Brighton & Hove City Council

# People Overview & Scrutiny

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| Date: | **8 July 2025** |
| Time: | **4.00pm** |
| Venue | **Hove Town Hall Council Chamber** |
| Members: | **Councillors:** O'Quinn (Chair), Gauge (Deputy Chair), Cattell, Lyons, Mackey, McLeay, Parrott, Shanks and Sheard<br><br>**Co-optees**<br>Lesley Hurst (Church of England diocesan representative), Maria Cowler (Catholic Church diocesan representative), Sara Fulford (Older People's Council), Joanna Martindale (Community Works Rep), Adam Muirhead (Community Works Rep), Becky Robinson (PaCC) and Dr Anusree Biswas Sasidharan (Community Works) |
| Contact: | **Luke Proudfoot**<br>Overview & Scrutiny Officer<br>Luke.Proudfoot@brighton-hove.gov.uk |

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# AGENDA

**PART ONE** **Page**

## 1 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.

## 2 MINUTES **7 - 10**

2.1 To agree the draft minutes of the 18 March 2025 People Overview & Scrutiny Committee.

## 3 PUBLIC INVOLVEMENT

3.1 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 10am on the 27th June 2025; (c) Deputations: To receive any deputations submitted by the due date of 10am on the 27th June 2025.

## 4 MEMBER INVOLVEMENT

4.1 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: To receive any written questions from members. (c) Letters: To consider any letters submitted by Members. (d) Notices of Motion: To consider any Notices of Motion.

## 5 CHAIR'S COMMUNICATIONS

## 6 HOMELESSNESS & ROUGH SLEEPING VERBAL PRESENTATION

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|---|---|---|
| **7** | **MEETING THE NEEDS OF SPECIAL EDUCATIONAL NEEDS AND DISABILITY LEARNERS** | **11 - 44** |
| **8** | **ANTISOCIAL BEHAVIOUR IN SOCIAL HOUSING TASK & FINISH GROUP SCOPING REPORT** | **45 - 54** |
| **9** | **DRUGS & ALCOHOL STRATEGY (FOR INFORMATION ONLY)** | **55 - 108** |

9.1 A copy of the Drugs & Alcohol Strategy report and appendices taken to Cabinet on 26 June 2025 is included for information only following People Overview & Scrutiny Committee scrutinising the issue at 9 October 2024 committee meeting.

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The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

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**FURTHER INFORMATION**
For further details and general enquiries about this meeting contact Luke Proudfoot, (email Luke.Proudfoot@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

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Date of Publication - Monday, 30 June 2025

**BRIGHTON & HOVE CITY COUNCIL**

**PEOPLE OVERVIEW & SCRUTINY**

**4.00pm 18 MARCH 2025**

**HOVE TOWN HALL - COUNCIL CHAMBER**

**MINUTES**

**Present**: Councillor O'Quinn (Chair), Sheard (Deputy Chair), Cattell, Czolak, Helliwell, Meadows, Shanks, Thomson, Goldsmith and Grimshaw

**Other Members present**: Lesley Hurst (CoE Diocesan Director of Education), Joanna Martindale (CVS), Dr Anusree Biswas Sasidharan, Keith Jago (Older People's Council)

**PART ONE**

## 33 PROCEDURAL BUSINESS

33 A Declarations of substitutions: Cllr Goldsmith for Cllr Mcleay. Cllr Grimshaw for Cllr Simon.

Apologies from the Youth Council reps, Becky Robinson (PACC), Maria Cowler (Catholic Diocese).

B Declarations of interest: There are none.

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

## 34 CHAIR'S COMMUNICATIONS

34.1 The Chair gave the following communication:

Welcome everyone to our last scheduled meeting of the People Overview & Scrutiny Committee of this municipal year. I'd like to thank members of the committee for your involvement over the last year. I hope that you have all found the committee as interesting as I have. I think that we have held the executive to account, asked important questions, and made good suggestions to them on a range of topics.

Our first item today is a further update on the transition to adulthood strategy. Since we last looked at this at our October meeting a lot of work has happened on the strategy. This will be presented by Cllr Jacob Allen and Director for Adult Social Services, Steve Hook. We are also joined by Fiona England of PACC and Sally Polanski of Amaze, who have worked with the council on the strategy and presented to us on the strategy in October.

Then we will be hearing from Cllr Daniel and the Head of Library Service, Ceris Howard, on changes to libraries and customer services. Cllr Pumm had agreed to bring this item to the

committee before he sadly had to stand down. Cllr Daniel has only just had libraries added to her cabinet brief a few days ago. Cllr Allen will also be remaining with us for this item as services transformation falls within his brief.

## 35 MINUTES

35.1 The minutes of the meeting held on 07 February were approved as an accurate record. The minutes of the meeting held on 14 January were approved as an accurate record.

## 36 PUBLIC INVOLVEMENT

36.1 There were no public questions, petitions, or deputations.

## 37 MEMBER INVOLVEMENT

37.1 There were no member questions.

## 38 TRANSITION STRATEGY

38.1 Cllr Allen, cabinet member for Adult Social Care, Public Health and Service Transformation, presented the report to the committee. Key points included how the Transition Strategy aligned with the Corporate Plan, benchmarking and self-assessment, standards met, and the delivery plan.

38.2 Fiona England of PACC remained concerned about a number of issues but was happy that it is moving forward. PACC has limited capacity and so co-production would be higher if they had more funding. Fiona was positive that officers are committed to working with PACC. She felt that the delivery plan according to need was very positive. Fiona said that there were risks and to ensure the plan is delivered officers needed to push the details across the line.

38.3 Sally Polanski of Amaze said that the delivery plan was really clear on processes which they wanted. She said that they would be keen to do engagement with parent carers on the outcomes. Sally said that engagement with young people with severe disabilities will need to be built into engagement. She felt that the pathways in the appendix was really helpful. Sally was interested in commissioning and would like more detail on this. Amaze has produced a new website amazingfuturessussex.org.uk and can include details on transition on that.

38.4 Members raised the following issues: the need to consult with young people who have gone through transition, further details on the standards, reductions in benefits meaning younger people can’t claim incapacity benefits, additional transitional safeguards, independent living accommodation, outsourcing of services, all women services, IT systems sharing data safely and easily, how the budget affects the transition strategy, assessment and planning particularly around unforeseen events in young people’s lives, measuring and monitoring the council’s integrated working between departments, timescale to cabinet, voices from those who have suffered criminal exploitation, police involvement, the involvement of SENCOs, involvement of parents and carers, staffing requirements.

38.5 People Overview & Scrutiny Committee resolved to note the report.

## 39 LIBRARIES

39.1 Cllr Emma Daniel, cabinet member for Children, Families and Youth Services presented the report to the committee. Keys points included the budget savings proposals agreed at budget council, eliminating wastage in the council's estate, modernising services, and co-location of services.

39.2 Members asked questions on the following issues: which libraries would close, centralisation of services, the potential need to book a slot for help, the impact on older people, the impact of the PFI agreement coming to an end, what happens to the staff at Hove Town Hall and Barts House, what would happen to Hove Town Hall and Barts House, how the consultation and the needs and use analysis will work, the relatively short time frame of consultation, the need for older people to have face to face consultations rather than using technology, why the savings from closing Barts House and Hove Town Hall could not be used to keep libraries open, the need for further scrutiny when there are proposals, the willingness of staff who are university trained librarians to deal with customer services, the need for security staff at the libraries (as currently at Hove Town Hall and Barts House), if current co-location services have increased library footfall, engaging as many groups as possible with the consultation, ensuring that people know there are face to face services in the library, integrating services from partners like the NHS or Adult Social Care, the progress of Moulsecoomb Hub, the need for a good communications plan on the services offered by libraries, and if there will be signposting for certain needs to go to specific libraries.

39.3 The People Overview and Scrutiny Committee resolved to note the report.

The meeting concluded at 7.09pm

Signed Chair

Dated this day of

# Brighton & Hove City Council

## Overview & Scrutiny

## Agenda Item 7

**Subject:** **Meeting the needs of Special Educational Needs and Disability learners**

**Date of meeting:** **8 July 2025**

**Report of:** **Cabinet Member for Children, Families and Youth Services**

**Contact Officer:** **Name: Corporate Director for Families, Children and Wellbeing**

**Email: deb.austin@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 This report, and detailed slide deck, sets out the current position both nationally and locally for Special Educational Need and Disability (SEND) learners. It explains the current prevalence of need and how this is being met. It sets out our intentions for the development of future provision.

1.2 This report links specifically to the Council Plan 2023-2027, Outcome 2 for a fair and inclusive city and 3, a healthy city where people thrive. It also supports 2 of the 5 pillars working towards becoming a learning organisation, of 'being diverse and inclusive' and 'innovative and creative'.

### 2. Recommendations

2.1 Overview & Scrutiny notes the report and the detailed information in Appendix 1.

### 3. Context and background information

3.1 More children and young people than ever before are being identified as having SEND. Across the country, there is a steep increase in the use of specialist provision. Significant education funding is invested in the SEND system but the overall life outcomes for young adults with SEND are not improving.

3.2 24% of children and young people in Brighton & Hove have SEND. 18% receive SEND support and almost 6% have an Education, Health and Care Plan (EHCP). The biggest growth in need is for autism and social, emotional and mental health needs. (see Appendix 1 for details)

3.3 Brighton & Hove has ‘outstanding’ special school provision, and the Pupil Referral Unit is judged ‘good’ by OfSTED. All the resource base and specialist provision in the city is set out in Appendix 1.

3.4 Brighton & Hove has continued to develop and improve the SEND provision in the city in line with the SEND Strategy 2021-2026. All developments are set out in Appendix 1.

3.5 Further developments are planned over the next 3 years. The immediate plans are set out in Appendix 1.

## 4. Community engagement and consultation

4.1 All developments in SEND are co-produced with stakeholders in the system using a workstream approach. Representatives of the city Parent and Carer Council (PaCC) are involved in the workstreams and there are regular communication meetings with the wider parent body. Specialist SEND staff and Headteachers are involved in, and support the thinking and development of, resourced and specialist provision in the city.

## 5. Financial implications

5.1 The funding for SEN provision is largely provided via the High Needs Block of the Dedicated Schools Grant. The High Needs Block funding in 2025/26 totals £41.5m. At the end of the 2024/25 financial year, the council overspent its High Needs block allocation by £1.1m. This is carried forward and is accounted for within an unusable reserve.

5.2 Other areas of SEND related funding include the SEN Statutory Services team, Education Psychology Service and Home to School Transport. These are general fund budgets amounting to approximately £11m.

Name of finance officer consulted: Steve Williams
Date consulted:(24/06/2025):

## 6. Legal implications

6.1 There are no specific legal implications arising from this report. Tailored legal advice will be provided in relation to particular issues or proposals identified in this report as and when required.

Name of lawyer consulted: Serena Kynaston Date consulted: (24/06/2025)

## 7. Equalities implications

7.1 All SEND provision developments are subject to equalities impact assessment.

## 8. Sustainability implications

8.1 There are no negative implications of having local SEND provision. Children and young people have a sense of belonging to their local community and the travel to access support is much shorter. As we develop more provision we are anticipating that fewer children will need to travel to out of city placements. This will mean shorter travelling times.

## 9. Health and Wellbeing Implications:

9.1 Belonging to a community enhances young peoples mental health. Our desire is for more children to be educated near to family and friends even if a specialist placement is required.

## Other Implications

## 10. Procurement implications

10.1 Any new or expanded provision is subject to a robust and transparent internal process where relevant stakeholders are informed and invited to express an interest in providing additional places at their setting.

## 11. Conclusion

11.1 This report is to inform the People Overview and Scrutiny Committee about the current position on the SEND system both nationally and locally. The committee is asked to note the developments and intentions to SEND provision in the city.

## Supporting Documentation

## 1. Appendices

1. Meeting the needs of SEND learners presentation

# Meeting the needs of Special Educational Needs and Disability learners



## July 2025 People Overview and Scrutiny Committee

Brighton & Hove City Council

# National overview of the SEND system

- More children and young people than ever before are being identified as having SEND
- The number of children and young people with EHCPs has risen by 140% since 2014
- The increase in the identification of SEND appears to have been greater in England than in other large European nations
- More children and young people than ever before require specialist provision
- The rise in numbers of children and young people with EHCPs has been accompanied by a similarly steep increase in the number of pupils placed in special schools
- More money than ever before is being invested in SEND, but it is significantly less than what is actually being spent
- Outcomes of children and young people with SEND and families' day-to-day experiences of the system have not improved

# SEND overview and context in BHCC

As per national trends, B&H continues to see a large rise in the prevalence of Special Educational Needs and Disability (SEND) across our child population

- 5.8% of Brighton and Hove pupils have an Education, Health and care Plan (national 5.3%)
- 18% of Brighton and Hove pupils are receiving SEND Support (14.2% national)
- The primary need of Brighton and Hove pupils receiving SEND Support is for Social Emotional and Mental Health needs (SEMH)
- The primary need of Brighton and Hove pupils with an EHCP is for autism.

2 outstanding special schools – HillPark and DownsView
Pupil Referral Unit for ages 7 to 16 - both - judged 'Good'



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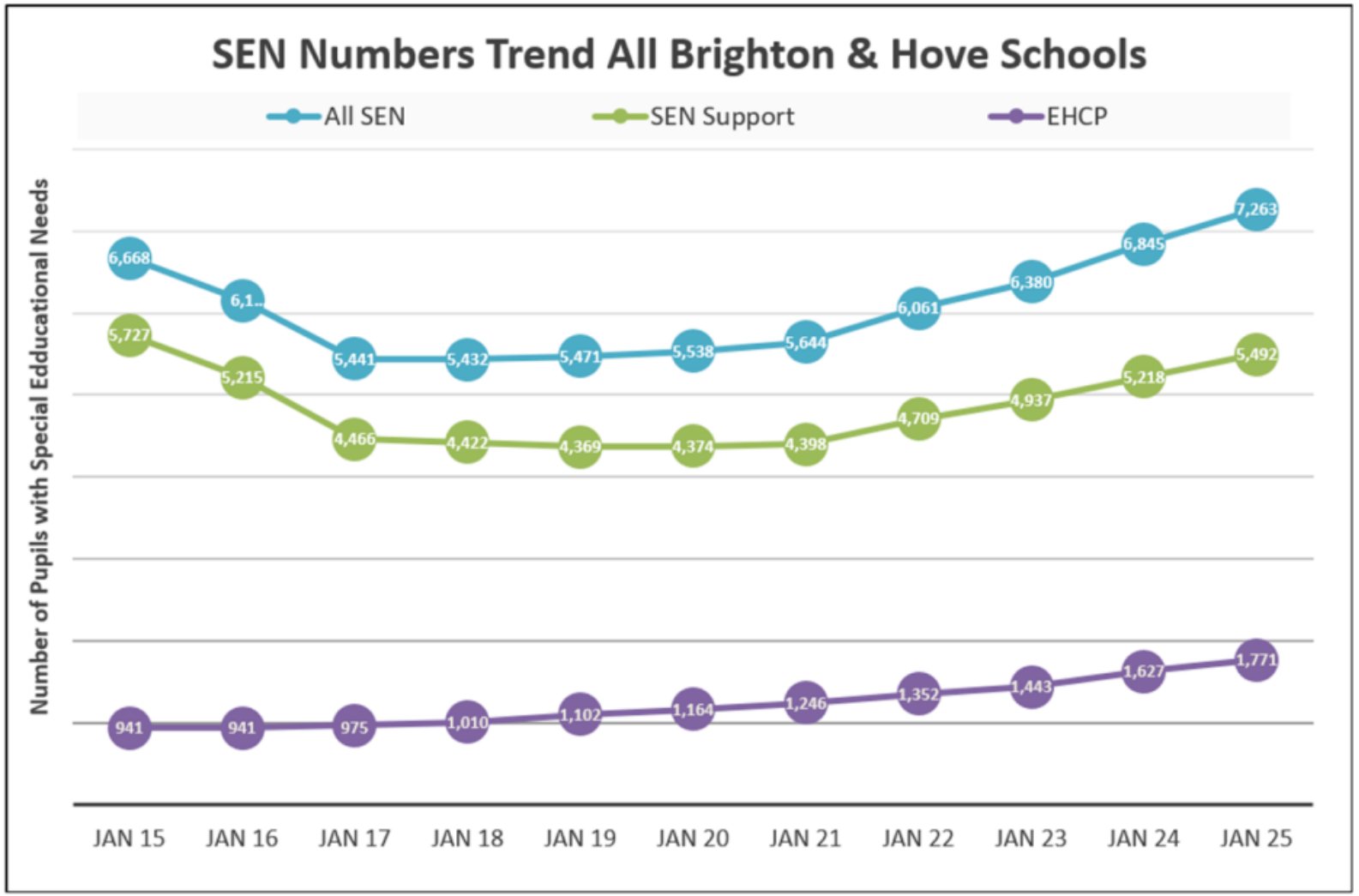
# SEND overview and context - schools

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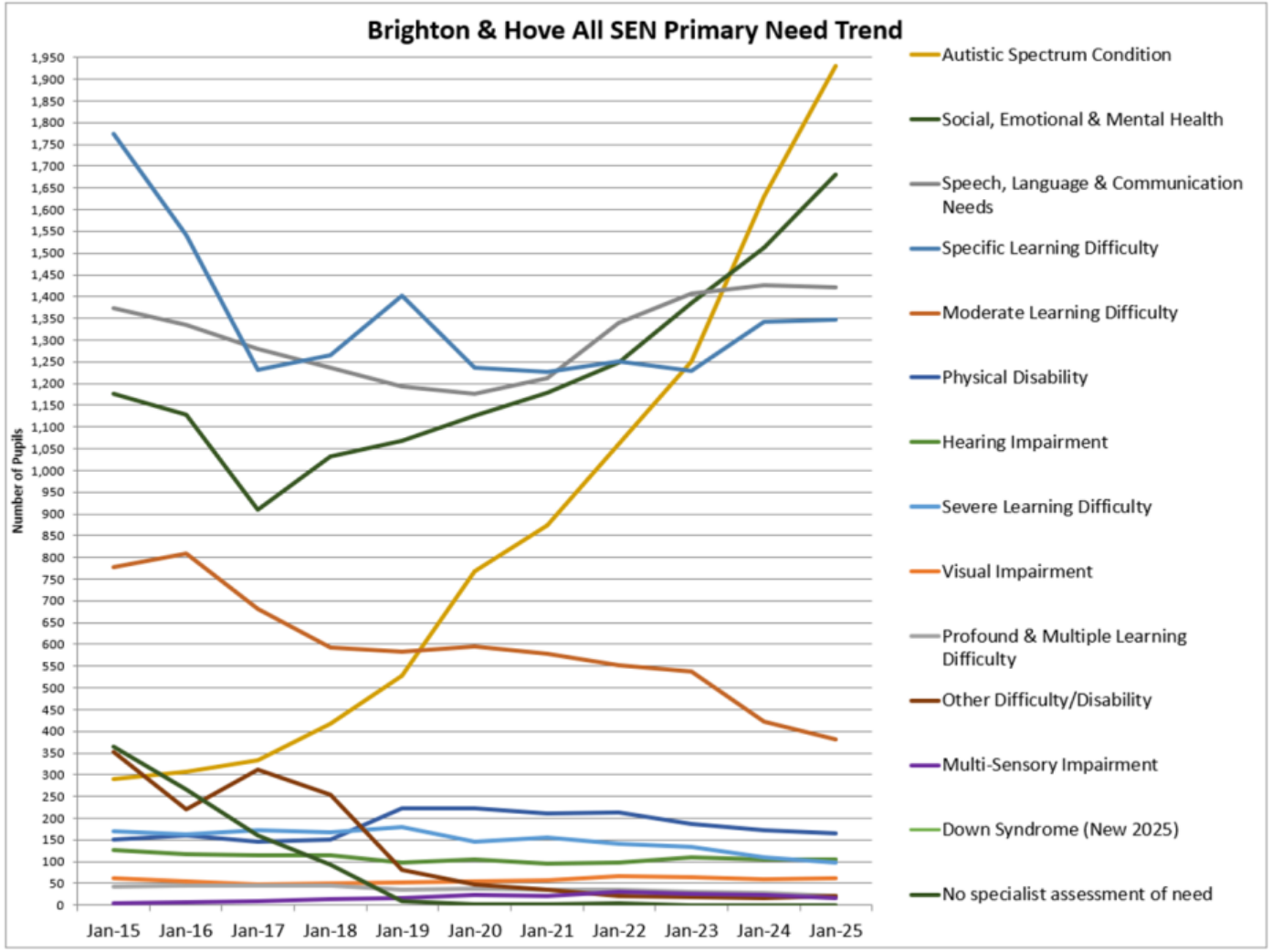
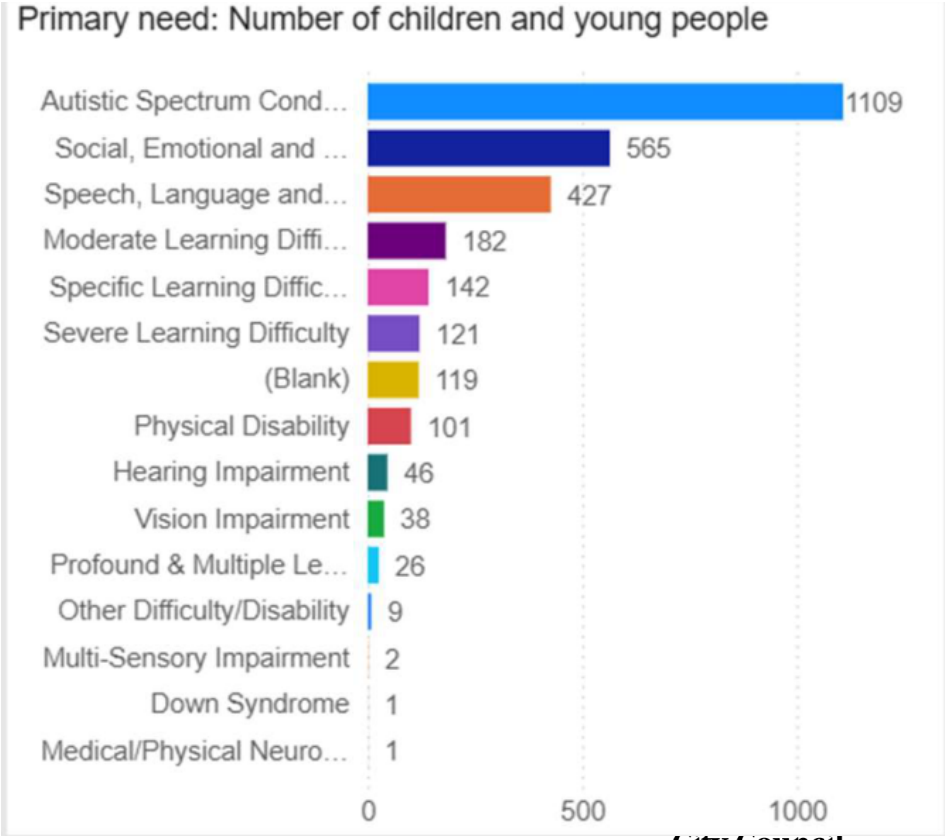
# SEND overview and context – Jan 25




Total number of EHCPS – all ages (up to age 25)



# The current position in Brighton and Hove

- The graph shows how the needs of the SEND population has changed over the past 10 years. This brings into sharp focus where the increases have been, both at SEND support and for children and young people with an EHCP.
- In January 2015 there were just under 300 children and young people in our schools with a primary need of autism. In January 2025, there were over 1900 children with a primary need of autism. This is an increase of over 84%.
- In January 2015 there were just over 1150 children and young people in our schools with a primary need of Social Emotional Mental Health (SEMH). In January 2025, there were just over 1650 children and young people in our schools with a primary need of SEMH. This is an increase of over 30%.
- With the exception of speech and language needs which has risen slightly, all other needs groups have remained constant or have decreased.
- The increase in need has also had an impact upon our Home to School Transport spend which has significantly increased over the last 5 years.

# What we currently provide

| Name of School | Needs they support | Number of places | Age of children/ young people that attend | Ofsted Rating |
|---|---|---|---|---|
| **Hill Park School** | Severe Learning Disabilities and Profound and Multiple Learning Disabilities: | 216 | Age 4 – 16 | Outstanding |
| **Downsview School** | Severe Learning Disabilities and Profound and Multiple Learning Disabilities: | 224 | Age 4 – 16 | Outstanding |
| **Downsview Link College** | Severe Learning Disabilities and Profound and Multiple Learning Disabilities: | 42 | Age 16 - 19 | Requires Improvement |
| | | | | |

# What we currently provide

| Name of School | Needs they support | Number of places | Age of children/ young people that attend | Ofsted Rating |
|---|---|---|---|---|
| **Pupil Referral Unit Key Stage 2 (7 to 11 Years) and KS 3 and 4 (Secondary Provision)** | Social, Emotional and Mental Health | 106 | Age 7 to 16 | Good |
| **Connected Hub** | Social, Emotional and Mental Health | 36 | Age 15 - 16 | Good |
| **St George's House (Satellite of Ropemakers Academy)** | Social, Emotional and Mental Health | 20 | Age 14 - 16 | Ropemakers Academy - Good |
| **Bevendean** | Deaf facility | 12 | Age 3 – 11 | Good |

# What we currently provide

| Name of School | Needs they support | Number of places | Age of children/ young people that attend | Ofsted Rating |
|---|---|---|---|---|
| **The Hive** | Autism Specialist Provision | 32 places (2023) up to 64 places (Sept 2025) | Age 11 - 16 | Under HillPark - Outstanding |
| **Cullum Centre and KS5 – Hove Park Secondary School** | Autism Specialist Provision | 28 | Age 11 - 19 | Under Hove Park - Good |
| **SWAN Centre - BACA** | Autism Specialist Provision | 22 | Age 11 - 16 | Under BACA - Good |
| **West Blatchington Primary School ASC Facility** | Autism Specialist Provision | 18 | Age 4 - 11 | Good |

# What we currently provide

| Name of School | Needs they support | Number of places | Age of children/ young people that attend | Ofsted Rating |
|---|---|---|---|---|
| **Carden - unit** | Speech and Language | 22 | Age 5-11 | Good |
| **Longhill – special facility** | Severe specific learning difficulty | 11 | Age 11 - 16 | Requires Improvement |



Brighton & Hove City Council

# Our Ofsted and CQC inspection 2023

Inspection outcome - The local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). The local area partnership is taking action where improvements are needed.

| **Leaders should improve their strategic approach to preparation for adulthood, so that all young people receive the right help and support they need to lead successful lives.** |
| --- |
| Leaders across the partnership should identify the steps that they will take to collectively monitor and measure the impact of their strategy and actions. These plans should be made clear to children, young people and their families with SEND in Brighton and Hove |
| Leaders must continue to develop their oversight and commissioning arrangements of suitable alternative provision so that there is sufficient provision that meets children and young people's SEN. |



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# Some of the key actions taken since the inspection

In line with our priorities in the SEND Strategy we have undertaken the following:

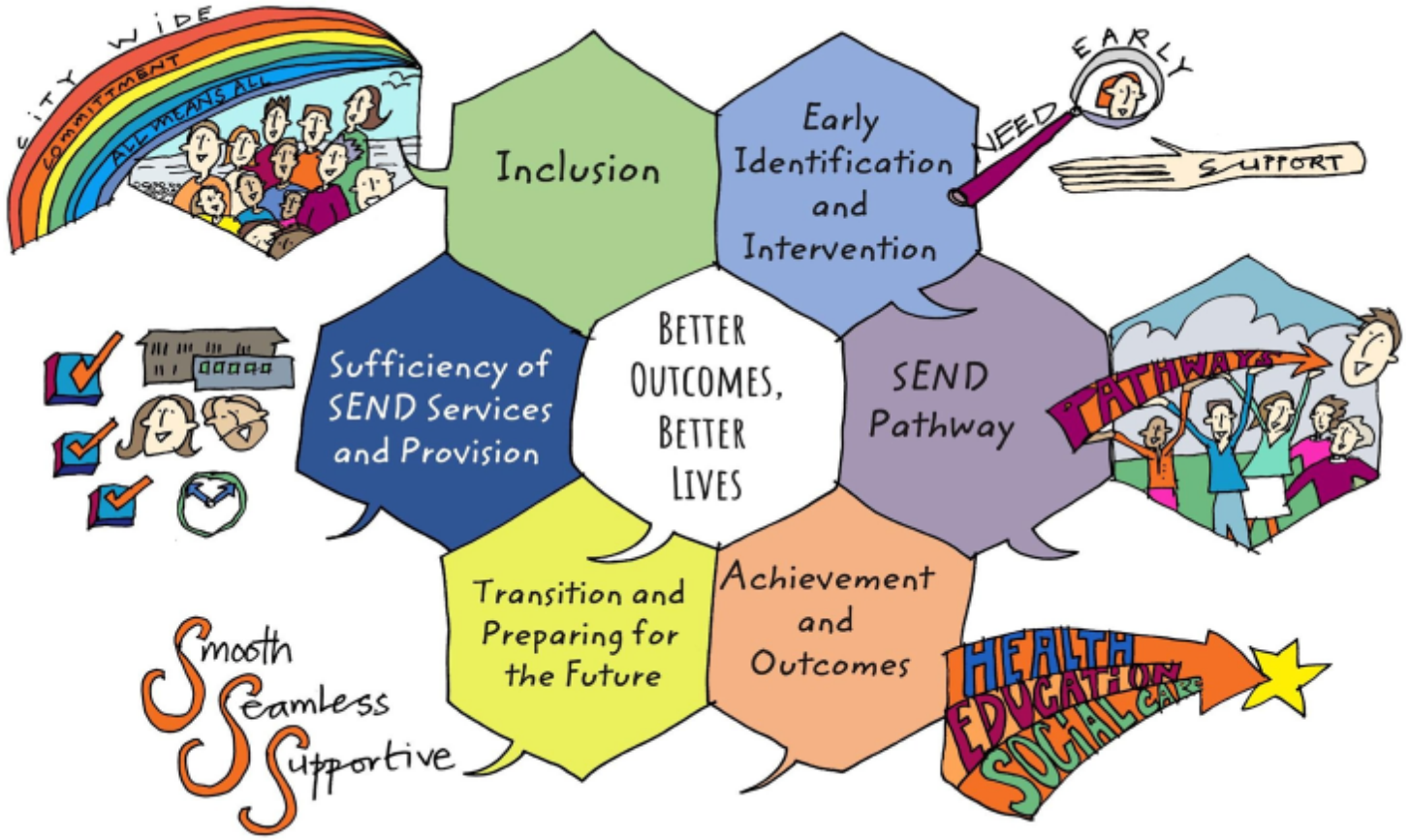
- Co-produced the Principles of belonging with stakeholders across the system
- Co-produced Preparation for Adulthood Pathway
- Strategic joint work across LA and NHS on Autism projects in co-production with our Parent and Carer Forum PaCC and Brighton and Hove Inclusion Support Service on PINS project, Autism in Schools and training for Local Authority Staff

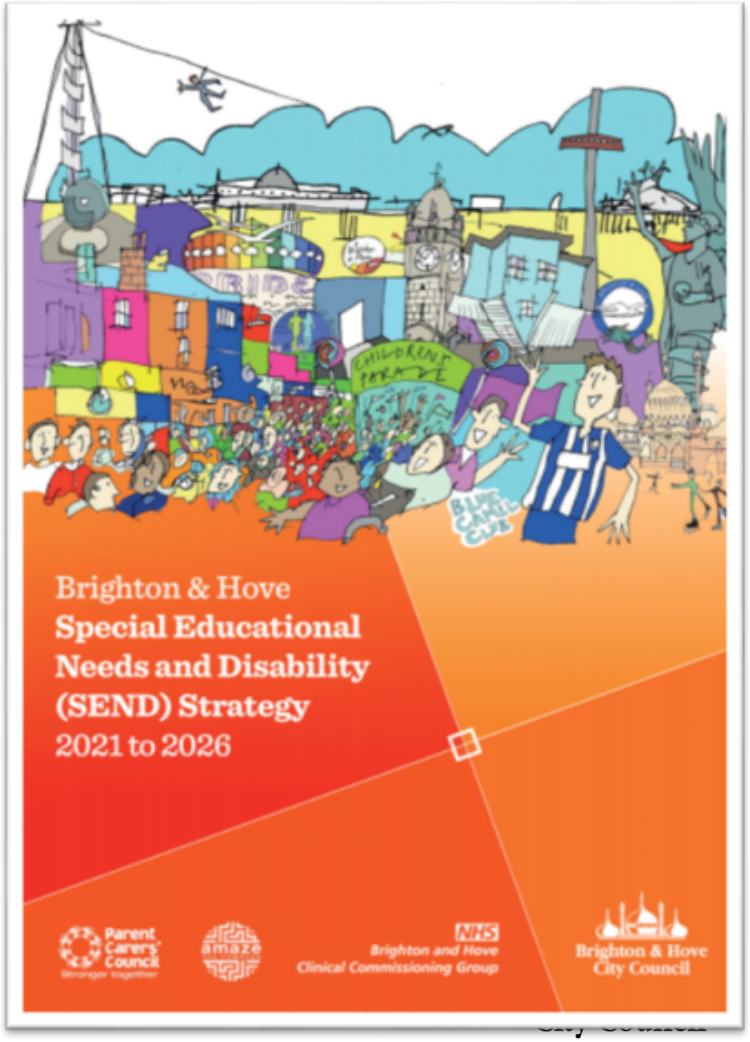
Embed a graduated approach through:

- Co-producing Ordinarily Available Provision with internal and external stakeholders
- Implementation of 3 Tier Alternative Provision (AP) model across city schools with new Tier 1 and 2 interventions in schools
- AP Commissioner and AP Lead in post:
- AP Steering Group
- AP QA framework in place
- AP Directory under continuous development
- Implementation of additional specialist provision: The Hive, St George's House, Year 7 and 8 at the PRU

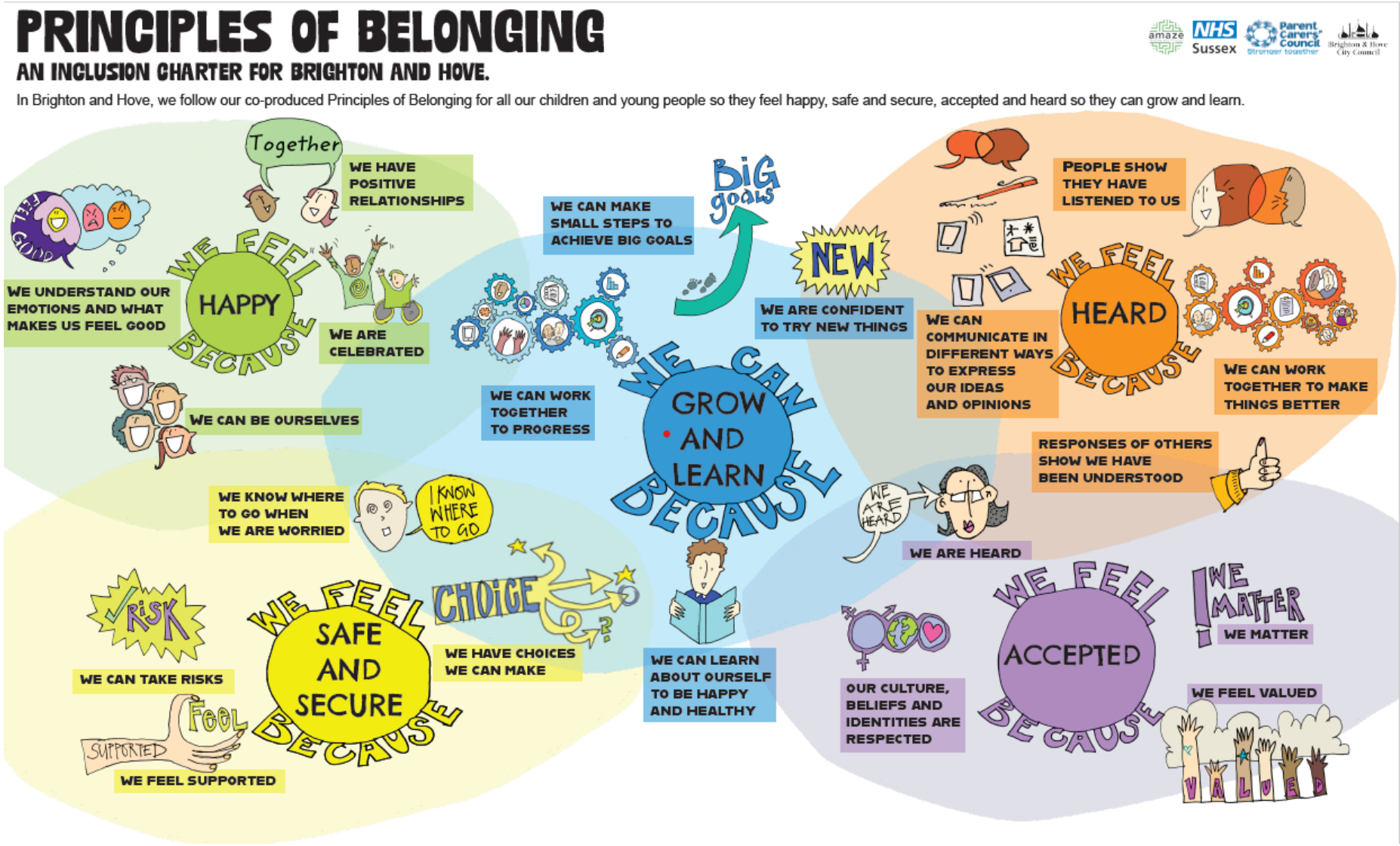
# SEND Strategy 2021 – 2026

## The six priorities



# Approach in Brighton & Hove



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# DfE SEND and AP Change Programme

- The SEND Change Programme is a national programme to test some of the changes the Government wants to make to the system for supporting children and young people with SEND. It is being delivered by “Change Programme Partnerships” in each of the nine regions of England, each led by at least one named local authority.
- Brighton and Hove are in the South East Partnership led by Portsmouth, and partnered with East and West Sussex. The next phase of the programme is focussing on:
  - More joined up provision,
  - Early identification and prevention,
  - a consistent offer in all of our schools,
  - making sure mainstream school staff are properly trained to meet the needs of the children and young people they have in their school, and
  - better use of the resources we have.



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# DfE vision for inclusive education

The DfE want to shift the focus of local systems towards greater inclusion, using available resources more effectively across partners and between settings to identify and meet needs in mainstream education

| To move from… | Towards… |
|---|---|
| **Fragmented local landscape of provision** for inclusion across education, health and local authorities | **More joined-up provision** that responds to local needs and reflects a more consistent national approach |
| **Reliance on statutory assessments and referrals** to specialist services to access support | Greater capacity for prevention, early identification and intervention to **avoid needs escalating** |
| **Lack of confidence** among parents and settings that special educational needs can be met within mainstream | Consistent and comprehensive offer of support for inclusion that is **valued by settings and has confidence of families** |
| **Lack of capacity and support** within the mainstream workforce to meet needs inclusively | **Upskilling mainstream staff** to be able to identify needs and suitable interventions, including by utilising specialist workforce differently |
| **Unsustainable pressure on High Needs funding** and conflict between partners about how to prioritise funding | **Better use of resources across local areas**, with investment in earlier support and targeted intervention |

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# The Hive

A provision of 53 autistic KS3 and 4 students who are mainstream ability with high levels of anxiety and onsite provision trauma. The Hive ( part of Hill Park Special School) is our new autism provision for secondary aged children, parents and carers and the young people who attend have all provided very positive feedback on the way their needs are being supported. This provision has expanded from 32 places to 60 in two years.



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# Student Voice from The Hive

'I feel we're noticed more as smaller numbers. At my old school everyone was crammed in, talking at once and loud, other schools should be aware that not everyone likes noise'

'I feel we're more recognised as individuals, not just as students. Staff worry about our mental health and well-being.'

'There's lots of ignorance about mental health in other settings and what education is best for people. It's understood much better here.'

'I like having a quieter lunch hall and options for places to eat. The Hive does this well, giving people choice over the rooms they're in.'

' The attitudes, support and patience from staff has been amazing'

I love the trips and the opportunities we get to go out'

' The freedom to have sensory breaks when I need them has been important for me'.

# SEMH specialist placements

- Our Pupil Referral Unit which received a 'Good' Ofsted judgement last year has adapted to provide long term SEMH placements for our Year 7 and in September Year 8 young people which has helped to ensure those young people who would have gone to Homewood College now have a full-time placements.


- St George's House supports those young people from 14 to 16 years old who have SEMH needs. We have seen some positive outcomes from this relatively new provision as some of the pupils from Homewood transitioned into this new school.



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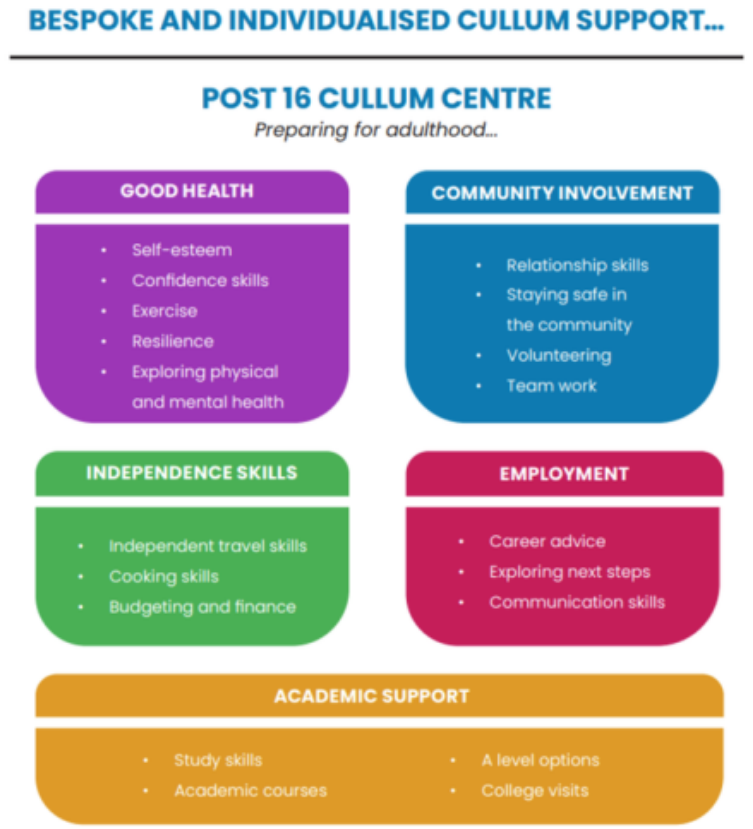
# Specialist placements for 16-18 year olds

- **Downs View Link College** – for young people who have significant learning difficulties, who are 16 to 19 years old.

- **Cullum 6** – this provision provides access to specialist support and a dual placement whilst transitioning over the period of 1 year, to a permanent post 16 placement for year 13 young people. This could be to local colleges, or sixth forms to do a level study.



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# Some key developments -Alternative Provision

**Alternative Provision (AP)** is additional specialist support for a child that can either be delivered in school or more commonly off school site. It is intended to be a temporary intervention to help the child access learning in an environment where they can regulate their emotions and behaviours safely so they can remain or return to mainstream school

**Tier 1** (early intervention and prevention):

- 5 primary schools now have Inclusion Intervention Spaces (small group provision for children who need some additional support) with a
- further 6 due to begin in January 2026.
- Feedback from both schools and parents has been very positive and for some
- children they have made accelerated progress in their learning and or social skills.

**Tier 2** (more targeted intervention for those young people with SEMH needs)

- 2 Secondary schools have already piloted an Adapted Learning Provisions (ALP) and there will be 3 ALPS in September 2025. We are seeking a 4th school in academic year 25/26.
- ALPs are managed by the school. It is small provision linked to need - Max 9 children.
- The aim is provide early intervention to reduce risk of permanent exclusion.



Brighton & Hove City Council

# Parent/Carer Feedback on the adaptive learning provisions

***Parent/Carer:*** *"An amazing start to the week and already X feels more positive about himself."*

**ALP Lead:** A secondary student who has not been in a classroom for six years, has attended every ALP lesson this week.

**ALP Survey:** 100% of feedback stated CYP's attendance had improved since attending an ALP

**ALP Survey:** 100% of feedback stated the CYP's confidence had improved, and they were engaging more with others in a positive way.

**ALP Lead**: Student F received a Head Teacher's Award and scored a goal during his match against a rival secondary school.

**ALP Survey:** 100% of feedback stated they'd seen a positive change in the CYP's behaviour.

**ALP Lead**: ALP alumni student has not truanted since returning into his mainstream lessons (8 weeks)

**ALP Survey:** 100% of feedback stated that time in the ALP had helped the CYP to avoid further fixed term suspensions.

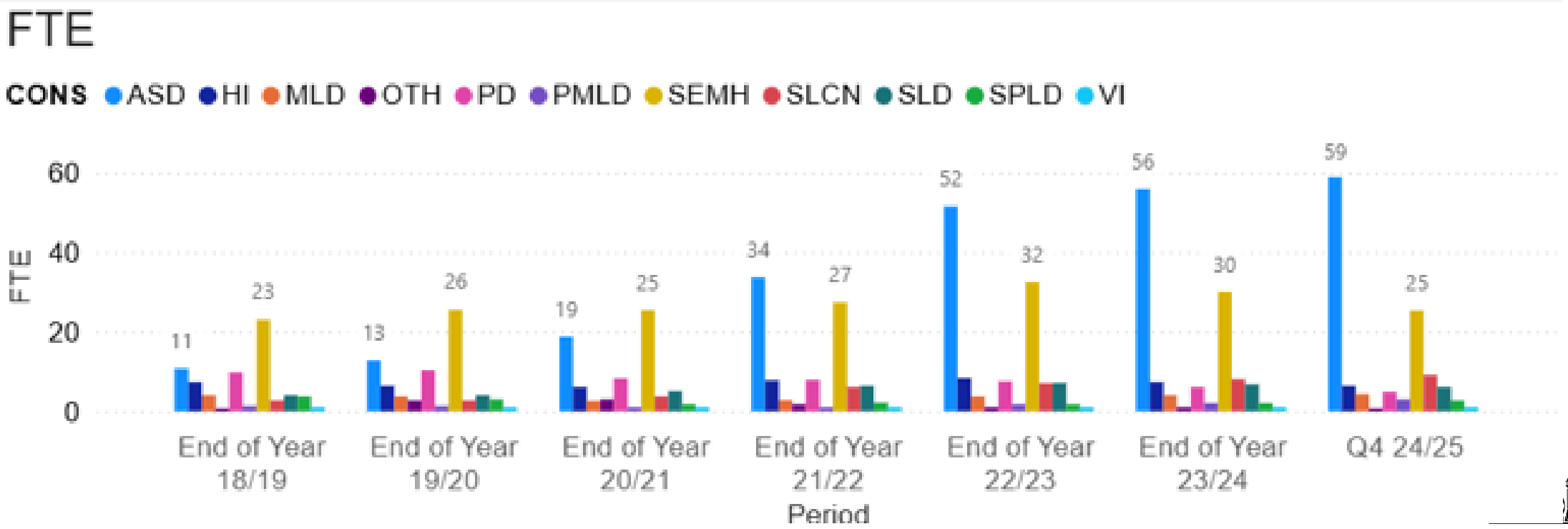
**ALP Survey:** 100% of feedback stated that the CYP's mental health & wellbeing had improved since attending the ALP

**ALP Survey:** 75% of feedback stated that the CYP was demonstrating increase resilience.

**ALP Survey:** 100% of feedback stated that time in the ALP had been a positive experience for their child.

# Educated outside of the city - numbers

We have seen an increase in the number of children and young people being educated out of the city. However, since we have further developed our provision since 2023 the rise in ASC placements is levelling off and the number of placement for SEMH is reducing. This will also have an impact on our Home to School Transport spend.

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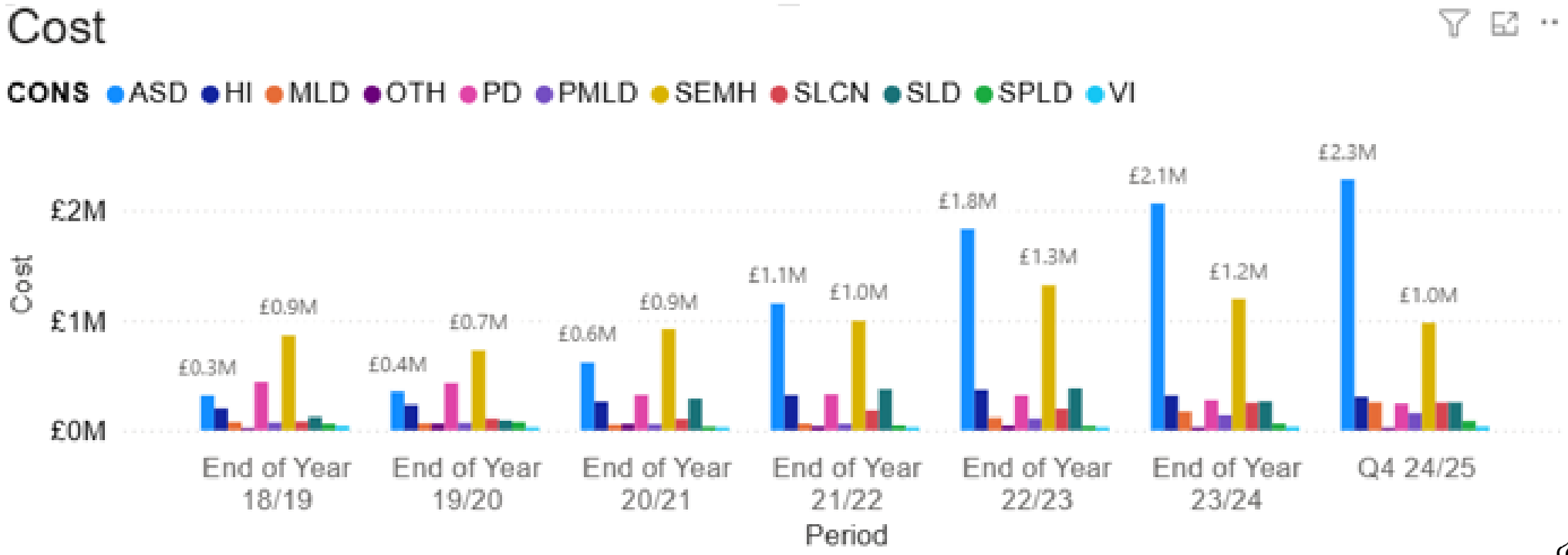
# Educated outside of the city - costs

We have seen an increase in spend on Autism placements outside of the city but a decrease in the funding for SEMH funding. We believe we are starting to see an impact in the 3 Tier Alternative Provision Model which means children can go to school in their local area.

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# New Provision in Academic Year 25/26

| Name of School | Needs they support | Number of places | Age of children/ young people that attend | Ofsted Rating |
|---|---|---|---|---|
| **Moulsecoomb Primary Schools ASC Resource Base** | Autism Specialist Provision | 16 | Age 4 – 11 | Good |
| **Stanford Junior School ASC Resource Base** | Autism Specialist Provision | 12 | Age 7 – 11 | Good |
| **A third secondary school** | Autism Resource Base | 20 | Ages 11 - 16 | N/A TBC |
| **Adaptive Learning Provision** | SEMH | 36 | Ages 11-16 | Spread across city secondary schools |
| **KS2 PRU satellite at Fairlight Primary** | Social, Emotional and Mental Health | 10 | Age 7 - 11 | Under PRU – Good |

# Our plans for the next 12 months

Continue to embed Principles of Belonging across all settings

SEND Sufficiency Priorities:

- Further development of SEMH services and provision in the city with PRU KS2 satellite provision within some of our mainstream schools.
- Further development of Autism services and provision in the city: a further two Autism resource bases in our primary schools and one in our secondary schools.

SEND Joint Strategic Needs Assessment finalised with partners in public health and NHS Sussex used to inform future school placements

AP SEND Change Programme funded until March 2026. Work will continue:

- Embedding of Ordinarily Available Provision
- Continue to develop and embed AP provision in and out of schools
- Working on a Local Area Delivery Plan to support inclusive mainstream practice

Embed the Emotionally Based School Avoidance toolkit



Brighton & Hove City Council

# National changes ahead

## ISOS Report – commissioned by the County Councils Network and the Local Government Association (2024): Towards an Effective and Financially Sustainable Approach to SEND in England

Overarching messages:

- Reform of the SEND system is essential and unavoidable
- Delaying reforms will increase the cost in every sense
- Current SEND system does not meet requirements of an effective system
- These include financial sustainability, adequate funding, fair allocation of resources, equity, and impact in achieving outcomes
- High needs expenditure has increased significantly increased from £4 billion in 2015-16 to £10.8 billion in 2023-24
- Root causes of the crisis are systemic and require national reform
- Challenges are not the result of any group behaving unreasonably, but of an incoherent system



Brighton & Hove City Council

# SEND funding

Supporting the SEND system (The SEN team, B&H Inclusion Support Service)

£3.7m

High Needs Block (HNB) Budget (special school and facilities costs)

£17.0m

HNB (HNB) Budget Specialist placements – mainly out of the city (pre and post 16)

£9.8m

HNB (HNB) Budget Top Ups to support inclusive schools and other SEN Interventions

£12.7m

Home to School Transport

£8.0m

**TOTAL – Estimated SEND Related Funding 2025/26 is £51.2m**



Brighton & Hove City Council

# Government direction

White Paper on Special Educational Needs and Disabilities (SEND) expected Autism 2025

- Building upon the SEND Review and the learning from the SEND and AP Change Programme: Green Paper consultation in March 2022.
- The goal is to improve educational outcomes and ensure that children with SEND receive the necessary support at the right time and in the right place.

Key aspects of the upcoming White Paper:

- National Standards
- Local Partnerships
- Joined up System
- Addressing Educational Gaps
- Focus on Literacy and Numeracy
- Right Support, Right Place, Right Time

# Brighton & Hove City Council

## Overview & Scrutiny

## Agenda Item 8

**Subject:** **Antisocial Behaviour in Social Housing Task & Finish Group Scoping Report**

**Date of meeting:** **8th July 2025**

**Report of:** **Chair of People Overview & Scrutiny**

**Contact Officer:** **Name: Luke Proudfoot**
**Email: luke.proudfoot@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 This report provides information on antisocial behaviour in social housing. It includes a scoping report for the Task & Finish Group (Appendix 1) and draft Terms of Reference (Appendix 2).

### 2. Recommendations

2.1 People Overview & Scrutiny agrees to establish a Task & Finish Group to scrutinise the issue of antisocial behaviour in social housing.

2.2 People Overview & Scrutiny agrees Terms of Reference, membership and duration of the Task & Finish Group as set out in Appendix 2.

### 3. Context and background information

3.1 The council's 2023-2024 annual housing report stated that the council housing stock included over 12,000 properties and that within the year it had opened 675 new cases for antisocial behaviour. This shows that the majority of council tenants in Brighton & Hove are good tenants who follow their tenancy agreements and do not conduct antisocial behaviour.

3.2 A small number of tenants do conduct antisocial and other criminal behaviour that affects the lives of their immediate neighbours and the wider community. The figure above may be underreported as residents may report issues directly to the police without informing the council.

3.3 This antisocial behaviour can be especially distressing when it is directed at particular individuals, is conducted over a prolonged period, or when it involves hate incidents.

3.4 The definition of antisocial behaviour is set out in Appendix 1 and includes three main categories:

1. **Personal antisocial behaviour** is when a person targets a specific individual or group.
2. **Nuisance antisocial behaviour** is when a person causes trouble, annoyance or suffering to a community.
3. **Environmental antisocial behaviour** is when a person's actions affect the wider environment, such as public spaces or buildings.

Under these headings antisocial behaviour falls into 13 different types:

- Vehicle abandoned
- Vehicle nuisance or inappropriate use
- Rowdy or inconsiderate behaviour
- Rowdy or nuisance neighbours
- Littering or drugs paraphernalia
- Animal problems
- Trespassing
- Nuisance calls
- Street drinking
- Activity relating to sex workers or sex working
- Begging
- Misuse of fireworks

3.5 Brighton & Hove City Council and housing associations within the city who house people from the council's housing register have specific policies for dealing with antisocial behaviour in their properties. The group may wish to look at how these policies differ across councils and housing associations, to see how those with particularly good outcomes are approaching the issue differently and what measures Brighton & Hove City Council could adopt or recommend to local housing associations.

3.6 The Task & Finish Group's proposed remit is to include council housing and housing associations within Brighton & Hove. Although the council cannot set policies for the housing associations that house council tenants, the group's recommendations may include suggestions to improve their services.

3.7 It will be important to bear in mind that not all antisocial behaviour is necessarily the fault of the property's tenant or indeed the person causing the antisocial behaviour. There will be many people living in social housing who are living with physical or mental health conditions that can lead to behaviour that could fall into the list in 3.4. It may be possible to offer these people appropriate support through the council or signposting to other organisations to enable them to try to deal with underlying issues and change their behaviour. Vulnerable adults may be more susceptible to cuckooing, which is when organised crime groups, gangs or drug dealers target vulnerable people and use their homes to deal drugs from.

3.8 The issue of antisocial behaviour in social housing covers all aspects of the council's priorities including: A city to be proud of (an accessible, clean, and sustainable city); A fair and inclusive city (A city where people feel safe, included, & welcome and Homes for everyone); A healthy city where people thrive (Living and ageing well); A responsive council with well-run services.

3.9 **Task & Finish Group Scoping Report and Terms of Reference**

More information is included in the Task & Finish Group scoping report (Appendix 1), including suggested areas of enquiry and witnesses. The draft Task & Finish Group Terms of Reference (Appendix 2) include suggested membership and duration of the Group.

## 4. Analysis and consideration of alternative options

4.1 Members are free to amend the details of the Terms of Reference if they wish to pursue alternative options.

## 5. Community engagement and consultation

5.1 This has not been considered at this stage, but the Task & Finish Group will ensure that appropriate consultation and engagement with the local community will take place as part of future work in this area.

## 6. Financial implications

6.1 None specifically for this scrutiny report and the establishment of a Task & Finish Group

Name of finance officer consulted: Ishemupenyu Chagonda Date consulted (26/06/25):

## 7. Legal implications

7.1 The Council's Constitution provides for Overview and Scrutiny Committees to establish a Task & Finish Group to undertake in-depth reviews, with a proviso that such groups should complete their work within 6 months. The Legal Implications of any recommendations from the Task & Finish Group will need to be incorporated into the final report, which will be reported to Cabinet.

Name of lawyer consulted: Elizabeth Culbert Date consulted 270625

## 8. Equalities implications

8.1 None specifically for this scrutiny report and the establishment of a Task & Finish Group. As part of the group's work members may wish to look into equalities aspects of the issue, particularly regarding cases of antisocial behaviour involving hate incidents.

## 9. Sustainability implications

9.1 None specifically for this scrutiny report and the establishment of a Task & Finish Group.

## 10. Health and Wellbeing Implications:

10.1 None specifically for this scrutiny report and the establishment of a Task & Finish Group. As part of the group's work members may wish to look into the impact that antisocial behaviour has on the health and wellbeing of tenants who are affected by it.

## Other Implications

## 11. Procurement implications

11.1 None specifically for this scrutiny report and the establishment of a Task & Finish Group.

## 12. Crime & disorder implications:

12.1 None Specifically for this scrutiny report and the establishment of a Task & Finish Group. The focus of the group's work will be on antisocial behaviour in social housing, therefore members will be dealing with crime and disorder issues as part of their work. Antisocial behaviour is a crime as defined in Antisocial Behaviour Act 2003 and Police Reform and Social Responsibility Act 2011, which are referenced in Appendix 1.

## 13. Conclusion

13.1 People Overview & Scrutiny Committee is being asked to establish a Task & Finish Group to scrutinise the issue of antisocial behaviour in social housing and to agree to Terms of Reference and membership of the group taking on this work.

## Supporting Documentation

## 1. Appendices

1. Antisocial Behaviour in Social Housing Task & Finish Group Scoping Report
2. Antisocial Behaviour in Social Housing Task & Finish Draft Terms of Reference

**O&S Task & Finish Group Scoping Paper**

**Topic:** Antisocial Behaviour in Social Housing

**Parent Committee:** People O&S

**Committee Meeting:** July 2025

**Membership.**

Voting Members: 3 Lab, 1 Green, 1 Con, 1 Independent. Non-voting members: Anyone with an interest in this issue may be co-opted on to the TFG. Any non-executive member can sit on a task & finish group.

**Terms of Reference.**

ToR to be agreed by People O&S committee.

**Definition.**

Antisocial behaviour is defined as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person' (Antisocial Behaviour Act 2003 and Police Reform and Social Responsibility Act 2011).

There are three main categories for antisocial behaviour, depending on how many people are affected:

1. **Personal antisocial behaviour** is when a person targets a specific individual or group.
2. **Nuisance antisocial behaviour** is when a person causes trouble, annoyance or suffering to a community.
3. **Environmental antisocial behaviour** is when a person's actions affect the wider environment, such as public spaces or buildings.

Under these headings antisocial behaviour falls into 13 different types:

- Vehicle abandoned
- Vehicle nuisance or inappropriate use
- Rowdy or inconsiderate behaviour
- Rowdy or nuisance neighbours
- Littering or drugs paraphernalia
- Animal problems
- Trespassing
- Nuisance calls
- Street drinking
- Activity relating to sex workers or sex working
- Begging
- Misuse of fireworks

Council housing is housing that is owned by the local authority and is intended for those with the highest need. Councils have a duty to house those in need under housing law.

There are criteria that need to be met for those who are accepted for council housing. Each individual council will have its own allocation scheme with categories which you will need to fall into to be able to rent a council property.[1] Brighton & Hove City Council makes clear that any council tenant committing antisocial behaviour is putting their tenancy at risk.

A Housing Association is a not-for-profit company which provides housing for those on low income or who need extra support. These will also have their own allocation criteria to be able to help those who most need it. Housing Associations also offer other types of housing options including shared ownership and low-cost ownership. Council properties tend to be cheaper to rent than Housing Association properties on average as housing associations tend to set their rents at either social or affordable rates.

Councils may work with Housing Associations to enable residents on the council's housing waiting list to apply for Housing Association properties. Housing Associations may work with councils to build properties specifically for this reason. Brighton & Hove has entered into such agreements with Guinness Partnership and Hyde Housing.

As of March 2024,[2] Brighton & Hove City Council has 12,039 council homes and a further 2,218 leasehold flats in council blocks. Data from 2021 said that there were 6,665 Housing Association homes within the city.[3]

In the year to March 2024 council officers responded to 675 new cases of antisocial behaviour. This figure does not include antisocial behaviour in housing association homes or instances reported directly to the police with no council involvement.

**The Issue.**

Antisocial behaviour in social housing can have significant impacts on the lives of other residents, even if the behaviour is not directed at them. Particularly in blocks of flats the problem is increased by shared access to properties and communal areas such as corridors, car parks or gardens.

When residents are having to deal with antisocial behaviour, as described above, at or around their home they often feel that they cannot escape from it as the perpetrator is a neighbour who they see regularly and who knows where they live. This may cause anxiety about reporting issues for fear of making the issue worse.

Anecdotally, councillors have reported being regularly contacted by residents about antisocial behaviour caused by their neighbours in housing association or council properties.

Residents reporting these issues are not just concerned about the antisocial behaviour itself but the way it is dealt with and the timeframe in which it is resolved.

Guinness Partnership's 2024 annual report showed that among those living in low-cost rental accommodation only 62.1% were satisfied with their handling of antisocial behaviour. The number of antisocial behaviour cases per 1000 homes managed by Guinness Partnership was 88.6, with the number involving hate incidents 0.1 per 1000 homes.

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[1] BHCC's allocations policy can be found here https://www.brighton-hove.gov.uk/housing/council-housing/housing-allocations-policy

[2] https://www.brighton-hove.gov.uk/sites/default/files/2024-07/Housing%20Annual%20Report%202024.pdf

[3] Brighton & Hove Strategic Housing Market Assessment Aug 2023 https://www.brighton-hove.gov.uk/sites/default/files/2024-02/Brighton%20%26%20Hove%20SHMA%20-%20Final%20Report.pdf

Satisfaction figures were lower for Hyde Housing at 57.1%, although the number of antisocial behaviour complaints per 1000 homes was lower at 40.2, the number involving hate incidents was 0.6.

For 2023/24 Brighton & Hove City Council housing residents' satisfaction in dealing with antisocial behaviour was: Very satisfied 26%, Fairly satisfied 29%, Neither satisfied or dissatisfied 9%, Fairly dissatisfied 13%, Very dissatisfied 23%. The number of antisocial behaviour cases per 1000 homes for Brighton & Hove City Council properties was 56.1 in 2023/24, with the number of cases involving hate incidents at 2.8 per 1000.

Housemark, a data insight company used by Brighton & Hove City Council for comparison with other social housing providers gave Brighton & Hove City Council satisfaction in dealing with antisocial behaviour of 55%, compared with 48% for Other similar sized local authorities, and 58% for All types of social landlord.

**Potential areas of enquiry.**

- Current policies and procedures used by local Housing Associations and BHCC for dealing with antisocial behaviour to learn the current situation locally.
- Best practices across the country for local authorities and Housing Associations would help to find ideas that could be put forward in recommendations.
- Guides or recommendations for dealing with antisocial behaviour by national trade associations.
- Lived experience of council tenants highlighting the impact of antisocial behaviour.
- Academic research on the issue.

**Potential witnesses.**

- Local Housing Associations such as Guinness Partnership and Hyde Housing who work very closely with BHCC. Do they have local data of number of incidents and outcomes such as BHCC produces? What are their policies and procedures for dealing with antisocial behaviour?
- Other less prominent local Housing Associations. Do they have local data of number of incidents and outcomes like BHCC produces? What are their policies and procedures for dealing with antisocial behaviour?
- Other Housing Associations from outside of the city demonstrating best practice. What policies and procedures are working well? What have they removed that wasn't working well?
- BHCC Housing. What are BHCC doing to reduce antisocial behaviour and improve outcomes?
- Other local authorities demonstrating best practice. What policies and procedures are working well? What have they removed that wasn't working well?
- Residents of social housing. What is their lived experience of antisocial behaviour in social housing?
- Representatives of Residents and Tenants Associations/local housing panels. What are their experiences of antisocial behaviour? What do they think would help reduce antisocial behaviour or improve outcomes?
- BHCC cabinet members responsible for housing and community safety.
- Sussex Police. Do they have local data on the reporting of antisocial behaviour and outcomes in social housing and the surrounding area? What do they think could reduce antisocial behaviour?

- National trade bodies such as National Housing Federation. Do they have guidelines or policies on antisocial behaviour?
- Academics (preferably local if possible) that have carried out research on social housing and antisocial behaviour. What does their research show, does it propose any policies that can reduce antisocial behaviour?

**Antisocial behaviour in social housing Task & Finish Group, recommended terms of reference (draft)**

## 1. Purpose

1.1. The purpose of the Antisocial behaviour in social housing Task & Finish Group is to scrutinise the impact of antisocial behaviour on residents and communities within local social housing. The group will develop a report with recommendations to improve further knowledge of the local issues that will be presented to the People Overview & Scrutiny Committee for agreement. People Overview & Scrutiny Committee will further refer the Task & Finish Group report to Cabinet and/or partners for consideration.

## 2. Status

2.1. The Task & Finish Group is an informal group that will report to the People Overview & Scrutiny Committee.

## 3. Areas of focus

3.1. The report will focus on the following areas:

- To better understand the level of antisocial behaviour in social housing within Brighton and Hove, including its comparison with other areas.
- To better understand the impact of antisocial behaviour on the lives of residents and the wider community.
- To better understand current policies and procedures used by BHCC and local Housing Associations in dealing with antisocial behaviour.
- To explore other policies and procedures that are used by other local authorities and Housing Associations that achieve fewer incidents of antisocial behaviour and/or better outcomes in dealing with these incidents.

## 4. Scope

4.1. To produce a report on the impact of antisocial behaviour in social housing in Brighton & Hove, including policy options to improve the frequency and outcomes of antisocial behaviour reports.

## 5. Membership

5.1. Voting Members: Groups will be offered membership as follows: 3 Labour, 1 Green, 1 Conservative, 1 BH Ind or Independent member.

5.2. Non-voting members: Anyone with an interest in this issue may be co-opted on to the TFG.

5.3. Any non-executive member may sit on a Task & Finish Group.

## 6. Meetings

6.1. Meetings will be chaired by the Chair of the People Overview & Scrutiny Committee who will be responsible for convening meetings of the Task & Finish Group.

6.2. The Group will meet on a basis to be determined by Group members.

## 7. Timeline

7.1. The Task & Finish Group report on antisocial behaviour in social housing will be presented to the People Overview & Scrutiny Committee at its January 2026 meeting.

# Brighton & Hove City Council

## Cabinet

## Agenda Item 11

**Subject:** **Drugs and Alcohol Strategy 2024-2030**

**Date of meeting:** **Thursday, 26 June 2025**

**Report of:** **Cabinet Member for Adult Social Care, Public Health and Service Transformation**

**Lead Officer:** **Name: Corporate Director for Families, Children and Wellbeing**

**Contact Officer:** **Name: Caroline Vass**

**Email: caroline.vass@brighton-hove.gov.uk**

**Ward(s) affected: (All Wards);**

**Key Decision: Yes**

**Reason(s) Key:** Is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions (wards).

**For general release**

### 1. Purpose of the report and policy context

1.1 This paper presents Reducing Harms from Drugs and Alcohol, the Brighton & Hove Drugs and Alcohol Strategy 2024-2030.

1.2 Brighton & Hove residents experience significant harms associated with drugs and alcohol. Drug and alcohol use can increase inequalities in health outcomes; reduce the number of years we spend in good health; exacerbate poor mental health; and negatively impact on all areas of life including relationships with family and friends, employment and housing.

1.3 The global availability and threat from drugs is higher than ever before and impacts on our communities, with the exploitation of children and vulnerable people by organised crime gangs.

1.4 This paper summarises the Reducing Harms from Drugs and Alcohol Strategy and sets out how this will enable the council and partners to deliver the Council Plan to create a better Brighton & Hove for all, specifically through Outcome 2 and Outcome 3 to achieve a fair and inclusive city for all, and a healthy city where everyone can thrive, respectively.

1.5 The Council Plan Outcomes 2 and 3 are delivered through the strategy which reflects the aims to ensure that we fight discrimination, embrace diversity and reduce inequalities. The Drug and Alcohol Strategy specifically identifies the risk factors associated with drug and alcohol harms and aims

to address the barriers that some people experience in accessing treatment services. We will continue to work with our partners and services to continue to reduce the harms experienced from drug and alcohol use. Outcome 2 also commits the Council to developing a Combatting Drugs Partnership to support a multi-agency collaborative approach to addressing harms from drugs and alcohol, including accessible treatment and recovery services, community safety and managing anti-social behaviour. This Partnership has been established and has oversight of the strategy and the workstreams identified in it. The specified workstreams expressly address our aims and objectives to ensure a city where people feel safe, included and welcome.

1.6 The strategy was developed by the multi-agency Combating Drugs Partnership board and informed by a needs assessment, consultation and discussion with service users, and a wider public consultation. The strategy was also presented in draft form at People Overview and Scrutiny Committee, the recommendations of which have also been included in the Strategy.

## 2. Recommendations

2.1 Cabinet approves 'Reducing Harms from Drugs and Alcohol' a Drugs and Alcohol Strategy 2024-2030 (Cabinet paper appendix)

2.2 Cabinet supports the approach that the Brighton & Hove Council Strategy is best delivered in partnership with the multi-agency Combatting Drugs Partnership Board, and that this Board retains oversight to the effective implementation and monitoring of the strategic aims and action planning to deliver the strategy aims.

## 3. Context and background information

3.1 The global availability of drugs is at a record high, and Brighton & Hove experiences considerable harms from drugs and alcohol, including high rates of drug deaths.

3.2 In Brighton & Hove we have:

- The 7th highest age standardized rates of drug misuse deaths in England
- An estimated 3030 people using opiates and /or crack cocaine, significantly higher than in the rest of the South East
- More than double the England average rate of alcohol specific mortality rates
- 10% of secondary school pupils admitting to getting drunk at least once or twice a month
- 20% of 14-16 year olds report trying cannabis
- 991 police recorded drug offences
- Approx 1500 drug litter incidents managed by the Council

3.3 The strategy acknowledges and reflects the multiple and complex risk factors associated with harmful drug and alcohol use, and which can be both

causes of drug and alcohol use or exacerbated by drug or alcohol use. Of particular note in Brighton & Hove is:

- Housing insecurity and homelessness: the cost of housing and access to housing, leads to housing insecurity, a risk factor for drug and alcohol use, exacerbated by harmful drug and alcohol use leading to antisocial or offending behaviours, which impacts on communities and housing options.
- The number of residents experiencing multiple compound need, that is experiencing 3 or more of drug or alcohol use, poor mental health, poor physical health, domestic abuse, offending behaviours, and homelessness.
- Co-occurring drug and alcohol use with unmet need around poor mental health

3.4 In 2022, Brighton & Hove established a multi-agency partnership board, the Combatting Drugs Partnership (CDP), to take a collaborative and whole systems approach to addressing the harms from drug and alcohol use.

3.5 The CDP comprises 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, including elected members, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.

3.6 The strategy sets out the 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. Alcohol is included where there is alignment with drug harms in the management of these harms: in community safety, treatment and recovery services, and the cultural approach to alcohol and drug use in Brighton & Hove. The strategy does not review alcohol licensing policy as this is undertaken within a separate workstream.

3.7 The strategy leads with the vision to make Brighton & Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

3.8 Our three strategic priorities aim to deliver the strategy vision as follows:

3.9 Priority one – to disrupt the local drugs and alcohol supply chain, reduce the availability of drugs and tackle and disrupt drug and alcohol related crime.

- To 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. The overarching objectives which inform the workstream one action planning are:
    - Disrupt the flow of drugs into the city
    - Prevent children and young [people form becoming involved with organized crime groups
    - Safeguard children, young people and adults who are being exploited

- Work towards a thriving nighttime economy free from drug and alcohol related violence
- Increase support and communications to communities experiencing drug and alcohol related crime and antisocial behaviour
- Improve pathways between the criminal justice system and treatment services.

3.10 Priority two – to deliver a world class treatment and recovery service

- To 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. The overarching objectives which inform the workstream two action planning are:
  - Increase access to structured treatment for people with drug or alcohol treatment needs
  - Improve the capability of services to support clients with multiple needs
  - Improve access to and the experience of services for adults an children and young people, especially from under-served cohorts
  - Enhance the harm reduction provision for people using drugs and alcohol
  - Develop an integrated response for people with co-occurring substance use with other needs, including poor mental health, housing issues, neurodiversity, etc.
  - Develop a better understanding of emerging drug trends and higher risk drugs.

3.11 Priority three – to achieve a generational shift in demand for drugs and alcohol

- We will challenge the normalisation of drug and alcohol use, and 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. The overarching objectives which inform the workstream three action planning are:
  - Challenge the normalisation of all drug and alcohol use in children and young people and adults, and raise awareness of the detrimental impact of use
  - Promote healthy lifestyles in children and young people and families
  - Improve awareness of and access into a range of services to support children and young people eg: mental health pathways.

3.12 The Strategy was developed by the CDP and the priorities and their objectives are delivered by three workstreams. Each workstream has developed and agreed a number of objectives with associated action plans to deliver on each objective. Since the establishment of the CDP the workstreams have monitored actions for a full year and this has provided a benchmark of activity to take this work forwards, in line with the strategic aims.

3.13 The strategy and action plans are supported by analytical input to develop a monitoring process to enable the CDP to review progress according to clear expectations of outcomes.

3.14 The CDP comprises representatives from multiple boards and achieves full reach across the system to ensure that all partners are fully engaged in the programme of work

3.15 In approving the strategy Cabinet will support the next phase in the programme to reduce harms from drugs and alcohol in Brighton & Hove, and the delivery of the three priority areas, with the CDP to provide oversight to this work.

## 4. Analysis and consideration of alternative options

4.1 This programme of work is part of the prescribed responsibility of the public health function in Brighton & Hove. Some of these elements would be delivered regardless of the structure proposed in the strategy, however the strategy ensures a whole system approach, which is required to manage the complexity of the issues reflected here.

## 5. Community engagement and consultation

5.1 The first step to developing the strategy was to undertake a needs assessment and to review the strategies of all partners to identify those objectives aligned to the three priority areas for action. (Strategy appendix 4)

5.2 Elected members sit on the Partnership Board and although lead members have changed over the past two years, there has always been significant interest and engagement, including wider discussion at People Overview and Scrutiny Committee (POSC) which received the report in 2024. The strategy has been shared widely and an all-Councillor briefing is planned. The Health and Wellbeing Board will also receive the Strategy in July.

5.3 At the start of the strategy development, the CDP undertook a series of engagement and consultation sessions with people currently accessing services, or who had previously accessed services, to hear views and these are reflected in the strategy. (Strategy appendix 3)

5.4 This work was invaluable to the development of our understanding and commitment to engaging with people with experience of the harms we are aiming to address. We have subsequently formalized this engagement using supplementary funding to commission Common Ambition to support a programme of engagement, to ensure that we can continue to benefit from people's experiences and that they can benefit from our support. This also supports those areas identified in the Equalities Impact Assessment such as understanding better the experience of communities with complex intersections of disadvantage.

5.5 In addition, work with community forums on drug harms and the community impacts also fed into the strategy development and understanding of where community responses and partnerships could be strengthened

5.6 Following the significant engagement with a range of groups, a further public consultation was held in early 2025, using the Council Your Voice platform, in which we received 64 responses. Most responses reflected the strategy content, which is unsurprising since the final draft had already been consulted widely on. However, given the feedback, the strategy was further strengthened to reflect the impact of neurodivergence and care experience as risk factors for drug and alcohol harms, and also community safety aspects.

5.7 There was limited engagement with people with lived experience from Black or Racially Minority (BRM) groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts.

5.8 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.

5.9 It should be noted that the artwork in the drugs and alcohol strategy was provided by the art group of Cascade Creative Recovery, a lived experience recovery group, that supports people on their recovery journey.

## 6. Financial implications

6.1 The Combatting Drugs Partnership and the services delivered are via multiple agencies and partners. In addition to other partners' funding arrangements, the Public Health team funding comprises a core grant element and additional supplementary drug and alcohol treatment funding from The Department of Health and Social Care (DHSC). The supplementary element is predicated on retaining the core grant budget for the drug and alcohol programme.

6.2 The total funding available for this programme in 2025/26 is £10.480m of which £5.821m is allocated from the core Public Health Grant and £4.659m from external sources including DHSC, NHS, and other partners.

Name of finance officer consulted: Dave Ellis Date consulted (05/06/25):

## 7. Legal implications

7.1 The Health and Social Care Act 2012, associated Regulations and Government Guidance provide for the local authority to have strategies in place to prevent and reduce drug and alcohol related harm, commission relevant services and engage in multi-agency working.

Name of lawyer consulted: Sandra O'Brien Date consulted (22/05/25):

## 8. Risk implications

8.1 This is a complex programme of work, and requires significant commitment from multiple partners. The current financial landscape for all partners may impact on the ability to deliver wholly the aims and objectives.

## 9. Equalities implications

9.1 A full EIA has been completed, and is attached as an appendix to the cabinet paper. In summary the EIA identifies the impacts of drug and alcohol harms on multiple cohorts who may experience inequalities of outcomes, or vulnerability, and particularly considers complexity associated with intersectional vulnerabilities.

9.2 The EIA notes that the Strategy has well considered many cohorts' inequalities and noted their risk factors, and mitigations required, and the EIA has additionally informed actions and recommendations to further mitigate any disproportionate impacts.

9.3 There is particular acknowledgement that vulnerabilities in experience of drug and alcohol harms or access to services are linked to: age, disability – including poor mental health and neurodiversity, our diverse population, trans peoples' experience, sexuality, parents, carers, being care experienced, domestic or sexual abuse survivors, and homelessness. It is also noted that there is increased complexity of experience when considering intersectionality.

9.4 The strategy and EIA noted that there was limited engagement with people with lived experience from Black or Racially Minority groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts.

9.5 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.

## 10. Sustainability implications

10.1 None identified

## 11. Health and Wellbeing Implications:

11.1 Health and wellbeing implications, social value, and reducing inequalities have informed the development of the strategy, including the principles to reduce stigma, be guided by best practice and the evidence base, and target resource to need.

## Other Implications

## 12. Procurement implications

12.1 Not applicable

## 13. Crime & disorder implications:

13.1 Community safety, addressing anti-social behaviour, and reducing the harms from drugs and alcohol crime are integral to the strategy. The Combatting Drugs Partnership Board includes representation from the Police, PCC, and Community Safety.

## 14. Conclusion

14.1 Cabinet is asked to approve ‘Reducing Harms from Drugs and Alcohol’ a Drugs and Alcohol Strategy 2024-2030 (Cabinet paper appendix 1). This will support the ongoing work by partners to address harms experienced by residents and communities.

## Supporting Documentation

## 1. Appendices

1. ‘Reducing Harms from Drugs and Alcohol’ strategy including appendices
2. Equalities Impact Assessment

# Reducing harm from drugs & alcohol

## Drugs & Alcohol Strategy 2024-2030

Brighton & Hove City Council

# Contents







# Foreword

**Cllr Mitchie Alexander**
Cabinet member for Communities, Equalities, Public Health & Adult Social Care

**Brighton & Hove has high rates of drug deaths, I see daily the harms associated with drug and alcohol use and the impact on individuals and their friends, families, and communities.**

Drug and alcohol use can increase inequalities in health outcomes. It reduces the number of years we spend in good health. It exacerbates poor mental health. It can also lead to insecure housing, estrangement from family or friends, and employment issues.

As a city council intent on advancing health equity, reducing the harms of drug and alcohol are a priority area for focusing our resources This strategy is our multi-agency approach to reducing harms from drugs and alcohol use.

This strategy brings together many partners and organisations including: the council's housing, community safety and public health teams; the NHS; treatment and recovery services; the police and probation services; employment services; children's and adult services; and the voluntary and community sector. We've come together with people with direct experiences of drug use and harms, to develop this strategy.

Our approach to reducing the harms from drugs and alcohol are 3-pronged. We aim to:

- provide safe, supportive, and stigma-free access to treatment and recovery services for people experiencing harms from drugs and/or alcohol,
- reduce the supply of illegal drugs into our city, and
- help address the primary causes of drug and alcohol use.

I am writing this foreword, as the Brighton & Hove City Council member with responsibility for Public Health, but it could just have easily been any or all of our partners in the collaboration we have here in Brighton & Hove.

This strategy builds on the successful partnership working of the past 2 years. In that time we have:

- undertaken a needs assessment to understand our population better,
- drilled down into the existing activity of all partners to help address the issues relating to drug and alcohol harms,
- taken stock of our work and how we assess progress,
- started to rebuild some of the services affected by previous funding cuts.

We will use this strategy and its objectives to inform detailed action plans across the system to continue improving the health and wellbeing outcomes for people affected by drug and alcohol harms across the city.

**Councillor Mitchie Alexander**

# Introduction

**This draft strategy for Brighton & Hove, describes how the Brighton & 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 & Hove.**

The Brighton & Hove 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, this reflects the alignment of drug and alcohol treatment services and the management of community safety. The strategy does not include an assessment of licensing policy.


## Our Vision

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

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

## 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.

# The policy context

**In Brighton & 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 Brighton & Hove

## About Brighton & Hove

**Brighton & 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 han the South East average.

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 a higher percent of people who identify as trans or gender diverse (TGD)** (1% compared to 0.5% in England).

## In Brighton & 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 who completed the safe & well at school survey report admit to **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 & 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.

# Workstream 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.**

Workstream 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 Workstream 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 people's substance use 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 vulnerable groups including the homeless community, those in supported accommodation, families and carers, and people who are care experienced.
- 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.
- To understand how police presence can be strengthened in identified hotspots.

#### 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.

# Workstream 2:

## Improve the quality, capacity and outcomes of our drug and alcohol treatment and recovery services.

**Workstream two aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This workstream 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 need

- 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 to be aware of the impact of neurodiversity as a risk factor for harmful substance use.
- 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 Integrated Community Teams (ICT) 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, and 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.



# Workstream 3:

## Achieve a generational shift in demand for drugs and alcohol

**Workstream 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 workstream 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 the Trust for Developing Communities 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, being care experienced 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 as workstreams of the national strategy.

Over the period to April 2024 the 3 workstream sub groupshave 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

This strategy reflects the collaboration between partners in Brighton & Hove with the aim of reducing harms from drugs and alcohol. The Combatting Drugs Partnership (CDP) provides the structure to the collaboration and comprises multiple organisations with their own specific organisations' governance arrangements and oversight boards. The CDP is supported by a multi-agency steering group.

The CDP Board receives regular updates from the three priority work steams and provides oversight to these workstreams.

The CDP expect to provide annual updates on progress to the National Joint Combatting Drugs Unit, and to the Brighton & Hove Health and Wellbeing Board.

# Appendices

## Appendix 1 - contributors

**The partners and stakeholders involved in the development of the strategy include members of the CDP, priority workstreams and people with lived experience comprising representation from:**

- Brighton & Hove City Council officers in Public health, housing, community safety, children and young people, and adult social care teams
- Brighton & Hove City Council elected members
- Treatment and recovery providers of adults' services and services for families and young people: CGL, Oasis, RU-OK?
- Cascade Creative Recovery
- The Police and Police and Crime Commissioner's office
- Probation service and Secure Estate
- NHS Sussex and Integrated Care Board.
- The coroner's office
- Voluntary sector organisations, eg: Kennedy Street Recovery Hub, Transober

There is a planned public consultation which will further refine the strategy.





## Appendix 2 - Equalities Impact Assessment summary

**BHCC undertook an extensive Equalities Impact Assessment.**

**In summary, the Equality Impact Assessment (EIA) assesses 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.
- Lack of awareness of drug and alcohol support and services available - by professionals and people supported by services.

### Background

The drug and alcohol 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 & Hove. The Brighton & Hove strategy will be delivered in partnership by multiple organisations.

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, the alcohol elements reflect where there is alignment between drug and alcohol treatment and management. It does not include an assessment of licencing policy.

### Consultation

The EIA describes how partners and residents were consulted and reflects the engagement with people with lived experience of drug and alcohol harms, the work of the Combatting Drugs Partnership board in developing the strategy, the input at draft stage of multiple partner boards, for example the Child Safeguarding Board, the Drug Related Harm group, Community Safety Partnership, Safeguarding Adults Board, People Overview and Scrutiny Committee, and Mental Health Oversight Board. At the time of writing the EIA further consultation is planned, including a public consultation via the Council Your Voice portal.

## Characteristics reviewed to understand the impact of the strategy

The EIA uses demographic data to understand better the impact of the strategy on specific population cohorts, with a view to ensuring that disproportionate impacts are mitigated.

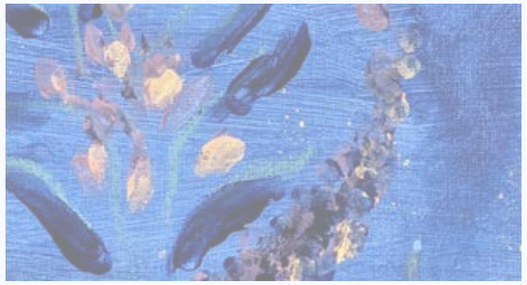
## The EIA considers:

Age, disability, ethnicity, religion and beliefs, gender identity, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and parents, Armed forces personnel and veterans, expatriates, migrants and asylum seekers, Carers, looked after children and people with care experience, domestic or sexual abuse survivors, deprivation, homelessness, human rights, people with lived experience, vulnerable people, and people with co-occurring needs.

## Monitoring

Detailed action plans will be developed to sit underneath each strategic priority. They will form the basis for an outcomes monitoring framework. The priorities, strategic objectives and the outcomes monitoring framework will be regularly reviewed by the Combatting Drugs Partnership

The EIA goes on to describe how the data are collected, noting gaps where data collection should be improved, eg: for armed forces personnel.



## Impact assessment

The headline data show the following for each characteristic – please see the full EIA for comprehensive detail:

## Age

The 35-54 age range is disproportionately represented in drug deaths, and in children and young people there were disproportionate needs reflected for benzodiazepine use compared to England averages

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 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. Objectives relating to the needs of children and young people are identified within the strategy and will be engaged with going forwards with the implementation of the strategy.





## Disability

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.

Of the 23 participants in the PWLE workshops for whom disability data 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 a focus.

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 (eg: 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.

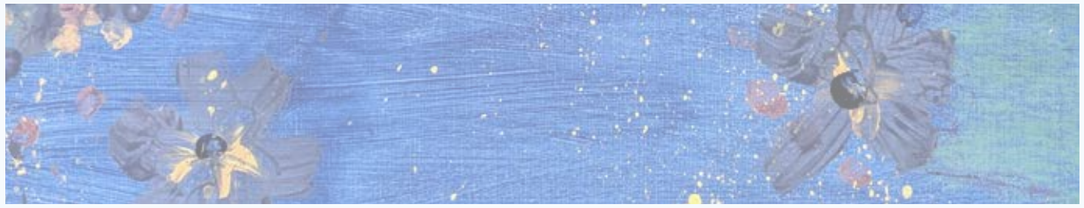
## Ethnicity

More than a quarter (26%) of residents of Brighton and Hove are from a Black and Racially Minoritised group (non-White UK/ British). Amongst users of drug and alcohol treatment services in 2021-22, 11% were from Black and Racially Minoritised backgrounds.

Unfortunately, the people with lived experience (PWLE) workshops did not reach as many people from Black and Racially Minoritised backgrounds as hoped, even though these were prioritised. 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.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered in the implementation and delivery of 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.



## Religion and beliefs,

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

Based on 2021 ONS Census data, 55% of residents have no religion or belief. 30.9% identified as Christian, 0.9% as Buddhist, 0.9% as Jewish, 0.8% as Hindu, 0.1% as Sikh, and 1% as other religions. 7.1% did not answer the voluntary question.

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, barriers to accessing drug and alcohol treatment and recovery services should be considered in service development and 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.

## Gender identity, gender reassignment,

Data from the 2021 ONS Census shows that 51% of residents are female, and 49% are male.

To inform the development of the strategy, the Public Health team used data relating to Gender Identity and Sex from the Brighton & 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 accessing often male-dominated environments due to disproportionate experiences of Domestic Abuse and Sexual Violence.

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).

Feedback identified the importance of all-female service and activity spaces to enable Service Users to feel safe and comfortable.

Recognition of specific vulnerabilities and barriers to access relating to Gender Identity and Sex is 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)

In 2021 a new question on gender identity was included in the Census. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton & Hove had the highest percentage (0.35%).

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

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.

## Sexual orientation,

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 & 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 to 12%)

Additionally, of the 23 participants in the PWLE workshops for whom this information was captured, 6 participants identified as gay, lesbian, bisexual or another sexual identity. Feedback included the value of group-specific safe spaces and sessions, including for LGBTQ+ groups.

Recognition of specific vulnerabilities and barriers to access relating to sexual orientation is reflected in the strategy.

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

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

## Marriage and civil partnership,

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.

## Pregnancy and parents

To inform the development of the strategy, the Public Health team used data from the Brighton & 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.

Barriers in accessing drug and alcohol treatment and recovery services which should be considered and mitigated may include:

- Fear of social care involvement and of children being removed from the family home
- Feeling of stigmatisation and that the system will impact them negatively
- Increased experience of domestic violence and sexual assault amongst pregnant people, which may make them less likely to access services

## Armed forces personnel and veterans,

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

## Expatriates, migrants and asylum seekers,

ONS Census data (2021) suggests one in five residents of Brighton and Hove (54,343 people, 20%) were born outside of the UK. This is a higher proportion than seen in the South East (16%) and England (17%).

The strategy was not explicitly informed by data relating to this group. Engagement with certain groups has been limited, and there is a focus on collaboration with underserved cohorts as a priority.

## Carers

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).

There are also challenges associated with being a carer for or supporting someone experiencing harmful substance use. 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.

## Looked after children and people with care experience,

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%).

The strategy recognises that there was limited engagement with children and young people via focus groups or workshops, and this includes looked after children. There is a commitment to further engage with children and young people. The strategy also includes priority areas to ensure an integrated approach to improving the transition for care leavers into adult services.

## Domestic or sexual abuse survivors,

To inform the development of the strategy, the Public Health team used data from the Brighton & 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 Oasis service works with women experiencing domestic abuse.

## Deprivation,

The strategy was informed by data relating to socio-economic disadvantage from the Brighton & 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..

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

- Low-income households may struggle to access services due to transportation expenses, or the inability to take time off work.
- Competing financial priorities, such as securing basic needs like food and housing.
- Individuals experiencing homelessness or insecure housing are disproportionately affected by substance use disorders, and their unstable living conditions often act as a barrier to accessing long-term care and recovery services.
- Stigma and discrimination
- Educational barriers: People with lower levels of education/literacy may lack awareness of available services, how to access them, or the benefits of treatment programmes.
- Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion.

## Homelessness,

There is a high rate of homelessness according to the Brighton & Hove Drugs and Alcohol Needs Assessment (2022). In 2021/22 26% of people in drug treatment had housing difficulties.

Recognition of specific vulnerabilities and barriers to access relating to homelessness is reflected in the strategy, which includes a focus on addressing the causes of harmful drug and alcohol use including housing issues or homelessness.

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.

A dedicated Rough Sleepers Drug and Alcohol Treatment Grant held by the adult treatment and recovery service CGL, which delivers support and treatment for people rough-sleeping or at risk of rough sleeping

## Human rights,

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.

People with lived experience, vulnerable people, and people with co-occurring needs.

Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion. The EIA considered in addition:

- Co-occurring mental health need - the needs assessment showed 61% of young people in drugs and alcohol treatment had a mental health condition, while 64% of adults in drug treatment and 63% in alcohol treatment had co-occurring mental health needs. A particular barrier faced for people with mental health needs is in accessing mental health services, particularly whilst still experiencing substance use issues.
- Co-occurring and multiple compound needs – the strategy recognises the high rates of co-occurring and multiple compound need and the impact of this on drug and alcohol use.
- Cuckooing – occurs when a criminal befriends an individual who lives on their own to use their house as a base to operate unlawful activity, victims can experience isolation, coercion and manipulation. Often this can be associated with exploitation and sexual assaults. Cuckooing is often associated with exploitation of vulnerable people by supplying them with drugs and alcohol. In 2021/22 there were 28 new cuckooed properties identified.

## Actions

The Combatting Drugs Partnership Board and the Drug and Alcohol programme board will oversee the monitoring of actions and recommendations that fall out of the Strategy including where the EIA has proposed mitigations these include:

1. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet need in order to inform the further development and implementation of the strategy.

2. To increase engagement with diverse people with lived experience of using services, particularly from groups with unmet needs, children and young people, black and racially minoritised populations, and veterans.

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.

# 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 & 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 & Hove residents:**

| Existing strategy | | Strategic objectives relating to drug/ alcohol harm |
|---|---|---|
| **A better Brighton & 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<br>• 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:<br>• challenge the normalisation of substance use and excessive alcohol consumption<br>• raise awareness of the detrimental impact<br>• reduce the associated harm, including physical and mental health problems and the exploitation of young or vulnerable people<br>• Promote Healthy lifestyles and resilience, including in school and other education settings,<br>• address parental substance use<br>• 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:<br>• Integrated Community Teams frontrunner implementation<br>• Mental health in adults and children<br>• Multiple long-term conditions (MLTCs)<br>• Health inequalities<br>• Cancer<br>• 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:<br>• reduce crime and disorder<br>• improve community safety<br>• reduce re-offending in Brighton and Hove<br><br>The strategy describes the Partnership's plans for the next three years in relation to five priorities:<br>• serious violence<br>• drugs and exploitation<br>• domestic and sexual violence/abuse and other violence against women and girls<br>• anti-social behaviour, hate incidents and crimes<br>• 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<br>o Tackling and disrupting organised crime groups behind county lines drug gang activity.<br>o Recognise the exploitation of children and young people and continue to identify and safeguard those most at risk.<br>• Allocate further community safety funding to support the drug intervention programmes delivered throughout Sussex to tackle and address the harms caused by substance misuse.<br>• National Crime and Policing Measures: Disrupt drugs supply and county lines<br>• 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<br>**Outcome 1 (Prevention):** Fewer people harmed by serious violence and prevent vulnerable people from becoming involved with organised crime networks<br>**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<br>**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<br>**Outcome 4 (Nighttime Economy):** A thriving night-time economy free from drug and alcohol-related violence<br>**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<br>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:<br>• Improve housing quality, safety and sustainability<br>• Deliver the homes our city needs<br>• Prevent homelessness and meet housing need<br>• Support independence and improved health and wellbeing for all<br>• 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:<br>• Sensible on Strength (SoS) scheme<br>• Safeguarding initiatives within the night-time economy.<br>• Test purchase operations are undertaken with the police |
| **Brighton & 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<br>• 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

[iv] Office for Health Improvement and Disparities. Public Health Profiles. Drug related deaths. Available at: Public health profiles – OHID (phe.org.uk)

[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".

[viii] Brighton and Hove City Council, "Draft housing strategy for consultation. [Online]. Available: 7975 Housing strategy consultation - Accessible_0.pdf (brighton-hove.gov.uk) [Accessed 29 July 2024].

[ix] How we help people living on the streets in the city (brighton-hove.gov.uk)

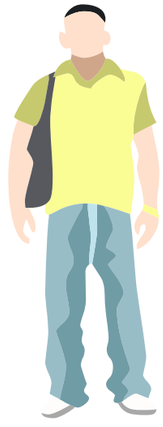
[x] Mental health and wellbeing in Brighton and Hove, Mental health JSNA 2022 full report FINAL.pdf (brighton-hove.gov.uk)

[xi] Brighton and Hove City Council. Brighton & 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 & 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



**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.


8047 Brighton & Hove City Council Communications Team

# General Equality Impact Assessment (EIA) Form

## 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.
- Lack of awareness of drug and alcohol support and services available - by professionals and people supported by services.

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 and 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 Integrated Care Board (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 Primary Care Network (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 public consultation opened on 5th December 2024 and will run until 12th January 2025, 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** | YES |
| **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** | YES |
| **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 experiencing cuckooing or exploitation, People with experience of or living with a substance use disorder (SUD), Sex workers, People experiencing mental health needs |

**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.<br><br>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), the Brighton and Hove Audit of Drug Deaths 2024, and from the Safe and Well at School Survey (SAWSS) 2023 which pertains specifically to school-age children and young people.

Of 138 drug-related deaths in Brighton and Hove over a three year period between 2020 and 2023, over half (57%) were in people aged 35-54 years of age. This age group is disproportionately affected, despite making up only 28% of the total population of the city. 23% of deaths were in the 15-34 age group (which makes up 32% of the total population), and 21% in people aged 55 and over (which makes up 26% of the total population).
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 also 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 disproportionate impact relating to age:

- Expanding the existing Outreach offer – this is a task team which engages with groups who have difficulties accessing community services, such as older adults with mobility issues, and provides at-home support
- Targeting the Outreach offer towards the age group most affected by substance-related death
- Expanding training and supply of Naloxone nasal spray for families, carers and young people over 16 years.
- 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 as accessible as possible in line with known restrictions.
- 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.

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

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:

- Expanding the existing Outreach offer to support disabled people that make it challenging to access community services
- Use of in-person and telephone interpreters where there is an additional communication need
- To ensure that all materials and media 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 as accessible as possible, in line with known restrictions
- 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 and Racially Minoritised group (non-White UK/British). 2021 ONS Census data shows that of Black and Racially Minoritised residents, 37% are other White, 18% are of mixed ethnicity, 18% are Asian, 8% are Black, and 4.2% are from Arab backgrounds. Amongst users of drug and alcohol treatment services in 2021-22, 11% were from Black and Racially Minoritised 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:

- Continued work of existing team of Black, Asian and Minority Ethnic Recovery Coordinators working in the adult treatment service who work with Black and Racially Minoritised people and people for whom English is their second language, with experience of substance use.
- 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?** | 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.

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

Based on 2021 ONS Census data, 55% of residents have no religion or belief. 30.9% identified as Christian, 0.9% as Buddhist, 0.9% as Jewish, 0.8% as Hindu, 0.1% as Sikh, and 1% as other religions. 7.1% did not answer the voluntary question.

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 to 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.

Data from the 2021 ONS Census shows that 51% of residents are female, and 49% are male, with a relatively even distribution of males and females across all ages up to 75, with the exception of ages 19 to 21 where 56% (9,900 people) are female and 44% male (7,900 people). The difference is likely due the higher proportion of female students to male students attending Brighton University and Sussex University.

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 man-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 registered 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 (n=6), Man (n=11), Non-binary (n=less than 5) and In Another Way (n=less than 5).

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 is 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:

- There is an existing dedicated women's service, Oasis, which offers treatment and recovery to women experiencing problematic drug and alcohol use, as well as providing support in matters relating to involvement with social care and safeguarding, such as support attending court cases, and support for women experiencing domestic violence. There is also a dedicated outreach worker for sex workers.
- To signpost parents to available childcare options, including a creche service run by Oasis
- 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.

In 2021 a new question on gender identity was included in the Census. It was added to provide the first official data on the size of the transgender population in England and Wales.
The question was voluntary and was only asked of people aged 16 years and over. People were asked "Is the gender you identify with the same as your sex registered at birth?" and had the option of selecting either "Yes" or "No" and writing in their gender identity. The five local authorities with the highest proportion of the population aged 16 years and over who identified as non-binary were all outside London. Brighton and Hove had the highest percentage (0.35%).
Based on a voluntary question from the 2021 Census:

- In Brighton & Hove a total of 220,742 residents (93.8%) of the population aged 16 years and over answered the question.
- A total of 218,401 residents (92.8%) answered "Yes", indicating that their gender identity was the same as their sex registered at birth.
- A total of 2,341 residents (1.0%) answered "No", indicating that their gender identity was different from their sex registered at birth. Within this group:
- 476 (0.2%) answered "No" but did not provide a write-in response
- 362 (0.1%) identified as a trans man
- 329 (0.1%) identified as a trans woman
- 1,174 (0.5%) wrote in a different gender identity

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

- Continued work of the existing team within the adult treatment and recovery service which is trained in and dedicated to supporting people experiencing substance use from the LGBTQ+ community
- 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:**

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| **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 to 12%)

Additionally, of the 23 participants in the PWLE workshops for whom this information was captured, 6 participants identified as gay, lesbian, bisexual or another 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 is 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:
- Continued work of the existing team within the adult treatment and recovery service which is trained in and dedicated to supporting people experiencing substance use from the LGBTQ+ community
- 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

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| and intersecting identities, as well as to improve access to and experience of services for underserved cohorts.<br>• 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.<br>• 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:**

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| **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.

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| The development of the strategy was not explicitly informed by data relating to marriage or civil partnership status.<br><br>ONS census data shows that one third of residents aged 16 or older are married or in a civil partnership. Of these, 5% are in a same sex marriage or civil partnership. Proportionally, Brighton and Hove have the highest number of residents in a same-sex marriage or civil partnership in England.<br><br>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.<br><br>The following measures can be implemented to address these barriers<br>• To ensure that family-oriented support (via The Family and Carers (FACT) Service) is available when needed.<br>• Use inclusive language and diverse imagery in all materials and communications.<br>• 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.<br>• 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.<br>• 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):**

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| **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.

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

- Fear of social care involvement and of children being removed from the family home
- Feeling of stigmatisation and that the system will impact them negatively
- Increased experience of domestic violence and sexual assault amongst pregnant people, which may make them less likely to access services

The following measures can be implemented to address these barriers:

- The Oasis service works with pregnant people and parents to support them in accessing treatment, trauma-informed care, psychological support, and for those working with social workers. The service operates within a safe space separated from the mainstream drug and alcohol services.

**6.10 Armed Forces Personnel, their families, and Veterans:**

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| **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:**

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| **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)** | 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.

ONS Census data (2021) suggests one in five residents of Brighton and Hove (54,343 people, 20%) were born outside of the UK. This is a higher proportion than seen in the South East (16%) and England (17%).
Despite the overall number of residents only increasing by 1%, the number of residents born outside of the UK has increased by 27% (11,456 people) since 2011, with the proportion increasing from 16% to 20%.
Two out of five of residents (23,104 people, 42%) born outside of the UK were born in the EU. This is a higher proportion than in the South East and England.
Among residents born in the EU, nearly two thirds 65% were born in EU countries who have been members since before 2004 (EU 14). This is significantly higher than seen in the South East (47%) and England (44%).
A half of all residents born outside of the UK were born outside of Europe (27,670 people, 51%). This is a lower proportion than seen in the South East (57%) and England (59%).
Among residents born outside of Europe, nearly a half (12,517, 45%) were born in the Middle East and Asia and over a quarter (7,863 people, 28%) born in Africa.

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.

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

- Concerns relating to disclosure of immigration status, and understanding of available services.
- 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:

- Continued work of existing team of Black, Asian and Minority Ethnic Recovery Coordinators working in the adult treatment service who work with Black and Racially Minoritised people and people for whom English is a second language, with experience of substance use
- Continued use of trauma-informed support in treatment and recovery services
- 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.

**6.12 Carers:**

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

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).

There are also challenges associated with being a carer for or supporting someone experiencing harmful substance use.

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.

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

- Insufficient support or respite from caring responsibilities to attend treatment and recovery services – either as someone experiencing substance use problems themself, or looking after someone experiencing them
- Fear of social care involvement and of loved ones being removed from the family home

The following measures can be implemented to address these barriers:

- To ensure that support for carers supporting loved ones experiencing harmful substance use (via The Family and Carers (FACT) Service) is available when needed.

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

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|---|---|
| **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).**<br>**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.

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

- Instability in home arrangements which can disrupt continuity of access to services
- Complex needs including experiences of trauma

The following measures can be implemented to address these barriers:

- Trauma-informed service provision

**6.14 Homelessness:**

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|---|---|
| **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)** | 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.

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.

Recognition of specific vulnerabilities and barriers to access relating to homelessness is 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.

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

- Lack of awareness of services available
- Stigma and previous negative experiences
- Complex needs including co-occurring mental health needs, physical conditions and experiences of trauma

The following measures can be implemented to address these barriers:

- A dedicated Rough Sleepers Drug and Alcohol Treatment Grant held by the adult treatment and recovery service CGL, which delivers support and treatment for people rough-sleeping or at risk of rough sleeping

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

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|---|---|
| **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 man-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.

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

- Fear of contact with perpetrator in mainstream services
- Stigma around experience of domestic violence or sexual assault

The following measures can be implemented to address these barriers:

- The Oasis service works women experiencing domestic abuse and violence to support them in accessing treatment, trauma-informed care and psychological support. The service operates within a safe space separated from the mainstream drug and alcohol services

**6.16 Socio-economic Disadvantage:**

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|---|---|
| **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)** | 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.

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.

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

- Financial Barriers: Low-income households may struggle to access services due to transportation expenses, or the inability to take time off work. Individuals from socio-economically disadvantaged backgrounds often face competing financial priorities, such as securing basic needs like food and housing.
- Housing and homelessness: Individuals experiencing homelessness or insecure housing are disproportionately affected by substance use disorders, and their unstable living conditions often act as a barrier to accessing long-term care and recovery services. Lack of a permanent address or safety can make attending regular appointments or following treatment plans difficult.
- Stigma and discrimination: People from socio-economically disadvantaged backgrounds often face stigma associated with both poverty and substance use. This may deter them from seeking treatment, as they fear being judged or treated differently by healthcare providers or the broader community.
- Educational barriers: People with lower levels of education/literacy may lack awareness of available services, how to access them, or the benefits of treatment programmes. This can result in a gap in knowledge about where or how to seek help.
- Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion. For example, older adults with low income may face age-related mobility issues, while individuals from ethnically minoritised groups may encounter language barriers, cultural misunderstandings, or a lack of culturally sensitive services. Individuals who are disabled or experience sensory loss may have difficulty accessing services that are not designed to accommodate their specific needs.

The following measures can be implemented to address these barriers:

- Offer transportation vouchers or community transport programmes to ensure people experiencing poverty can attend appointments regularly.
- Implement outreach programmes in deprived areas to raise awareness about available services, breaking down stigma and educating people about how to access treatment.

**6.17 Human Rights:**

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| **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

Complex intersections of disadvantage: Socio-economic disadvantage often intersects with age, disability, ethnicity, creating additional layers of exclusion. For example, older adults with low income may face age-related mobility issues, while individuals from ethnically minoritised groups may encounter language barriers, cultural misunderstandings, or a lack of culturally sensitive services. Individuals who are disabled or experience sensory loss may have difficulty accessing services that are not designed to accommodate their specific needs.

Additional relevant groups:

Co-occurring mental health need
This is recognised as a particular intersecting factor. According to the D&ANA 2022, 61% of young people in drugs and alcohol treatment had a mental health condition, while 64% of adults in drug treatment and 63% in alcohol treatment had co-occurring mental health needs.

Recognition of unmet mental health needs as a risk factor for substance use and barrier to accessing support is reflected in the strategy.

A particular barrier faced for people with mental health needs is in accessing mental health services, particularly whilst still experiencing substance use issues.

The following measures can be implemented to address these barriers:

- The commissioned Adult Treatment and Recovery Service CGL employs healthcare professionals, including Mental Health Liaison nurses, a psychology team, and addiction psychiatrist who work with people with experience of substance use

Cuckooing:
An additional relevant group are People experiencing Cuckooing or other forms of exploitation. Cuckooing occurs when a criminal befriends an individual who lives on their own to use their house as a base to operate unlawful activity, victims can experience isolation, coercion and manipulation. Often this can be associated with exploitation and sexual assaults.
Cuckooing is often associated with exploitation of vulnerable people by supplying them with drugs and alcohol. In 2021/22 there were 28 new cuckooed properties identified.

Training on how to recognise the signs of cuckooing can support people accessing service, especially for outreach tasked team, as well as prevent reoccurrence.

Co-occurring and compound needs:
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.
- 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 need in order to inform the further development of the strategy and underpinning action plans.

The Brighton & 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.

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| The Drug and Alcohol team and the Combatting Drugs Partnership board |

## 8. Outcome of your assessment

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

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|---|---|
| **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:

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| 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:**

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| 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:

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## 10. Directorate and Service Approval

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

| | | |
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| **Accountable Manager:** | Fran Piccoletti, Drug and Alcohol Programme Manager | 06/01/2025 |

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

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## EDI Review, Actions, and Approval:

### Equality Impact Assessment sign-off

**EIA Reference number assigned:** HASC72-11-Dec-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:** | Zofia Danin | 11-Dec-2024 |
| **EDI Manager:** | | |
| **Head of Communities, Equality, and Third Sector (CETS) Service:**<br>*(For Budget EIAs/ in absence of EDI Manager/ as final approver)* | | |

**Notes and recommendations from EDI Business Partner reviewing this assessment:**

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

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

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