

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Committee:</b>	Executive Member for Adult Services and Public Health
<b>Date:</b>	16 November 2021
<b>Title:</b>	Public Health: Outcome of the Transformation to 2021 Public Consultation
<b>Report From:</b>	Director of Public Health

**Contact name:** Rachael Dalby-Hopkins

**Tel:** 0370 779 3721

**Email:** rachael.dalby-hopkins@hants.gov.uk

### Purpose of this Report

1. The purpose of this report is to provide the Executive Member for Adult Services and Public Health with the outcomes of the public consultation.

### Recommendations

2. That the Executive Member for Adult Services and Public Health approves savings from Public Health Services as set out in this report.

#### For substance misuse:

- It is recommended that a service is maintained in Winchester and work continues to find a more cost-effective venue to secure a saving of £60,000.

#### For stop smoking services:

- Reduce unsupported prescribing for reasons described in this report to secure savings of £168,000.

#### For sexual health services:

- Stop the duplicated HIV and syphilis self-sampling service for reasons described in this report to secure a saving of £8,000.

3. That the Executive Member for Adult Services and Public Health notes the following:

- Robust monitoring of the impact of any change will be established so that commissioners and providers can respond with any appropriate mitigation as required.
- Continue to identify service transformation opportunities.

## **Executive Summary**

4. This report provides the Executive Member for Adult Services and Public Health with the outcomes of the public consultation and seeks approval for savings of £236,000.
5. The Public Health Transformation to 2021 (Tt2021) savings target of £6.802m was agreed in November 2019. Feedback from Public Health England and a subsequent review of the appropriate spend of the ring-fenced grant identified that only £3.128m of proposed savings could be allocated to existing Hampshire County Council spend
6. As a result, Full Council approved the reduced savings target of £3.128m on 4 November.
7. The saving of £236,000 arising from the items that were part of the consultation (£3.05m) are not required to meet the amended savings target, so this funding would be retained within the Public Health function to support, through reinvestment, further transformation in priority Public Health programmes.

## **Contextual Information**

8. Public Health Services have focused on service transformation for many years with emphasis being on improving outcomes, value for money, service efficiency and delivering services in ways preferred by residents. For example, sampling for sexually transmitted infections can be undertaken by post with no need to attend a clinic in person and employing teams with a mix of skills has ensured specialist skills are used where they can provide most value for residents.
9. The Serving Hampshire – Balancing the Budget consultation carried out in 2019 sought the view of Hampshire residents on ways the County Council could balance its budget in response to continuing pressures on local government funding, and still deliver core public services.
10. In November 2019, the County Council set a savings target of £6.802m for Public Health as part of its Transformation to 2021(Tt2021) Programme. At

that time, outline proposals to reduce the budget in substance misuse, sexual health, domestic abuse, mental health, healthy lifestyles, 0-19 services and services for older people were included in the report to the County Council. Since then, the service has worked with each of its commissioned service providers to develop a series of proposals to deliver savings. This has included:

- Working with clinical commissioning groups to identify long term sustainable funding for the Hampshire-side alcohol nurse service;
- Replacing the printed Health Checks booklet with an online alternative;
- Working with nursery school and older people's accommodation providers to develop a new model of supervised tooth brushing;
- Changing the way that medicines are prescribed in some services.
- Introduction of a digital front door for the sexual health service to triage service user needs enabling access the right service at the right time

11. Hampshire Public Health is funded by a ring-fenced grant, the terms and conditions of which require that the budget is spent on delivering core responsibilities and improving the health of Hampshire residents. In order to achieve T21 savings from the Public Health ring fenced budget, the savings needed to be allocated to alternative council services which deliver Public Health outcomes. This process is called re-badging.
12. During the public consultation, feedback was received from Public Health England, which clarified that when spending the ring-fenced grant, Public Health outcomes must be the primary purpose and that consequential health outcomes from other service expenditure are not admissible. This clarification highlighted the need to re-consider the level of achievable Public Health savings for Tt2021 due to limited alternative and eligible council services suitable for re-badging. Accordingly, only £3.128m of Public Health savings could be safely allocated to alternative council services. This position has been described in detail in the Savings Programme to 2023 Revenue Savings Proposals report and Full Council approved the reduced savings requirement of £3.128m on 4 November.

### **The Public Consultation**

13. Savings opportunities amounting to £3.05m, originally intended to help achieve the Public Health Tt2021 saving target of £6.802m alongside the £3.128m already achieved, were developed in conjunction with service providers, and were the subject of an eight-week public consultation which was conducted by the County Council between 14 June 2021 and 9 August 2021. This was considered an appropriate period for consultation given the number people who use the service. It also allowed other stakeholders including health partners, district and borough councils and other interested partners to participate.

14. For each proposal the consultation sought to understand:
  - The extent to which residents and other stakeholder support the County Council's proposals for changes to services;
  - The potential impact of the proposed changes and
  - Any alternative options that could achieve savings
15. An information pack and response form were published on the County Council's website and the response form was also available as an online survey. Unstructured responses sent through other means such as email were also accepted and analysed as feedback.
16. The consultation was promoted through a range of channels, including (but not limited to):
  - emails to local voluntary and community sector partners, district and borough councils, MPs, NHS trusts, GP surgeries, pharmacies, sexual health clinics, schools, local parent and carer networks, charities, and constabulary and fire service partners;
  - social media posts on Twitter and Facebook;
  - press release information for the local media;
  - school communications with the request that the consultation be shared with parents via, for example, school newsletters; and
  - internal communications with staff at the County Council, including the services being consulted upon.
17. Whilst the consultation was 'live' to stakeholders, the Health and Adult's Social Care Select Committee established a Working Group to review and discuss each of the proposals and develop a series of recommendations.
18. At the meeting on 19 October 2021, the Health and Adult's Social Care Select Committee supported the recommendations of the Working Group.
19. The summary of the findings of the public consultation is attached at appendix A.

## **Substance Misuse**

### **Service background**

20. Drug and alcohol misuse has a large detrimental impact on the health of the population and impact on society. Alcohol consumption has risen during the pandemic and is a driver of inequalities and poor outcomes.
21. The substance misuse treatment service delivers treatment and support to adults and young people who are misusing drugs and alcohol. The service is currently delivered through nine permanent treatment centres and nine smaller satellite clinics.

22. The service provider has been leading a programme of transformation across the County to introduce innovative practices to deliver services, maintain or improve client outcomes whilst improving value for money. This has included changing the way medications are prescribed or the way that services are delivered.
23. Having permanent treatment centres in Hampshire that can provide open access/drop-in facilities is a cornerstone of the service, though identifying reasonably priced accommodation in the 'right' places to meet the needs of clients is challenging. This is a result of the high rental costs or suitability of buildings for the provision of clinical services. This is an issue being experienced across the County but needs particular focus in Winchester. For the service provider, premises and the geographical footprint of services has been a long-term priority

### **The Consultation proposals**

24. The County Council proposed to make reductions of £120,000 from the budget for the substance misuse treatment service by closing the Winchester treatment hub. This would affect adults who access substance misuse treatment services in Winchester. It would not affect the delivery of the children and young people's substance misuse treatment service.
25. People living in Winchester who need to access the substance misuse treatment service would still be able to seek support at the Winchester satellite clinic, via support groups at local community centres, through outreach or virtual support or at treatment hubs elsewhere in Hampshire (the nearest one being Eastleigh).

### **Public consultation response summary**

26. 869 respondents provided feedback on this proposal via the consultation response form.
27. Over three quarters of respondents (78%) disagreed with the proposal to close the Winchester treatment hub. Higher levels of disagreement were expressed amongst respondents who had used the service (91%), those with children up to the age of 16 in their household (85%) and those from ethnic minority backgrounds (85%).
28. Perceived impacts of proposed changes to the substance misuse treatment service focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. There was also some concern that the impact could extend to the wider

community through increased criminal behaviour or demand for other services.

29. Almost a quarter (24%) of respondents raised the issue of impact on other services including increased demand on the NHS and GPs (22%), more pressure on crime and probation services (14%) and general increased demand on other services. In addition, the impact on the budget of services was also a theme (20%) as well as impact on health outcomes such as poorer physical health (17%) and increase in death rates (7%), poorer mental health (6%) and increase in self harm and suicide (3%).

### **Overall recommendation:**

30. It is recommended that a service is maintained in Winchester and work continues to find a more cost-effective venue to secure a saving of £60,000.

### **Stop Smoking**

#### **Service background**

31. Stopping smoking is the most effective public health intervention to improve the health of the population. Hampshire County Council commissions a free stop smoking support for local residents, known as 'Smokefree Hampshire'. The service offers one-to-one support from trained advisers to people who want to quit smoking, along with free nicotine replacement therapy (NRT), vaping kits, and medications that can make it easier to quit. Support is provided face-to-face in community venues, pharmacies, vape shops and by telephone and video call.

#### **The consultation proposals**

32. *Proposal A* was to reduce the number of venues from which face-to-face stop smoking services are provided: If agreed, 15 of the existing 33 venues would close, saving £150,000. The service would still provide all the online support currently available and continue to provide face-to-face support at the remaining 18 community venues. The arrangements that are in place with specific pharmacies, GP practices and vape shops would also continue.
33. *Proposal B* was to reduce unsupported prescribing (the number of prescriptions written by GPs for stop smoking medication and nicotine replacement therapy (NRT) that are not accompanied by a referral to Smokefree Hampshire): If agreed, GPs would be asked to refer patients to the Smokefree Hampshire service to access medication or NRT alongside tailored support. Evidence suggests that this would increase the chances of successfully quitting smoking and provide a more cost-effective way of helping people to stop smoking, saving £168,000.

## **Public consultation response summary**

34. 766 respondents provided feedback on these proposals via the consultation.
35. Overall, 61% of respondents disagreed with the proposal to close 15 local venues delivering the Smokefree Hampshire service, with the highest levels of disagreement expressed by respondents who have used the service (80%) and those with children up to the age of 16 in their household (69%).
36. The proposal to reduce unsupported prescribing by GPs split opinion amongst most groups, with 50% of respondents disagreeing and 40% agreeing with this proposal overall. Current previous service users and organisations that work in the health sector were clearest in their views, with 72% and 75% disagreeing respectively.
37. The most frequently mentioned impacts of proposed changes to stop smoking services related to service users - particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on healthcare and other services that would deal with the impacts of poorer health were also frequently described.
38. There was also concern about the impact on other services including increased demand for NHS/GP services (24%) and increase in costs to other services (20%).

### **Overall recommendations:**

39. It is recommended that unsupported prescribing is reduced to save £168,000.

## **Sexual Health**

### **Service background**

40. Hampshire County Council is required to provide sexual health services, including some statutory services. This service is important for the health of our population and to reduce (sexual transmitted infections) STIs and unwanted pregnancies. The emergence of new STIs needs new management and treatment. The majority of these services are provided by Solent NHS Trust to everyone living in Hampshire who needs them. They are delivered from a number of sexual health clinics spread across Hampshire, as well as online, postal and outreach services in a range of places, including colleges.

41. Public Health also commissions: additional sexual health services, such as long-acting reversible contraception (e.g. coils and implants), from General Practices (GP surgeries); emergency hormonal contraception, often known as the 'morning after pill' from some commissioned local pharmacies; and a provider of online HIV and syphilis self-sampling.

### **The proposals**

42. Proposal A: To reduce or stop parts of the service that the County Council does not have a statutory duty to provide. This proposal would save £184,000 and encompasses: reducing sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men; stopping the provision of counselling to people experiencing psychosexual problems; stopping free sexual health training for professionals. With fewer resources available, the service would focus on vulnerable groups which are at greatest risk of poor sexual health. Other groups may experience longer waiting times, use online services or be required to pay a fee.
  
43. Proposal B: To close the small sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey. This proposal would save £249,000. Larger sexual health clinics and the smaller clinics in other locations would continue to be provided in addition to the services that are now available online and by telephone or post.
  
44. Proposal C: That community pharmacies would only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under. This proposal could save around £80,000. If it is approved, women aged 25 and over would still be able to access free emergency hormonal contraception from their GP or from Solent NHS Trust Sexual Health. Alternatively, they could pay for it at community pharmacies at a cost of between £13.50 and £35.
  
45. Proposal D: To remove the HIV and syphilis self-sampling service provided by SH:24. This proposal could save around £8,000 by reducing service duplication as HIV and syphilis self-sampling testing kits are available from the Solent NHS Trust Sexual Health which also provides a self-sampling service for a range of STIs.

### **Public consultation response summary**

46. 1082 respondents provided feedback on these proposals via the consultation response form.

47. 80% of respondents disagreed with the proposal to stop counselling for people experiencing psychosexual problems, with net disagreement seen amongst most respondent groups. This was particularly high amongst respondents aged under 25 (94% disagreed), and organisations that work in the health sector (95%).
48. There was consistently high disagreement with the proposal to reduce sexual health promotion and HIV prevention services across respondents (78%), although this was slightly lower amongst respondents with an illness, health problem, or disability, of whom 23% agreed and 71% disagreed with the proposal.
49. The proposal to stop providing free sexual health training showed strong overall disagreement from respondents (78%). Disagreement was higher amongst respondents with experience of using the service (84%), those aged under 25 (84%), and health sector organisations (84%), as well as those from households with children aged 0-16 (83%).
50. Three quarters of respondents (75%) disagreed with the proposal to limit free access to emergency contraception at community pharmacies to people aged 24 and under. Respondents aged under 25 expressed stronger disagreement to this proposal than other groups (92%).
51. There was significant majority disagreement with the proposal to remove the HIV and syphilis self-sampling service (74%), particularly amongst respondents aged under 25 (92% disagreed), ethnic minorities (80% disagreed), and those with experience of using the service (79% disagreed).
52. 71% of respondents disagreed with the proposal to close some smaller sexual health clinics, rising to 84% of those aged under 25. In contrast, disagreement was lower amongst non-service users (67%), respondents with household incomes of up to £30,000 per year (67%), and those with an illness, health problem, or disability (65%).
53. Respondents felt that the proposed changes to sexual health services would reduce service access - particularly for the young and already vulnerable - whilst also reducing levels of equality and impacting on the health of those who rely on these services.

#### **Overall recommendations**

54. It is recommended that the duplicated HIV and syphilis self-sampling service as described in proposal D is stopped to save £8,000.

## **Public Health Nursing**

### **Service background**

55. The Hampshire 0-19 Public Health nursing service comprises two functions: health visiting and school nursing to deliver the Healthy Child Programme. The health visiting part of the service is provided to children aged 0 to 7 years and their family. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. This service is provided to everyone who lives in Hampshire with various levels of support. The school nursing part of the service is available for children, young people aged 5-19 years and their families, or young people aged up to 25 years if they are leaving care at 18 or have special educational needs and disabilities (SEND).

### **The proposals**

56. The County Council proposed to reduce the budget for Public Health nursing by £2.09 million per year by:
- reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce);
  - only providing school nurse support to children and young people over the age of 11 years through the digital offer. A reduction in the number of staff posts would be enabled through encouraging a greater focus on using digital (online, video and telephone) channels wherever appropriate to enable the remaining public health nurses to focus on those aged under 12 years with the greatest needs. Fewer face-to-face appointments would be available, and these would be prioritised for those with the greatest needs such as those living in areas of deprivation, with safeguarding needs or where the support needed requires a face-to-face appointment.

### **Public consultation response summary**

57. 2767 respondents provided feedback on these proposals via the consultation response form.
58. There was strong disagreement with the proposal to reduce the number of staff posts available to support families by approximately 47. Overall, 96% disagreed with the proposal, encompassing over 90% of respondents in all key demographic groups.
59. 94% of respondents disagreed with the proposal to only provide school nurse support to children and young people over the age of 11 years through the

digital offer, with 83% doing so strongly. Disagreement was high in all key respondent groups.

60. The majority of respondents who commented on the perceived impacts of the proposals mentioned the effect on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented.

### **Overall recommendations**

61. The proposals which were included in the public consultation will not be progressed.

### **Finance**

62. Given the clarification from Public Health England and subsequent agreement by Hampshire County Council Chief Officers on the appropriate use of the Public Health grant, on 4 November 2021 Full Council agreed to reduce the Tt2021 savings requirement from £6.802m to £3.128m. This saving has now been achieved in full.

63. In addition, a further saving of £236,000 arising from the items that were part of the consultation (£3.05m) has been identified and is proposed to be implemented. The proceeds of these savings are not required to meet the amended savings target, instead this funding would be retained within the Public Health function to support, through reinvestment, further transformation in priority Public Health programmes.

### **Climate Change Impact**

64. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impact 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 2C temperature rise by 2050. This process ensures that climate change consideration are built into everything that the authority does.

65. The recommendations made in the report have been assessed against the two tools and no impacts have been identified.

### **Equalities**

66. Integral appendix B contains the equality impact assessments (EIAs) that have been completed on the proposed changes to Public Health services, specifically for substance misuse, sexual health and stop smoking services.
67. The EIAs have identified that the recommendations made in this report may have a high or medium impact on people in the following areas:
- Substance misuse – age, disability, gender, poverty
  - Stop smoking – none
  - Sexual health – sexual orientation

## **Next Steps**

68. Significant transformation possibilities should become apparent as a result of strategic opportunities for change. These include:
- i. The Hampshire, Isle of Wight and Southampton and Frimley Integrated Care Systems (ICS) will be developing different ways of delivering services at a local level. Hampshire Public Health is well positioned to maximise the potential of any changes and play a role in the development and delivery of plans at system and more locally at place level as part of this work.
  - ii. A new Public Health Strategy for Hampshire is being developed, priorities which will be informed by the changing health needs of the population of Hampshire. This will take into account the impact of the COVID-19 pandemic on residents and services and will provide additional opportunity to identify and highlight areas where delivering public health outcomes differently would improve outcomes.
  - iii. The COVID-19 pandemic presented many challenges for the health of the population where there have been changes to health needs. Service providers have worked hard to adapt the way services were delivered. Primarily this meant that services suspended delivery of most face-to-face services and moved to online or telephone or in some cases a mixture of online and limited in person delivery, triaging to ensure needs were met. Although for a number of services this was an adaptation that had ever been planned, these changes do need to be reviewed and assessed to determine their role in the longer term. This has the potential to challenge future service models which have relied upon face-to-face delivery.
  - iv. Additional Government funding through the Mental Health Transformation Programme has been provided to clinical commissioning groups to support the development of improved community mental health services. For substance misuse services, this means there is potential to explore improved support for those who experience a combination of both mental health and substance misuse issues.

69. In addition, several specific pieces of work have been identified including:
- i. Establishing a strategic accommodation board to work collaboratively with all providers and other stakeholders to identify suitable and good value premises from which to offer services. This will include thorough reviews of usage and service user feedback to ensure appropriate access to face-to-face service across the county;
  - ii. Reviewing access to free emergency hormonal contraception for residents aged over 25 to ensure provision continues to meet the needs of the most vulnerable;
  - iii. Reviewing the impact of virtual service delivery during the pandemic to determine the appropriate level of permanent shift to online provision of services;
  - iv. Exploring opportunities for co-commissioning with partner local authorities and the NHS for a system wide integrated sexual health service for Hampshire residents, whilst maintaining appropriate local provision;
  - v. Identifying opportunities for transformation across systems (health, social care, criminal justice and housing for instance) including those presented by the Leadsom Review and forthcoming comprehensive spending review or the Domestic Abuse Act 2021;
  - vi. Working with the CCG to ensure appropriate health representation at child protection conferences.

## **Conclusions**

69. Whilst there is no requirement to make savings above the new target of £3.128m, there is an opportunity to continue to review any opportunities for transformation for improvement of Public Health outcomes as outlined above. Any savings identified through additional transformation will be directly re-invested in public health programmes in line with grant criteria to improve the health of Hampshire residents.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
December 2018 Executive Member Decision Paper	
November 2019 Executive Member Decision Paper	
September 2021 Executive Member Decision Paper	
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
Health and Social Care Act 2012 (legislation.gov.uk)	2012

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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:

#### **Substance misuse**

**Age: adult population aged 30-49 years**

**Impact: medium**

Approximately 50% of adults accessing substance misuse services in Hampshire are aged between 30 – 49 years. 66% of those people in treatment for their opiate addiction are between the ages of 30 and 49 years. This cohort require intensive care and support (including medical treatment) to enable recovery. A change in access to treatment amongst these age groups in Winchester may result in a decrease in the numbers of people accessing substance misuse treatment and a likely increase in the unmet need in the city. This age group also have the highest

number (nearly two thirds) of all drug related deaths across Hampshire. Accessing substance misuse treatment services is a protective factor in preventing drug related deaths and reducing access to these services for this cohort of people will result in an increased number of deaths.

**Mitigation:**

- A range of access points across the city, including a smaller satellite clinic that opens at certain times during the week on a sessional basis, where one to one appointments will be available;
- Support available for service users in crisis 24/7
- Group work/recovery support activities available at local community venues;
- Outreach to other services such as homeless support services; and
- Virtual support (via the telephone and/or online).
- The treatment hubs at other sites in Hampshire, the nearest being Eastleigh.

**Disability: mental health**

**Impact: medium**

People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. For example, 53% of service users within the substance misuse service have an identified mental health need. The service is currently working jointly with primary care and secondary mental health services to support service users who have a co-occurring substance misuse and mental health need. Joint working arrangements could be affected, and lower level mental wellbeing support will not be available within the service.

The closure of the Winchester hub may disproportionately affect those with complex needs who require greater access options and more intense support. This will affect the progress of an individual's recovery and potentially the risk to their health and wellbeing, including risk of death.

**Mitigation:**

- Clear joint working protocol developed which describes referral, assessment and treatment pathways.
- Outreach and joint working developed with community mental health teams. Substance misuse has been identified as priority within the Mental Health Transformation Programme to provide integrated treatment pathways at all levels for those with mental health/substance misuse.

**Gender**

**Impact: medium**

Currently, 63.8% of people accessing treatment for drug and alcohol misuse in Winchester are male. Less women (36.2%) currently access substance misuse services. The closure of the Winchester hub may impact the number of women accessing support.

At present the substance misuse service offers women only groups which are particularly important as some would have experienced domestic abuse.

**Mitigation:**

- Ensure women only groups continue in areas of highest need.

**Poverty**

**Impact: medium**

Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. There would be a reduction in access to substance misuse services for those living in poverty. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average deaths. Health outcomes such as rates of alcohol related conditions, alcohol related mortality and alcohol related hospital admissions for those living in local authority areas where there are elevated levels of deprivation in Hampshire is likely to increase. Whilst Winchester is an affluent district, there are pockets of deprivation.

**Mitigation:**

- Prioritise resources to ensure that substance misuse services are visible and accessible in Winchester. Work with other agencies who have good visibility in Winchester (e.g. homeless support services, primary care) to ensure there are clear and robust pathways of referral.

**Sexual health**

**Sexual orientation**

**Impact: medium**

Gay, bisexual men and men who have sex with men (MSM) are at high risk of poor sexual health, particularly in relation to HIV and other sexually transmitted infections, and are a priority group for the Level 3 Integrated Sexual Health Service. Sexually transmitted infection diagnoses in MSM has risen sharply in England over the past decade. The Office for National Statistics report on Sexual orientation: 2019, suggests that an estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.

**Mitigation:**

- MSM will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections. In addition, MSM have access to dedicated extra clinics in Hampshire.