from Black and Racially Minoritised backgrounds as we had hoped and were not able to engage with children and young people. We will undertake further engagement with these groups as a priority. We have committed to continue to work with people with lived experience on the strategy and its implementation.

We heard many experiences, with some clear themes coming out of the discussion, and these have informed the development of the strategy and in particular strategic priority 2: to deliver a world-class treatment and recovery service, and strategic priority 3 addressing the causes and risk factors for drug use. These themes are summarised on the next page (appendix 3 provides further information on the discussions).

Summary of key themes from discussion with people with lived experience

Barriers to accessing support

- Missed referral opportunities by services
- Attitude of professionals
- Stigma
- Unaware of support available
- Specific barriers for trans people

What has worked well

- Access to meaningful activities in recovery
- Group specific spaces/services
- Peer support and diverse workforce
- Access to a wide range of support based on individual need

Drivers to accessing support

- Significant life events
- The role of a champion or respected key worker, friend or advocate
- 'Hitting rock bottom'

What could be improved

- Secure and appropriate housing
- Extended outreach for people who may be less able to engage
- Improved cross agency working
- More opportunities for meaningful activity
- More accessible and inclusive support

Risk factors for harmful drug and alcohol use

There are many factors that are known to increase the risk of harmful drug and alcohol use:

Housing insecurity and homelessness[viii]

- Housing in Brighton and Hove has become increasingly unaffordable for a significant proportion of the population. The average cost of renting privately per month is £1,300 compared to £850 in England and £1,050 in the Southeast on average (September 2023).
- Demand for social housing in Brighton and Hove outstrips supply significantly.
- Rough sleeping appears to be increasing- between November 2023 and March 2024 there have been recorded between 21 and 52 people sleeping rough in the City.

Unmet mental health needs

- In 2020, it was estimated that around **42,000 adults** in Brighton and Hove have a common mental health disorder, such as anxiety or depression
- **61% of young people** in drug and alcohol treatment also reported a **mental health problem**
- **64%** of adults in **drug** treatment and **63%** of people in **alcohol** treatment had co-occurring **mental health needs**

Multiple Compound Needs

- Brighton and Hove have high levels of residents experiencing multiple compound need, this is defined as having experience of three or more of the following:

  drug or alcohol use,
  mental health need,
  poor physical health,
  domestic abuse,
  offending behaviours,
  and homelessness.

- The Brighton and Hove Multiple Compound Need (MCN) programme estimated 521 people experiencing multiple disadvantage who might benefit from engagement with the MCN programme (Q2, 2023/2024) .

Multiple Compound Need Programme

The reducing harms from drugs and alcohol strategy recognises the significant health inequalities faced by people with multiple compound needs and the principles of integrated working set out in the aims of the MCN transformation programme.

Priority 1: Disrupt the local drug supply chains, reduce the availability of alcohol, and tackle/disrupt drug and alcohol related crime

Why this is important

The global availability of drugs is higher than ever before and the threat from drugs continues to evolve, with the emergence of highly potent synthetic opioids and access to drugs via online illegal markets . Organised crime groups criminally exploit children, young people and other vulnerable groups to move and distribute drugs. Breaking drug supply chains will reduce availability of drugs and associated violence and exploitation.

Priority one is focused on disrupting the supply chain of drugs, improving community safety and supporting people who commit crimes related to drug or alcohol use into treatment and support. This priority is co-led by Sussex Police and the Council's Safer Communities team.

Why this is important

This priority is delivered collaboratively across a range of organisations including: the Police, probation services, and the local authority community safety team.

We want to:

- reduce drug and alcohol related crimes
- protect vulnerable children and adults
- work closely with our communities
- support people convicted of drug or alcohol related crimes into treatment and recovery

What we will do

1.1 Disrupt the flow of drugs into the city

- Tackle and disrupt organised crime groups
- Target county lines drug activity
- Work closely with other police forces outside of Sussex
- Directly target heroin and crack cocaine drug dealing

1.2 Prevent children, young people and adults from becoming involved with organised crime groups

- Work with the Community and Voluntary Sector, Children's services and Sussex Police on interventions such as 'Brighton Streets' and 'Fresh Youth Perspectives' aimed at preventing young people becoming involved in organised crime.
- Work with school services and the children and young person drug and alcohol service, RUOK? to reduce school suspensions, number of pupils on reduced hours and school avoidance, to prevent exploitation opportunities.

1.3 Safeguard children and young people and adults who are being exploited

- Work across the police, community safety teams, safeguarding agencies to deliver a multi-agency approach to cuckooing and child criminal exploitation.
- Take a partnership approach to supporting young people and adults.
- Provide a safe and effective pathway to enable children, young people, and vulnerable adults to exit involvement with organised crime.

1.4 Work towards a thriving night-time economy free from drug and alcohol related violence

- Retain or develop further nighttime economy safeguarding activities: for example security patrols, Safe Space, 'Ask for Angela', taxi marshals, Get Me Home Safely campaign.
- Increase sign-up to Sensible On Strength campaign.
- Refresh Licensing policy in 2025.
- Undertake drug test swabbing of local venues.

1.5 Increase support and communications to communities experiencing drug and alcohol-related crime and anti-social behaviour

- Establish a multi-agency drug related harm meeting to focus on specific neighbourhoods where drug related incidents are a concern and put in place appropriate support, facilitate sharing of intelligence between partners and develop consistent messages between agencies.
- Strengthen information sharing between agencies to ensure a joined up response to fatal and non-fatal overdoses.
- Work closely with communities to respond to and address community concerns relating to drug and alcohol use and associated anti-social behaviour.

1.6 Improve pathways between the criminal justice system and treatment services

- Develop further the Test On Arrest programme to support people into treatment who are arrested for trigger offences (theft, robbery, burglary, misuse of drugs, fraud) and who test positive for illicit substances.
- Support the multi-agency youth disposal pathway to include the specific Brighton and Hove initiative of an out of court pathway for young people to guide them into treatment.
- Review the eligibility threshold for people using drugs to increase referrals to Change Grow Live (CGL). Increase the use of Community Sentence Treatment Requirements as a sentence from Court to divert people convicted of drug or alcohol related offences from short custodial sentences and into treatment for mental health, drug and alcohol issues.

Priority 2:
Improve the quality, capacity and outcomes of our drug and alcohol treatment and recovery services.

Priority two aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This priority is co-led by the adult drug and alcohol treatment service CGL and the Council's Public Health Team and comprises representation from the children and young people's drug and alcohol treatment service (RU-OK), and the NHS, including primary care.

Children's and adults' drug and alcohol treatment and recovery services have benefited from substantial additional supplementary funding grants between 2022 and 2025. In 2024/25 this amounted to approximately £4.4m. This funding is in place until March 31st 2025. Currently, it is unclear what additional funding streams may come into place from April 2025. Current service capability and capacity has been significantly increased with these grants.

Why this is important

Improving the capacity of drug and alcohol treatment services is essential to address historic disinvestment which has led to reduced capacity in the drug and alcohol treatment service. Alongside this we need to improve the skill mix and capability in the service, to meet the increasing complexity of casework. The supplementary funding has started to address this historic disinvestment and outcomes are beginning to improve.

Further enhancing services will continue to address these gaps, improving public health, safety, and productivity, and ultimately foster stronger, more resilient communities.

We want to:

- Increase numbers of people in treatment
- Expand the capacity of the treatment service
- Increase the capability and skill mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs.

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment needs

- Recruit to additional posts in the drug and alcohol treatment service enabling more people to access the service, and reduce caseloads for key workers.
- Explore the feasibility of a seven-day-a-week drug and alcohol service.
- Improve access and waiting times to community and inpatient detox, residential rehab and short-term structured treatment options.
- Increase access to Buvidal (novel long-acting opioid substitution treatment).

2.2 Improve the capability of services to support clients with multiple needs

- Recruit to specialist posts to ensure provision of targeted support and skills for complex case management.
- Improve and increase the knowledge, skills and confidence of the workforce to enable a practiced trauma informed approach.
- Improve the skillset and ability of the workforce and develop treatment interventions to address co-occurring neurodiversity.
- Improve the knowledge and skills of frontline criminal justice workers to reduce stigma and increase referrals into treatment.
- Improve the knowledge skills and confidence of the workforce to support pathways for those affected by violence against women and girls.

2.3 Improve access to, and experience of, services for adults and children and young people, especially from under-served cohorts

- Focus on under-served cohorts, for example LGBTQ+, women, young carers, people who are neurodiverse and people from black and racially minoritised backgrounds.
- Ensure an integrated approach between service providers to improve the transition for young people into adult services, especially for high priority groups such as care leavers.
- Improve the referral pathway between youth offending services into RUOK? Treatment services.
- Expand outreach services to ensure accessible support, promote early intervention, and enhance recovery outcomes.
- Use health promotion techniques to connect people with an unmet substance use need to structured treatment, including LGBTQ+ young people.
- Ensure an integrated approach between partner agencies to support those involved in the criminal justice system to ensure access to specialised service provision in custodial settings and engagement in treatment for those leaving custodial settings, including youth justice settings.

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.

- Appoint a Naloxone lead to develop and deliver evidence based training according to priority need to include police, custody suites and friends and families.
- Use the drug deaths audit to inform cross-agency recommendations to reduce risk of drug deaths.

2.5 Develop an integrated response for people with co-occurring substance use and other needs

- Explore the development of a joint working protocol between mental health and drug and alcohol services.
- Support the development of the new Neighbourhood Mental Health Teams in partnership with ICTs to effectively support and provide treatment for people with co-occurring mental health and substance use needs
- Better understand co-occurring needs for people with a substance use need including neurodiversity, housing issues, trauma, physical health needs, caring responsibilities.
- Continue to ensure a joined-up approach to complex cases and multiple compound need (people experiencing homelessness, violence against women and girls, involvement with the criminal justice system and those with mental health needs).

2.6 Develop a better understanding of higher risk drugs and emerging drug trends in the community to manage the associated harms

- Proactively monitor and address emerging threats posed by synthetic drugs, changing supply trends, through timely intelligence sharing and harm reduction initiatives that address these specific threats.
- Develop a targeted approach to managing the spread of new synthetic opioids.
- Undertake research into the supply and illicit use of prescription drugs including benzodiazepines and 'Z' drugs to reduce illicit use

Priority 3: Achieve a generational shift in demand for drugs and alcohol

Priority three is a longer-term objective to reduce the demand for drugs and alcohol.

There are two approaches to reducing the demand for drugs and alcohol:

- **Challenge the normalisation and cultural environment with regards to substance use**
- **Treat the causes of substance use, for example untreated poor mental health, homelessness, or the impact of trauma experience**

This priority area will focus on reducing demand for drugs and alcohol amongst children and adults, through attitudinal shifts, as well as addressing the risk factors. This priority is led by women's drug and alcohol treatment service, Oasis, and the Council's Adolescent Services.

Why is this important

The use of drugs has grown over a decade, especially among young people, risking individual and community harms.

We want to:

- stop children and young people starting to use drugs and alcohol
- address the risk factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, poverty, domestic violence and abuse, or the impact of trauma.

What we will do

3.1 Challenge the normalisation of all drugs and alcohol use in children and young people and adults, including cannabis, and alcohol consumption, and raise awareness of the detrimental impact of use.

- Develop consistent and evidence-based communications on the harms of drug and alcohol use.
- Use data and intelligence from children and young people including the Safe and Well at School Survey.
- Develop opportunities to ensure that we hear the voice of children and young people.
- Engage with schools and youth services to deliver targeted interventions around drug safety and exploitation.

3.2 Promote Healthy lifestyles in children and young people and families

- Increase access to the Parenting Our Children and Accessing Recovery (POCAR) programme to support parents in treatment.

- Continue to engage with children and young people and Families via services, schools and family hubs and through bespoke engagement activity to understand better attitudes to drug and alcohol use.
- Continue to develop the Personal, Social, Health and Economic (PSHE) agenda to reflect the latest evidence and engagement with children and young people.
- Work with the Active for Life team, the voluntary sector and school-based services to promote and encourage activities relating to improved physical and mental health and wellbeing.

3.3 Improve awareness of and access into the range of services to support children and young people

- Raise awareness of mental health support and the pathways into mental health services with all agencies working with children and young people.
- Influence other service strategies to raise awareness of and improve support for factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, domestic abuse, or the impact of trauma.

Delivering the strategy

We have a strong foundation for this strategy, based on existing partnerships, good collaboration across partners, and a commitment to reduce drug and alcohol related harm for our residents.

The Combatting Drugs Partnership provides the leadership to this programme and comprises professionals from across the council and multiple agencies including the NHS, providers, and the criminal justice system, as well as people who have lived experience of the harms of drugs and alcohol. A full list of contributors is available at appendix one.

In late 2022, the Combatting Drugs Partnership approved the establishment of three sub-groups to take forward the three priorities of the national strategy.

Over the period to April 2024 the sub-groups have been reviewing existing strategies and plans (see appendix four) that contribute to the combatting drugs programme, and how these translate into action. This has enabled us to develop a comprehensive picture of existing objectives and targets, and benchmarked activity which inform this strategy's ongoing and additional activity.

Our headline outcome measures

Our headline outcome measures reflect the national priorities. Under these will sit detailed outcome measures to support the action planning and progress monitoring:

- Reduce overall drug use
- Reduce drug-related crime
- Reduce drug related deaths and harms
- Reduce the levels of drug supply
- Improve recovery outcomes
- Increase engagement in treatment

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The actions and targets will be SMART: specific, measurable, achievable, realistic and timely, and will be developed to meet short term, medium term and longer-term needs.

The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership to ensure it continues to meet the needs of our population, to reflect any changes in national policy, and accommodate funding changes (the current supplementary substance misuse treatment and recovery grant (SSMTRG) ends in March 2025).

Governance

paragraph on governance to come

Appendices

Appendix 1 - contributors

Professionals / PWLE to come

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Appendix 2 - Equalities Impact Assessment summary

one page summary of EIA to be appended, outlining vulnerable groups and how we are addressing these across each priority. to come

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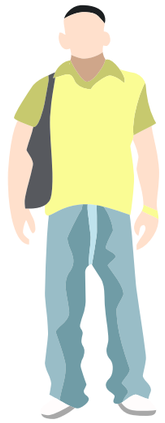


Appendix 3 - Listening to people with lived experience of drug or alcohol harm

Between January and March 2024, we undertook a series of events with people with lived experience of drug and alcohol use to listen to their experiences of trying to access drug and alcohol treatment services in Brighton and Hove.

We held five sessions:

- for anyone with personal experience of accessing treatment and recovery support in Brighton and Hove, advertised across our treatment and recovery providers
- for women and non-binary people
- for trans and non-binary people
- attended two service and recovery sessions including to gather informal feedback.

We heard the experiences of approximately 50 people of different ages, sexual orientation, gender identity, and disability. This helped us to understand the experiences of people in accessing treatment and the unique and complex intersectional issues which can be significant challenges to accessing treatment.

We did not reach as many people from BRM backgrounds as we had hoped and we will explore how best to expand our engagement to include people from a range of backgrounds to better represent the population in Brighton and Hove. We also need to ensure that we engage with young people accessing treatment in the future as we were not able to engage with this group in the timeframes available.

We are committed to continuing to collaborate with people with lived experience, not only in the development of the strategy but also in its implementation.

The themes arising from the discussions to date include:

1. Influences on drug and/or alcohol use

Several risk factors were identified by participants that influenced their drug and/or alcohol use:

- Trauma, especially in childhood.
- Poor mental health.
- Parental use of drug and alcohol uses.
- Life stressors, such as being an unpaid carer or having a high stress job.
- Normalisation of drug and alcohol use.
- Managing undiagnosed neurodivergence.
- Social isolation

2. Barriers to accessing support

Participants outlined a range of barriers to accessing services and support:

- Missed opportunities by services e.g. a GP, to identify a drug or alcohol treatment need.
- A lack of compassion from a range of professionals.
- Shame and stigma as a barrier for seeking help.
- Judgements based on the perception of 'what an addict looks like'.
- Lack of awareness of drug and alcohol support and services available- by professionals and service users.
- Specific barriers for trans people related to both a safe environment in which to seek help, and the potential impact of seeking help on their ongoing transition needs.

3. Drivers to accessing support

There were some recurring themes that participants talked about that were drivers to accessing help:

- Significant life events, such as becoming pregnant.
- The role of a champion: someone who has gone the extra mile in supporting the treatment and recovery journey. This might be a key worker, probation officer, or friend.
- Hitting 'rock bottom' as a catalyst including:
  - Mental health crises
  - Losing their home.
  - Significant health impacts.
  - Involvement with the criminal justice system, such as being arrested.
  - A child being removed from their care.

4. Where people would like to see improvements

There were a range of factors that would help people to access and stay in treatment, and support the journey through recovery:

- Secure and appropriate housing options for people at different stages in their treatment and recovery
- Extended outreach services
- Improved cross agency working to support for those with co-occurring needs, especially around accessing mental health support.
- A personalised care offer, recognising that there isn't a 'one size fits all' approach to treatment and recovery
- Opportunities for meaningful activity
- More accessible and inclusive drug and alcohol support spaces.
- Improved understanding of the detox and residential rehab offer and pathways, including support during waiting times
- Improved education of drug and alcohol harms for children and young people.
- Greater awareness of referral routes into drug and alcohol treatment services by other services
- A workforce that reflects the diverse population of Brighton and Hove

5. What has worked well

There were many aspects of people's treatment and recovery that worked well:

- Having meaningful activities built into a routine supports long term, sustainable recovery, including creative activities, community work, and opportunities for employment
- People valued group-specific safe spaces and sessions, including female only spaces, young people's groups, LGBTQ+ groups, and trans/non-binary groups
- Peer support, lived experience, and a diverse workforce in service providers was highly valued
- Online sessions enabled people with mobility issues or anxiety to participate in the treatment group work
- Being able to access a wide range of support according to individual need, including eg: mental health support

These experiences have helped to refine our strategic objectives and will inform the subsequent action plans.

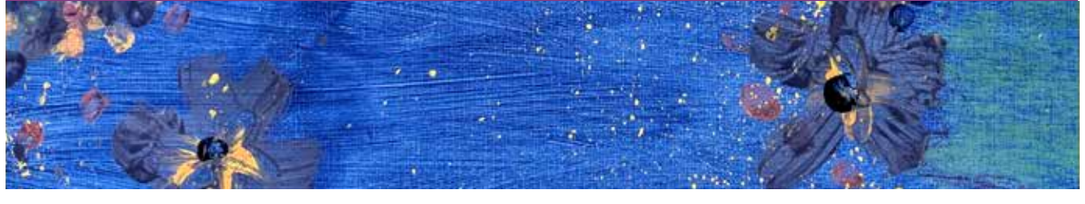
Appendix 4 - Existing strategies, plans and programmes of work that support the drugs and alcohol agenda

Specific alcohol and drug-related objectives from strategies that include Brighton and Hove residents:

Existing strategy		Strategic objectives relating to drug/ alcohol harm
A better Brighton and Hove for all		• Enable people to live healthy, happy and fulfilling lives; work with local partners to develop plans to reduce the harm from [tobacco], alcohol and drugs • Tackle crime and antisocial behaviour: develop a multi-agency combatting drugs strategy to address supply, demand and recovery services
Joint Health and Wellbeing Strategy 2019-2030	brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf	Key areas for action in the strategy related to drugs and alcohol use include: • challenge the normalisation of substance use and excessive alcohol consumption • raise awareness of the detrimental impact • reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people • Promote Healthy lifestyles and resilience, including in school and other education settings, • address parental substance use • Provide Information, advice and support to help people to drink less.
Improving Lives Together – Sussex Delivery Plan	Improving-Lives-Together-Shared-Delivery-Plan.pdf (ics.nhs.uk)	This Sussex wide strategy includes a section for Brighton and Hove, including some key priorities: • Integrated Community Teams frontrunner implementation • Mental health in adults and children • Multiple long-term conditions (MLTCs) • Health inequalities • Cancer • Children and Young People

Community Safety and Crime Reduction Strategy 2023-26	Community safety and crime reduction strategy 2023 to 2026 (brighton-hove.gov.uk)	The Community Safety Partnership's overarching duty is to: • reduce crime and disorder • improve community safety • reduce re-offending in Brighton and Hove The strategy describes the Partnership's plans for the next three years in relation to five priorities: • serious violence • drugs and exploitation • domestic and sexual violence/abuse and other violence against women and girls • anti-social behaviour, hate incidents and crimes • Prevent
Sussex Police and Crime Commissioner: Police and Crime Plan 2021/24	SPCC - Police and Crime Plan (sussex-pcc.gov.uk)	• Relentless disruption of serious and organised crime focussed on o Tackling and disrupting organised crime groups behind county lines drug gang activity. o Recognise the exploitation of children and young people and continue to identify and safeguard those most at risk. • Allocate further community safety funding to support the drug intervention programmes delivered throughout Sussex to tackle and address the harms caused by substance misuse. • National Crime and Policing Measures: Disrupt drugs supply and county lines • From Harm to Hope: a 10-year plan

Violence and exploitation reduction action plan 2022-23 [i]		**Overall aim:** To reduce the harm caused to individuals and communities in our city by serious violence, knife crime, organised crime, drugs, and exploitation **Outcome 1 (Prevention):** Fewer people harmed by serious violence and prevent vulnerable people from becoming involved with organised crime networks **Outcome 2 (Safeguarding):** Safeguard vulnerable people who are being exploited and provide a safe effective pathway to enable vulnerable people to exit involvement with organised crime networks **Outcome 3 (Communications):** Community to be free of the fear of violence, drugs, and exploitation, have confidence to report and an increase in awareness of all forms of exploitation, drug harm and serious violent crime **Outcome 4 (Nighttime Economy):** A thriving night-time economy free from drug and alcohol-related violence **Outcome 5 (Data):** A stronger preventative approach to serious violence and exploitation and a decrease in drug-gang related activity through the use of all available data and intelligence The Preventing Violence Against Women and Girls Strategy 2024- 2027 will be published later in 2024.
Homes for everyone (Draft) 2024	7975 Housing strategy consultation - Accessible_0.pdf (brighton-hove.gov.uk)	The strategic priorities include: • Improve housing quality, safety and sustainability • Deliver the homes our city needs • Prevent homelessness and meet housing need • Support independence and improved health and wellbeing for all • Provide resident focused housing services
Licensing (Statement of Licensing Policy 2021)	Statement of Licensing Policy 2021 (brighton-hove.gov.uk)	The revised Statement of Licensing Policy was published in 2021. Special policies remain in place to reduce the availability of alcohol within the city centre area or cumulative impact zone. Current actions include: • Sensible on Strength (SoS) scheme • Safeguarding initiatives within the night-time economy. • Test purchase operations are undertaken with the police
Brighton and Hove Mental Health and Housing Plan Place-based plan	attachment.pdf (sussexpartnership.nhs.uk)	**Priority 5:** Develop accommodation and support services to meet the needs of people with co-existing conditions and multiple and compound needs • Particular focus on complexity including people with mental health need who also have Autistic Spectrum Condition and/or Substance Misuse needs.



[i] HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

[ii] HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

[iii] HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

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[v] OHID, Alcohol profile, 2022

[vi] Brighton and Hove City Council, "Safe and Well at School Survey 2023".

[vii] Brighton and Hove City Council, "Safe and Well at School Survey 2023".

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[xi] Brighton and Hove City Council. Brighton and Hove drugs and alcohol needs assessment, 2022. Brighton Hove Drugs and Alcohol Needs Assessment pdf (brighton-hove.gov.uk)

[xii] Brighton and Hove City Council. Brighton and Hove drugs and alcohol needs assessment, 2022. Brighton Hove Drugs and Alcohol Needs Assessment pdf (brighton-hove.gov.uk)

[xiii] Brighton and Hove Multiple Compound Needs Board Business Case, 2024

[xiv] HM Government, "From Harm to Hope: A ten-year drugs plan to cut crime and save lives," 2021

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