

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 21st March, 2024 at 9.30 am
Place	Wellington Room, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 8)

To confirm the minutes of the previous meeting held on 7 December 2023.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. BETTER CARE FUND - 2023-25 PLAN AND PERFORMANCE TO DATE (Pages 9 - 20)

To update on the performance of the Hampshire BCF programme during its first year (up until December 23) for the Board to note and set out some key considerations for the second year of the programme.

7. TRAUMA INFORMED APPROACHES (Pages 21 - 38)

Presentation by Karen Dawes

8. DRUG AND ALCOHOL STRATEGY UPDATE (Pages 39 - 66)

To provide an overview of the delivery of the national drugs strategy in Hampshire and provide an update of key achievements and key areas for focus during 2024 and receive a presentation, Alcohol and Substance Misuse - From Harm to Hope by Sue Cochrane.

9. #BEEWELL SURVEY FINDINGS 2023 (Pages 67 - 86)

To provide a background to the #BeeWell programme, an overview of the headline findings from the first year of the survey delivered in Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) and to set out the next steps in the programme.

Presented by Suzanne Smith

10. FORWARD PLAN (Pages 87 - 92)

To note the forward plan.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY
COUNCIL held at The Arc, Jewry Street, Winchester on Thursday, 7th
December, 2023

Chairman:

* Councillor Jan Warwick

* Councillor Edward Heron

*Councillor Steve Forster

* Councillor Liz Fairhurst

*Present

Co-opted members:

Dr Matt Nisbet (Vice Chairman), Graham Allen, Julie Amies, Simon Bryant, Sam Burrows, Martha Earley, Ros Hartley, Siobhain McCurrach, Councillor Jackie Porter, Alex Whitfield and Councillor Michael Hope

96. APOLOGIES FOR ABSENCE

Apologies were received from Emma Boswell, Donna Jones, Jason Avery, Ron Shields, Cllr Crampton (Cllr Hope deputising).

97. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore, Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Cllr Porter declared that she was a portfolio holder with Winchester City Council.

98. MINUTES OF PREVIOUS MEETING

The minutes of the last meeting on 5 October 2023 were reviewed and agreed.

99. DEPUTATIONS

There were no deputations.

100. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed all members present and reminded everyone that the Place Assembly would again be following today's meeting. The previous Assembly had discussed the first 1001 days – from pregnancy to age two.

She noted that Supt P Jones now represented Hampshire Constabulary on the Board.

Better Care Fund - an interim report briefing update had been submitted and would be circulated to Board members.

The Chief Medical Officer, Professor Sir Chris Whitty's annual report: health in an ageing society had been published and included a chapter on Hampshire written by the DPH and his team referencing local case studies.

The Director of Public Health updated the Board on the development of the next Health & Well-being Strategy.

101. **INTEGRATED CARE PARTNERSHIP UPDATE**

The Chairman invited the representatives of the Frimley and the Hampshire & Isle of Wight ICBs to present their circulated, combined report.

The presentation set out the following principal points:

- The Places that comprised each ICB's area
- The ICBs' respective strategic priorities
- Achievements and next steps

Both had established an Assembly to take forward the integrated Care Partnership.

The work around suicide prevention and the training offer was highlighted. Tackling inequality was mainly at Place level and it was acknowledged that each was complex and different. Work continued to engage the public in the activities of the ICBs and ICPs.

RESOLVED: That the Hampshire Health and Wellbeing Board:

1. Receive the report and note the progress made and delivering the strategic priorities.
2. Consider its role in helping to deliver the strategic priorities across both integrated care systems.

102. **HEALTHY WEIGHT**

The Chair welcomed Darren Carmichael, Public Health Principal present the report from the Director of Public Health which updated the Health and Wellbeing Board on the Healthy Weight Strategy for Hampshire, providing examples of the successes achieved by system partners in contributing to the strategy and makes recommendations on how to progress with the ambition to mitigate against the prevalence of obesity in Hampshire and support Hampshire residents who are overweight or obese.

The prevalence of overweight & obesity in Hampshire is slightly higher than the regional prevalence and the same as the national prevalence. This highlights the need for ongoing action among partners to tackle this important public health problem.

Partners from Local Authorities, Integrated Care Boards, to Childrens Partnerships and Public Health continue to work with ambition to mitigate weight gain and help those living with obesity to manage their weight. The Hampshire Healthy Weight Strategy exists to support this ambition.

This report makes recommendations on how to proceed with the Healthy Weight Strategy with the ultimate objective of reducing the prevalence of overweight and obesity in Hampshire and reducing its impact on population health.

RESOLVED:

1. The Board Recognise the ongoing impacts on the health of Hampshire residents of being overweight or obese.
2. To note progress made by system partners in delivering core objectives of the Healthy Weight Strategy.
3. Seek opportunities to collaborate on measures to mitigate excess weight gain among Hampshire residents and support those residents who are living with obesity.
4. Recognise the opportunities for Districts and Borough Councils to apply good practice identified in taking a whole systems approach building and linking healthy weight objectives into various policies.

103. **HEALTH PROTECTION REPORT 2023**

The Board received the report presenting the Director of Public Health's Health Protection Annual Report presented by Dr Claire Bellia, Health Protection Principal.

The report described the work led by the Health Protection Board to protect the health of the people of Hampshire and the future focus of health protection activities in the year to come.

- Living with COVID-19
- Responding to other emerging health protection issues including a post pandemic surge in infection, Mpox, migrant health, TB and other national incidents
- Renewing focus on vaccination, helping shape the National Vaccination Strategy

RESOLVED: That the Hampshire Health and Wellbeing Board:

1. Notes and agrees the 2022-2023 Health Protection Annual Report of the Director of Public Health.
2. Supports the future focus of health protection activities for 2023-2024.

A further recommendation was made to support and cascade the communications for vaccinations with a current focus on seasonal influenza and COVID-19 vaccination.

104. **FORWARD PLAN**

The Board received the Forward Plan for meetings through to December 2024.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	21 March 2024
Title:	The BCF 23-25 plan and its performance to date
Report From:	Director of Adults' Health and Care

Contact name: Gail Kirby – Head of Older Adults Commissioning

Email: Gail.kirby@hants.gov.uk

Purpose of this Report

1. In summer 2023, our 2-year Better Care Fund (BCF) plan was submitted to the Department for Health and Social Care (DHSC) for Hampshire. This BCF plan was developed together with the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council.
2. This report includes an update on the performance of the Hampshire BCF programme during its first year (up until December 23) for the Board to note and sets out some key considerations for the second year of the programme.

Recommendation(s)

3. That the Health and Wellbeing Board recognise and endorse the ambition for the 2-year plan to meet the key core objectives of the BCF 1) to enable people to stay well, safe, and independent at home for longer and 2) to provide the right care in the right place at the right time.
4. That the Board notes the February performance report which recognises that we continue to operate under challenging circumstances, including high acuity and complexity of patient need, workforce constraints and financial pressures. This is having an impact on our Systems ability to achieve the key performance measures which we are being monitored against.
5. Acknowledge that in planning ahead for the next financial year, we need to be able to demonstrate the ability to sustain discharge services and demonstrate an improvement in performance and flow, given the unrelenting demand and the increased national funding for 2024/25.

Executive Summary

6. The Hampshire System has been allocated the Better Care Fund for 2023/24 and 24/25 which has allowed HCC and the NHS to work together on a 2-year plan. Its focus is upon our core objectives of **supporting people to live independently** and to receive the **right care in the right place at the right time**. Our funds are allocated equally between these two objectives.

7. The overall performance of the schemes that underpin these two core objectives are on track to meet the outcomes that we set out at the start of the planning cycle. Our performance against the 5 key metrics monitored by the BCF team is less consistent.
8. We are meeting the performance measures of discharge to normal place of residence (92%) and proportion of people at home 91 days after discharge into a reablement/rehabilitation service (80%). However, our metrics for avoidable admissions and emergency hospital admissions due to falls are not on track. This reflects the high demand and high acuity of patients and workforce challenges on the ground. We also continue to experience high demand for admissions into residential care with the challenges around falls a contributory factor in this regard.
9. The additional funds which have been allocated to support with hospital discharges have been allocated to home-based and bed-based Discharge to Assess (D2A) schemes. High demand and higher acuity of patients means that these schemes are operating at above capacity levels originally agreed for winter against the backdrop of unrelenting, and at times, excessive discharge demand.
10. As we work together, to finalise plans for the second year of this planning cycle, we will need to plan effectively and take the learnings from the current (and previous years) to ensure that we are able to meet the demand and capacity projections for 2024/25 and to improve the key performance metrics.

Contextual information

11. Our 2023/25 Hampshire BCF plan sets out a 2-year vision for health and care services for the population served by the Hampshire Health and Wellbeing Board through the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council.
12. The Vision we have set out is to promote independent living, to support people to remain at home by ensuring the delivery of person centred and joined up health and care by resilient teams across primary care, community services and partners.
13. There are **4 national conditions** which we are required to comply with as part of our ongoing commitment to BCF:
 - National Condition 1: **Plans to be jointly agreed.**
 - National Condition 2: **Enabling people to stay well, safe and independent at home for longer.**
 - National condition 3: Provide the **right care in the right place at the right time.**
 - National Condition 4: **Maintaining NHS contribution to adult social care** (in line with the uplift to the NHS minimum contribution to the BCF) and **investment in NHS commissioned out of hospital services.**

14. The BCF is agreed and delivered through a Section 75 agreement between HIOW ICB and the County Council, for the delivery of a 'pooled budget to commission Health and Social Care Services. This agreement was originally signed in 2015 and is updated annually via a variation of the financial schedule with Hampshire IOW and Frimley ICBs.
15. When adjusting the BCF cycle, to accommodate a 2-year planning period, the DHSC set out its expectations for joined-up care across health and social care, with two key priorities highlighted:
 - Improving overall quality of life for people and reducing pressure on urgent and emergency care (UEC), acute and social care services through investing in preventative services.
 - Tackling delayed discharges and bringing about sustained improvements in discharge outcomes and wider system flow.
16. Additional funding was made available to support these objectives, including a 5.66% increase to the NHS minimum contribution and a further £34M, over the two-year period to support with hospital discharges. The full allocation for Hampshire over the 2 years is detailed in the finance section below.

Finance

17. The breakdown of our BCF funding for Hampshire for 2023/24 and 2024/25 is detailed below:

	2023/24	2024/25	% Change
Improved Better Care Fund (iBCF)	£31,279,425	£31,279,425	0
Minimum NHS Contribution to social care	£103,526,980	£109,386,607	5.66%
Disabled Facilities Grant	£15,496,101*	£15,496,101	
Hospital Discharge Funding	£12,871,327	£21,448,212	67%
	£163,173,833	£177,610,345	9%

**Additional funds of £1.24M were made available in year to disabled facilities grant, in addition to the £14.2M already allocated. It has been assumed that this will carry forward into 2024/2025.*

18. These funds have been allocated to 28 schemes, which support us to achieve the national conditions/core BCF objectives and are summarised as follows:

Hampshire BCF Allocation to Schemes 23/24

BCF Priorities	Schemes	Allocation
Enabling people to stay well, safe and independently living at home for longer	<ul style="list-style-type: none"> • Disability Facilities Grants for home adaptations • Domiciliary Care/Provider Support • Hampshire Equipment Services • Technology Assisted Services • SHFT/FHFT community services • Carers support/including dementia support • Day care provision 	£72M
Right care at right place and right time	<ul style="list-style-type: none"> • Reablement provision • Hospital Discharge Services (including Short Stay Services) • SHFT community services including: <ul style="list-style-type: none"> • UCR • Community Integrated Nursing Teams • Therapy Teams • FHFT community services • Care Act Assessment responsibilities • Managing Transfers of Care • Hospital Discharge Services (including short stay services) • SHFT Discharge Services 	£91M

19. Across the 2-year planning cycle the Department for Levelling up, Housing and Communities (DLUHC) has provided discharge funding to support HCC to build additional adult social care and community-based capacity to reduce hospital discharge delays. This funding is intended to support the principles of ‘Discharge to Assess’, to enable timely discharge from hospital with appropriate short-term support, pending assessment of long-term care needs. Together with discharge funding allocated by the NHS the total pooled discharge funding pooled within the BCF fund was £12.8M and this is increasing to £21.4M in 2024/25. When planning allocation of this grant, guidance asked us to consider variations in demand, including winter pressures.
20. In Hampshire, in 2023/24 we have allocated this fund to support a range of both home-based (domiciliary care) and bed based D2A services and have had to secure additional monies from HCC, the ICB and the Acute hospitals to ensure that sufficient winter provision was/is in place. We are reporting on the use and impact of this fund to the BCF team monthly.
21. Full details of all our BCF funded schemes for 2023/2024 are included in Appendix A.

Performance – February Report

22. There are 5 key performance indicators that we are required to monitor and report progress against. As part of the reporting cycle, we submitted an interim report at the end of October 2023 to provide assurance that we continue to comply with the National Conditions, to report on our progress against the national KPI’s and to refresh our demand and capacity plans.
23. We were required to submit a further return at the end of February 2024, to report on the progress of the planned 2023/24 expenditure across a range of

core schemes, the outputs achieved for this spend and the performance of our key metrics. A summary of our key metric performance is presented below for the Health and Wellbeing Board review and approval.

24. A detailed breakdown of financial and outcome performance was also requested across the range of core schemes and is included further below.

Hampshire Performance against key metrics April 23 to December 23

Metric	Definition	Plan Q4 23/24	Actual Performance Q1 23/24	Actual Performance Q2 23/24	Assessment of Progress (Feb 24)
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS outcome framework indicator 2.3)	153	171.7	169.2	Not on track to meet target
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92%	93%	93%	On track to meet target
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	1447.6	463.5	453.7	Not on track to meet target
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	587	2022-2023 ASCOF outcome 604		Data not available to assess progress
Reablement	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	80%	2022-2023 ASCOF outcome 80.1%		On track to meet target

25. **Avoidable admissions** - The ICB has noted both financial and recruitment challenges in some of the key schemes. Despite this, operational teams have improved productivity, resulting in 56% more people being managed at home through virtual ward roll out and urgent community response, than in previous years.
26. Further work is underway to improve the integration of admission avoidance services, particularly for individuals identified as being at risk of being admitted to hospital over the next 12 months. The general upward trend in higher acuity of patients has meant that alternatives to admission require an increase in clinical support provided in people's homes as digital solutions are not always clinically appropriate.
27. **Falls prevention** – There is ongoing work to improve upstream falls prevention as part of the HIOW Proactive Care Management approach for the high-risk frail elderly cohort as well as moving to standardise the falls response service across Hampshire. However, the challenging workforce position is impacting resources and capacity available on the ground, and in turn is limiting the ability to meet the set targets and to go further in this key prevention area.
28. Our HIOW ambitions to develop integrated Neighbourhood Teams will be prioritising using local community assets to support falls prevention for our frail populations. These ambitions and the wider Falls Prevention Programme approach will be debated at the forthcoming Hampshire PLACE Board with

the aim of setting a programme for 2024/25 that is able to be more impactful in what is a key 'prevention' work area.

29. **Residential admissions** - demand for residential and nursing beds remains relatively high, as people are presenting with increasingly higher needs in both the community and following hospital discharge. The short term D2A beds funded through the BCF play a key role in materially improving Acute flow and enable more people to ultimately return and stay home thus reducing on-going demands on the Acute hospitals. D2A bed numbers for 2024/25 are still to be confirmed. If the number of D2A beds reduces on conclusion of the ongoing discussions about the number of these beds that the system can afford to keep open for 2024/25, The system will need to develop effective mitigations to reduce the impact on Acute flow and in terms of demand for long-term residential placements.
30. Delivering effective mitigations remains challenging. The operational evidence from the past 12 months demonstrates ongoing pressure for discharge capacity. Any reduction in D2A beds without a credible and sustainable demand mitigation approach will be felt by both the NHS and for Social Care.
31. HCC continues to expand Extra Care schemes to offer a viable alternative to residential care. The Gosport scheme, which opened in summer 2023, is now full and a further scheme in New Milton is opening in spring of 2024. Whilst these are positive developments, the reality is that at best, they will make very little difference to the impacts of having less D2A beds as outlined above.
32. Our spend and activity performance to date is meeting the planned outputs as shown overleaf:

Scheme Name	Scheme Type	Funding Source	Planned Expenditure	Expenditure to date (Apr 23 to Dec 23)	Planned Outputs	Outputs Delivered	Unit of Measure
Home Care provision for independent living at home	Home Care	IBCF	£31,279,425	£23,459,569	1225000	975000	Hours of care
Home Care provision for independent living at home	Home Care	Minimum NHS Contribution	£13,577,094	£10,182,800	532,000	420,000	Hours of care
Digital Technology Provision	Assistive Technologies	Minimum NHS Contribution	£2,361,911	£1,772,000	10,000	11,000	Beneficiaries
Reablement Support	Home-based intermediate care	Minimum NHS Contribution	£9,179,283	£6,885,000	4,500	3,200	Packages
Community Equipment Services	Assistive Technologies and Equipment	Minimum NHS Contribution	£3,310,461	£2,482,800	50,000	39,144	Beneficiaries
Emergency Planning for Carers	Carer Services	Minimum NHS Contribution	£234,729	£176,050	10,500	7,500	Beneficiaries
Carer Support	Carer Services	Minimum NHS Contribution	£5,091,936	£3,819,000	9000	5000	Beneficiaries
Disabled Facilities Grant	DFG Schemes	DFG	£14,252,433	£11,189,300	1,500	1,100	Number of adaptations
Discharge - RSS Services	Home based intermediate care services	ICB Discharge Funding	£1,446,620	£1,085,000	1,339	985	Packages
Discharge - RSS Services	Home based intermediate care services	LA Discharge Funding	£1,260,380	£945,285	1167	860	Packages
Discharge - STS Bed Services	Bed based intermediate care services	ICB Discharge Funding	£5,820,952	£4,365,700	737	500	Placements
Discharge - STS Bed Services	Bed based intermediate care services	LA Discharge Funding	£2,431,287	£1,823,465	308	200	Placements
Discharge - STS Bed Services	Bed based intermediate care services	Additional NHS Contribution	£871,220	£653,400	110	70	Placements

Planning for 24/25

33. As we emerge from winter 2023 and look ahead to the next financial year, we continue to face significant pressures across our System. Our hospital admissions remain consistently high and our current discharge services (which have had to be expanded to enable winter demands to be appropriately dealt with) are running at capacity. The financial position for System partners is significantly challenged and there is ongoing work to achieve further performance improvements and/or savings. We also need to be able to demonstrate sustained and improved discharge performance against the backdrop of ring-fenced and increased national discharge fund allocations for 2024/25.
34. There is ongoing work across the Hampshire System to review our discharge performance and processes and this, together with a focus on our demand and capacity requirements across the year, will inform our plan for 2024/25 and beyond.

Climate Change Impact Assessment

35. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C

temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

36. This is an annual overview report which references a wide range of services and activities. Specific projects and initiatives, and the climate impacts of these, are overseen by internal governance arrangements and are not covered in this overarching report.

Conclusions

37. The Hampshire System has set out a 2-year BCF which is clearly aligned with the 4 national conditions of the programme:

- National Condition 1: **Plans to be jointly agreed.**
- National Condition 2: **Enabling people to stay well, safe and independent at home for longer.**
- National condition 3: Provide the **right care in the right place at the right time.**
- National Condition 4: **Maintaining NHS contribution to adult social care** (in line with the uplift to the NHS minimum contribution to the BCF) and **investment in NHS commissioned out of hospital services.**

38. Our February update (for performance between April and December 23) shows that we are not meeting our KPIs for avoidable admissions or emergency admissions due to falls. This is a result of increased demand and higher acuity among patients and workforce challenges on the ground. Our admissions into long-term residential care also remain high. There is further work to do to determine if and how we can recover this position into 2024/2025.

39. The new discharge fund allocation has been welcomed and has contributed to the running of a range of home-based and bed based D2A services. It will be important that we are able to demonstrate sustained and improved discharge performance in 2024/25 given that the national discharge funds are both ring-fenced and set to increase for the forthcoming financial year. The capacity plans for 2024/25 will also be informed by new demand and capacity projections that are currently being worked on.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

As this is an annual overview report, no individual Equalities Impact Assessment has been undertaken.

Appendix A: Spend and outputs by scheme for 23/24

	Scheme Name	Scheme Type	Expected outputs 2023-24	Source of Funding	Expenditure 23/24 (£)
1	Home Care provision for independent living at home	Home Care or Domiciliary Care	1,225,000	iBCF	£31,279,425
2	Home Care provision	Home Care or Domiciliary Care	532,000	Minimum NHS Contribution	£13,577,094
3	Digital Technology Provision	Assistive Technologies and Equipment	10,000	Minimum NHS Contribution	£2,361,911
4	Specialist Support	Personalised Care at Home		Minimum NHS Contribution	£454,440
5	Specialist dementia support and carer advice	Personalised Care at Home		Minimum NHS Contribution	£430,489
6	Reablement support	Home-based intermediate care services	4,500	Minimum NHS Contribution	£9,179,283
7	Hospital discharge support	High Impact Change Model for Managing Transfer of Care		Minimum NHS Contribution	£721,230
8	Community Equipment Service	Assistive Technologies and Equipment	50,000	Minimum NHS Contribution	£3,310,461
9	Emergency Planning for Carers	Carers Services	10,500	Minimum NHS Contribution	£234,729
10	Carer Support	Carers Services	9,000	Minimum NHS Contribution	£5,091,936
11	Day Care Services	Personalised Care at Home		Minimum NHS Contribution	£73,374
12	SHFT Community Team OT Services	Personalised Care at Home		Minimum NHS Contribution	£2,815,466
13	SHFT - Physiotherapy	Personalised Care at Home		Minimum NHS Contribution	£3,720,288
14	Community Team Nursing	Personalised Care at Home		Minimum NHS Contribution	£34,612,824
15	Frimley Fleet Hospital Community Beds	Community Based Schemes		Minimum NHS Contribution	£1,991,648
16	LD Community Teams	Personalised Care at Home		Minimum NHS Contribution	£3,425,931
17	OPMH Community Teams	Personalised Care at Home		Minimum NHS Contribution	£16,165,050
18	Community UCR	Urgent Community Response		Minimum NHS Contribution	£3,953,442
19	Frimley ICB Community rehab services	Personalised Care at Home		Minimum NHS Contribution	£1,352,629
20	Frimley ICB Community care team Physio	Personalised Care at Home		Minimum NHS Contribution	£54,755

21	Disabled Facilities Grant	DFG Related Schemes	1500	DFG	£15,496,101
22	Discharge - RSS Services	Home-based intermediate care services	1,339	ICB Discharge Funding	£1,446,620
23	Discharge - RSS Services	Home-based intermediate care services	1167	Local Authority Discharge Funding	£1,260,380
24	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	737	ICB Discharge Funding	£5,820,952
25	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	308	Local Authority Discharge Funding	£2,431,287
26	Discharge - STS Bed Services	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	110	Additional NHS Contribution	£871,220
27	Discharge - CIP/Flow Management	High Impact Change Model for Managing Transfer of Care		Local Authority Discharge Funding	£693,660
28	Discharge - CIP/Flow Management	High Impact Change Model for Managing Transfer of Care		ICB Discharge Funding	£357,340

Trauma Informed Approaches

Karen Dawes Partnerships Lead Hampshire and Isle of Wight Office of the
Police Crime Commissioner
21 March 2024

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Hampshire
**Health and
Wellbeing**
Board

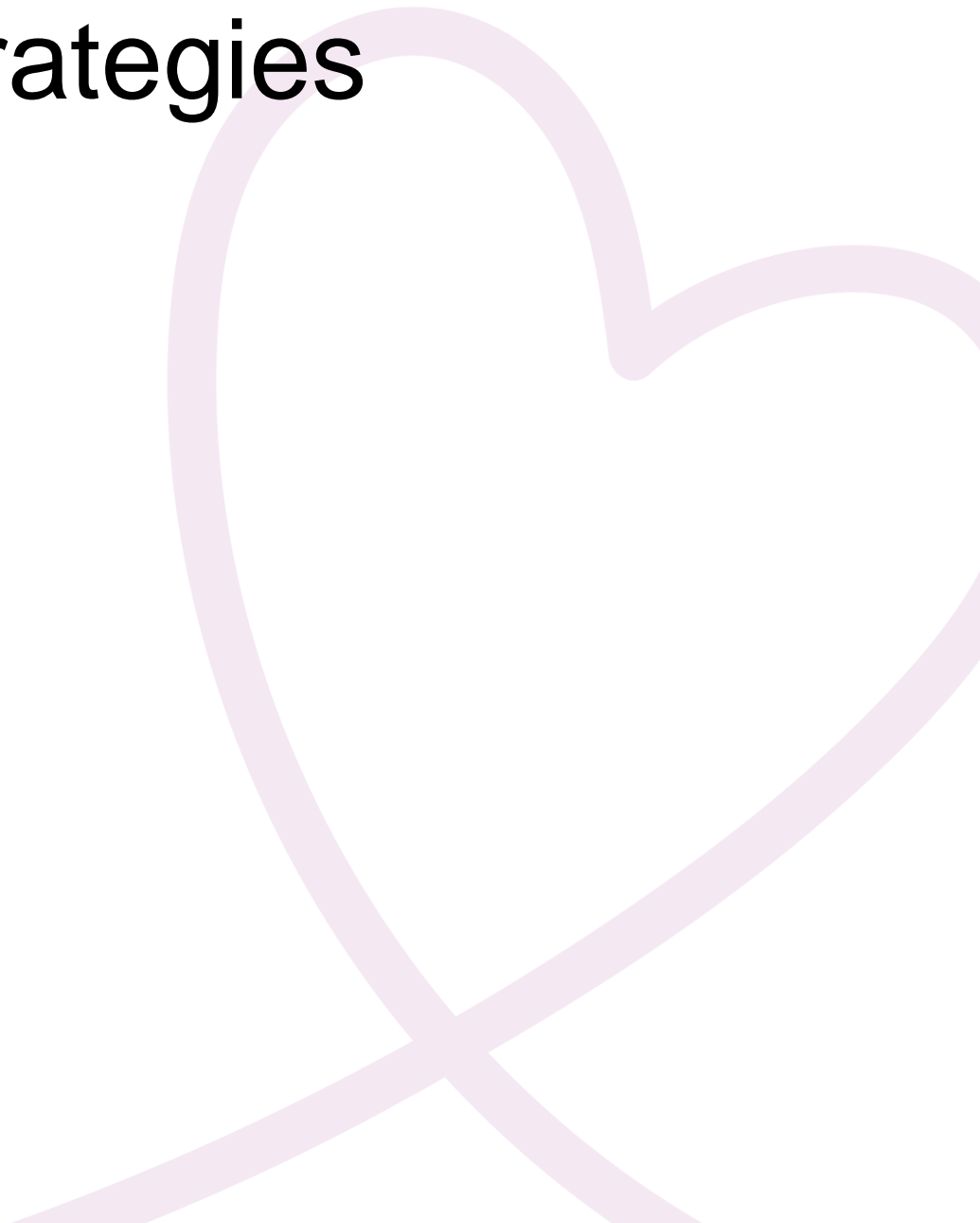


“Trauma is not what happens to you, it is what happens inside of you because of what happens to you”

Gabor Maté

Some Harmful Coping Strategies

- Self Harm
- Excessive Alcohol
- Drug Use
- Risky Behaviour
- Disordered Eating
- Spending out of our means
- Workaholic
- Avoiding others



Potential Consequences of Harmful Coping Strategies

Heart Disease

Prison

Poor Academic Achievement

Losing your job

Diabetes Type 2

Being isolated

Lower Paid Jobs

Debt

Being Depressed

Losing contact with loved ones

Unemployment

Homelessness

Being Arrested

Sexually Transmitted Diseases

Liver Disease

Eating Disorders

Governance

- 'Trauma Informed Practice' is an enabler across H&IOW Integrated Care Partnership priorities
- PCC Donna Jones is SRE & Karen Dawes is SRO
- TIE Board is Chaired by Director Public Health HCC & IOW & Deputy PCC
- Two way communication between Hampshire & IOW ICP & TIE Board
- TIE Board Members produced a TI Concordat - Signed by 18 senior leaders
- TIE board oversees delivery of the Concordat
- VRU commissioned WAVE Trust to produce a recommendations report
- TIE Board identified SPOCs to work alongside the OPCC and WAVE Trust

Strategic Aims Centred Around Delivery of the Trauma Informed Concordat

Namely:

- Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) are safe and enriching environments where children and adults, families and communities are protected from harm and have the opportunity to lead fulfilling, happy and healthy lives and to prosper, regardless of childhood adversity.
- Embed trauma–informed practice that promotes early intervention and prevention across all public services. Ensure all agencies work together, alongside vulnerable people, families and communities, with the common aim of preventing adverse childhood experiences and where they have already occurred, to reduce the impact of those experiences

Recommendations being progressed

1. Increase numbers trained in the 6 principles of TI practice (Safety, Trustworthiness, Choice, Collaboration, Empowerment and Cultural Consideration).
2. Produce an organisation self-assessment
3. Agree an insert for commissioning
4. Deliver a trauma informed rehabilitation programme for offenders

SPOCs met in November 2023 to agree next steps. Organisational self-assessment to be produced by Autumn 2024.

The HIOWICB are developing a TI e-learning package which is co-produced and will resonate with partners across public services

Strategic Work Across HIPS

- The Hampshire Learning Disabilities Trauma Informed Care Concordat was published in October 2023 and co-produced with Hampshire County Council Adults' Health and Care, Southampton City Council, Hampshire and the Isle of Wight ICB, Southern Health Foundation Trust and commissioned providers. [HampshireLearningDisabilities-TraumaInformedCareConcordat.pdf \(hants.gov.uk\)](https://www.hants.gov.uk/sites/default/files/2023-10/HampshireLearningDisabilities-TraumaInformedCareConcordat.pdf)
- Approximately 350 staff working with adults with learning disabilities across the partner organisations and commissioned providers have received training in Trauma Informed Care in 2022/23. Hampshire County Council's Impact training are delivering a TIC module on positive behavioural support ensuring ongoing training provision.
- A Trauma Informed Care Champion Network has been established across project partners and care providers. The Champions will act as agents of change and drive forward the implementation of TIC.

No Wrong Door ICB Update

Discussions are ongoing to determine the ICB Trauma Informed response including:

- Inclusion of TIA in the 'Shaping the Future' Programme for ICB development
- Identifying EDI objectives – including board member objectives under the NHSE EDI improvement plan
- ICP/S Operating model
- Lived experience library as part of the EDI programme
- Quality/Equality/Inequality impact in commissioning
- The steering group for developing trauma informed approaches and care in the health sector have met. They reviewed the working plans for a newly appointed consultant clinical psychologist and associate practitioner. A further workshop on trauma informed care took place within the No Wrong Door programme away day.

Local Authority Approach – Fareham Borough Council

- Increased presentation of highly complex individuals facing homelessness.
- Recognising homelessness triggered by trauma AND that it is a trauma itself.
- Erratic, challenging behaviour – disengaged from support and alienated in community.
- Previous trauma overlooked or was not part of initial assessment – leading to staff struggling to assess an individual's circumstances fully, and having an impact on their housing pathway.
- Remote assessments completed missing possible signs of trauma.
- Challenging behaviours impacted the ability to access housing pathways to secure accommodation. This was often associated with multiple exclusions and hard to engage with partner agencies.

Impact of taking a Trauma Informed Approach

- All Fareham BC Housing Options staff working with homelessness presentations have been trained in principles of Trauma Informed Practice.
- Now able to identify physical and mental signs of trauma, and the triggers that indicate an individual is finding something traumatic.
- Adapted processes – i.e. side room at reception and additional support.
- All assessments now incorporate a trauma informed approach and are in person.
- Recognising any intervention as an opportunity
- Better quality assessment of housing need has ensured that support referrals made have an individual's buy-in and referrals are going to the right agency at the right time.
- Early indicators suggest homeless prevention levels are improving.
- Looking to expand into the wider housing service to support tenancy sustainment

Recommendations for the Health and Wellbeing Board

- Encourage staff to complete the trauma informed e-learning package
- Encourage staff to complete relevant sections of the organisation self-assessment
- Encourage commissioners to welcome bids by providers who place value on trauma informed practice
- Encourage opportunities for staff to reflect on the six principles of trauma informed practice and how it can be practically applied in their own workplace
- In addition to the above points operating at scale, encourage staff to support place based activity

Concordat

The signatories to this concordat represent the public services which serve the people and communities of Southampton, Portsmouth, Hampshire and the Isle of Wight. Because of the widespread and complex nature of adversities and experience of trauma, and in recognition of the benefit of prevention, intervention and mitigation, we are making a formal commitment to develop our services, workforce and strategies according to the principles set out in this concordat.

Vision

Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) are safe and enriching environments where children and adults, families and communities are protected from harm and have the opportunity to lead fulfilling, happy and healthy lives and to prosper, regardless of childhood adversity.

Mission

Embed trauma-informed and restorative practice that promotes early intervention and prevention across all public services within Hampshire, Isle of Wight, Portsmouth and Southampton. Ensure all agencies work together, alongside vulnerable people, families and communities, with the common aim of preventing adverse childhood experiences and where they have already occurred, to reduce the impact of those experiences.

Key Principles

We will deliver our vision and mission according to the principles set out below. These principles will inform the setting of our objectives and strategies.

1. We understand the impacts of childhood trauma are not universal or inevitable, but that evidence demonstrates a clear link between these experiences, and a wide spectrum of adverse outcomes affecting health, wellbeing, vulnerability and opportunity. Past experiences might create challenges but they never make it impossible for someone to change their life for the better and in some cases give people greater strength and determination. We will at all times maintain an unwavering belief in the ability of children, young people and adults to live fulfilling lives.

2. We value the strength in partnerships and recognise that an integrated, whole system public services approach, building on existing trauma informed and restorative practice and further strengthening the ways that public services, individuals, families and communities work together, is the most effective way to prevent and reduce the impact of trauma and break the cycle of adversity.






3. We fully appreciate that trauma informed systems and services should support both children and adults who are experiencing or who have experienced childhood trauma.


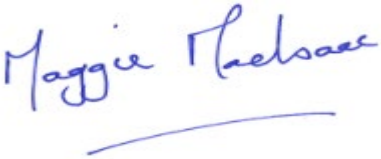


4. We recognise the need to invest in our ability to intervene early, redirecting resources from remediation to prevention and working restoratively with families and individuals to help them build on their own strengths and resilience to improve their lives.







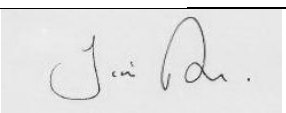

5. We recognize the benefits of adopting a common language and understanding across services and will strive to achieve this. While the knowledge that trauma in childhood can lead to a range of adverse outcomes is not new, the emerging good practice and growing impetus, nationally, around


Adverse Childhood Experiences (ACEs) provides an opportunity to adopt a consistent and clearly understood terminology and narrative.

6. We will develop our work together, according to the best available evidence, open to new and emerging views and findings.

Trauma Informed Concordat Supported By:			
Name	Role	Signature	Date
Donna Jones	Police and Crime Commissioner Hampshire and the Isle of Wight		17 th Nov 2021
Olivia Pinkney	Chief Constable Hampshire Constabulary		22 nd Nov 2021
Simon Bryant	Director of Public Health Hampshire County Council and the Isle of Wight Council		17 th Nov 2021
Neil Odin	Chief Fire Officer Hampshire and Isle of Wight Fire and Rescue Service		2 nd Feb 2022
Helen Atkinson	Director of Public Health Portsmouth		18 th Nov 2021

Debbie Chase	Director of Public Health Southampton		6 th Dec 2021
Maggie Maclsaac	Chief Executive Hampshire and Isle of Wight Integrated Care System Hampshire, Southampton and Isle of Wight CCG Portsmouth CCG Chief Executive (Designate) Hampshire and Isle of Wight Integrated Care Board		10 th Jan 2022
Steve Crocker	Director of Children's Services Hampshire and the Isle of Wight		18 th Nov 2021
Sarah Daly	Director Children, Families and Education		21 st Nov 2021

	Portsmouth		
Robert Henderson	Executive Director of Children and Learning Southampton		13 th Dec 2021
Graham Allen	Deputy Chief Executive and Director of Adults' Health and Care		25 th Nov 2021
Laura Gaudion	Interim Director Adult Social Care and Housing Needs Isle of Wight		29 th Nov 2021
Andy Biddle	Director of Adult Services Portsmouth		6 th Dec 2021
Guy Van Dichele	Executive Director of Wellbeing (Health and Adults) Southampton		6 th Dec 2021
Gabriel Amahwe	Regional Probation Director		9 th Dec 2021
Jim Bourke	Governor Winchester Prison		13 th Dec 2021
Andrew Strevens	Acting Chief Executive Officer Solent NHS		27 th Jan 2022

Ron Shields	Chief Executive Southern Health		3 rd Feb 2022
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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	21 st March 2024
Title:	Drug and Alcohol Strategy Update
Report From:	Simon Bryant, Director of Public Health

Contact name: Ileana Cahill

Email: ileana.cahill@hants.gov.uk.

1. Purpose of this Report

1.1 The purpose of this report is to provide an overview of the delivery of the national drugs strategy in Hampshire and provide an update of key achievements and key areas for focus during 2024.

2. Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2.1 Note the key achievements and areas for future action in the Hampshire plan to prevent and reduce drug and alcohol harm.

3. Executive Summary

3.1 This report seeks to provide an overview of the Hampshire plan to prevent and reduce drug and alcohol harm. The plan was developed collectively with partners of the multi-agency Hampshire Strategic Drug and Alcohol Partnership chaired by Simon Bryant as the SRO and is closely aligned to national ambitions to:

- have a renewed focus on drug and alcohol prevention;
- target resources to make it more difficult for county lines operations to supply illegal drugs in Hampshire ;
- improve drug and alcohol treatment services through increased capacity and quality of the workforce and better pathways of care

alongside other organisations (such as criminal justice system, mental health, housing, employment, and secondary care)

- reduce unmet need, with a specific focus on improving access to treatment for those misusing alcohol.

4. Contextual Information

- 4.1 Alcohol and drug use can negatively impact health, the economy, productivity, and social aspects of communities. Alcohol and drugs cause some of the leading risk factors for the overall burden of disease in the UK and are associated with cardiovascular disease, some cancers and liver disease. It is estimated every year that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £19.3bn¹. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity².
- 4.2 As well as the impact on health outcomes, drug and alcohol use is often associated with:
- a) Acquisitive crime, violent crime and domestic abuse. Almost half of homicides every year are drug-related, and in almost a fifth, the suspect is under the influence of alcohol. Nearly half of acquisitive crime is drug-related and one-third of the people in our prisons committed drug-related crimes.³
 - b) Unemployment. Most individuals seeking drug or alcohol treatment are unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment.
 - c) Drug and alcohol problems can be both a cause and a symptom of homelessness. Significant proportions of homeless people have drug or alcohol problems.

5. Local prevalence and unmet need

- 5.1 The Office of Health Inequalities and Disparities (OHID) publish estimates on the prevalence of illicit drug use and the number of people with an alcohol dependency and use this to determine local levels of unmet need. Unmet need is calculated by subtracting the number of people recorded as currently in structured treatment from the estimated prevalence.
- In Hampshire, there are an estimated 4,023 people using illicit opiates and/or crack cocaine.

¹ [Review of drugs: phase one report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

² [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³ [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](https://www.localgovernmentassociation.org.uk)

- Prevalence varies by age, gender, and drug type. For example, of the 4,023, 78% are male and highest rates of use are among 25–34-year-olds.
- Patterns of drug use are also changing and while overall use is declining, there has been a slight increase in people using both opiates and crack together.
- Estimates of other illicit drug use including prescription drugs are not available.

5.2 Estimated rates for alcohol dependency are lower in Hampshire compared to the Southeast. However, rates in Hampshire are increasing while nationally they are remaining stable. In terms of numbers, this means that there were approximately 11,600 adults in Hampshire who are drinking dependently in 2019-20, an increase of 1,500 over 4 years. More recent data is not yet available.

5.3 In Hampshire, 52% of people using opiates and/or crack are currently not accessing structured treatment. While Hampshire performs better than England and the Southeast average for both prevalence and unmet need, the data estimates there are around 2000 people with an unmet treatment need. These individuals are some of our most vulnerable residents with a disproportionate impact on local communities. Addressing this need is a focus of the treatment system in 2024.

5.4 Hampshire has a higher unmet treatment need for alcohol dependency than the Southeast (85.2% compared to 78.7%). This equates to around 10,000 people. Due to the availability of alcohol support outside of our community treatment providers, such as mutual aid organisations and primary care, it is not known how many people are not seeking any treatment.

6 Health Inequalities

6.1 Whilst the impact of drug and alcohol use can affect anyone, people living in more deprived areas are at greater risk of harm. The highest levels of alcohol and drug-related deaths in Hampshire occur in our areas of highest deprivation (Rushmoor, Gosport, Havant). To address this, targeted services are in place to reduce harm:

- Ensuring naloxone (a drug that rapidly reverses an opioid overdose) is widely available and settings where vulnerable people may live such as hostels have access and training on how to use it.
- Local Drug Information System in place to share intelligence on drug availability and provide alerts on harms of adulterated drugs in circulation to services working with people who use drugs.
- Drug and Alcohol Harm Reduction Team provides outreach to those people not in treatment, particularly focusing on vulnerable populations such as street homeless.
- Established a specialist alcohol team providing in reach to hospitals and primary care in areas of highest need.

6.2 Drug and alcohol use can also have a disproportionate impact on physical and mental health.

- Approximately 80% of people accessing drug and alcohol treatment nationally have problems with their mental health. In Hampshire we have improved access to mental health support and integrated joint working between mental health and drug and alcohol treatment services.
- 70% of people accessing drug and alcohol treatment services in Hampshire smoke tobacco. This is significantly higher than the general population (at 10.79% in Hampshire 2021). To address this, increased access to smoking cessation services are being piloted in Hampshire's drug and alcohol treatment hubs.
- Blood borne viruses (such as Hepatitis C) largely affect in People who Inject Drugs in the UK. A comprehensive Hepatitis C programme has been led by Hampshire's drug and alcohol treatment service to "find, test, treat". Through reducing stigma to access testing and making treatment more accessible the drug and alcohol treatment service has micro-eliminated Hepatitis C for everyone currently in treatment in Hampshire.

7 From Harm to Hope - National Drug Strategy

7.1 In December 2021, the government launched its 10-year drug strategy, From Harm to Hope⁴ with a clear vision to; 1) break drug supply chains 2) deliver a world class substance misuse treatment and recovery system 3) reduce demand for recreational drugs. In line with national guidance, local Combatting Drugs Partnerships were formalised in line with Upper Tier Local Authority (UTLA) boundaries. Alongside key partners, it was agreed to use the existing multi-agency Hampshire Strategic Drug and Alcohol Partnership (SDAP) for this function. This partnership has formed the accountable local governance, ensuring joint ownership and approach to the local implementation of the national strategy. The Director of Public Health for Hampshire is the nominated Senior Responsible Officer. A pan-Hampshire group has also been established (led by the Police & Crime Commissioner) to progress joint priorities on a larger geographical footprint (that includes Southampton, Portsmouth, and the Isle of Wight). Areas of collaboration have been working more effectively with criminal justice partners and identifying evidence-based solutions to respond to emerging threats, such as the increase in availability of synthetic opioids.

8 Hampshire Strategy and Local Delivery Plan

8.1 In line with national expectations, a local delivery plan was developed with a range of partners (through the SDAP) to provide clear strategic priorities to reduce both drug and alcohol related harm and improve outcomes for the residents of Hampshire. Plans were informed by; a) drug and alcohol needs

⁴ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope)

assessment b) framework from the national drug strategy c) workshops held with partners across agencies to determine local priorities.

8.2 The delivery plan builds on existing partnerships and services with a focus on the local implementation of the Government's ten-year strategy to:

- Have a renewed focus on drug and alcohol prevention, which includes making sure that schools and other settings working with young people are equipped and knowledgeable on identifying and referring those misusing substances.
- Target resources to make it more difficult for county lines operations to supply illegal drugs in Hampshire.
- Reduce unmet need, with a specific focus on improving access to treatment for those misusing alcohol.
- Improve drug and alcohol treatment services through increased capacity and quality of the workforce and better pathways of care alongside other organisations such as criminal justice system, mental health, housing, employment, and secondary care.

8.3 Additional (3 year) funding was provided to all local authorities in England to support the delivery of local plans. In Hampshire additional funding (£818,541 per annum) was received in 2022/23 and 2023/24; and for 2024/25, this grant allocation has been increased to £1,541,380. It is not known whether any further funding will be forthcoming post March 2025.

9 Services to support implementation of the local delivery plan

9.1 Support for Children and Young People aged under 25 using drugs and/or alcohol is provided by Catch22. Services are offered at various locations across the county where young people feel most comfortable. Support includes one-to-one and group work, harm reduction advice and services and a 24 hour help line. They also provide specialist support to children of substance misusing parents who are some of our most vulnerable young people. Support for people aged 18-25 is also supported by nurses and doctors if required.

9.2 Drug and alcohol treatment and Support for adults aged 25 or over is provided by Inclusion Recovery Hampshire. Inclusion is part of the Midlands Partnership NHS Trust. The service is delivered across nine treatment hubs in Hampshire, tailored to individual needs providing structured treatment, group activities, peer support, opiate substitution therapy, harm reduction, brief interventions and advice and access to detoxification and residential rehab.

9.3 Both Catch22 and Inclusion also provide specialist training and advice to the wider treatment system, work in partnership with other organisations to build and improve pathways and support the work of the Hampshire Strategic Drug and Alcohol Partnership.

9.4 Support for people impacted by someone else's drug / alcohol use is provided by Parent Support Link. They provide emotional support and information on addiction, advice on available services and how they can support their family

member more effectively to aid recovery. Services are delivered via Inclusion hubs and workshops, telephone/text/video calls, support groups and via email.

9.5 The Dame Carol Detoxification Centre in Fareham offers medically managed detoxification to approximately 200 people per year. It is funded through a three-year grant from Office for Health Improvement and Disparities utilising a pooled budget from 20 local authorities. The grant was specifically allocated to increase inpatient detoxification provision, opening in February 2022. The unit has successfully detoxed over 345 people including 57 Hampshire residents.

10 Key achievements

10.1 Working in partnership to prevent and reduce drug and alcohol harm, the Hampshire SDAP have achieved the following:

- a) Launch of [Rethink your drink | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk) and ongoing communication campaigns to reduce alcohol harm.
- b) Prevention offer for schools (training and support for staff in high quality drug and alcohol education)
- c) Focused work to begin to remove barriers and increase capacity of drug and alcohol treatment.
 - Specialist alcohol team established to improve pathways to and from primary and secondary care.
 - Enhanced outreach team to engage those not accessing services and promote harm reduction interventions. This is particularly focused on those using opiates.
- d) Improved pathways within the criminal justice system
 - Specialist drug and alcohol team established working within custody, with Probation and the courts and in prisons.
 - Worked collaboratively with OPCC and Hampshire Constabulary to pilot Drug Testing on Arrest (DToA) to identify individuals whose criminal activity is believed to be caused, at least in part, by the use of Class A drugs and would benefit from drug treatment or support.
- e) Led by the Integrated Care System a co-occurring drug and alcohol / mental health service has been established and embedded in Primary Care Networks.
- f) Working alongside Department Work and Pensions to provide additional support into employment (for those accessing drug and alcohol treatment service).
- g) Micro-eliminated Hepatitis C across all of Hampshire's drug and alcohol treatment sites. There is ongoing work planned to ensure that harm reduction messaging, ongoing and testing and treatment options continue to be made easy for people to access.

11 Performance

11.1 There are national indicators that are attached to the successful delivery of the national drugs strategy at a local level. The following indicators illustrate Hampshire is currently performing well above against national expectations:

Indicator	National target	National performance (as at Nov 2023)	Local performance (as at Nov 23)
Increase in numbers in drug / alcohol treatment (from 21/22 baseline).	20% increase from 21/22 baseline by March 2025	5% increase.	18% increase Currently 3896 people (largest increase alcohol and non-opiates)
Numbers in treatment accessing residential rehabilitation.	2% of people accessing drug / alcohol treatment	1.12% of people accessing drug / alcohol treatment	1.28% of people accessing drug / alcohol treatment (50 people)
Continuity of care from prison to community drug / alcohol treatment	75% by March 2024 100% by March 2025	46 % of referrals accessed treatment after release from prison	57% of referrals accessed treatment after release from prison
Reduction in drug and alcohol related deaths in treatment	Reduce DRD by 1,000 over the three years to March 2025	1.31% deaths in treatment (Dec 2022 – Nov 23)	1.03 % (40) deaths in treatment . Downward trend. (Dec 2022 – Nov 23)

12 Key areas for focus 2024

12.1 Partnership priorities to focus on during 2024 are as follows:

a) Reducing Stigma

- Drug and alcohol dependency remains a highly stigmatised condition and is frequently perceived as a lifestyle “choice”. However, it can affect anyone, regardless of background. Dependency is a physical and mental health condition that is often linked to past trauma or adverse experiences. Stigma can impact all aspects of people’s lives and can contribute towards barriers to accessing health care and other services.

- In Hampshire we want to improve the understanding of the stigma and discrimination experienced by all people harmed by drug and alcohol use. We aim to do this through working with People with Lived Experience (described further in 10.1 b below) to improve access to services. We also want to work with professionals to raise awareness of the language we use when talking about addiction through the development of a language guide. This guide will challenge existing preconceptions and provide guidelines for professionals on how to use language to empower individuals and reinforce a person-first approach.
- b) **Lived Experience and co-production**
- People with lived experience are people who use (or have used) drugs and alcohol, family members/carers who have been impacted by someone else's drug/alcohol use, or communities affected by drug/alcohol related harm.
 - Inclusion and Catch22 have extensive Service User Involvement strategies to ensure people who use their services can contribute to service improvement and development. Involvement in services through peer mentoring, service user forums and co-delivery also promotes individual self-confidence and skills development and supports longer term recovery.
 - The Hampshire Strategic Drug and Alcohol Partnership have recently developed a new strategy to involve more people with lived experience in strategic decision making and oversight. This includes establishing appropriate structures that empower more people with lived experience to participate in a meaningful way across all partner organisations, ensuring a trauma informed approach.
 - During 2024 new approaches to engage with people with lived experience who are not in structured treatment will be implemented, to gain a better understanding of how they could be involved, and how the system can more effectively meet their needs. This includes training community researchers, engaging with lived experience recovery organisations (LEROs) and working with our partners to support the co-production of local recovery communities.
- c) **Working together to reduce barriers to accessing alcohol treatment;** to provide alcohol treatment when and where people need it. Key areas of work will focus on:
- Improving public facing information around services – how to access, what to expect, treatment options available.
 - Through a quality improvement approach improving pathways of referral and identifying integrated working opportunities.
 - Strengthening earlier access to treatment (reducing stigma, pathways and lived experience involvement)
 - For the wider workforce, improving knowledge and understanding of drug and alcohol awareness, treatment and support available.
- d) **The changing illicit drug market** has recently presented several challenges with the with increased threat of drug related harm from synthetic opioids and other adulterants. To address this, members of the SDAP will:

- Work across the Hampshire and Isle of Wight to improve intelligence from partners and review current Local Drug Information System which issues drug alerts to professionals when adulterated / synthetic drug are identified.
- Pilot rapid drug testing to understand types of drugs availability and be able to respond and issue timely harm reduction messaging.
- Continue to ensure availability of naloxone in a variety of settings.

Conclusions

13 The Hampshire Strategic Drug and Alcohol Partnership (SDAP) is well established and has been a successful vehicle for implementing the national drugs strategy at a local level. The local plan to prevent and reduce drug and alcohol related harm has made substantial progress against national ambitions. Key areas of focus have been identified for 2024 and implementation will be reviewed through the Hampshire SDAP. Annual updates will be presented to the Health and Wellbeing Board.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	
<i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i>	

NB: If the 'Other significant links' section below is not applicable, please delete it.

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

Alcohol and Drugs Update

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Hampshire
**Health and
Wellbeing**
Board

Content of today



- Becky's story
- Why tackling drug and alcohol use is important
- What is the picture in Hampshire
- Hampshire Plan to prevent and reduce alcohol & drug related harm
- Key achievements
- Priorities moving forward
- An in-depth look at 2 services:
 - Dame Carol Black Inpatient Detox
 - Co-occurring conditions service
- What you can do to support this work

Why tackling drug and alcohol use is important

- Impact on individuals, families & communities
 - Alcohol and drug use impacts on health & mortality
 - Drug related deaths are the highest on record
 - Alcohol misuse is the single largest cause of liver mortality - increase of 400% since 1970.
 - Harms from the use of drugs and alcohol cost society nationally £40.8billion per year
 - Acquisitive crime, violent crime and domestic abuse are associated with drug & alcohol misuse.
 - Majority of people seeking drug or alcohol treatment are unemployed
 - Cause & a symptom of homelessness
- 

Prevalence in Hampshire

- Estimates of alcohol dependency are increasing
- Unmet need (those not accessing treatment for alcohol is high at 87%)
- Estimates of those using opiates have been reducing, although remain one of our most vulnerable populations
- Geographical variations in outcomes

Key messages - Hampshire

Alcohol

Alcohol use is widespread, nationally and locally

257,500 people aged 16 and over drinking more than 14 units per week in Hampshire



11,250 people are estimated to be dependent on alcohol in Hampshire



Admissions for alcohol related conditions are higher in Hampshire than England

Rates of alcohol specific deaths are higher in Gosport, Havant and Rushmoor than Hampshire



Drugs

Prevalence of drug use in the national adult population varies:

- 7.8% used **cannabis** in last year
- 2.6% used **powder cocaine** in last year
- 0.07% used **crack** in last year
- 0.03% used **heroin** in last year



3,434 people are estimated to use opiates or crack in Hampshire



and the majority were aged 35 to 64

An estimated **55%** are in treatment

Admissions for substance misuse for young people is higher than national

Rates of drug related deaths are higher in Havant and Rushmoor than Hampshire



Vulnerable populations

There are specific groups which are more vulnerable to experiencing substance misuse including:



Alcohol dependency and drug use is higher in areas of greater deprivation



61% of people being treated for alcohol, and 59% for drugs, were identified as having a mental health need



Veterans are more likely to experience depression, anxiety and PTSD



Between 58-69% of those in prison nationally had used drugs in the last year



Those experiencing homelessness have higher rates of drug and alcohol related deaths nationally

Health Inequalities

Vulnerable populations

There are specific groups which are more vulnerable to experiencing substance misuse including:



Alcohol dependency and drug use is higher in areas of greater deprivation



61% of people being treated for alcohol, and 59% for drugs, were identified as having a mental health need



Veterans are more likely to experience depression, anxiety and PTSD



Between 58-69% of those in prison nationally had used drugs in the last year



Those experiencing homelessness have higher rates of drug and alcohol related deaths nationally

• Co-occurring conditions

- Improving access to mental health support and integration of joint working between mental health and drug and alcohol treatment services

• Assertive outreach

- Use of harm reduction teams and mobile units includes focus on people who are homeless and those not in treatment

• Tobacco

- 70% of those in drug and alcohol treatment smoke so we are integrating specialist smoking cessation services in treatment hubs

• Reducing drug & alcohol related deaths

- Development of Local Drug Information System, rapid drug testing and widening availability of naloxone
- Targeted alcohol service

• Preventing blood borne virus infection in People who Inject Drugs

- Blood Borne Virus testing and support and needle exchange programmes.

Rates of alcohol specific deaths are higher in Gosport, Havant and Rushmoor than Hampshire



Rates of drug related deaths are higher in Havant and Rushmoor than Hampshire





From harm to hope

A 10-year drugs plan to cut crime and save lives



Hampshire plan to prevent & reduce drug and alcohol harm

- Local delivery plan aligned to national strategy [From harm to hope: A 10-year drugs plan to cut crime and save lives](#). to:
 - reduce demand for drugs and alcohol
 - break drug supply chains
 - deliver a world class substance misuse treatment and recovery system.
- Hampshire Strategic Drug and Alcohol Partnership oversees local delivery and functions as the formal Combating Drugs Partnership in line with central government requirements.
- Director Public Health is Senior Responsible Officer
- Pan- Hampshire group established (led by OPCC) to progress priorities from wider geographical footprint (e.g. criminal justice)
- Additional national funding to support local delivery
 - Increase numbers in treatment by 20% by 2024/25.
 - Improve continuity of care between prison and community treatment.
 - Increase access to residential rehab.
 - Reduce drug related deaths

Local services that support delivery of local drug and alcohol plan: reducing demand & providing access to treatment

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- 9 treatment hubs
- Psychosocial support (group and 1:1) and prescribing offered
- Support with physical / mental health
- Housing / employment
- Recovery capital
- Accessibility - outreach into community (e.g. presence in PCNs)
- Carer and family support



Key achievements: Working in Partnership to reduce drug and alcohol harm

- Launch of [Rethink your drink | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk) and ongoing comms campaigns to reduce alcohol harm
- Prevention offer for schools (training and support for staff)
- Focused work to remove barriers and increase capacity of drug and alcohol treatment
 - 18% increase of people accessing treatment (from 21/22 baseline). Currently 3896 people (largest increase alcohol and non-opiates)
 - Specialist alcohol team to improve pathways to and from primary and secondary care
 - Enhanced outreach to engage those not accessing services and promote harm reduction interventions
- Improved pathways within the criminal justice system
 - Specialist drug and alcohol team established working within custody, with Probation and the courts and in prisons.
 - Improved rates of continuity of care (from prison to treatment) at 57% (compared to 46% nationally)
 - Worked with OPCC and Hants Constabulary to pilot Drug Test on Arrest
- Led by the ICS a co-occurring drug and alcohol / mental health service embedded in PCNs
- Working alongside DWP to provide additional support into employment (for those accessing drug & alcohol treatment).
- Micro-eliminated Hepatitis C in across drug and alcohol treatment services in Hampshire – ongoing work to ensure that harm reduction messaging, ongoing and testing / treatment options made easy for people to access

Areas for focus in 2024

1. Reducing Stigma
 - Review, through co-production, policy, procedures and practice, whether they might be stigmatising for the people who use services
 - Raise awareness amongst professionals
2. Involving People with Lived Experience
 - Strategy, services & whole system change
3. Level of unmet need for alcohol
 - Increase referrals and improve pathways to services.
 - Work across the system to ensure that all agencies know when and how to refer to drug and alcohol treatment at the earliest opportunity.
4. Changing illicit drug market –increased threat of drug related harm from synthetic opioids and other adulterants
 - Improved intelligence from Partners & review HLOW Local Drug Information System
 - Rapid drug testing pilot to provide harm reduction messaging
 - Availability of naloxone & targeted outreach for those not in treatment who are using opiates

In depth
focus on our
services

1. Dame Carol Black Detoxification Unit
2. Co-occurring conditions service (alcohol, drugs & mental health)



Dame Carol Detox Unit - Fareham

- 3 year funding allocated to all Local Authorities to increase inpatient detox provision.
- 20 LAs pooled funding (total £1,077,829 per year)
- Establishment of a new 9-bedded Medically Managed unit in January 2022. Named Dame Carol Detoxification Service.
- Approx 2794 bed nights (200+ detoxes) per year
- 57 successful completions for Hampshire since opening
- Increase in inpatient uptake from 0.43% of adults in treatment (Feb 2022) to 1.08% (Sep 2023) in Hampshire.

•Service user videos:


[Lee's Story](#)

[Julie's Story](#)



 Inclusion Recovery Hampshire

 @Inclusion_hants

 www.inclusionhants.org



Co-occurring Conditions

Who are we targeting?



People presenting in primary care with co-occurring conditions who would normally be signposted to other services



People referred to CMHT and Talking Therapies whose substance use would currently make them ineligible for treatment



People already engaged with Inclusion who have unmet Mental Health needs

Key Actions

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Identify that the presenting need requires NWD involvement in discussion with other professionals



Carry out joint assessment with individual and relevant agencies



Agree and implement care plan with clear roles and responsibilities



Close communications loop with feedback at MDTs

Impact of the service

- *Nearly 800 referrals since April 2023*
- *Additional 300 people accessed treatment*
- *50% of people had never accessed treatment*

Case Study



NJ, Female, 23

Multiple failed engagements with Inclusion/ Catch22 since 2020

Heavy alcohol use, occasional cocaine use

Toxic home environment, suspected sex working in exchange for cocaine

Admitted to residential MH establishment after multiple failed engagements with community mental health services, largely due to attending intoxicated or DNA

Strategy



- NWD engaged with NJ and her family and agreed a joint approach
- NWD worker liaised with Inclusion, CMHT, NJ and family to agree a care plan
- Agreed that NJ would reduce her alcohol to the point where she could attend psychology appointments sober
- Agreed that NJ would be supported to move to more appropriate accommodation and that her family would be offered support from PSL

Outcome



- NJ has been regularly attending appointments with Psychology sober and is beginning to benefit from therapy
- NJ has been supported to reduce her alcohol consumption and is now ready to be handed back to the main Inclusion service for further support
- NWD have engaged NJ with supported housing, and she is due to move into a new property shortly

Testimonials

Dame Carol Black:

“What you are doing in Hampshire shows that it can be done and I hope that other parts of the country might consider following your example”

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Service User – South West:

“This team are incredible, the support is amazing, you are made to feel like an individual rather than a just another addict”

Honestly, they are simply brilliant and I feel very lucky that in a situation I never wanted to find myself in I had the support”

What you can do to support this work

- Consider the language used around drug and alcohol use – reduce stigma [Stigma Kills | NHS Addictions Provider Alliance](#)



- Promote [Rethink your drink | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)



- Raise awareness of local drug and alcohol treatment and support services [Home - Inclusion Hants](#)
- Referral pathways from other services into drug and alcohol treatment



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	21 March 2024
Title:	#BeeWell Survey Findings 2023
Report From:	Suzanne Smith, Assistant Director Access, Resources and Business Development

Contact name: Suzanne Smith

Tel: 07793 759047

Email: Suzanne.Smith@hants.gov.uk

Purpose of this Report

1. This report provides a background to the #BeeWell programme and an overview of the headline findings from the first year of the survey delivered in Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS). It also sets out the next steps in the programme.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the headline findings arising from the #BeeWell survey 2023.
3. Advise on how to create a system wide response to the findings, ensuring young people's voices are leading the response.

Executive Summary

4. #BeeWell seeks to understand what factors influence young people's wellbeing and what makes them thrive. Using a co-created survey, #BeeWell listened to more than 22,000 Year 8 and Year 10 pupils in Autumn 2023 Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS). 17,000 live in Hampshire. 103 schools in total participated; 76 were Hampshire schools.
5. Participating schools received a bespoke, private data dashboard, with insights into the strengths and needs of their pupils and support in interpreting and responding to the findings. 50% of schools have signed up as of 403/24

6. Results at a neighbourhood level will be publicly available from the end of March via a neighbourhood-level dashboard. The University of Manchester has produced an interactive, neighbourhood dashboard providing insights into how wellbeing varies across HIPS' 46 neighbourhoods, which will be made public on 28 March. The 34 Hampshire neighbourhoods are based on the Family Help catchment areas subdivided into numbered areas. The neighbourhood map is provided in Appendix 1.
7. Selected headline findings from the survey have been drawn out on the following themes:
 - Overall wellbeing and inequalities
 - Health and Routines: physical activity, physical health, substance use, dental hygiene, sleep.
 - Relationships
 - Local environment

Contextual Information

8. #BeeWell is a collaboration between The University of Manchester, The Gregson Family Foundation and Anna Freud, who launched the programme in 2019. Building on the success of #BeeWell in Greater Manchester, the programme expanded into Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) in 2023.
9. Using a co-designed survey, #BeeWell listens to the voices of as many young people as possible, publishes the results privately to schools and publicly by neighbourhood, and drives action across society to improve young people's wellbeing. #BeeWell's mission is to see this approach implemented nationally by 2030.

Headline findings

10. *Overall wellbeing*: Key life satisfaction and mental wellbeing scores at a HIPS-level seem consistent with what we know from other large studies that have used one or more of the measures included in the #BeeWell Survey.
11. However, inequalities persist in wellbeing scores particularly across gender and sexual orientation, with girls having considerably higher odds of experiencing emotional difficulties than boys. Young people who identify as LGBTQ+ have lower mental wellbeing scores and higher odds of experiencing emotional difficulties than their heterosexual peers.

12. *Health & routines:* Four in ten young people in HIPS are reaching the recommended levels of physical activity set by the UK Government's Chief Medical Officers of an average of one hour per day. This falls to three in ten for girls, and is lower still for young people who identify as LGBTQ+.
13. Despite this, over eight out of ten young people report they feel they have good, very good or excellent physical health. We also know that seven out of ten young people report taking part in sports/exercise/other physical activities at least once a week outside of school.
14. Use of e-cigarettes and alcohol is much more commonplace than other substances such as cannabis. Young people experiencing higher levels of peer pressure were more likely to be current or previous users of both e-cigarettes and alcohol.
15. Nearly nine out of ten young people reported having visited the dentist in the last 12 months. The vast majority (84%) of young people in HIPS brush their teeth the NHS-recommended twice per day. 17% said that they have had pain in their teeth or mouth sometimes, often or very often in the last three months. Dental hygiene varies by place. The proportion of young people reported having visited the dentist in the last 12 months ranges from 69% to 96% across the 46 HIPS neighbourhoods¹.
16. Just under half (44%) of young people said they don't normally get enough sleep to feel awake and concentrate on their schoolwork during the day.
17. *Relationships:* One in ten young people in HIPS reported that they often or always feel lonely. This is significantly higher than the national average.
18. Just under half (44%) of young people reported experiencing discrimination on account of either their gender, sexuality, race, ethnicity, where they were born, disability or faith. Specifically, a quarter of pupils (24%) reported discrimination due to race, skin colour, or where they were born, 21% due to their gender, 14% due to their sexuality, 15% due to their disability and 11% due to their faith.
19. *Local environment:* 84% of young people surveyed feel fairly safe or very safe in their local area (within 5 minutes walking distance of your home. 63% of young people agree or strongly agree that there are good places to spend free time (e.g. parks) in their local area.

¹ [1] "However, it is important to note that comparing neighbourhoods can over-emphasize differences given the comparison is between the highest and lowest scoring areas (that is, there may be little variation among the neighbourhoods in between)".

Co-Production

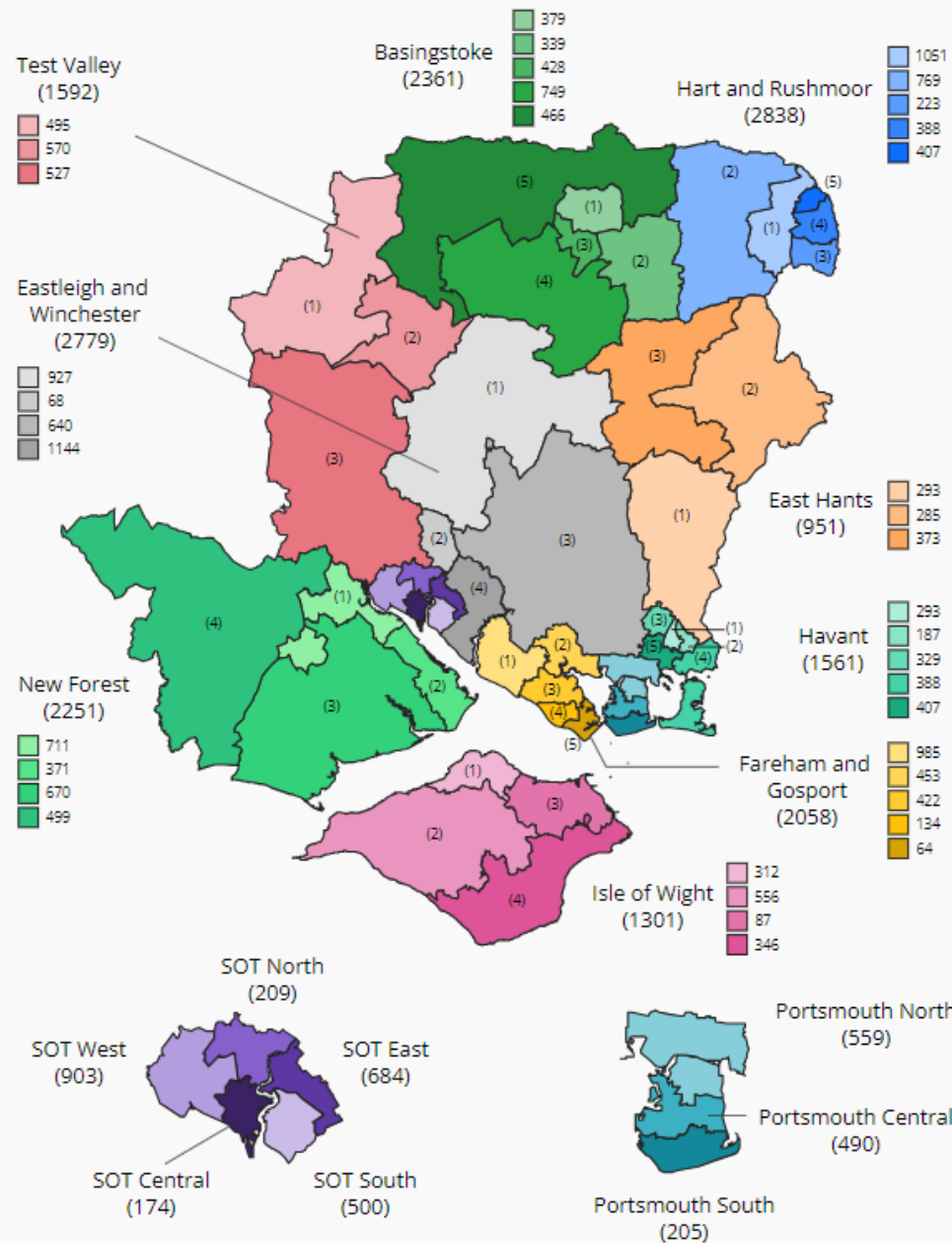
20. #BeeWell's youth centred approach seeks to ensure young people are at the centre of our response to the data.
21. Participation groups: nine VCSE organisations in HIPS are facilitating conversations with groups of young people on behalf of the #BeeWell team, gathering insights and feedback to help shape the #BeeWell programme.
22. Youth-led commissioning: The #BeeWell Youth Steering Group, made up of young people across Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS), will have access to £16,000 to commission activities in response to the #BeeWell findings.
23. Young Researchers Programme: 26 Year 10 pupils from HIPS are participating in the programme to develop their research knowledge and skills, working with the #BeeWell team and the University of Manchester to interpret the survey responses and identify future areas of research.
24. The #BeeWell team have launched a competition for schools, with five prizes of £2,000 each to be won for the best action plan to improve their students' wellbeing. The action plans will be co-created with students in response to the school's data dashboard. A young people's panel will judge the entries and the winners will be announced in June.

Next steps

25. #BeeWell's youth-centred approach seeks to ensure young people are at the core of our response to the data. The next step will be to share the place-based data with young people in the youth steering group and the nine participation groups to develop narratives and co-design localised responses.
26. Schools have been offered one-to-one follow up support sessions to interpret their data and identify actions to improve their students' wellbeing. 50% of participating schools have signed up to these sessions as of 4 March 2024. The team will re-engage schools for Year 2 of the survey which will be delivered in October 2024.
27. Headline findings will be presented to the Hampshire Place Assembly on 21 March 2024, with the aim of galvanising a system wide response. Attendees will be asked to identify opportunities to align the findings with their own work and strategic priorities, and to collaborate with others to improve young people's wellbeing.

Appendix 1 – Neighbourhoods

#BeeWell HIPS neighbourhoods with survey responses*



* Based on initial survey (full and shortened) responses for pupils with corresponding postcode data, as of 28/12/2023. Further data cleaning may change the numbers slightly.
 Note that pupils with postcode data for locations outside the HIPS boundary and are not included in the counts.
 Hampshire neighbourhoods based on Family Help catchments, which are subdivided into numbered areas.
 Isle of Wight, Portsmouth, and Southampton neighbourhoods are based on combining electoral wards.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

EQUALITIES IMPACT ASSESSMENT:

28. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

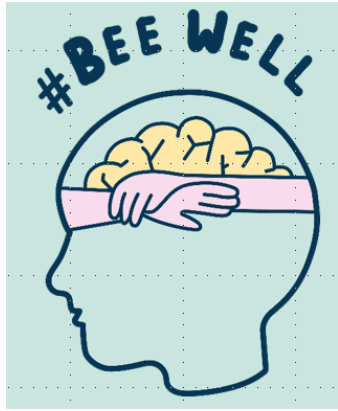
Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

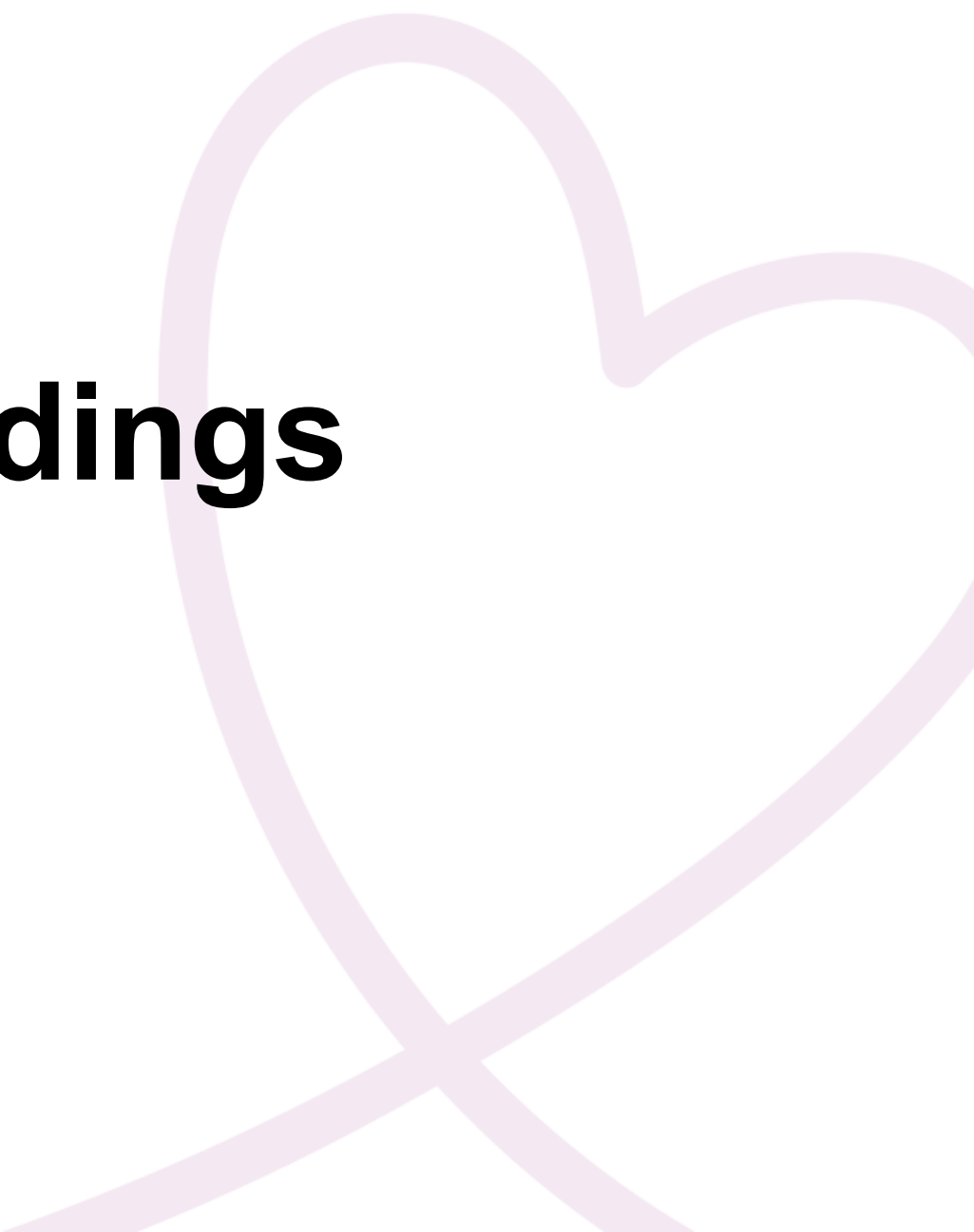
29. Equalities Impact Assessment:

An equalities impact assessment has been completed and the #BeeWell programme has been assessed as having either a neutral or positive impact on groups with protected characteristics.

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#BeeWell Headline Findings 2023



#BeeWell – purpose and recommendations

Purpose of this Report

This report provides a background to the #BeeWell programme and an overview of the headline findings from the first year of the survey delivered in Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS). It also sets out the next steps in the programme.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

1. Note the headline findings arising from the #BeeWell survey 2023.
2. Advise on how to create a system wide response to the findings, ensuring young people's voices are leading the response.

Selected headline findings from the survey have been drawn out on the following themes:

- Overall wellbeing and inequalities
- Health and Routines
- Relationships
- Local environment

#BeeWell – background

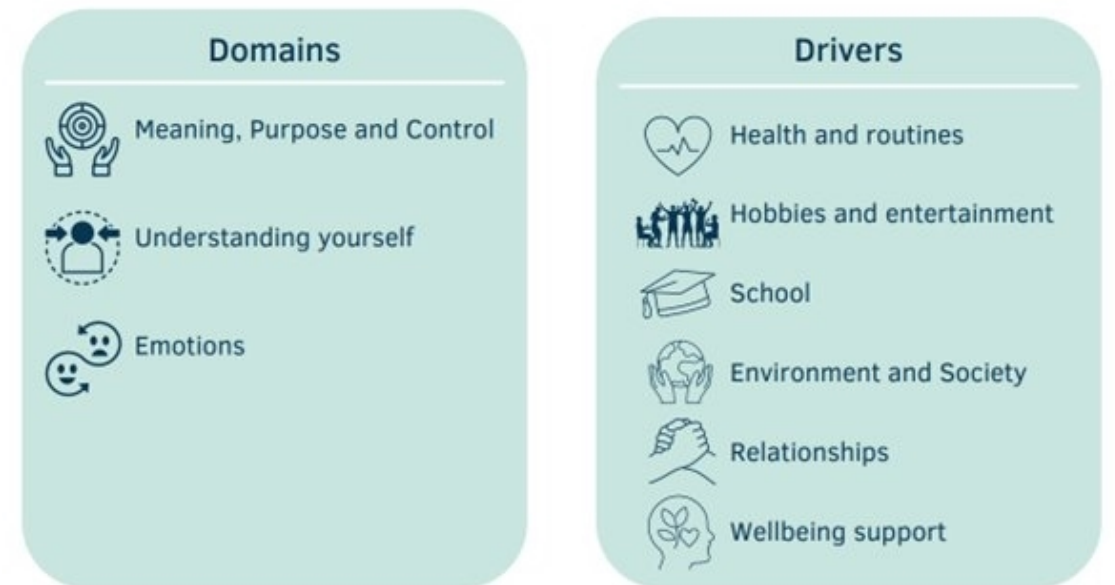
#BeeWell is a collaboration between The University of Manchester, The Gregson Family Foundation and Anna Freud, who launched the programme in 2019. The programme expanded into Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) in 2023.

Starting with a co-created survey in secondary schools, #BeeWell seeks to understand what factors influence young people’s wellbeing and what makes them thrive. The first wave of the survey was completed by Year 8 and Year 10 pupils in Autumn 2023.

A total of 103 mainstream secondary schools, special schools, pupil referral units and independent schools delivered the survey across HIPS. 76 Hampshire schools participated.

22,000 young people took part, which represents 53% of all young people in that age bracket in HIPS. 17,000 participants live in Hampshire.

Young people in non-mainstream schools were able to complete a short version of the survey. A symbol-based version of the survey was also created for young people with severe or profound and multiple learning disabilities.



Overall wellbeing

Key life satisfaction and mental wellbeing scores seem consistent with other large studies that have used one or more of the measures included in the #BeeWell Survey.

- The *average mental wellbeing score* was 20.9 Possible scores range from 7-35, with higher scores indicating better mental wellbeing.
- The average mental wellbeing score is measured using SWEMWBS, where young people rate themselves against positively worded statements:

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Items	Response format
2. I've been feeling optimistic about the future.	None of the time Rarely Some of the time Often All of the time
13. I've been feeling useful.	None of the time Rarely Some of the time Often All of the time
14. I've been feeling relaxed.	None of the time Rarely Some of the time Often All of the time
15. I've been dealing with problems well.	None of the time Rarely Some of the time Often All of the time
16. I've been thinking clearly.	None of the time Rarely Some of the time Often All of the time
17. I've been feeling close to other people.	None of the time Rarely Some of the time Often All of the time
18. I've been able to make up my own mind about things.	None of the time Rarely Some of the time Often All of the time

- Young people responding to the *Life Satisfaction* item gave an average score of 7.6 out of 10, with higher scores representing higher levels of satisfaction with life. The Children's Society weighted average for 10-17 year-olds in 2023 was also 7.6.

Life Satisfaction⁴ (Office for National Statistics)

Item	0 = Not at all 10 = Completely										
6. Overall, how satisfied are you with your life nowadays?	0	1	2	3	4	5	6	7	8	9	10

Emotional Difficulties

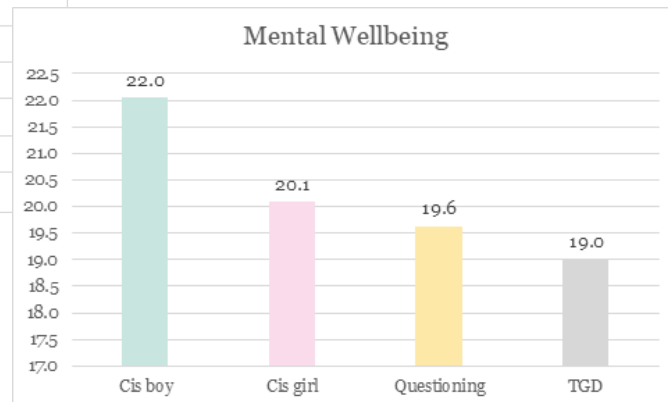
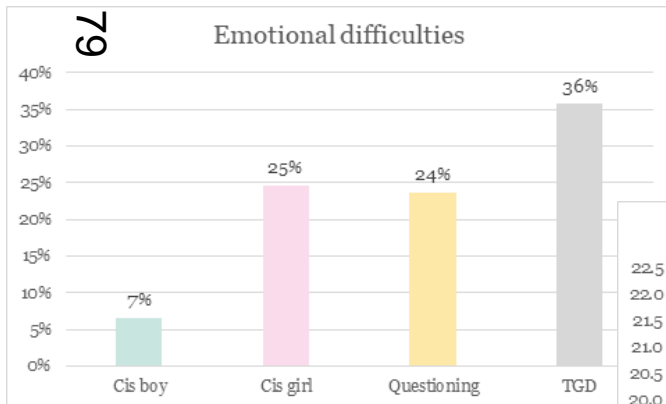
- 17% of young people responding to the *Me and My Feelings* measure reported a high level of emotional difficulties e.g. worrying a lot, feeling unhappy, having problems sleeping.
- These thresholds do not represent a clinical diagnosis but indicate young people scoring in this range may require additional, preventative support. Large national studies use different measures so are not directly comparable, but do typically reveal similar estimates.

Wellbeing inequalities

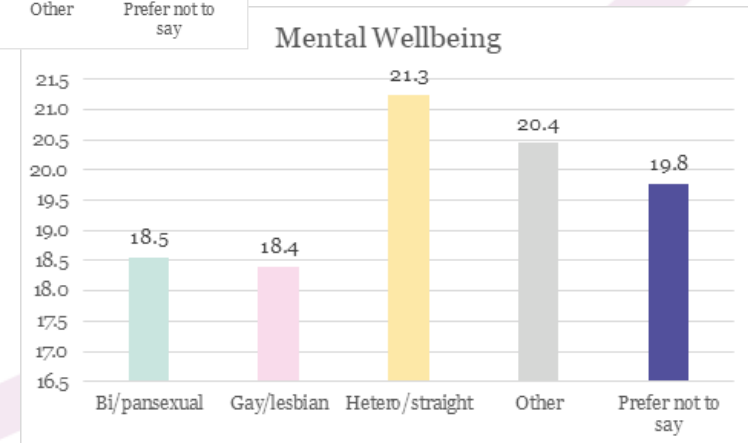
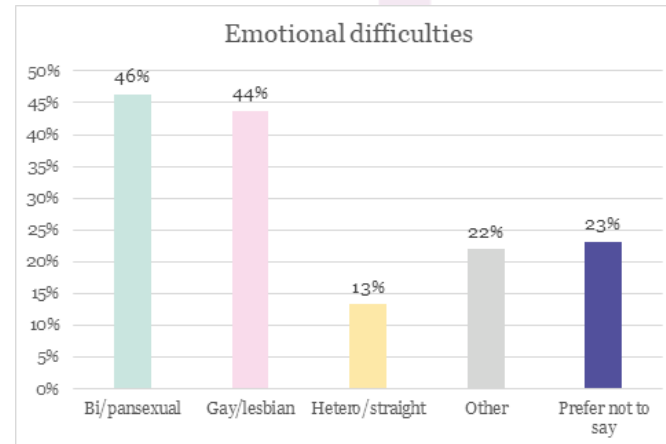
Inequalities persist in wellbeing scores particularly across gender and sexual orientation.

Disparities in *emotional difficulties* is marked between boys and girls, with girls having considerably higher odds of experiencing emotional difficulties than boys. Girls also have lower wellbeing scores than boys. The greatest disparities for both mental wellbeing and emotional difficulties were observed for those identifying as Trans- or Gender-Diverse (TGD).

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Bi/pansexual and Gay/lesbian have considerably lower mental wellbeing scores and higher odds of experiencing emotional difficulties than their heterosexual peers.



Health & routines – physical activity

Eight out of ten young people report they feel they have good, very good or excellent physical health across HIPS.

We also know that seven out of ten young people report taking part in sports/exercise/other physical activities at least once a week outside of school.

However, four in ten young people in HIPS are reaching the recommended levels of physical activity set by the UK Government's Chief Medical Officers of an average of one hour per day.

This falls to three in ten girls; 2.7 in ten gay/lesbian young people and 2.5 in ten bi/pansexual young people; and two in ten Chinese young people.



Under half of young people (4 out of 10) do an hour of physical activity in a day

- #BeeWell survey results, Autumn 2023



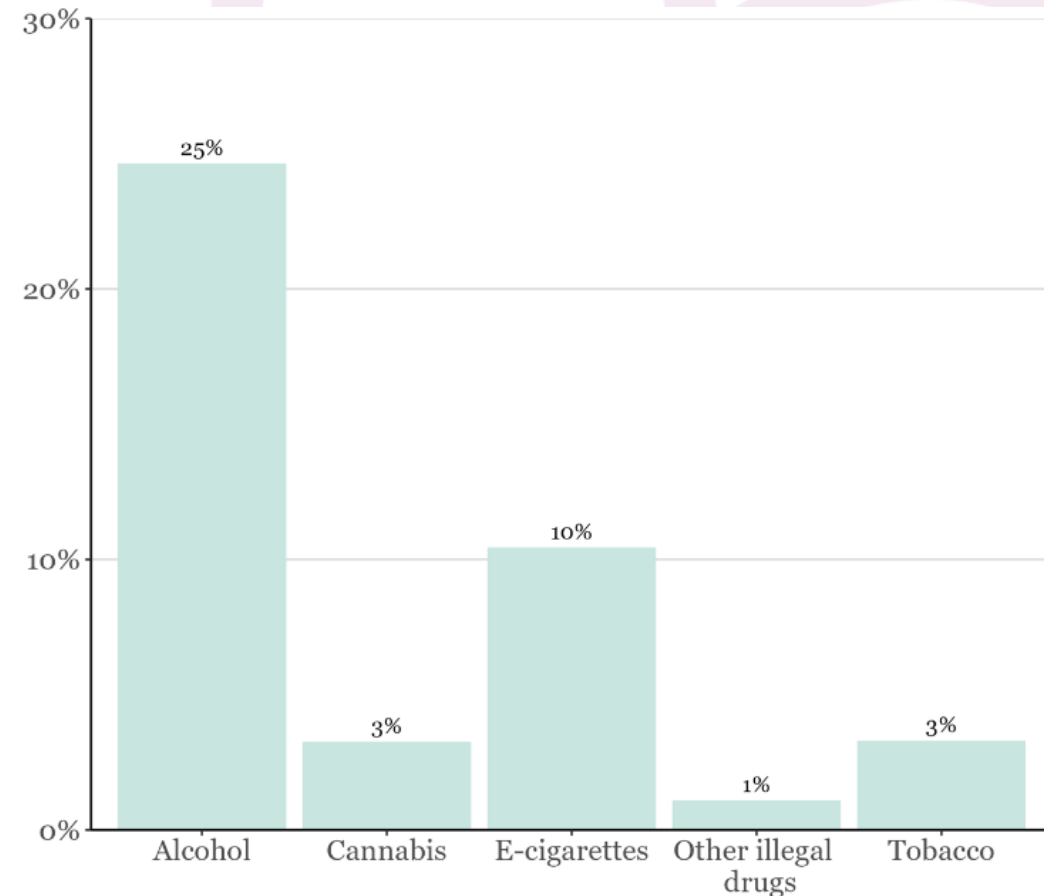
This is lower for girls



Health and routines – substance use

The #BeeWell survey asks young people about their **use of substances** such as alcohol, cigarettes, e-cigarettes and drugs. Use of e-cigarettes and alcohol is much more commonplace than other substances such as cannabis.

- The figures show current (last 30 days) combined with previous users (used but not in the last 30 days).
- Young people experiencing higher levels of **peer pressure** were more likely to be current or previous users of both e-cigarettes and alcohol.
- Current or previous users of **e-cigarettes** were significantly more likely to be older, eligible for free school meals, cisgender girls, trans and gender diverse, or questioning their gender identity.
- For **alcohol**, current or previous users were significantly more likely to be trans and gender diverse and older pupils. Young people from all ethnic minority groups were less likely to be current or previous alcohol users compared to White young people. Young people with special educational needs were less likely to be current or previous alcohol users.



Relationships – Loneliness, discrimination

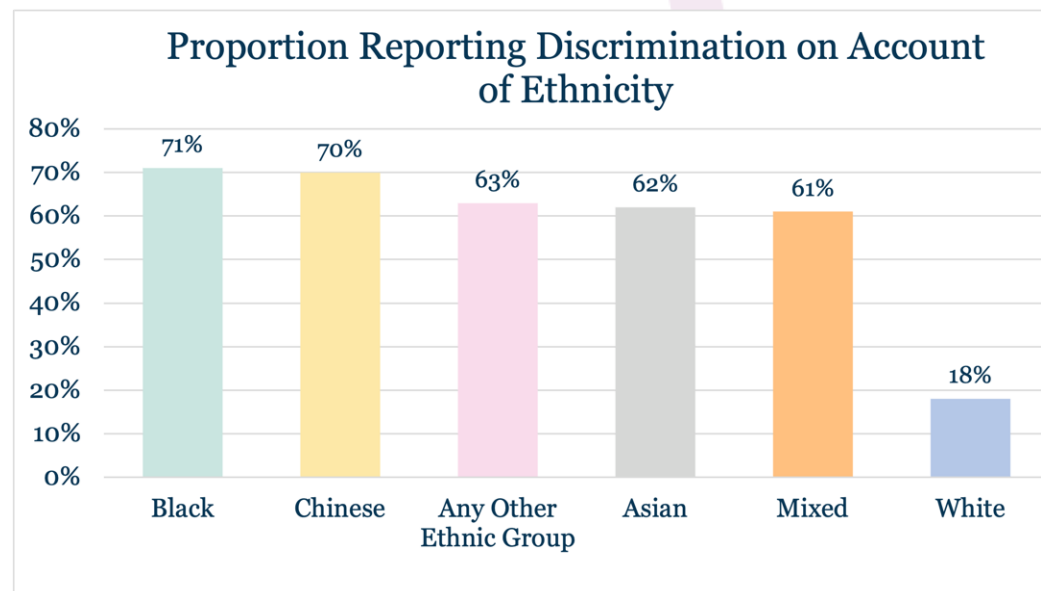
One in ten young people in HIPS reported that they often or always feel lonely. This ranged from 5% to 14% across HIPS neighbourhoods. This is nearly double the national average where 5.5% of 11-16 year-olds in England say they often or always feel lonely (NHS Digital, 2023).

Just under half (44%) of young people reported experiencing discrimination on account of either their gender, sexuality, race, ethnicity, where they were born, disability or faith.

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Specifically, a quarter of pupils (24%) reported discrimination due to race, skin colour, or where they were born, 21% due to their gender, 14% due to their sexuality, 15% due to their disability and 11% due to their faith.

Discrimination on the grounds of race is most prevalent in Black (closely followed by Chinese) young people with seven in ten reporting they have experienced discrimination in the past.



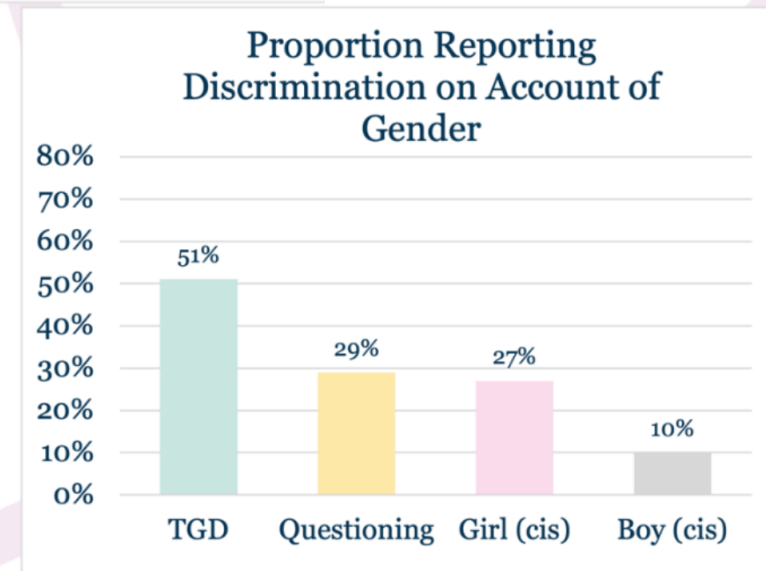
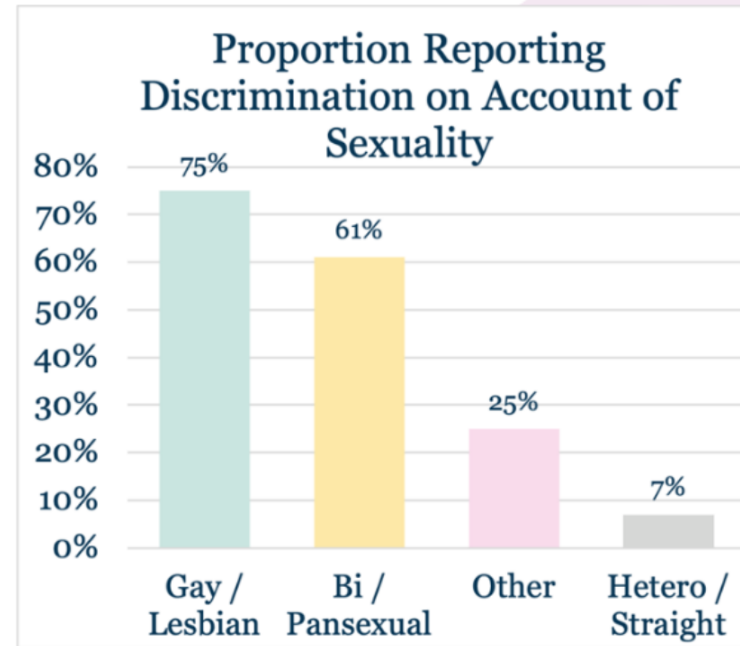
Relationships – discrimination

Less than one in ten (7%) of heterosexual/straight young people have experienced discrimination on account of their sexuality.

In comparison, six in ten bi/pansexual young people report discrimination, which rises to over seven in ten for gay/lesbian young people.

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On the basis of their gender, half of trans and gender diverse young people report having experienced discrimination in the past.

Of those with **Special Educational Needs (SEN)**, one in three (33%) report having experienced discrimination because of their disability, compared with roughly one in ten of non-SEN pupils.



Other findings

Local environment

- 84% of young people report that they feel fairly safe or very safe in their local area. This ranged from 67% to 93% across HIPS neighbourhoods.
- 63% of young people agree or strongly agree that there are good places to spend free time (e.g. parks) in their local area. This ranged from 52% to 74% across HIPS neighbourhoods.

Dental hygiene

- Nearly nine out of ten young people reported having visited the dentist in the last 12 months.
- The vast majority (84%) of young people in HIPS brush their teeth the NHS-recommended twice per day.
- 17% said that they have had pain in their teeth or mouth sometimes, often or very often in the last three months.
- Dental hygiene varies by place. The proportion of young people reported having visited the dentist in the last 12 months ranges from 69% to 96% across the 46 HIPS neighbourhoods.

Sleep

- Just under half (44%) of young people said they don't normally get enough sleep to feel awake and concentrate on their schoolwork during the day; this was lower for Asian young people, at 31%.

Pressure of school work

- Young people were asked how pressured they feel by the school work they have to do. Six out of 10 said 'some' or 'a lot.'

Next steps

- #BeeWell's youth centred approach seeks to ensure young people are at the centre of our response to the data. The next step will be to share the place-based data with young people in the youth steering group and the nine participation groups to develop narratives and co-design localised responses. Other initiatives include:
 - Youth-led commissioning
 - Young Researchers Programme
 - The #BeeWell Prize
- Schools have been offered one-to-one follow up support sessions to interpret their data and identify actions to improve their students' wellbeing.
- The team will re-engage schools for Year 2 of the survey, due to be delivered in October 2024.
- The University of Manchester is producing an interactive neighbourhood dashboard providing insights into how wellbeing domains and drivers vary across HIPS' 46 neighbourhoods. The dashboard can be filtered by age, gender, SEND status and Free School Meal eligibility. The dashboard will show variation in wellbeing across different communities, as well as insights into the key drivers of young people's wellbeing.
- 36 local coalition partners in Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS), and a further 70 national organisations, have signed up to committing to act on the results of the #BeeWell survey.
- Local partners event on the 25 March where the academic lead from the University of Manchester will demonstrate the neighbourhood dashboard and the team will share the findings for HIPS and stimulate responses. This will be followed on 27 March by a national coalition of partners event for both HIPS and Greater Manchester.

22,400 young people have given their voice through the #BeeWell survey.

What opportunities are there to work collaboratively across the system to address the results of the #BeeWell survey and improve young people's wellbeing?



**LISTEN.
ACT.
CELEBRATE.**

**Health and Wellbeing Board
Forward Plan for Future Meetings
2023 to 2024**

Item	Notes	MAR 2023	JUNE 2023	OCT 2023	DEC 2023	MAR 2024	JUN 2024	OCT 2024	DEC 2024
Health and Wellbeing Board Business Plan Update	Last received October 2021								
Board Survey Response and Actions	Last received July 2021								
Joint Strategic Needs Assessment (JSNA) Programme Update	Last received October 2022								
JSNA Work Programme and HIA Findings Summary	Workshops held on 29/11/21, 27/01/22								
DPH Annual Report: COVID 19 Inequalities in Mental Health and Wellbeing in Hampshire	Last received March 2022								
DPH Annual Report; 2023/24							X		
Health Protection Annual Report	Last received October 2022				X				X
Hampshire Place Assembly	Last received December 2022								
Terms of Reference Review	Last received November 2022								
Climate Change and Health	Last received October 2023			X					
Hampshire's Public Health Strategy 2023-2026	Last received October 2023			X					

Item	Notes	MAR 2023	JUNE 2023	OCT 2023	DEC 2023	MAR 2024	JUN 2024	OCT 2024	DEC 2024
Hampshire Health and Wellbeing Board Strategy/Joint Strategic Needs Assessment Update							X	X	
Joint Hampshire and Isle of Wight Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan	Last Received December 2019								
Starting Well Theme Focus	Last Received March 2022								
Household Support Fund and Cost of Living Resources	Last received December 2022								
Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire									
Living Well Theme Focus	Last Received June 2022								
Hampshire Physical Activity Strategy	Last received October 2021								
Hampshire Physical Activity Strategy Update	Last received October 2023			X					
Mental Health and Wellbeing Recovery Update	Last Received December 2020								
Hampshire Healthy Weight Strategy	Last received December 2021				X				

Item	Notes	MAR 2023	JUNE 2023	OCT 2023	DEC 2023	MAR 2024	JUN 2024	OCT 2024	DEC 2024
Hampshire Mental Wellbeing Strategy and Suicide Prevention Action Plan	Last received June 2023		X						
Tobacco Control Strategy									
Smokefree Hampshire 2030 – Achieving a Smokefree Generation for Hampshire by 2030	Last received March 2023	X					X		
Children and Young People’s Physical Activity and Healthy Weight Management	Joint PH and Energise Me item								
Trauma Informed Approaches						X			
Alcohol and Substance Misuse Partnership						X			
#BeeWell Survey						X			
Hampshire Joint Carers Strategy 2024-2029							X		
District Forum Report on Housing and Health Topic	Last Received July 2020								
Healthier Communities Theme Focus	Last received December 2022								
Fire and Rescue Service Community Safety Strategy	Draft received March 2022								
Aging Well Theme Focus	Last received March 2023		X						

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Item	Notes	MAR 2023	JUNE 2023	OCT 2023	DEC 2023	MAR 2024	JUN 2024	OCT 2024	DEC 2024
Dying Well Theme Focus	Last received June 2023			X					
Integrated Care Systems									
The HIOW Integrated Care System (ICS) - National Context, Local Progress to Date and Next Steps	Last received March 2021								
The HIOW Integrated Care System - Deep Dive	Last received July 2021								
Integrated Care Strategy Development	Last received December 2022								
Final Integrated Care System Strategies	March 2023	X							
HIOW and Frimley ICP Update					X				
Additional Business									
Forward Plan	Standing item	X	X	X	X	X	X	X	X
Integrated Intermediate Care (IIC)	Last received March 2021								
Modernising our Hospitals: Impact on Population Health in Relation to the Strategy	Last Received December 2020								
Election of Vice-Chairman	December 2022								
Pharmaceutical Needs Assessment	Last received October 2022								
Hampshire Integration and Better Care Fund Plan 2021-22	Update October 2022								
Annual Report									

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Item	Notes	MAR 2023	JUNE 2023	OCT 2023	DEC 2023	MAR 2024	JUN 2024	OCT 2024	DEC 2024
Winter Fund Briefing (Support discharges from the Acute Hospitals)	Circulated 19 December 2022								
Hampshire Place Board Progress Report	Circulated 19 December 2022								
Hampshire Better Care Fund						X			