

Public Document Pack

Overview and Scrutiny Management Committee

Thursday, 13th October, 2022
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Council Chamber, Civic Centre,
Southampton

This meeting is open to the public

Members

Councillor Fuller (Chair)
Councillor Houghton (Vice-Chair)
Councillor Cooper
Councillor Furnell
Councillor Guthrie
Councillor Shields
Councillor Stead
Councillor White
Councillor Winning

Appointed Members

Catherine Hobbs, Roman Catholic Church
Francis Otieno, Primary Parent Governor
Rob Sanders, Church of England

Contacts

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PUBLIC INFORMATION

Overview and Scrutiny Management Committee

The Overview and Scrutiny Management Committee holds the Executive to account, exercises the call-in process, and sets and monitors standards for scrutiny. It formulates a programme of scrutiny inquiries and appoints Scrutiny Panels to undertake them. Members of the Executive cannot serve on this Committee.

Role of Overview and Scrutiny

Overview and Scrutiny includes the following three functions:

- Holding the Executive to account by questioning and evaluating the Executive's actions, both before and after decisions taken.
- Developing and reviewing Council policies, including the Policy Framework and Budget Strategy.
- Making reports and recommendations on any aspect of Council business and other matters that affect the City and its citizens.

Overview and Scrutiny can ask the Executive to reconsider a decision, but they do not have the power to change the decision themselves.

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

Procedure / Public Representations

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

Smoking Policy:- The Council operates a no-smoking policy in all civic buildings.

Mobile Telephones:- Please switch your mobile telephones to silent whilst in the meeting

Fire Procedure:-

In the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access is available for disabled people. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year 2022/23

2022	2023
9 June	12 January
14 July	2 February
11 August	9 March
8 September	13 April
13 October	
10 November	
15 December	

CONDUCT OF MEETING

TERMS OF REFERENCE

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 4.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the Minutes of the meetings held on 8 September 2022 and to deal with any matters arising, attached.

7 FORWARD PLAN

(Pages 3 - 16)

Report of the Director, Legal and Business Services enabling the Overview and Scrutiny Management Committee to examine the content of the Forward Plan and to discuss issues of interest or concern with the Executive.

8 DRAFT DOMESTIC ABUSE AND VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY

(Pages 17 - 76)

Report of the Cabinet Member for Safe City requesting that, as part of the 12 week consultation process, the Committee consider the attached draft Domestic Abuse and Violence Against Women and Girls (VAWG) Strategy and provide feedback to inform the final version to be considered by Cabinet.

9 DRAFT TOBACCO, ALCOHOL AND DRUGS STRATEGY (2023-2028) - CONSULTATION

(Pages 77 - 136)

Report of the Cabinet Member for Health, Adults and Leisure requesting that the Committee consider the attached draft, five-year, combined Tobacco, Alcohol and Drugs Strategy (2023 – 2028) and recommend any amendments as part of the consultation process.

10 MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE

(Pages 137 - 142)

Report of the Director, Legal and Business Services, enabling the Overview and Scrutiny Management Committee to monitor and track progress on recommendations made to the Executive at previous meetings.

Wednesday, 5 October 2022

Director of Legal and Business Services

SOUTHAMPTON CITY COUNCIL
OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2022

Present: Councillors Fuller (Chair), Houghton (Vice-Chair), Cooper, Guthrie, Shields, White and Winning
Appointed Members: Rob Sanders

Apologies: Councillors Stead

Also in attendance: Councillor Leggett - Cabinet Member for Finance
Councillor Keogh – Cabinet Member for Transport and District Regeneration

12. **STATEMENT FROM THE CHAIR**

The Chair asked the Committee to mark the passing of Councillor Streets at the start of meeting.

13. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Committee meeting on 11 August 2022 be approved and signed as a correct record.

14. **FORWARD PLAN**

The Committee considered the report of the Director, Legal and Business Services enabling the Overview and Scrutiny Management Committee to examine the content of the Forward Plan and to discuss issues of interest or concern with the Executive.

In relation to Appendix 1 (Financial Monitoring for the Period to the end of June) Councillor Leggett - Cabinet Member for Finance, Keith Petty - Senior Finance and Business Partner SCC, Robert Henderson – Executive Director Wellbeing (Children and Learning) and Steph Murray - Deputy Director Children and Learning were present and with the consent of the Chair addressed the meeting.

In relation to Appendix 2 (Transforming Cities Fund Update) Councillor Keogh – Cabinet Member for Transport and District Regeneration, and Martina Olley – TCF Manager were present and with the consent of the Chair addressed the meeting.

In Relation to Appendix 3 (Evening Parking Charges) Councillor Keogh – Cabinet Member for Transport and District Regeneration, Mary D’arcy – Executive Director Communities, Culture and Homes, and Richard Alderson – Service Manager: Parking and Itchen Bridge were in attendance and with the consent of the Chair addressed the meeting.

RESOLVED:

- (i) That on consideration of the briefing paper relating to the Cabinet Decision “Financial Monitoring for the Period to the end of June” the Committee requested that the Cabinet Member for Finance and Change
 - a. provide a detailed plan to the Committee outlining how the Executive are seeking to address the current projected overspend against the 2022/23 General Fund budget.
 - b. that, reflecting the budgetary pressures created by the existing and forecast economic challenges, the Cabinet Member provides the Committee with the current anticipated budget shortfall for 2023/24.
- (ii) That the Committee noted the briefing paper relating to the forthcoming Cabinet Decision “Transforming Cities Fund Update.”
- (iii) That on consideration of the briefing paper relating to the forthcoming Cabinet Decision “Evening Parking Charges” the Committee requested that:
 - a. the Executive reconsider the proposed introduction of evening parking charges at the September 2022 Cabinet meeting;
 - b. if Cabinet agree to introduce evening parking charges, the findings from the proposed 4 month post implementation review are presented to the Committee;
 - c. if Cabinet agree to introduce evening parking charges, the proposed post decision analysis includes metrics that seek to measure the impact on city centre trade as a result of the introduction of evening parking charges.

15. **PROTECTING, PRESERVING AND PROMOTING THE RIVER ITCHEN IN SOUTHAMPTON - SCRUTINY INQUIRY TERMS OF REFERENCE**

The Committee noted the report of the Director, Legal and Business Services requesting that the Committee agrees the terms of reference for a scrutiny inquiry focussing on protecting, preserving and promoting the River Itchen in Southampton.

16. **MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE**

The Committee noted the report of the Director, Legal and Business Services, enabling the Overview and Scrutiny Management Committee to monitor and track progress on recommendations made to the Executive at previous meetings.

Agenda Item 7

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE		
SUBJECT:	FORWARD PLAN		
DATE OF DECISION:	13 OCTOBER 2022		
REPORT OF:	DIRECTOR - LEGAL AND BUSINESS SERVICES		
<u>CONTACT DETAILS</u>			
Executive Director	Title	Director – Legal and Business Services	
	Name:	Richard Ivory	Tel: 023 8083 2794
	E-mail	Richard.ivory@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
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STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This item enables the Overview and Scrutiny Management Committee (OSMC) to examine the content of the Forward Plan and to discuss issues of interest or concern with the Executive to ensure that forthcoming decisions made by the Executive benefit local residents.			
RECOMMENDATIONS:			
	(i)	That the Committee discuss the items listed in paragraph 3 of the report to highlight any matters which Members feel should be taken into account by the Executive when reaching a decision.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable Members to identify any matters which they feel Cabinet should take into account when reaching a decision.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	The Council's Forward Plan for Executive Decisions from 18 October 2022 has been published. The following issues were identified for discussion with the Decision Maker:		
	Portfolio	Decision	Requested By
	Housing and the Green Environment	Introduction of fees for the Council's public electric vehicle chargers	Cllr Fuller & Houghton

4.	Briefing papers responding to the items identified by members of the Committee are appended to this report. Members are invited to use the paper to explore the issues with the decision maker.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	The details for the items identified in paragraph 3 are set out in the Executive decision making report issued prior to the decision being taken.
<u>Property/Other</u>	
6.	The details for the items identified in paragraph 3 are set out in the Executive decision making report issued prior to the decision being taken.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	The details for the items identified in paragraph 3 are set out in the Executive decision making report issued prior to the decision being taken.
RISK MANAGEMENT IMPLICATIONS	
9.	The details for the items identified in paragraph 3 are set out in the Executive decision making report issued prior to the decision being taken.
POLICY FRAMEWORK IMPLICATIONS	
10.	The details for the items identified in paragraph 3 are set out in the Executive decision making report issued prior to the decision being taken.
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Briefing Paper - Introduction of fees for the Council's public electric vehicle chargers
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	Identified in Executive report
Data Protection Impact Assessment	

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		Identified in Executive report
Other Background Documents Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

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SUBJECT: INTRODUCTION OF FEES FOR COUNCIL'S PUBLIC ELECTRIC VEHICLE CHARGERS

DATE: 13 OCTOBER 2022

RECIPIENT: OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

THIS IS NOT A DECISION PAPER

SUMMARY:

- 1.1 Southampton City Council (SCC) has used government grant money to install 47 publicly accessible electric vehicle chargers (EVC's) in its car parks and highways. We have become the largest single provider in the city and since their introduction we have offered these on a free to use basis to encourage the uptake of electric vehicles (EV's) and the benefits they offer in terms of reducing carbon emissions and improving local air quality.
- 1.2 The EVC's are spread across 17 locations in the city and we now experiencing regular use as EV's are becoming more common place on our roads. It is understood that a free to use network is now not the main driver for EV uptake and SCC is now experiencing significant costs to maintain this service, driven by an increase in demand and rising energy costs. It is therefore proposed to introduce a competitive fee for usage that will cover our energy consumption costs and other overheads whilst ensuring the chargers offer an attractive option for EV users.

BACKGROUND and BRIEFING DETAILS:

- 2.1 When SCC first introduced EVC's in 2017, sales of Battery Electric Vehicles (BEV's) and Plug in Hybrid Vehicles (PHEV's) in the UK totalled 46,000 for the entire year, less than 2% of total new registrations. SCC introduced its chargers on a free to use basis to encourage the uptake of low emission plug in vehicles in the city and realise their benefits in terms of reduced emissions and an opportunity to improve local air quality.
- 2.2 In November 2020 the UK government announced that the sale of new petrol and diesel cars and vans will be banned by 2030 and all new cars and vans must be fully zero emission at the tailpipe from 2035. Between 2030 and 2035, new cars and vans can be sold if they have the capability to drive a significant distance with zero emissions (for example, plug-in hybrids or full hybrids). In response, manufacturers are now offering an increasing range of EV's that are becoming more affordable and offer better range.
- 2.3 The cost of new EV's still currently remains higher than traditional petrol and diesel vehicles but they are now likely to cost less to run over the course of ownership. It is estimated that electric cars and vans will be cheaper to produce than combustion vehicles by 2027.

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- 2.4 In 2021 electric cars made up 18.5% of all new cars registered. As of the end of June 2022, there were more than 910,000 plug-in cars with approximately 510,000 BEVs and 400,000 PHEVs registered. During the period up to 2010- 2015 the majority of the new registrations were PHEVs, but in 2020 with longer range and greater model choice available as BEVs, this reversed with pure EVs now leading on monthly sales and annual market share. The growth of the EV market is expected to accelerate in the coming years as the UK prepares itself for the 2030 ban on new petrol and diesel vehicle sales. By the end of 2022, it is projected that electric cars will outsell diesel and mild hybrid diesel. Petrol is set to remain the most popular fuel choice for used car buyers for the next few years, while diesel is expected to become a niche choice over time as drivers opt for cleaner and cheaper plug-in alternatives.
- 2.5 EV Chargers fall into four categories depending on their charging ability – Slow, Fast, Rapid and Ultra Rapid.
- The Slow chargers are generally home based and run directly of the 230V supply using the standard three pin plug at around 2.3kwh that would charge a car fully in 15- 20hrs or also specific home EV charges can be fitted that can offer around 3.6kwh and up to 7Kwh depending on supply and charger type – both will charge an EV a little quicker at about 12hrs for the 3.6kw and 8hrs with more power.
 - Fast Chargers are more commonly seen as the standard carpark / roadside chargers and are predominantly 7Kwh but can also be up to 22kwh – A 7kwh charger would charge a vehicle from empty in about 7 hrs but are ideal for “top up” charging whilst parking for a longer period.
 - Rapid Chargers are more powerful and would typically be DC 50kwh- 100kwh and offer a much quicker option. These tend to be more suited for a defined destination location as opposed to on street due to the cost of the unit and the infrastructure required. A rapid charger would typically charge a car from empty to full in about an hour or would top up as much as 80% in 20 minutes.
 - Ultra-Rapid Chargers are becoming a little more well-known and being generally available at “charging Hubs” and can give power up to 350kwh. These can charge bigger batteries and more powerful EV’s quickly. These could add range of 100 miles in only 10 minutes.
- 2.6 SCC presently provides 40 fast chargers in its car parks and 7 street (47 total). Two rapid chargers are also offered exclusively to taxi operators, as part of the Local NO2 Plan and efforts to reduce taxi related emissions.
- 2.7 Commercial EV Charging operators have a raft of pricing options based upon the type and power available usually broken down to the 4 main types above. In essence you pay more for the faster charge as these units cost more to instal and maintain. In addition, operators frequently include the following in their pricing strategies.
- Connection fees - Each time you connect to their network you pay a standing charge in addition to the energy you take.

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- Subscription – To gain access to a network of chargers that an individual operator has, they require you to pay a monthly subscription in addition to paying for the energy you take.

In all cases charging costs are in addition to any other parking charges.

- 2.8 SCC proposes that it's charging fees will also be in addition to any standard parking fees (EV's, whether charging or otherwise have never been exempt from parking fees but a concessionary season ticket is available), and a single flat price is proposed regardless of charger type. This is possible because all capital and maintenance costs have been grant funded to date and energy costs represent the only significant cost. This offers our customers a simple and transparent pricing scheme.
- 2.9 Energy consumed by SCC's chargers is typically registered at a meter for a general site or area and their costs have been absorbed within the operating budget for these sites i.e., Parking Services and Highways, rather than any dedicated budget. However, energy consumption for individual chargers can be obtained from their operating systems and this suggests they are currently using approximately 37,500kwh of energy per month at an estimated cost of £7,500.
- 2.10 There has been a significant spike in in use of SCC's chargers since the turn of the year - See Annex 1. This can be attributed in part due to the lifting of COVID restrictions and the increasing numbers of EV's on our roads. But it has become evident that our free to use model has become increasingly more attractive as the cost of home charging and commercial charging services has increased over this period. We are also aware that commercial fleet operators are now using our facilities, and this will also be contributing to the uplift.
- 2.11 Although the uptake in EV's by city businesses should be applauded, this commercial scale of use is not in the spirit of our original "free to use" offer and some car drivers have expressed their frustration of being blocked from chargers due to the presence of commercial vans. SCC Parking Services are in the process of initiating a consultation that would enable them to restrict commercial vehicles accessing our car parks as one way of managing the issue.
- 2.12 It is believed that in many cases the free to use offer is attracting a significant amount of opportunistic use and other, viable charging options (like home and workplace charging) are being overlooked in preference for our fully subsidised offer. It is anticipated that the introduction of fees is likely to normalise behaviours and could alleviate the more immediate problems caused by larger commercial vehicles. Operating models that offer chargers to commercial users for overnight charging only, are being considered as a longer-term solution.
- 2.13 The introduction of a fee-paying service for our facilities is not considered likely to otherwise impair the local uptake of electric vehicles in the city. Free to use services are becoming increasingly scarce. These are generally subsidised by major retailers with a view to gaining and maintaining customer loyalty and offer a limited charging opportunity due to time restrictions and charging speeds. It is anticipated that we may experience a short-term reduction in usage as behaviours are normalised and a switch to other charging options occurs. It is not expected the introduction of fees on SCC's network will have any significant impact on EV uptake. It is expected that the trend for

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EV's will continue to increase at pace and demand for our charging network to follow in the medium term.

IMPLEMENTATION and PRICING

- 3.1 Prior to introducing fees, Cabinet approval will be sought to overturn the previous decision to offer EV chargers on free to use basis. This is scheduled for 15th November 2022. Actual fees will be decided and updated in accordance with section 2.8 of the Officer Scheme of delegation, fees and charges (i.e. authorised by the relevant Executive Director in consultation with the relevant Cabinet Member). Although fees are proposed for all public chargers, two rapid chargers are dedicated for taxi use only and will be considered separately. It is recognised that these cannot be subsidised indefinitely but there may be some benefit in seeking delegated authority to introduce fees later, when the city's charging infrastructure is more supportive of this sector.
- 3.2 The technology within all the charger units supports payments already so no additional software or hardware is required to initiate the fee charging. The back-office functions can be easily set and managed to facilitate fee taking and the existing Charge Point Operator will be responsible for collecting all payments and returning to SCC, less an agreed commission.
- 3.3 A proportion of this income will be journaled internally to cover energy costs and ensure metered costs paid by specific service areas are accounted for. This will be managed by SCC's Energy Team.
- 3.4 SCC chargers use two back-office systems managed by MER and Shell Recharge. These are common operators across the UK's public EV charging network. Users gain access via an App, card or fob (depending on preference) and must open an account which involves registering a payment card. Where a fee for charging applies, the operators debit the user's account.
- 3.5 SCC will propose that fees will only be introduced after a period of at least 21 days' notice and will be supported by a communications campaign to ensure that all users are aware of the changes in use, including contact with Smart Cities Card Users and broader details across all our Social Channels, on-site signage (at all public carparks and on street locations with chargers) and visual messages on the chargers themselves.
- 3.6 We will be clear to explain the reasons why we are introducing the fees to include the following message:
 - Free EV Charger use was introduced as a limited trial to encourage early uptake of EV's.
 - SCC have introduced 47 public chargers across the city and are seeing a significant uplift in use as EV numbers increase.
 - Our Fees will reflect our current energy costs and be set at a typical market price and support future investment and on-going maintenance.
 - In addition to free to use chargers we have encouraged EV early adopters by offering free use of the Itchen toll and £10 season tickets for our car parks.

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- 3.7 Subject to Cabinet approval, it is recommended that fees will be introduced in January 2023, allowing sufficient time to complete an appropriate level of internal engagement, update fees in the Officer Scheme of delegation, prepare the back-office systems and complete a minimum 21-day communications plan to ensure all users are given due notice of the change.
- 3.8 Currently we are delivering circa 37,500kwh of energy to our charger network monthly, at a cost rate of £0.19 p/kwh and an estimated cost of approximately £7,500.
- 3.9 SCC is experiencing a large rise in the cost of energy, and this is set to rise further in next year. Below shows that our cost of energy will be rising from 15p per KWH last year to possibly 45pkwh next year.

Financial Year	£/kWh (mean for period)
2020-21	£0.15 – Actual
2021-22	£0.19 - Actual
2022-23	£0.37 – Forecast rate
2023-24	£0.45– Forecast rate

- 3.10 Meanwhile there is capacity within our charging network to accommodate further uptake and energy consumption. If the forecast unit energy costs of £0.45p per kwh were realised and use of our chargers increased to 50,000 kWh per month, the cost could reach circa £22,500 per month (£270,000 per annum) by 2023/24.

Fees

- 3.11 Whilst we are experiencing an unprecedented upsurge in energy costs, pricing of public chargers at present tends to reflect the price the supplier has current access to with their projected profit or margin added, so at present a representative cost of 30pkwh - 45pkwh is the norm but prices are rising daily and an expected 45pkwh - 50pkwh is becoming thought of as a competitive daily rate on 7kwh-22kwh (Fast public chargers with a rate of £0.65-£0.75) for 50kwh- 100kwh Rapid chargers. Shell UK is the largest provider of public EV chargers and currently offers its fast chargers at 45p/kWh and its rapid chargers at up to 66p/kWh. SCC could match the lower rate (45p/kWh) for both its fast and rapid chargers whilst still recovering current and immediately foreseeable energy costs and management costs (including VAT and Charge Point Operator commission for collecting fees).
- 3.12 Based upon expected increase of use to circa 40,000kwh per month (some 480,000kwh per annum), a proposed fee of £0.45p/kwh would return a modest balance of circa £9,600 per annum after energy costs (against a cost to SCC of £177,600 if we remain offering it as free to use). It is proposed that any income generated after operator and energy costs be retained to accommodate any future increases in energy costs and support ongoing maintenance and development of the charging network.
- 3.13 Future Direction: SCC is currently exploring a concessions/partnership model to support a step change in the roll out of EVC's in its car parks, highways and estates. It is expected that such an arrangement could be in place in 2023 and would include another review of charging costs.

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3.14 For us to fully develop such an arrangement, we need to move from a “free to use” model, to a “fee paying” model as any partner would require a return in their investment.

EV CHARGING V PETROL AND DIESEL

4.1 There is a great deal of press coverage around at present regarding the costs of running an EV against a petrol or diesel equivalent and showing that the perceived gap is very close. These figures are generally based upon using the most expensive charger options (i.e., the Rapid and Ultra Rapid chargers) and not the Fast (7 – 22Kwh) chargers that SCC generally have. Rapid type chargers represent the most expensive part of the market and would typically be used to top-up vehicles on long journeys rather than being the primary means of charging for the majority of vehicles.

4.2 The cost per mile of an EV verses a similar sized and powered petrol or diesel remains attractive, even with higher energy costs.

Petrol	Diesel	Battery Electric – Using public rapid chargers on a non-subscription basis @	Battery Electric – Using fast chargers on a non-subscription basis @	Battery Electric – Using home charger @ 35p per kWh (energy price guarantee 1/10/2022)
19p	21p	18p	13p	10p
As reported by RAC Price Watch Sept 20022			Based on Shell UK tariff 1/8/2022 (the largest UK operator) and vehicle efficiency of 3.5 miles per kWh (as used by RAC Price Watch).	Based on energy price guarantee 1/10/2022 and vehicle efficiency of 3.5 miles per kWh (as used by RAC Price Watch)

4.3 On top of the pure “fuelling” cost difference is the reduction in service costs, reduction in RFL (Road Tax), Congestion Charges and the longer life expectancy of the drive train and components (with the reduction in moving wear parts). A typical modern petrol engine is made up of approximately 2,000 components an EV has 20, so significantly less to wear out or be replaced during its life.

RISK MANAGEMENT

5.1 If fees received do not cover our costs, SCC will continue to subsidise EV drivers who use it. Income and costs will be monitored and reviewed every quarter to ensure that fees are suitable and sufficient to cover costs. Actual fees can be decided and revised expediently in accordance with section 2.8 of the Officer Scheme of delegation, fees and charges. In consultation with the Cabinet Member the relevant Executive Director can authorise adjustments to the fees in response to market changes relatively promptly, ensuring they remain aligned with costs and other supplier’s tariffs. It is recognised that such adjustments can also be used to adjust fees where costs are reduced. If at any time a surplus income is received before any adjustments are made, that money can be retained to accommodate any future deficits that may occur (if costs increase before fees can be adjusted).

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- 5.2 The introduction of fees impairs the local uptake of EV's. It is anticipated that we will initially experience a reduction in use as consumers are currently taking full advantage of the free to use offer – which is particularly attractive whilst commercial charge point tariffs and home charging energy costs rise. It is expected that the trend for EV's will continue to increase at pace, driven by the UK ban on petrol and diesel vehicles and increasingly attractive options provided by manufacturers.
- 5.3 The introduction of fees triggers a reduction in use of chargers and anticipated incomes are not realised. To date capital costs for installing SCC's EV charging network and providing maintenance contracts have been covered by UK government grant funding. As such, fees need only recover our energy costs and a service charge for fee collection and any reduction in use would not affect our ability to cover costs.
- 5.4 In order to recover our costs, SCC fees becoming prohibitively expensive, and our network no longer offers a viable option for EV drivers. As the network does not need to recover capital or maintenance costs in the short to medium terms there is some confidence that we can maintain a competitive service. A concessions/partnership model is being assessed to support future investment and fees would naturally be aligned with the EV charging market.
- 5.5 Criticism for use of external grant funding to support delivery of the EV chargers then drawing a revenue income for their use. There is no obligation under any of the grant funding received to maintain a free to use model and although installations costs have been supported it is not financially viable for SCC to support ongoing costs indefinitely. This message will be included within the Communications Plan.
- 5.6 Criticism for having excessive fees. Unit costs will be benchmarked against other public EV charging providers to ensure they are competitive and will be reviewed regularly.
- 5.7 Accusation of profiteering. Costs and incomes will be reviewed regularly, and income will be used to recover the cost of energy use and for maintenance, management and development of the network for the benefit of customers.
- 5.8 Two rapid chargers were introduced as part of the council's Local NO2 Plan and grant funded for the dedicated use by taxi and private hire vehicles. The conditions of the grant funding did not require they are offered on a free to use basis, but they have been so far for consistency. Currently only 3 vehicles are registered to use the chargers and they will have become accustomed to the free use model and will see a step change in their running costs at a time when inflation is already significant. SCC will not be able to maintain a free to use service indefinitely and introducing fees across all its chargers would maintain the same consistent pricing strategy applied to date. But usage is currently very low and seeking to delay the introduction of fees, until the sector is supported by more charging options presents a viable compromise. When fees are introduced for these chargers, a communication plan can assist in ensuring users are aware of the change and reasoning. This can include the absence of a premium for use of rapid chargers (as is the norm elsewhere). SCC is not required to maintain the free to use model and considers the operating costs for EV's will remain commercially viable for the taxi and private hire trade. SCC can also demonstrate continued support for the sector and is anticipating that its Hants 2025 project can provide 6-8 additional dedicated chargers in the next 10 months and will

BRIEFING PAPER

offer a try before you buy scheme for leased EV's and free business cases – to demonstrate the viability of operating an EV. The latter identifying pay to use charging options.

LEGAL and FINANCIAL IMPLICATIONS

- 6.1 SCC has no obligation to offer a free to use EV charging service. Grants used to support delivery of the network or, the Local NO2 Plan and associated Ministerial Direction, do not include any conditions relating to the fees charged for their use.
- 6.2 The removal of the free to use service is considered a key decision and the proposal to introduce a fee-paying service has been published on the Forward Plan and is to be presented to Cabinet on 15th November 2022.
- 6.3 The introduction of fees will generate a revenue income significantly below £500k and as such fees can be set and reviewed in accordance with section 2.8 of the Officer Scheme of delegation, fees and charges. This will allow rates to reviewed and updated expediently to ensure they remain aligned with markets and offer an attractive option for drivers whilst recovering SCC's operational costs.
- 6.4 Financial implications and risk are covered above.

OPTIONS and TIMESCALES:

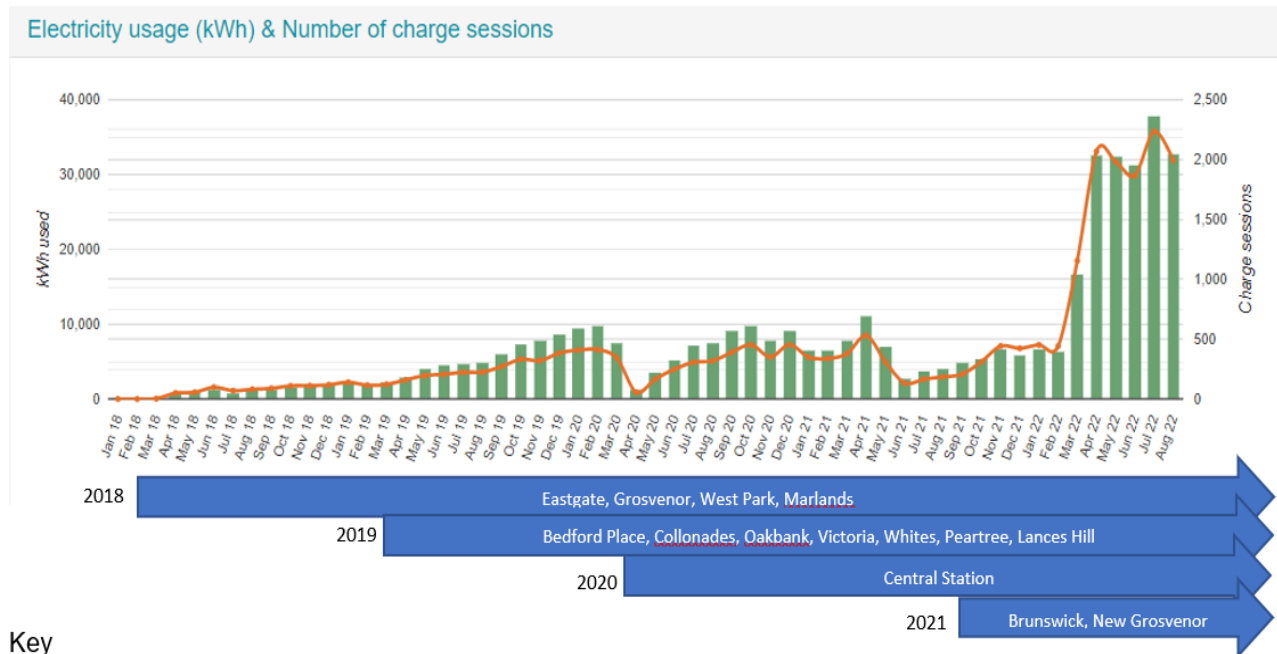
- 7.1 If approved by Cabinet on 15th November 2022, implementation of the proposals will commence in early January 2023, following a period of public engagement involving a targeted communications programme to ensure new and existing users are aware of the changes and given the opportunity to respond.

Further Information Available From:	Name:	Chris Griffin - Sustainability Projects Lead (Electric Vehicles)
	Tel:	023 8254 5425
	E-mail:	Chris.Griffin@southampton.gov.uk
	Name:	Steve Guppy – Green City Lead
	Tel:	023 8091 7525
	E-mail:	Steve.guppy@southampton.gov.uk

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Annex 1 – Usage of SCC Public EV Chargers

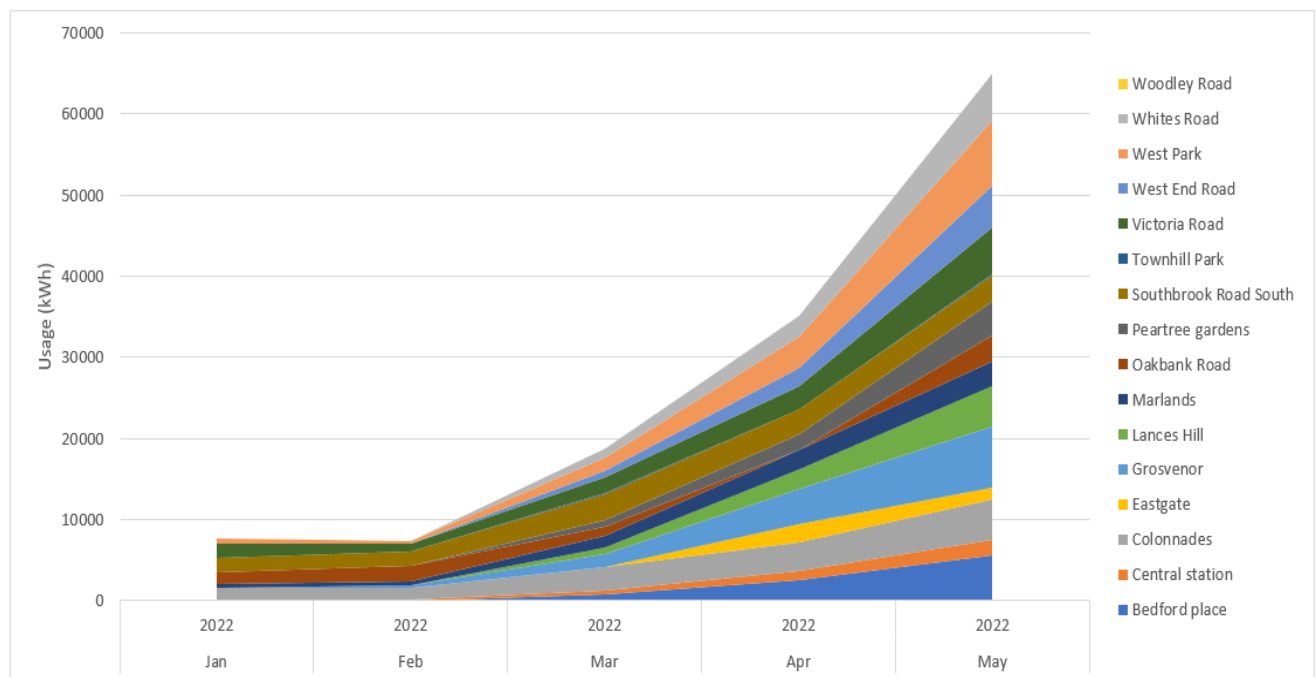
Figure 1: Usage by month since chargers installed



Key

- Green bars = kWh used
- Orange line = No. of charge sessions

Figure 2: Usage by location per month since January 2022



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Table 1 - Total usage per annum since chargers were installed

Year	Charge sessions	kWh used	CO₂ savings (kg)
2018	800	12,566.76	10,461.828
2019	3622	43,198.93	35,963.109
2020	5507	62,533.39	52,059.047
2021	4539	60,333.53	50,227.664
2022 (to date)	10731	170,635.077	142,053.702

Agenda Item 8

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
SUBJECT:	DRAFT DOMESTIC ABUSE AND VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY 2023-2028
DATE OF DECISION:	13 TH OCTOBER 2022
REPORT OF:	COUNCILLOR MATHEW RENYARD CABINET MEMBER FOR SAFER COMMUNITIES

<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director for Communities, Culture and Homes	
	Name:	Mary D’Arcy	Tel: 023 8083 4611
	E-mail	Mary.D'Arcy@southampton.gov.uk	
Author:	Title	Domestic Abuse Coordinator	
	Name:	Caroline Bate	Tel: 023 8254 5351
	E-mail	Caroline.Bate@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
None
BRIEF SUMMARY
<p>The Southampton Domestic Abuse Strategic Partnership Board (“the Domestic Abuse Local Partnership Board”), has commissioned the development of a new multi-agency five-year strategy (2023 – 2028). This strategy aims to tackle the continuum of Violence against Women and Girls (“VAWG”) – including domestic abuse – in Southampton. The consultation draft strategy is currently dated 2022-2027: the final strategy date will be updated to 2023-2028 once approved, as the strategy timeline means that this new strategy is now expected to be in force from 1st January 2023.</p> <p>The establishment of a Domestic Abuse Partnership Board is a statutory requirement of the Domestic Abuse Act 2021. The core members of the Board are:</p> <ul style="list-style-type: none"> • Hampshire and Isle of Wight Constabulary. • Local service providers. • NHS Hampshire, Southampton and Isle of Wight Integrated Care Board. • Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight. • Probation Service. • Solent NHS Trust. • Southern Health NHS Foundation Trust. • Southampton City Council. • Southampton Local Safeguarding Boards (represented jointly). • University Hospital Southampton NHS Foundation Trust. <p>This paper outlines the design of the strategy and the current consultation process. A multi-agency consultation launched on 20th July 2022 for 12 weeks. The consultation</p>

closes on 12th October 2022 and is due to be brought to Cabinet for adoption in December 2022.

RECOMMENDATIONS:

	(i)	That the Committee considers and notes the contents of this report and provides feedback on the strategy to officers where changes or further information are advised.
	(ii)	That the Committee recommends that the new strategy is approved by Cabinet (subject to any suggested Overview and Scrutiny Management Committee or consultation-related amendments) in December 2022.

REASONS FOR REPORT RECOMMENDATIONS

1.	The Cabinet Member for Safer Communities and the Chair of the DA Local Partnership Board requested that the Overview and Scrutiny Management Committee (OSMC) receives an update on the draft strategy and the consultation, in order for the OSMC to be able to provide feedback and input into the draft strategy. Given the significant nature of the strategy, which affects the whole city and all residents, OSMC input is key and is sought before proceeding to Cabinet for adoption.
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	Not having a city-wide strategy to tackle Domestic Abuse and Violence Against Women and Girls in Southampton risks the safety of those affected in the city. Legal duties set out in the 2021 Domestic Abuse Act, under which local authorities are required to develop and publish a Domestic Abuse Strategy for their local area, only relates to Part 4 ('Provision of Support in Safe Accommodation') – this Part 4 strategy has been in force since December 2021.
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DETAIL (Including consultation carried out)

3.	Southampton's Domestic and Sexual Abuse Strategy expired in 2020. The delay in creating a replacement strategy was initially due to onset of the Covid-19 pandemic. Subsequent delays were due to the necessity to undertake a needs assessment to ensure compliance with the new Domestic Abuse Act duties, establish a new board and publish a Safe Accommodation Strategy, a mandatory requirement of the Act. The Domestic Abuse Coordinator has worked with partner representatives of the DA Local Partnership Board and the Policy and Strategy Team, under the guidance of the Chair and Board, to develop a new strategy that addresses the broader continuum of gendered violence against women and girls. The strategy is named and structured to reflect this widening of scope whilst also recognising that there are specific interventions and support services for people who are subjected to domestic abuse.
4.	The strategy will expand upon the objectives of the council's Strategy for the Provision of Support in Safe Accommodation (Appendix 1) which was adopted by Cabinet in December 2021 and published in January 2022. The proposed DA and VAWG strategy will bring the resources and expertise of agencies across the city to bear on barriers and gaps in local service provision.

5.	The strategy has been developed following a review of evidence of local needs and service performance, with input provided by one-to-one discussions with key internal staff and with strategic partners within health, police, probation, and commissioners. Development has also involved consultation with public health experts, the expertise of practitioners and with reference to the experiences of survivors.
6.	The aim of the strategy is to prevent VAWG and to find better ways to support victims/survivors (adults and children). To achieve this, the work of the strategy is split into four priority areas: <ul style="list-style-type: none"> • Prioritising prevention; • Support for survivors; • Building an accountable community and changing perpetrator behaviour; • A stronger coordinated response.
7.	The consultation process is designed to be inclusive and has been launched by all partners on their own platforms, supported by the council's Data, Intelligence and Insight Team.
8.	This is a multi-channel consultation incorporating online platforms, community events, and focus groups for stakeholders, partners and residents.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
9.	The strategy aims to coordinate action that is already being delivered by the council and its partners. Any additional activity identified as part of action plans will be considered for feasibility by partners within normal yearly budgeting activity.
10.	Where proposed actions required to achieve outcomes fall within Part 4 duties, these have been costed against available New Burden's funding.
<u>Property/Other</u>	
11.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
12.	The council, as a relevant local authority within the meaning of the Domestic Abuse Act 2021, is obliged under section 57 of the Act to prepare and publish a strategy in relation to the provision of accommodation-based support to victims of domestic violence (Strategy for Provision of Support in Safe Accommodation 2021- 2024 – see Supporting Documentation). The wider Domestic Abuse and Violence Against Women and Girls strategy outlined in this report expands upon the council's Strategy for Provision of Support in Safe Accommodation to set out wider strategies for tackling domestic abuse and violence against women and girls in the city.
<u>Other Legal Implications:</u>	
13.	The consultation and design of the proposed strategy, as well as the ESIA (see Appendix 1), has been undertaken having regard to the requirement of the Equality Act 2010, in particular s.149 of the Public Sector Equality Duty

	("PSED"). All actions delivered under the strategy and associated Action Plans will be implemented having regard to this duty.
14.	This strategy has also been undertaken having regard to the council's section 17 Crime and Disorder Act 1998 duty which obliges the council to exercise its functions with 'due regard to the likely effect of the exercise of those functions on the need to do all it reasonably can to prevent crime and disorder in its area'.
RISK MANAGEMENT IMPLICATIONS	
15.	The DA Local Partnership Board will have quarterly reviews of the strategy and will monitor a range of indicators that will be available on a "DA data dashboard". This dashboard is currently under development by a specially appointed domestic abuse data analyst within the council's Data, Intelligence and Insight Team.
16.	Issues relating to Data Protection and risks around the sharing of survivor and perpetrator data (as well as measures that would be taken to mitigate the risk) will be outlined in a Data Protection Impact Assessment (DPIA) once conversations around data sharing have happened with partners and more information on what this would involve is known.
POLICY FRAMEWORK IMPLICATIONS	
17.	None

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	DA/VAWG Strategy ESIA
2.	Draft Domestic Abuse and Violence Against Women and Girls (DA/VAWG) Strategy 2023 – 2028

Documents In Members' Rooms

1.	Consultation on a Draft Southampton Domestic Abuse and Violence against Women and Girls Strategy 2022-2027
2.	Strategy for the Provision of Support in Safe Accommodation 2021-2024 (southampton.gov.uk)

Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	Yes
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

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Equality and Safety Impact Assessment

The Public Sector Equality Duty (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of the budget proposals and consider mitigating action.

<p>Name or Brief Description of Proposal</p>	<p>Adoption of the Southampton Domestic Abuse and Violence Against Women and Girls Strategy 2023-2028</p>
<p>Brief Service Profile</p>	
<p>As a unitary authority, the council is responsible for commissioning domestic and sexual abuse services within its administrative area. Through its Integrated Commissioning Unit (ICU), the council provides ‘early prevention and intervention’ and refuge services. The council also provides the Independent Domestic Violence Advisory service (“IDVA”), which includes a male engagement worker (“MEW”) to work with fathers who are using abusive behaviours.</p> <p>In 2021, the council met new duties placed on local authorities by the Domestic Abuse Act 2021 by commissioning a specialist needs assessment to inform a new strategy for the provision of support in safe accommodation in Southampton (“the Part 4 Strategy”). The strategy was adopted in December 2021 and is being carried into effect using New Burdens funding. The council has convened a new multi-agency board to advise on meeting its duties under the 2021 Act.</p> <p>The council currently hosts a ‘Violence Reduction Unit’ (“VRU”) within its community cohesion team. The unit is one ‘spoke’ of a violence reduction hub operated by Hampshire’s Police and Crime Commissioner. The VRU works closely with local police and other partners to reduce violence crime through a range of projects. The VRU carries out interventions to tackle violence against women and girls (“VAWG”) in Southampton, including collaborating with ‘Cyber Ambassadors’ to tackle sexual</p>	

harassment and abuse online and work with local universities and services in the night-time economy to improve student safety.

The Part 4 Strategy requires the council to “undertake a refresh of the partnership shared vision” and to “develop the Domestic Abuse Strategic Partnership Board [and operational groups] ... to ensure they provide appropriate strategic / operational leadership for the partnership”. The council has acted by leading the development of a multi-agency strategy setting out how key partner agencies in Southampton (council, police, health and probation) will act to make the city safer for women and girls between 2023 and 2028.

Summary of Impact and Issues

The strategy aims to outline the below overall goals and outcomes:

- Awareness of the nature and impacts of violence against women and girls.
- Awareness of available support and how to access it (including community behaviour-change programmes outside of the criminal justice system).
- Interventions by primary healthcare providers to address conditions which may result in harmful behaviours.
- Improvements to local environment (e.g. streetlighting, CCTV).
- Identification of victims/survivors and appropriate intervention by professionals.

It also aims to highlight the following issues:

- Low number of Black and Minoritised women, LGBT+ people, migrant women, disabled victims/survivors, women who sell sex and women experiencing multiple disadvantage (substance-use, mental health, poverty) accessing domestic abuse/VAWG services in Southampton. Needs assessments show there is a lack of information about the barriers preventing access to services by these groups.
- Changes required to existing system architecture to provide for children as victims/survivors of domestic abuse in their own right (as set out in the Domestic Abuse Act 2021).
- Low conviction rates for sexual offences, domestic abuse and stalking.
- Non-specialist service providers lack confidence/expertise to identify and challenge harmful behaviours.
- Manipulation of systems by abusers (e.g. by making malicious reports about

victims/survivors).

- No systematic approach to survivor engagement in Southampton.
- Variations in data systems and data collection across partner agencies impedes analysis and system design.
- Data sharing along service pathways involving multiple providers is compromised by systems which do not 'speak to each other'.

Potential Positive Impacts

The multi-agency strategy will be carried into effect by two operational groups, focusing distinctly on VAWG and domestic abuse. Membership of the groups will comprise of operational leads from each partner organisation. Actions will, wherever possible, enhance existing service provision across the partnership. Operational chairs will report quarterly (or as often as required) to the strategic partnership board.

The board will monitor progress towards strategic outcomes using a set of key performance indicators developed by the council's Data and Intelligence Team. Properly carried into effect, the strategy will eliminate discrimination, advance equality of opportunity, and foster good relations between different people in the following ways:

- Access to services by people with protected characteristics will be reviewed and services changed to improve equality of access.
- Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right, and data will be recorded to inform the development of appropriate support and intervention.
- Wider services in Southampton, for example Adult Social Care, Children's Services, Mental Health and drug and alcohol services, will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support.
- The voices of victims/survivors will be heard and will inform the design, development and implementation of local services.
- A 'Whole Housing Approach' to domestic abuse will be implemented across Southampton (to ensure equality of access to domestic abuse support services, regardless of housing tenure type).
- Data will be shared appropriately between agencies/services in our system to protect victims/survivors.

Responsible Service Manager	Caroline Bate – Domestic Abuse Coordinator
Date	16/09/2022
Approved by Senior Manager	Jason Murphy – Stronger Communities Manager
Date	16/09/2022

Potential Negative Impacts

Impact Assessment	Details of Impact	Possible Solutions
Age	No negative impact.	
Disability	No negative impact.	
Gender Reassignment	No negative impact.	
Marriage and Civil Partnership	No negative impact.	
Pregnancy and Maternity	No negative impact.	
Race	No negative impact.	
Religion or Belief	No negative impact.	
Sex	No negative impact.	
Sexual Orientation	No negative impact.	
Community Safety	No negative impact.	
Poverty	No negative impact.	
Other Significant Impacts	No negative impact.	



Southampton Domestic Abuse and Violence against Women and Girls Strategy

2022 - 2027

southampton.gov.uk/SotonDAVAWG

Our partnership approach to tackling domestic abuse and violence against women and girls in Southampton.

Partners



Local service providers



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Introduction

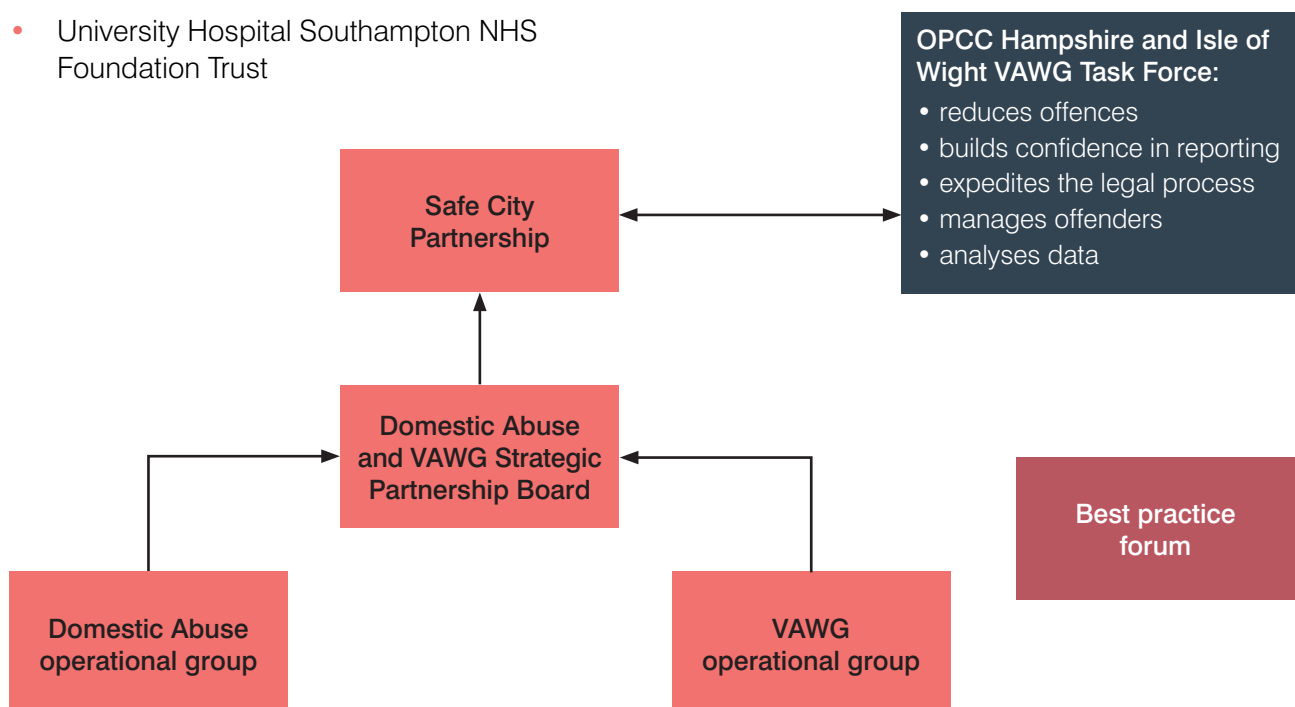
The Southampton Domestic Abuse and Violence against Women and Girls Partnership

In Southampton, key public services and agencies have joined up to take action to prevent violence against women and girls (“VAWG”) and to find better ways to support victims/survivors of abuse.

The partnership has the following members:

- Hampshire Constabulary
- Local service providers
- NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
- Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight.
- Probation Service
- Solent NHS Trust
- Southern Health NHS Foundation Trust
- Southampton City Council
- Southampton Local Safeguarding Boards (represented jointly)
- University Hospital Southampton NHS Foundation Trust

Partner representatives (senior leaders with the power to make decisions about how resources are used) meet as a ‘Board’ every three months. The Board is provided with the latest intelligence around VAWG in Southampton and decides how best to respond. The Board is supported by two tactical groups assigned to carry this strategy into effect. A report on the partnership’s progress is provided to the Safe City Partnership (a group of agencies required by law to work together to make Southampton safer) every three months. The Southampton Safeguarding Children Partnership and the Southampton Local Safeguarding Adults Board also monitor the partnership’s progress.



The value in working together

- We will work in partnership to make Southampton safer for women and girls.
- We will improve the connections between the services we provide so victims/survivors get the support they need, in the right place, at the right time.
- We will join up our training and communications to ensure our services are reliable, consistent and known by everyone who needs them.
- We will collect robust data across our systems and use it to improve decision making by our practitioners and to inform decisions about how we use our money and resources to achieve our aims.
- We will pool our intelligence and hear the voices of survivors, service providers and our residents to learn about gaps in our services and barriers to accessing our support.
- We will own up to our mistakes and learn from them.
- We will hold each other to account as partners, and we will be held accountable by the people we exist to support.
- We will work together to tackle inequalities in our service provision and to promote equality, diversity and inclusion across our workforce and the workforces of our service providers.

Together we will make improvements that we can **only** make together.

Our decision-making is evidence informed

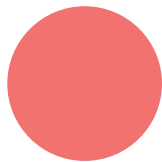
This strategy tells you how the partnership will work together over the next five years (2022-27) to make Southampton safer for women and girls and to support the victims and survivors of violence and abuse. The work is split into actions ('what we will do') in four priority areas which have been identified by careful review of the following evidence about local needs and service performance, along with the views of survivors, practitioners, senior commissioners, public health experts and residents who have guided us in producing this strategy:

- Preventing perpetrators of intimate partner abuse in Southampton: A needs Assessment (Public Health, Southampton City Council, June 2019).
- Domestic Abuse Act 2021 Safe Accommodation Needs Assessment (Standing Together, on behalf of Southampton City Council, August 2021).
- Reducing Violence against Women and Girls in Southampton City (Safe City Partnership, Making Southampton safer, 2021).
- A rapid joint strategic needs assessment of Women Selling Sex "On Street" (Southampton City Council, July 2020).
- Southampton Violence against Women and Girls Problem Profile (Southampton City Council Data Observatory 2022).

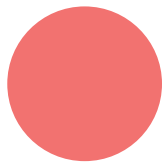
This strategy also reflects our commitment to address the comments and recommendations in reports published following Domestic Homicide Reviews carried out in Southampton.

A Domestic Homicide Review is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person

Our priorities



Prioritising prevention



Support for survivors
(early intervention and support)



**Building an accountable
community and changing
perpetrator behaviour**



**A stronger coordinated
response**

Women and girls are disproportionately affected by domestic abuse and other acts of violence – what we do will focus on making them safer.

What do we mean by violence against women and girls?

VAWG, as set out by the United Nations, is any act of gender-based violence which results in, or is likely to result in, physical, sexual, mental harm or suffering to women and girls.

Crimes of violence against women and girls include **domestic abuse, rape and other sexual offences, stalking, 'honour-based' abuse (including female genital mutilation, forced marriage and 'honour' killings), 'revenge porn', 'upskirting'** and many others. A dictionary in Appendix 2 of this document explains all the crimes in bold.

What do we mean by domestic abuse?

Domestic abuse is controlling or violent behaviours carried out by a person or group towards a family member, partner or ex-partner. There are specific interventions and support services needed for people who experience domestic abuse and this strategy is named and structured to reflect this.

In 2021, the Domestic Abuse Act introduced a new definition of domestic abuse. Children who see, hear or experience the effects of domestic abuse towards their parent, guardian or relative are now treated as victims/survivors of domestic abuse in their own right. This means they can get support from domestic abuse services. This strategy sets out how our partnership will act to ensure children receive the extra services and support this new definition requires.

Why are we focusing on violence against women and girls?

When violence and abuse happens, women and girls are usually the victims/survivors, and men are usually the ones causing the harm. Men and boys, and other people who do not identify as women or girls, are victims/survivors of violence and abuse too.

The services we provide must meet the needs of all victims/survivors, and what we do between 2022 and 2027 must bring about improvements for everybody. As evidence shows that women and girls are disproportionately affected by domestic abuse and other acts of violence, what we do will focus on making them safer.

How we will respond to changes in the way the NHS works

Big changes are taking place across the health and care system. The changes will affect how the organisations that make up the NHS (including the local NHS Trusts and commissioners who are members of our partnership) work in a joined-up way to deliver health and wellbeing and the health services we all access every day. We will work with Southampton's primary care networks (our GP services) and support Hampshire's new integrated care system (funded mainly by NHS England) to plan and provide health and care services in the way that effectively addresses the needs of victims/survivors of abuse, whether adults or children. This strategy will inform Southampton's next Joint Health and Wellbeing Strategy and the Southampton Integrated Care Partnership's new integrated care strategy (which will cover health, social care and public health needs).

What area does our strategy cover?

Our strategy deals with services provided by partners and their service providers in Southampton. Services provided across Hampshire and England are also available in Southampton.



Child Friendly City status

The actions in this strategy support work by services in Southampton to become a 'Child Friendly City'. Child Friendly City status is awarded by UNICEF to cities where children's rights are put into practice and children have a meaningful say in, and truly benefit from, the local decisions, services and spaces that shape their lives.

Domestic abuse and VAWG: how our joint service works

Victim/Survivors

[List of relevant services and contact details to be appended for publication]

If a member of the public experiences or becomes aware of domestic abuse or VAWG they can phone the police (dial 999 in an emergency) and/or contact one of the specialist services in the city.

For domestic abuse, including harmful practices such as forced marriage and honour-based violence, the PIPPA helpline is open to practitioners and members of the public and is staffed by trained specialists to provide initial guidance, support, and safety advice and, with consent, undertake a risk assessment (DASH, an evidence-based risk assessment used nationally).

Victims/survivors who are assessed as medium risk will be referred, with consent, to appropriate community-based support in the city. Those assessed as high risk are referred, via the Children's Resource Service (formerly the MASH), into the High-Risk Domestic Abuse ("HRDA") process. This is a multi-agency process where relevant information is gathered and shared between partner agencies to inform appropriate support and safeguarding actions. When professionals identify a high level of risk to victims, they can refer directly into the HRDA process.

Victims/survivors who are assessed as being at standard/medium risk are offered outreach community support from a specialist domestic abuse worker (including specialist workers for harmful practices, disability advocacy and for those victims who need support for mental health, or with drugs or alcohol). Those assessed at high risk are referred to the Independent Domestic Violence Advocacy service (IDVAs). Via either route, victims/survivors are offered support and advocacy that focuses on increasing safety and reducing harm. Independent Domestic Violence Advisors ("IDVAs") and outreach workers can support victims to access services e.g., housing, benefits, health, Children's Services, legal advice and navigate complex systems e.g., criminal and civil court processes. They are there to advocate on the victim's behalf and ensure that support is victim-centred and focused on safety.

For those who have experienced any form of sexual abuse, there is a specialist helpline, open to the public, provided by a specialist service, which provides advice, support and referrals to appropriate advocacy (Independent Sexual Violence Advisors "ISVAs"), and one-to-one and group therapeutic support.

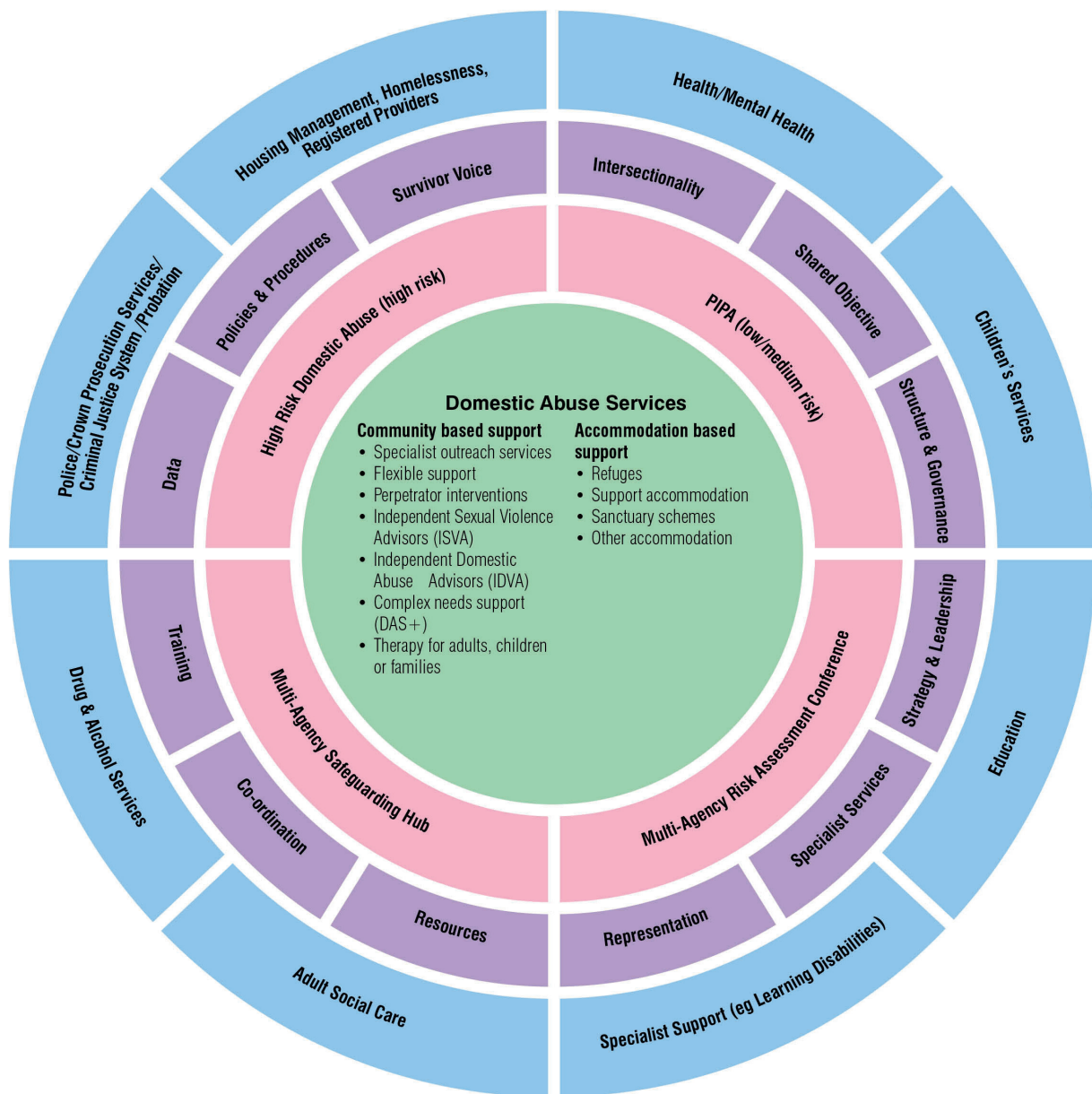
For victims of stalking, there is a specialist stalking service (operating across Hampshire) that offers support, advice, and guidance, regardless of involvement with the criminal justice system. Referrals to this service can be made directly by the victim/survivor, or on their behalf by any service provider who is working with them.

The city provides accommodation-based support in specialist refuges (and has access to a nationwide network of refuge provision) and supported accommodation. There are also 'sanctuary schemes' which provide additional security such as lock changes to allow victims/survivors to remain in their homes where safe to do so.

Domestic abuse prevention and behaviour change

There is a specialist commissioned service within Southampton that provides support for men who wish to understand and change their abusive and controlling behaviour. This service can be accessed directly by any man who is concerned about his behaviour and the impact it is having on his family. Referrals can also be made by any practitioner who has gained consent. Men can access group and one-to-one support to build skills for better, non-abusive relationships. Support is also offered to the partners/ex-partners of those who undertake this work to ensure safeguarding is in place for the whole family. In addition to this work, a Male Engagement Worker (“MEW”) has been added to the IDVA service. The MEW works with fathers who are using abusive behaviours in their relationships and whose children are receiving support from Children’s Social Care. The MEW works with fathers on a one-to-one basis to help them to acknowledge their abusive behaviours and understand the harm they have caused.

Tackling domestic abuse in Southampton



KEY

Domestic Abuse and VAWG Partnership Board Partners

ensuring that the

Coordinated Community Response Components provide

Pathways to

Domestic Abuse Services



Priority one: Prioritising prevention

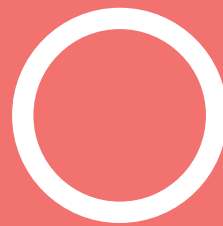
Outcomes



There will be fewer incidents of domestic abuse and VAWG in Southampton.



Southampton's residents will be better able to identify and respond appropriately to domestic abuse and VAWG.



Southampton's local environment will be changed to make it safer.

What we are doing already



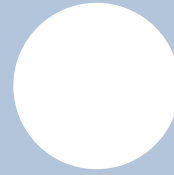
STAR project in schools and community settings

For children and young people to raise awareness of issues surrounding domestic and sexual abuse, to develop skills around negotiating respect and consent within relationships and to provide information about how to access guidance and support.



White Ribbon Day

White Ribbon Day awareness-raising event in Guildhall Square.



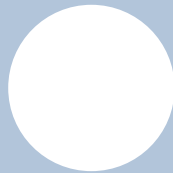
Identification and Referral to Improve Safety project (IRIS project)

The IRIS project supports early identification and referrals for support within primary health settings.



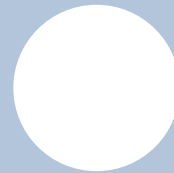
Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight VAWG Task Force

Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight VAWG Task Force unites key partners to improve the response to VAWG across Hampshire and the Isle of Wight.



Violence Reduction Unit interventions (VRU)

The VRU is working on VAWG-specific interventions in the Southampton including collaborating with the Cyber Ambassadors a peer-led cyber safety education and support scheme for primary schools, secondary schools, colleges and working in partnership with Southampton's universities and services in the night-time economy to improve student safety.



VRU funding

The VRU is continuing to bid for Home Office funding to improve the safety of women and girls in the night-time economy and in public places. £190,000 was secured via the 'Safer Streets 3' Fund to improve education, enhance LED Lighting, implement CCTV in known hotspots, and to expand awareness campaigns for support services for survivors/victims of VAWG.

What are the issues we need to address?

Across the city, we need to raise awareness and understanding of what VAWG and domestic abuse look like in everyday life. Over a third of respondents in the Southampton Community Safety Survey (2021) answered 'don't know' when asked about the following issues in the city that are known to disproportionately impact women and girls: VAWG, domestic abuse, sexual offences and stalking and harassment.

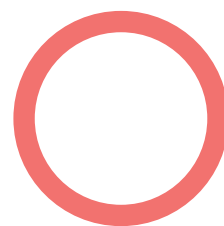
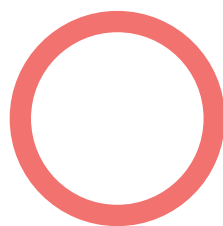
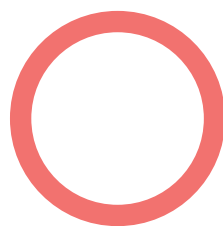
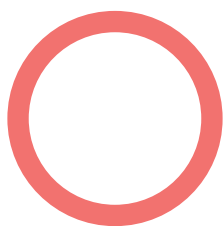
Socially and culturally, domestic abuse and VAWG are normalised. Sexism and disrespect towards women and girls are often tolerated and/or minimised which, in turn, lays the groundwork for more serious acts of VAWG to be justified, and makes it harder for abusive behaviour to be 'called out' and for perpetrators to be held accountable. Responsibility for safety is often placed on women and girls, rather than with the perpetrators and others in positions of authority.

To end domestic abuse and VAWG in Southampton, we must prevent it from happening. This means better education for everyone, but especially boys and men, about domestic abuse and VAWG and the harms it causes. By doing this, we want to empower more people to challenge VAWG and the misogynistic attitudes that enable it.

Domestic Homicide Reviews and the needs assessments carried out within Southampton demonstrate that there are areas of weakness in understanding of domestic abuse and VAWG by practitioners as well as the public. We also need to develop a better understanding across all organisations of how differences in physical and mental health (for adults and children) impact on, or are caused by, experiences of VAWG.

Priority 1

What we will do 2022-2027



1

Staff and volunteers working for partner agencies will be trained to identify domestic abuse and other forms of VAWG and respond sensitively and intervene appropriately with all family members.

2

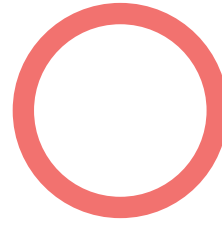
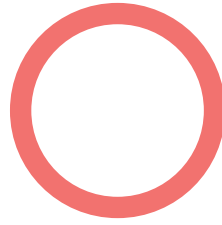
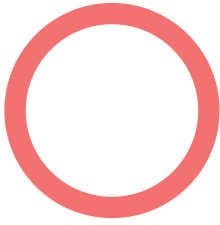
Professionals will be supported to educate children and young people about equality, respect, gender roles and the harmful effects of gendered expectations. We will explore the development of a city-wide 'whole school approach' to VAWG, with genuine engagement across the entire community: staff, pupils, governors, parents, and external services.

3

The relationships and sex education (RSE) and personal, social, health and economic education (PHSE) curriculums in Southampton's schools will be changed to raise awareness and understanding of the continuum of VAWG – including domestic abuse – and the support available to victims/survivors in Southampton.

4

City-wide awareness raising campaigns – under the 'Safe City' brand – will challenge harmful attitudes towards domestic abuse and VAWG and support and encourage active bystander intervention whether in public places (including on-line spaces), at home, in the workplace, education or social settings.



5

6

7

We will work with primary healthcare providers to intervene to prevent VAWG by identifying and supporting high risk groups (adults and children) before violence and abuse occurs.

More organisations and businesses in the city will be encouraged to join the 'Safe Places Network', where they will receive training about how to respond appropriately to VAWG.

Data gathered by partners will be used to improve safety, and feelings of safety, for women and girls in Southampton by informing changes to the local environment (for example street lighting and CCTV) and improving safety on public transport.



Priority 2: Support for survivors (early intervention and support)

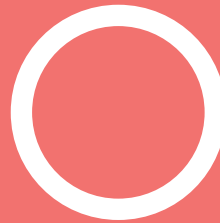
Outcomes



Access to domestic abuse and VAWG services in Southampton will be straightforward and on an equal footing for everyone, regardless of their characteristics and residential circumstances.



Survivors with no recourse to public funds ('NRPF') will be able to access the support they need.



Children will be supported as victims/survivors of domestic abuse.



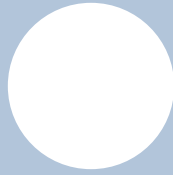
There will be sufficient provision of safe accommodation in Southampton to meet need.

What we are doing already



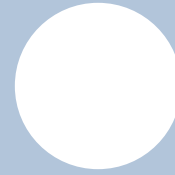
Community domestic abuse services

There are a range of community domestic abuse and VAWG services within the city, including: PIPPA, a dedicated domestic abuse helpline for professionals and the public; women's refuges; the provision of advocacy support to high-risk survivors through the IDVA service for high-risk survivors; the provision of independent sexual violence advocacy; outreach workers; specialist therapeutic support and recovery groups for adults and children; and a dedicated 'floating support' service for women who experience multiple disadvantage.



Diversity and Inclusion Advocacy service

There is a specialist Diversity and Inclusion Advocacy service to support victims of 'harmful practices' (such as FGM and Forced Marriage) and to raise awareness within communities.



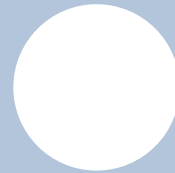
IRIS

The IRIS project supports early identification and referrals for support within primary health settings.



DAHA

Southampton City Council Housing is Domestic Abuse Housing Alliance ("DAHA") accredited and shows examples of good practice and positive partnership working.



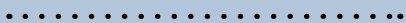
Healthcare for Homeless Team

The dedicated Healthcare for Homeless team proactively visits victims/survivors and their children in refuges/temporary accommodation, rather than wait for referrals.



Kaleidoscope

A new service providing support to women who are selling sex on the street. Kaleidoscope outreach workers support women to access specialist services (such as homelessness or drug and alcohol recovery services) according to their individual needs.



Voice of the Child

'Voice of the Child' is as an area of focus for Hampshire Constabulary. Child Centred Policing Champions provide scrutiny and feedback to officers who have attended incidents in order to support and develop best practice.

What are the issues we need to address?

There is evidence that victims/survivors in Southampton are not being identified and supported early enough. There are significant numbers of victims who are assessed as being at high risk, which suggests that opportunities to intervene earlier are being missed by professionals who may be working with families.

We need to improve awareness in the city of the support that is available for victims/survivors (adults and children). Feedback from survivors in Southampton tells us that earlier awareness of, and access to, services would have improved their experience.

National data shows that higher rates of domestic abuse and VAWG are experienced by Black and Minoritised women, LGBT+ people, migrant women, disabled women victims/survivors, women who sell sex and women experiencing multiple disadvantage (substance-use, mental health, poverty). Victims/survivors from these groups experience additional barriers to safety. In Southampton, there are low numbers of people recorded as accessing services from these groups; we need more information about what the barriers are, and better recording of data so that we can improve our services. In the absence of local, specialist 'by and for' services, generic domestic abuse services in the city need to be better equipped to meet the needs of a diverse range of survivors.

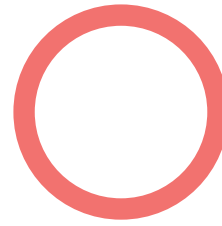
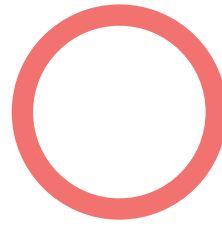
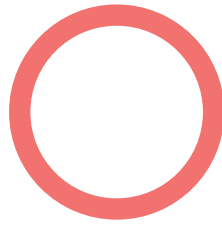
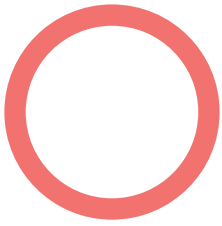
Nationally, domestic abuse is a leading cause of homelessness for women. Approximately 10% of presentations to Southampton Housing Needs are related to domestic abuse and a homelessness hostel in Southampton reported that 90% of female residents had experienced domestic abuse. Currently, Southampton does not have any single-sex supported accommodation provision.

Local data from Southampton's refuges mirrors the national picture, showing that provision cannot meet demand. In Southampton, there is evidence of unmet need for disabled survivors (especially those who require wheelchair accessible accommodation), those with No Recourse to Public Funds (NRPF) and those who experience multiple disadvantage (especially drug and alcohol use).

The Domestic Abuse Act 2021 requires agencies and service providers to treat children who are impacted by domestic abuse as victims in their own right. At present, not all agencies/providers in Southampton record information about the dependent children of adult victims/survivors accessing their services so there is no reliable information about how many children are victims of domestic abuse in the city.

Priority 2

What we will do 2022-2027



8

A 'Whole Housing Approach' (WHA) to domestic abuse will be implemented across Southampton. The WHA is a framework for addressing the housing and safety needs of victim/survivors across all housing tenure types (social, private rented and private ownership).

9

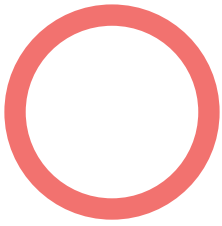
Access to our services by people with protected characteristics will be reviewed and services changed to improve equality of access.

10

Children who see, hear, or experience the effects of domestic abuse will be treated by agencies and service providers in Southampton as victims of domestic abuse in their own right and data will be recorded to inform the development of appropriate support and intervention for them.

11

New collaborative approaches to assessing and supporting families where children are victims of domestic abuse will be developed.



12

The identification of and response to standard and medium risk cases of domestic abuse will be improved by consistent high-quality training for service providers in identification of domestic abuse and VAWG and the pathways to support. This will mean that support can be offered to families as early as possible.



Priority 3: Building an accountable community and changing perpetrator behaviour

Outcomes



There will be more voluntary self-referrals to community-based behaviour change programmes for those who are using harmful behaviours and who are outside of the criminal justice system.



There will be an increase in the numbers of those completing behaviour change programmes and a reduction in reoffending.



Systems and processes will withstand manipulation by those who are using abusive behaviours.



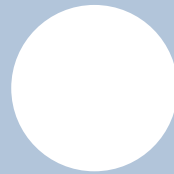
There will be more referrals from social care and health-related services (e.g., community mental health teams and drug/alcohol support services) to specialist support and behaviour change programmes.

What we are doing already



MEW

There is a dedicated Male Engagement Worker (“MEW”) in the IDVA team and a local behaviour change service providing community interventions, including a group work programme. A public health grant and funding from the Office of the Police and Crime Commissioner for Hampshire and the Isle of Wight has been secured to recruit an additional Young Person’s MEW to the team.



Community Perpetrator Programme

Southampton has a commissioned community behaviour change programme provided by The Hampton Trust. The programme provides group and one-to-one work to support behaviour change for those people whose behaviour is not addressed within the criminal justice system.



Drive Project

Hampton Trust and Hampshire Constabulary are working in partnership to deliver a focused response to high risk/high harm perpetrators of domestic abuse. This is a pilot funded by the Home Office and an independent evaluation has recently been published (July 2022).



DARE

The commissioned perpetrator service has developed a routine enquiry model – Domestic Abuse Routine Enquiry Model (“DARE”) – to support practitioners to identify domestic abuse perpetrators, to explore the risks and to support them into specialist services. This model will be subject to an independent evaluation.



Operation Foundation

Within Hampshire Constabulary, Southampton Neighbourhoods High Harm Team have delivered a pilot project 'Operation Foundation' providing targeted management of repeat perpetrators of domestic abuse identified as posing the highest risk of causing further harm..

What are the issues we need to address?

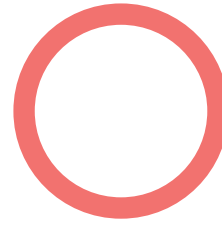
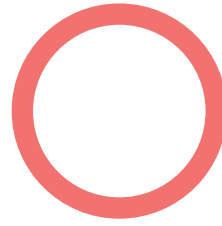
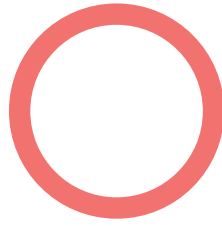
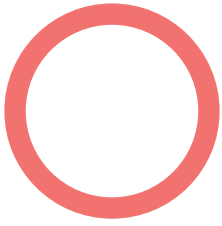
Rates of charging, prosecution and conviction for sexual offences, domestic abuse and stalking are disproportionately low. This means that the majority of those using harmful behaviours do not have any contact with the court-mandated behaviour change programmes provided by the Probation Service. In addition, re-offending is a significant issue: there were 2,853 domestic flagged crime offenders identified in Southampton in 2020/21, of these 31.4% were repeat offenders. There is a need to raise awareness of, and improve referrals to, the community behaviour-change programmes by organisations outside of the criminal justice system. Service providers are often not sufficiently confident in identifying abusive behaviours or equipped with the skills to safely hold challenging conversations to support perpetrators into specialist services.

The focus of professionals (as with society more widely) can still often be on the victim (adult and/or child) taking decisions to 'keep safe' and not on the behaviour of the person causing the harm. A focus on victim behaviour can leave the person responsible for the harm invisible, unaccountable and free to continue their harmful behaviours.

There is manipulation of systems/services by perpetrators of abuse to bolster their own power and abuse (for example by making malicious reports about the victim/survivor to professionals). This is a critical problem which legitimises the power of the person behaving abusively and reinforces survivors' sense of their own powerlessness.

Priority 3

What we will do 2022-2027



13

Services provided by partner agencies in response to domestic abuse will enable children and young people to remain 'Safe and Together' with their non-abusive parent/guardian wherever this will help to achieve the best outcomes for them.

14

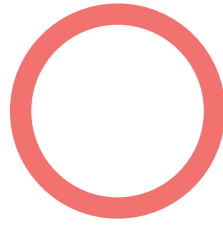
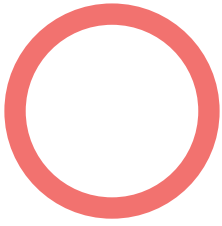
Male perpetrators of violence against women and girls and domestic abuse will be supported to understand the impact of their actions and to take responsibility for and change their behaviours.

15

Wider services in Southampton, for example Adult Social Care, Children's Services, Mental Health and drug and alcohol services, will reliably identify risk arising from domestic abuse and VAWG and take appropriate steps to enable access to the right support.

16

Agencies and service providers in Southampton will identify and respond to those using harmful behaviours consistently and effectively, including making early interventions which prevent the escalation of abusive behaviours.



17

Practice in the family courts will be improved by sharing best practice and information about local domestic abuse and VAWG services and pathways with judges, advocates, solicitors, CAFCASS and other stakeholders in the justice system.

18

Systems and services in Southampton will be safeguarded against manipulation by perpetrators.

Case study

...as Paul progressed through the course, he has expressed how valuable he has found the support.

Paul

Paul has been assessed as a high-risk perpetrator of domestic abuse, both in relation to an ex-partner and his current partner. In both relationships he has used coercive and controlling behaviours, as well as physical and sexual violence.

Paul's unborn child was referred to Children's Services after he was arrested for assaulting his current partner who was in early stages of pregnancy at the time. When the MEW first worked with Paul, he minimised and denied his abusive behaviours. He was focused on the impact that being arrested and having Children's Services involved with his family had had on him as opposed to being able to think about the impact that his abuse had on his partner, or their unborn child.

The MEW was able to support Paul onto a Hampton Trust behaviour change programme. Paul initially felt that he was not going to learn anything, thinking that it was more of a punishment rather than an opportunity for him to reflect on his abusive behaviour (both violent and non-violent) and learn how to make better parenting choices. However, as Paul progressed through the course, he has expressed how valuable he has found the support. He has started to reference what he has learned and can provide examples of how he has used the tools he has been introduced to so that he can make more pro-social choices rather than becoming verbally or physically aggressive.

Whilst he is still on his behaviour change journey, Paul has made progress such that the core group of professionals working to safeguard his child have agreed that the safety plan can be adapted for him to return to the family home whilst child protection planning is on-going. The MEW continues to provide a dynamic risk assessment to support the social worker's decision-making and safety planning for the family.

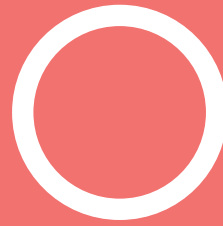


Priority 4: A stronger coordinated response

Outcomes



The voices of survivors will be reflected in decisions about system design and improvement



Agreed standards of data collection and information sharing will be developed by partner organisations in order to drive system improvement.

What we are doing already



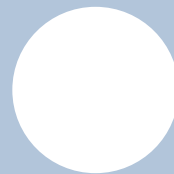
New partnership

Establishment of the Southampton Domestic Abuse and Violence Against Women and Girls Strategic Partnership Board.



Domestic Abuse Coordinator

A Domestic Abuse Coordinator was appointed in January 2021 to support the work of the partnership.



New service commissioned by Integrated Commissioning Unit (ICU)

New domestic abuse services (commencing July 2022), with flexibility to vary service in line with emerging need.



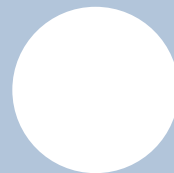
DAHA accreditation

One local registered housing provider is DAHA accredited. Three are working towards accreditation.



Life-limiting illness

Southampton City Council is collaborating with a Public Health researcher to enhance understanding of domestic abuse and life-limiting illnesses.



HRDA evaluation

An evaluation of HRDA and system pathways by the University of Southampton has been commissioned.



VAWG problem profile

Prevalence data is very robust. The VRU has developed a 'VAWG Problem Profile' to collect data on VAWG offences reported across Southampton. There are further opportunities to develop data and intelligence through new systems, such as Care Director, following the appointment of a dedicated 'Domestic Abuse Data Lead' post in January 2021.

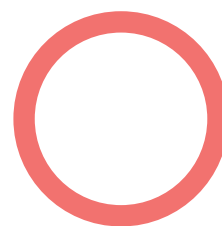
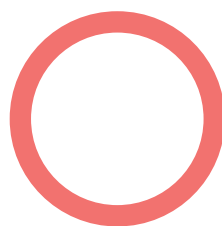
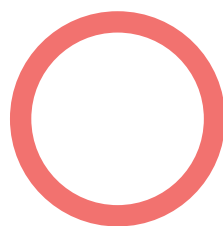
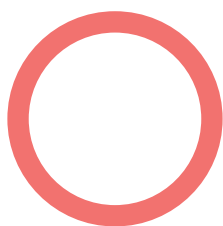
What are the issues we need to address?

There is no embedded approach to survivor engagement/consultation/co-production in the city, limiting the voice of the survivor in this strategy. Addressing this will support future needs assessments and strategies and inform practice and service development.

Some key data metrics are not captured by data holders and there are significant differences in the way data holders define, capture and report on data, with a wide variety of case management systems used. This undermines analysis of system performance.

Priority 4

What we will do 2022-2027



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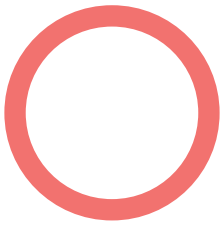
Data will be shared appropriately between agencies/services in our system to protect victims/survivors.

Multi-agency arrangements for assessing and responding effectively to high-risk cases of domestic abuse will be evaluated and improved.

- Multi-agency safeguarding hub (“MASH” – now part of the Children’s Resource Centre).
- High-risk domestic abuse arrangements (“HRDA”).
- Multi-agency risk assessment conference (“MARAC”).

Decisions about service provision will be evidence-informed by knowledge from research, practice and people accessing services.

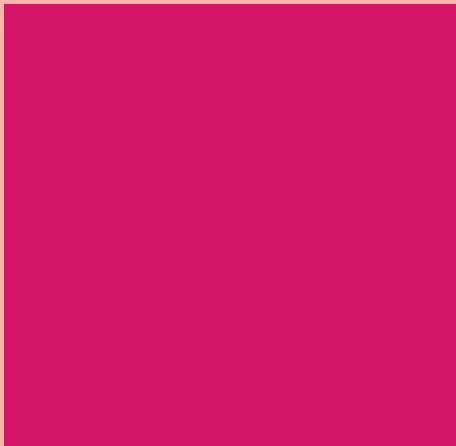
The voices of victims/survivors will be heard and will inform the design, development and implementation of local services.



23

Key data about the performance of individual services and the system as a whole will be gathered reliably and used to inform improvements to practice.

Case study



Susan

Susan was a European Economic Area (EEA) national with pre-settled status who had lived in the UK for over 10 years. She had three children, one of whom was disabled with complex needs. The family were open to the specialist disability team in Children's Services.

Susan's husband had subjected Susan and their children to physical assaults, emotional abuse (shouting and swearing) and controlling behaviour around finances and day-to-day decision making for several years and Susan had become increasingly fearful for her safety and that of the children. One afternoon, when her husband was at work, she fled with the children to the local family centre to seek help. The Health Visitor at family centre contacted the PIPPA helpline and the family's allocated social worker, and a risk assessment was completed with Susan. This identified a high level of risk, and a referral was made into the HRDA process.

The immediate need for the family was access to a place of safety. They were unable to remain in the family home as Susan's husband was due to return later that day. The IDVA service and Children's Services worked together to liaise with the local authority homelessness team to arrange emergency accommodation which the family moved into within a matter of hours.

Susan was clear that she needed to remain in the city with access to the specialist support networks for her disabled child.

Working together – with the family at the centre of the plans – IDVA, social services and Southampton Housing Needs coordinated to ensure that Susan and her children had a continuity of support from professionals they knew and trusted, and that Susan was not having to 'manage' communications between each system (housing needs, social care needs, safety planning). This was crucial at a time when they were all traumatised, frightened, and dealing with the stresses of insecure housing, immigration processes, and the criminal and civil justice systems.

Appendix 1

Domestic abuse

Nationally

- 2.3 million adults in England and Wales experienced domestic abuse in 2019-2020.
- There was a total of 1,288,018 DA-related incidents in the UK (2019/2020).
- Domestic abuse has links to levels of deprivation. Safe Lives highlights those women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income over £20,000.
- Domestic abuse is a leading cause of homelessness for women, with 32% of homeless women stating domestic abuse contributed to their homelessness.
- There is a 30% shortage of refuge spaces nationally, with 64% of refuge referrals being declined largely due to a lack of space.
- 62.5% of women in refuges had children and children make up most survivors in refuge.
- In 2020, police recorded crime data showed that almost half (46%) of adult female homicide victims in England and Wales (81 women) were killed in a domestic homicide.

Domestic abuse

Locally (within Southampton)

- Domestic violence is a driver of overall violent crime in Southampton. 35.5% of all violent crimes in Southampton were flagged as domestic in 2020/21.
- There were 4,804 domestic flagged crimes reported in Southampton during 2020/2021, which is a 2.6% increase compared to the previous year.
- Domestic flagged crime accounted for 17% of all recorded crimes in Southampton during 2020/21, a significantly higher proportion than in 2019/20 (14.5%).
- Domestic flagged crime continues to have strong links to deprivation, with rates approximately 5 times higher in the most deprived neighbourhoods compared to the least deprived. The rates of domestic flagged crime were highest in some of the most deprived neighbourhoods in the city; with notable hotspots in the wards of Bitterne, Redbridge and Woolston.
- Domestic abuse is a leading cause of homelessness for women, and a Southampton homelessness hostel reported that 90% of female residents experienced domestic abuse.
- 66% of referrals to refuge in Southampton are declined, with lack of space being the most common reason (20%).
- Over 50% of women in Southampton refuge had children, with 115 children supported in one refuge (2018-2021). Furthermore, over half (54.3%) of Southampton High Risk domestic abuse (“HRDA”) Referrals in Southampton have children or young people in the household (2019/2021). The Safe City Strategic Assessment highlights that domestic abuse is a key Adverse Childhood Experience (“ACE”), whether it is experienced or witnessed, and children who experience ACEs more are more likely to have poorer outcomes, in relation to health, education and crime than those who experience fewer ACEs.

Violence against women and girls

Nationally

- The Crime Survey for England and Wales 2019 estimated 25% of women aged 18 to 74 years, around 5.1 million women, had experienced some form of abuse before the age of 16 years.
- 1 in 20 children in the UK have experienced sexual abuse involving physical contact. That is at least 1 in every school classroom.
- Harassment offences have increased to 221,000 offences recorded by the police in England and Wales in 2020/2021, from 214,000 in 2018/2020.
- OFSTED reports that 92% of girls and 74% of boys said sexist name-calling happens a lot or sometimes to them or their peers.
- The Crime Survey for England and Wales (2020) estimated that 3% of women aged 16 to 74 years in England and Wales experienced sexual assault (including attempts) and 5% experienced stalking.
- 618,000 women and 155,000 men experienced rape or sexual assault in 2019-2020.
- There were 5,395 women and girls who had attendances at National Health Service (“NHS”) trusts or General practitioner (“GPs”) in England where female genital mutilation was identified.

Violence against women and girls

Locally (within Southampton)

- The Southampton Community Safety Strategic Assessment has consistently highlighted the following three priority crime groups over the last three years in Southampton: violent crime (all forms), domestic crimes and sexual offences. These crime types are also known to disproportionately impact on women and girls.
- Southampton is an outlier for violent and sexual offences, with Southampton ranked among the worse 10% of Community Safety Partnerships nationally for the rate of violent and sexual offences in 2020/21.
- Southampton is the third highest among comparators and significantly higher than the national average for the rate of stalking and harassment offences. This has increased by 22.3% in Southampton between 2019/2020 and 2020/2021. However, this increase, in part is still being driven by changes in counting rules for stalking and harassment offences introduced in 2018. Nonetheless, this is something that should continue to be monitored as stalking and harassment can be a precursor for more serious offending.
- Rape is the crime group that causes the most harm in Southampton, accounting for 1.4% of recorded offences, yet 24.5% of the harm (relative severity) caused by crime in Southampton.
- Domestic rape continues to cause significant harm in the city, with a 4.1% increase in the number of domestic rapes between 2019/2020 and 2020/2021. Moreover, domestic rape accounted for 45.3% of the harm (severity) caused by domestic flagged crime in 2020/2021.
- There were 18,920 incidents of overall VAWG during April 2018 – March 2021, 8,177 incidents of domestic VAWG and 3,526 incidents of public place VAWG.
- There is a strong relationship between VAWG (all definitions) and deprivation, with the rate of VAWG over five times higher in the 20% most deprived neighbourhoods in the city, compared to the 20% least deprived neighbourhoods.
- VAWG shows a link with the night-time economy, which is evidenced through hotspot mapping highlighting concentrations of VAWG incidents occurring in parts of the city centre where a large number of night-time economy venues are located.
- Additionally, temporal profiling highlighted peaks of incidents occurring late at night and on weekends. Analysis of associated factors highlighted that 14% of overall VAWG, one in five (20.4%) domestic VAWG and 13.4% of public place VAWG incidents had alcohol recorded as a factor. Alcohol is a known driver of violence, particularly intimate partner violence, which would explain levels of alcohol related domestic VAWG incidents.
- Victim profiling highlighted that VAWG can affect women and girls of any age and from all walks of life.

Appendix 2

Sexual offences and crimes of violence against women and girls.

What do the words mean?

- **Coercive control:** When a person with whom you are personally connected, repeatedly behaves in a way which makes you feel controlled, dependent, isolated or scared. Coercive control is not the same as emotional abuse, not all emotional abusive is coercive control, but coercive control is always emotionally abusive.
- **Cyber flashing:** Sending sexual or rude photos to another person's phone to shock and embarrass them.
- **Domestic abuse:** Controlling, bullying or violent behaviour, including sexual violence, by a partner or ex-partner. Women are usually the victims/survivors and men are the abusers. But men can also be victims/survivors, and the abusers can be any family members.
- **Female genital mutilation or female genital cutting:** When a young girl or teenager has part of their genitals cut off for cultural or religious reasons and not medical reasons. It is against the law.
- **Forced marriage:** When someone is made to marry a person they have not chosen themselves.
- **Harassment:** Behaving in a way that frightens or upsets another person or makes them feel stupid.
- **Honour based abuse:** Violence or threats done by someone in a person's family or community to protect the name of the family or community. Sometimes it is a punishment for breaking the family or community's rules. It can be physical, sexual, financial or emotional abuse.

What do the words mean?

- **Honour killings:** When someone in the family or community kills a woman for breaking the rules of the family.
- **Perpetrator:** A person who commits a crime against someone else.
- **Rape:** This is when a person forces someone else to have sex. It could be by using physical force or by frightening them. Rape can be perpetrated by a stranger, or by someone the victim knows and/or is/has been in a relationship with (also known as 'domestic rape').
- **Revenge porn:** Sharing private rude or sexual messages, photos or videos to others to cause embarrassment. Often the photos or video were made with the person's agreement but are shared later to upset them.
- **Sexual harassment:** unwanted verbal or physical conduct of a sexual nature. It can take place anywhere, including the workplace, schools, streets, public transport, and social situations. It includes flashing, obscene, and threatening calls, and online harassment
- **Sexual violence:** sexual contact without the consent of the woman/girl. This can be perpetrated by anyone from total strangers to relatives and intimate partners, but most are known in some way. It can happen anywhere – in the family/household, workplace, public spaces, and social settings.
- **Sex worker:** Someone who earns money by doing sexual acts.
- **Sexting:** Text messages that use sexual words, photos or videos.
- **Stalking:** Repeated (i.e. happening on at least two occasions) harassment causing fear and/or distress. For example, when someone keeps bothering someone else and won't leave them alone. They may keep calling them or turning up where they know the person will be. It can also include threatening phone calls, texts or letters; damaging property; spying on and following the victim.
- **Upskirting:** Taking a secret photo of another person under their clothes to see their private parts or underwear.

Agenda Item 9

DECISION-MAKER:	OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
SUBJECT:	TOBACCO, ALCOHOL AND DRUGS STRATEGY 2023-2028
DATE OF DECISION:	13 OCTOBER 2022
REPORT OF:	COUNCILLOR LORNA FIELKER CABINET MEMBER FOR HEALTH, ADULTS AND LEISURE

<u>CONTACT DETAILS</u>			
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Author:	Title	Public Health Consultant	
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	E-mail	Charlotte.Matthews@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>This briefing paper outlines the new draft 5-year Tobacco, Alcohol and Drugs Strategy, for consideration and scrutiny by the Overview and Scrutiny Management Committee (OSMC). The public consultation for the strategy closed on 4th September 2022, and the strategy is due for final consideration (and adoption) by both the Health and Wellbeing Board and by Cabinet in December 2022.</p>	
<p>This combined Tobacco, Alcohol and Drugs Strategy articulates how we, as a Council, will reduce the harm to people who use tobacco, alcohol and drugs, as well as harms to people around them, and harms across the City of Southampton as a whole. It covers everyone who lives, works in, or visits the city; it covers every person, every community, and every place in the city – even the Council itself.</p>	
<p>This strategy describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one broadly (though not exclusively) aligned to each council directorate, which are evidence based or innovative prevention approaches. This whole-council approach is necessary to ensure we have as much impact as possible and will ensure we can work efficiently. Approximate current tobacco, alcohol and drug estimates for Southampton, as well as considered impacts of this strategy, are detailed in the accompanying ESIA (Appendix 2).</p>	
RECOMMENDATIONS:	
(i)	That the Committee considers and notes the contents of this report and provides feedback on the strategy to officers where changes or further information are advised.

	(ii)	That the Committee recommends that the new strategy is approved by the Health and Wellbeing Board and Cabinet (subject to any suggested OSMC or consultation-related amendments) in December 2022.
REASONS FOR REPORT RECOMMENDATIONS		
1.		Given the significant nature of the strategy, which affects the whole city and all residents, OSMC input into the draft strategy is key and is sought before proceeding to Cabinet with a final draft for adoption.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.		Not having a city-wide strategy to tackle tobacco, alcohol and drugs in Southampton risks the safety and wellbeing of those affected in the city, as well as the wider impacts of these issues on the city and its workers and residents. Not having a strategy would also mean we would not meet our statutory requirement to have a drug and alcohol strategy or our commitment as signatories to the Local Government Declaration on Tobacco Control, to have a tobacco control strategy.
3.		The new Tobacco, Alcohol & Drug Strategy will be a 5-year long strategy (2023 – 2028), with outcomes reviewed at least annually. This is in contrast to the previous drug and alcohol strategies which were both 3 year strategies, and will bring the strategy refresh frequency in line with those such as the Health & Wellbeing Strategy and the Southampton City Strategy. Tobacco, alcohol and drugs are complex challenges, and a 5 year strategy has been chosen so that we have time to build on what we are already doing well, carry out further research, establish new ways of working and make a difference.
DETAIL (Including consultation carried out)		
4.		Southampton City Council (SCC) previously had both a Drug Strategy and an Alcohol Strategy in place. It is a statutory requirement to have a substance use strategy, and as a Council we have commitment to have a tobacco control strategy. The Council signed up to the Local Government Declaration on Tobacco Control in 2014.
5.		Both the Drugs Strategy and the Alcohol Strategy were due to expire in 2020. However, in early 2020, the pandemic meant that the council and its partners had to focus on addressing the challenges brought on by COVID 19, to ensure business continuity, efficient delivery of critical services, as well as addressing safety and security for residents during this very challenging year. The Drug Strategy and Alcohol Strategy were therefore both extended until December 2021, pending completion of the new combined Tobacco, Alcohol and Drug strategy by December 2022. Early advice sought from Legal Services as to further extension of the two existing strategies confirmed that there was no requirement to extend any further as there is no direct impact to service provision or access.
6.		The expired Drug Strategy sat under the Safe City Strategy, overseen by the Safe City Partnership, whilst the Alcohol Strategy sat under the Health and Wellbeing Strategy, overseen by the Health and Wellbeing Board. Having separate strategies not only disconnects two issues which are addressed through the same or similar stakeholders and agencies, but it also misses an opportunity for a more joined-up approach particularly with regards to

	approaches focussed on families, the city as a place, safer communities and health in all policies.
7.	The new Tobacco, Alcohol and Drugs Strategy will therefore sit as one combined strategy under the Health and Wellbeing Board, with co-ordination under the Wellbeing: Health and Adults Social Care directorate.
8.	<p>This draft Tobacco, Alcohol and Drugs Strategy summarises its vision with 5 Hs:</p> <ul style="list-style-type: none"> • <u>Help</u> for people concerned for themselves or others, with information and services that are easy to access, safe and effective. All health and care and wider services will provide help and support. Services will have a “no wrong door” approach and help people to get the support they need. Services will work well together. They will provide support and treatments based on the latest evidence of what works and innovate. • <u>Harm reduction</u>. Help will be available to people whether they want to be safer while using tobacco, alcohol and drugs; reduce their use; stop using or to stay free from use. Harm reduction includes making sure that people who inject drugs have sterile, safe equipment. • <u>Hope</u>, with visible, diverse communities of people celebrating their progress through treatment and recovery and living healthier, happier lives. • <u>Health promotion</u>. Prevention is better than cure. We aim to make sure that our citizens properly understand the risks the use of tobacco, alcohol and drugs pose. We aim to give every child the best start in life, including supporting families with tobacco, alcohol and drug use in the family. We will take every opportunity to make sure the places where we live, learn, work and relax promote health and keep us all safe and well. • <u>Health equality</u>. Everyone needs the opportunity to be free from the harms of tobacco, drugs and alcohol and to enjoy a long and healthy life. We will particularly focus on supporting people who are more likely to use tobacco, alcohol or drugs or who face additional barriers in being safe while doing so. Our services will celebrate the rich diversity of our communities.
9.	<p>This strategy has been developed by the Public Health and Policy teams of Southampton City Council, based on evidence and engagement. We have engaged colleagues across the council and with stakeholders across the city. This includes a full 12-week public consultation, which was publicised internally to colleagues, externally through partners in the city, as well publicly through the following channels:</p> <ul style="list-style-type: none"> • Website (both the consultation page and a news post) • Social media • E-bulletins (City News, Communities bulletin and Your City, Your Say) • Press release • Digital posters.
10.	There were a total of 263 responses to the public consultation. 259 of the responses were made via the consultation questionnaire, whilst the other 4 responses were received via email.

11.	<p>Of the responses received:</p> <ul style="list-style-type: none"> • 201 of respondents were residents of Southampton • 19 were interested as residents elsewhere • 8 were interested as a private business • 21 were interested as a public sector organisation • 9 were interested as a political member, and • Crucially, 23 respondents were interested because they currently receive, or have previously received, support from tobacco, alcohol, and/or drug services. <p>Detailed feedback and insights on the responses received is currently being collated via the Data and Intelligence Team, and will be used to inform and make amends in preparation of the final strategy draft.</p>
12.	<p>The government launched a new national drugs strategy in December 2021. There are 3 priorities: reduce supply, optimise treatment, reduce demand for drugs, with a strong emphasis on the criminal justice system as well as health and wellbeing. Each area was required to set up a local multiagency partnership to deliver the national strategy. We have set up a Southampton Reducing Drug Harm Partnership, chaired by the Director of Public Health. The Chairs of the Health and Wellbeing Board and Safe City Partnership are both on the Partnership too, with many others. The proposed local Tobacco, Alcohol and Drugs strategy will help us to optimise our Local Authority contribution to the Partnership.</p>
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
13.	<p>There are no additional resource requirements arising from approving the strategy. The commitments are framed so that they are either within existing resources or highlight that a business case will be explored. Any cost pressures will be considered for feasibility within normal yearly budgeting activity or as other funding opportunities arise. The strategy will have more impact with more funding.</p>
14.	<p>The Council is in receipt of a Supplemental Grant to support the implementation of the National Drugs Strategy, of £655k for 2022/23. The grant must be spent on increasing drug treatment capacity and quality. It is a condition of the grant that we also maintain 2020/21 levels of funding from the public health grant on drug and alcohol services and set up a new Reducing Drug-Harm Partnership to oversee local drug treatment outcomes, as well as delivery of the rest of the national drugs strategy. The grant is due to continue in 2023/24 and 2024/25, although it is subject to agreement by the treasury and only indicative at this stage.</p>
<u>Property/Other</u>	
15.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
16.	<p>It is a statutory requirement under the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) for Local Authorities to have ‘a</p>

	strategy for combatting the misuse of drugs, alcohol and other substances in the area’.
Other Legal Implications:	
17.	The consultation and design of the proposed strategy has been undertaken having regard to the requirement of the Equality Act 2010, in particular s.149 of the Public Sector Equality Duty (“PSED”). All actions delivered under the strategy and associated Action Plans will be implemented having regard to this duty.
RISK MANAGEMENT IMPLICATIONS	
18.	The new Tobacco, Alcohol and Drugs Strategy will sit as one combined strategy under the Health and Wellbeing Board. It is a cross-council strategy, with programmes under each directorate. The strategy will be overseen by the Health and Wellbeing Board, with clear links to directorates, as well as to other council strategies and partnerships including the Safe City Partnership.
POLICY FRAMEWORK IMPLICATIONS	
19.	None.

KEY DECISION?	Yes
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Draft Tobacco, Alcohol and Drugs (TAD) Strategy 2023-2028
2.	TAD Strategy ESIA

Documents In Members’ Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	Yes
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	

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Tobacco, Alcohol and Drugs Strategy

2023 - 2028



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Foreword

TBC

From Dr Debbie Chase, Director of Public Health.

To be written after the public consultation has concluded.

TBC

From a Cabinet Member for Health and Adult Social Care.

To be completed after public consultation, by the Cabinet Member at the time of publication.

Thank you to everyone who has contributed to the development of this strategy, particularly everyone who shared their own challenges with smoking, alcohol and/or drugs with us.

Free, confidential help for anyone worried about smoking, alcohol or drug use is available from [Better health](#) or by speaking to a health professional.

Image to go here - TBC

Our strategic approach

This strategy describes our vision for how we, as a Council, will reduce the harm to people who use tobacco, alcohol and drugs, as well as harms to people around them, and harms across the City of Southampton as a whole.

It covers every person, every community and every place in the city - even the Council itself.

This strategy then describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one for each council directorate (department). This whole-council approach is necessary to ensure we have as much impact as possible and work efficiently. We also outline how we will monitor the impact of the strategy.

Working together

It makes sense to bring our work on tobacco, alcohol and drugs together. All are important. They are often used at the same time or by the same people. Similar approaches and agencies are involved with working on them too, like drug and alcohol services, health services including mental health services, schools, the police and the wider criminal justice system.

Tobacco, alcohol and drugs are (and present) complex challenges. This strategy covers 5-years so that we have time to build on what we are already doing well, establish new ways of working and make a difference. We will not “solve” tobacco, alcohol and drug use in 5 years, but we will be able to make real progress. We are confident that this strategy will stay relevant and that it addresses the core areas of work.

This strategy is a Council strategy. This strategy describes what we will do and re-states our commitment to ongoing partnership and collaboration with stakeholders. We will make the most progress by working together as a whole system. We look forward to continuing to work with organisations and communities across the city.

This strategy is non-judgemental and compassionate, because:

- Use of tobacco, alcohol and/or drugs often starts in childhood or as young adults, before we can fully understand or judge the immediate and long-term risks, and when we may be more influenced by the significant people in our lives and marketing. For example, one of the main risk factors for young people smoking is that they live with an adult who smokes.
- Tobacco, alcohol and drugs can seem like they make us feel better which can be very compelling, particularly when we're stressed, tired, shy or lonely. But biologically, they can make us feel worse through cravings, low mood and/or anxiety. Withdrawal symptoms, including the way they affect our brain, can make it difficult to stop using them.

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- For many people with tobacco, alcohol and drug dependence and higher-risk use, their use is not simply a choice. It is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma. These same difficulties can also make it very difficult to limit, reduce or stop using, without help, and sometimes even with help.
- Many people who smoke or who have alcohol or drug-related issues are ashamed of their use or the associated problems. It can take courage to seek help and any judgement would further put people off. Even if we don't directly work with people with tobacco, alcohol and drug issues, we will be living and working among people with those issues or may have them ourselves. Compassion and self-compassion are effective in improving engagement in services and outcomes.

Nevertheless, this strategy is hopeful. Smoking prevalence, in Southampton, has reduced from 21% in 2012 to 17% in 2019, and nationally 70% of smokers want to quit. More than 1,100 people a year already use our alcohol and drugs services, with between 350 and 450 successfully completing treatment and many more accessing help and advice to get control and reduce harm. 57% of people who called, and engaged with, our Alcohol Brief Intervention Support Line achieved their goal of abstinence or more controlled drinking in 2021/22.

This strategy unites colleagues across the council and shows them what they can do. It will also show residents, visitors and other stakeholders in the city what we're striving to achieve and the role they can play to help each other to be happy, hopeful and healthy.

1. 2020 data was collected in a different way and so is not recommended for comparison with previous years.

Developing and writing this strategy

This strategy describes our direction and the breadth of the work we will do as a Council. It is short, so that it is easy to read. It focuses on the key headlines of what we are aiming for and the main areas of work we will do to achieve it.

This strategy is innovative for bringing together tobacco, alcohol and drugs and taking a whole-council approach. This will help us take every opportunity to reduce harm and improve health, wellbeing and the city as a whole.

This strategy has been developed by the Public Health and Policy teams of Southampton City Council. We have engaged colleagues across the council and stakeholders across the city. Many contributors to this strategy have shared their personal experience of tobacco, alcohol and drugs too.

Our strategy is based on the evidence of what works, from research or local experience. It is all legal. We believe this strategy will help us build on all the hard work to date across the council to make an even bigger difference. Southampton City Council has committed to having a tobacco strategy, under the Local Government Declaration on Tobacco Control. Local councils also have a legal duty to have an alcohol and drugs strategy.

This strategy does not reflect everything that is happening in the city related to tobacco, alcohol and drug-related harm. The Safe City Partnership, for example, leads on community safety including reducing violent crime. The Children and Young People's Strategy focusses on ensuring all children have the best start in life. Safeguarding Boards review and protect the needs of children, young people and adults from serious neglect or abuse. The Domestic Abuse (Violence Against Women and Girls) Strategy highlights how alcohol and drugs affect domestic abuse. Schools teach children and young people knowledge and skills to help them resist any pressure to experiment with substances. This work – and much more – complements the work of the Health and Wellbeing Board and this strategy.

The pace and scale of this implementation of this strategy will depend on resources available. At the time of writing (May 2022), we have the opportunity to receive national funding for 2022 - 2025 to implement the National Drugs Strategy. A Plan will go to Full Council in June 2022.

Setting the Scene

We have a strong foundation and consensus to build on, including previous alcohol and drugs strategies, a drug-related litter scrutiny inquiry and cabinet action plan, and the Director of Public Health annual report of 2018 which focussed on drug-related harm.

The Safe City Strategy and Violence Reduction Unit have a focus on reducing alcohol and drug-related harm too.

We already support, commission and fund an extensive range of free, confidential, prevention, support and treatment services across the city and run seasonal public campaigns. As well as mainstream provision, examples of local innovation to date include:

- Maternity services help pregnant women to stop smoking as part of routine care, and this is being extended to the Family Nurse Partnership who provide extra support for pregnant women under 20 (or 20 years old in some cases)
- Primary Care Networks, of GP practices, develop and deliver specialist stop smoking support in local communities
- Specialist support to stop smoking provided as part of an NHS England pilot of targeted lung health checks for people who smoke or used to smoke
- A telephone helpline providing support for people concerned about their drinking
- A specialist team who reaches, supports and treats people who use alcohol and/or drugs and are homeless, live in hostels or have similar complex needs.
- University Hospital Southampton NHS Trust has a dedicated Alcohol Care Team. Additionally, medicines management technicians discuss alcohol consumption with all patients when they are admitted to hospital, to ensure they receive safe care and further help if required.
- Testing for Hepatitis C in pharmacies, as part of Southampton University-led research to eliminate Hepatitis C in the city by 2025. People who inject drugs are at greater risk of getting hepatitis C, a virus that can be fatal.
- An outreach service to identify and support women selling sex on street, to help to keep them safer including drug and alcohol support.

This work will be continued under this strategy, as resources allow and assuming ongoing review continues to show it is effective.

Nevertheless, there is still high unmet need in the city and too many children, young people and adults are harmed by tobacco, alcohol and drugs. This harm includes illness, violence, abuse and exploitation, trauma and more.

Infographic TBC (full-page) - **Approximate estimates for Southampton**

Data to represent:

- Approximately 34,000 local people smoke
- Nationally, 1/2 of people who smoke die from smoking-related illness, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness
- 229 pregnant women a year have not been able to stop smoking by the time of delivery
- Pregnant women living deprived areas are 4 times more likely to smoke
- 35,000 local people drink at increasing risk levels, consuming more than 14 units per week
- 16% of adults in Southampton never drink alcohol
- Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health
- Highest rate of alcohol-related hospital admissions in the country
- 1,200 children live with an alcohol-dependent adult
- 1,200 local people use illicit opiates (heroin) or crack cocaine
- 2,268 alcohol-related crimes a year, 71% violent
- 1,242 drug-related crimes a year
- 600 children live with an adult dependent on illicit opiates
- 66,000 adults are affected by the drug or alcohol use of someone they know
- For children and young people under 18, alcohol use is 5 times higher for those living in the most deprived areas of Southampton compared to the most affluent areas of Southampton. Drug use is 8 times higher.

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More data and information, including the annual Safe City Assessment on crime and safety are available from [Southampton Data Observatory](#).

Tobacco, alcohol and drugs can affect nearly every aspect of council work – from litter to community safety, from licensing to our parks. Tobacco, alcohol and drugs are common, preventable reasons why people need health and social care services. These are all potentially preventable financial costs for the council and wider system, or at least opportunities to use the same funding for better outcomes.

The negative effects of tobacco, alcohol and drugs affect everyone, but the people most affected by the harm tend to be people living in poverty or who are otherwise marginalised. Nationally, half of the difference in life expectancy between wealthier and poorer communities is attributable to smoking.

Tobacco, Alcohol and Drugs: A vision for 2028

The five Hs of our vision frame what we want to achieve in Southampton by 2028, ensuring that Southampton is a city of:

Help

For people concerned for themselves or others, with information and services that are easy to access, timely, safe and effective. All health and care and wider services will discuss tobacco, alcohol and drugs as part of routine care and provide help and support. Services will have a “no wrong door” approach and help people to get the support they need. Services will work well together. They will provide support and treatments based on evidence and innovate.

Harm reduction

Help will be available to people whether they want to be safer while using tobacco, alcohol and drugs; reduce their use; stop using or stay free from use. Harm reduction includes making sure that people who inject drugs have sterile, safe equipment.

Hope

With visible communities of people celebrating their progress through treatment and recovery and living healthier, happier lives. This will reduce stigma and isolation and inspire others. It is also part of changing our broader culture to be more sensitive to tobacco, alcohol and drug-related harm.

Health promotion and prevention

Prevention is better than cure. We will help our residents understand the risks of tobacco, alcohol and drugs. We aim to give every child the best start in life, including supporting families with tobacco, alcohol and drug use in the family and protecting people from harm caused by others. We will take every opportunity to make sure the places where we live, learn, work and relax keep us safe and well. This means promoting ways of life that are free from smoking, higher-risk levels of alcohol, or drugs.

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Health equality

Everyone needs the opportunity to be free from the harms of tobacco, drugs and alcohol. We will focus most on supporting people who are more likely to use tobacco, alcohol or drugs or who face barriers to reducing harm to themselves or others. Our services will be sensitive to and celebrate the rich diversity of our communities and meet any additional needs that people have, such as sensory or mobility needs. Our work will be informed by people with lived experience of tobacco, alcohol and drug-related harm.

This is based on the evidence of what works to reduce harm and reflects local consensus. Behavioural science shows us that people need to have the capability, opportunity and motivation to change, and that services and interventions need to be easy, attractive, socially acceptable and timely. Working as a whole system and collaborating with local people is key.

We want to be at the leading edge of local authority work on tobacco, alcohol and drugs. Our work will continue to be based on evidence and, where there is a gap in the research evidence, we will innovate and evaluate our work. We will use national guidance, statistics, people's experiences and research to inform our work. As a minimum we will compare ourselves to Local Authorities with similar city populations, such as Bristol, Plymouth and Portsmouth .

[2. More information is in the Indicator section.](#)

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Our strategy to achieve this vision

We will make the biggest difference in reducing the harm from tobacco, alcohol and drugs, if we continue to recognise them as complex issues, making sure our work has breadth and depth and is embedded in all we do.

This means our work will be across:

- All ages, sensitive to different life stages
- All places, settings and communities
- The whole Council, with leadership by each directorate
- All types of tobacco, alcohol and illicit drugs, including shisha, cannabis and more
- Topics, as they link to tobacco, alcohol and drugs, including education, community safety, social care, housing and much more
- Services and pathways, organisations and professions.

This strategy uses 'proportionate universalism'. This means that everyone benefits, according to their need. There is a strong focus on people with the greatest needs who require the most support, as well as a secondary focus on the large numbers of people with less intensive needs so that we reduce health inequalities and improve health at scale.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so.

Tobacco and drug use by people who might think they are not harming others, still harms people with less power or resources and drives crime. The World Health Organisation highlights the global impacts of tobacco. There are 1.2m deaths across the world from second-hand smoke a year. Children are sold tobacco and used to produce it, and tobacco farming and production brings its own health risks. Illicit tobacco can involve serious organised crime and tobacco companies. Counterfeit tobacco is unsafe for the people producing and using it. Tobacco that is sold without paying tax reduces money available for public services. Drug-related harm affecting others includes people-trafficking, "county lines" where drug dealers coerce children, young people and vulnerable adults to transport drugs around the country, "cuckooing" where drug dealers deal drugs from the homes of vulnerable adults and exploit them, and violence, trauma, danger and dependence throughout the production and trade of drugs.

The diversity of our population and workforces is key. Our work will be person-centred and promote dignity. Everyone

has their own relationship with tobacco, alcohol and drugs, their own values and circumstances, so a personalised approach is vital.

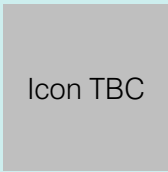
Strategic programmes: 5 for 5.

We will deliver our Vision through 5 strategic programmes, each running for the 5 years of this strategy. There is one strategic programme for each relevant council directorate and another corporate programme for internal, cross-cutting work, such as human resources. The programmes are:



The programmes follow, showing key priorities subject to resources. Together they will deliver the 5 “Hs” of our vision: help, harm reduction, hope, health promotion and health equality. Each directorate will drive their programme, link it with their broader work and collaborate with partners and stakeholders. The programmes will develop over time.

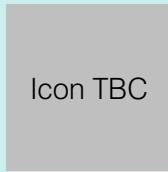
Example areas of focus



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Children and families

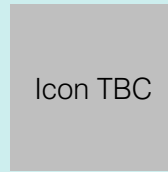
Supporting families affected now and preventing the next generation from developing harmful use and making sure children's views shape our work.



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Accessible services

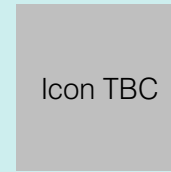
Ensuring people get help quickly and easily.



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Visible recovery communities

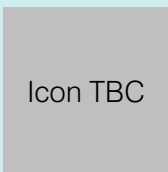
This enables people to support each other and celebrate either being tobacco, alcohol and drug free or being more in control of their use. We don't yet have peer support Southampton.



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Mental health conditions

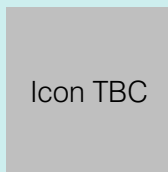
People with mental health conditions tend to have a high use of tobacco, alcohol and drugs and vice versa. Its hard to get mental health treatment and they are vulnerable to exploitation and suicide.



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Our workforces

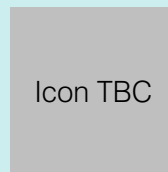
Providing training and supporting their wellbeing.



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Full range of substances

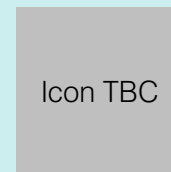
Ensuring our work focusses as much on tobacco, alcohol and drugs like cannabis, amphetamines and ketamine, as well as crack and opiates.



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Housing and employment

Joining up our work and ensuring people have the circumstances to survive and thrive.



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Collaboration and innovation

We will collaborate with our networks to implement what has been shown to work and, where the evidence is less clear, to innovate, evaluate and share our work.

Programme 1

Wellbeing: Children & Learning

We are ambitious in our programme to support children and young people, to promote good health and wellbeing, and to protect them from the harms of tobacco, alcohol and drugs (whether from their own use, or from significant others around them).

Many young people underestimate the addictiveness of tobacco and the immediate risks of alcohol and cannabis intoxication including being vulnerable to danger from others such as sexual assault, or from falls and road traffic injuries, as well as long term harm to development and mental health from continued use.

- Children and young people living with adults/siblings who smoke are 3x more likely to become smokers than those in non-smoking households. Most smokers first start smoking before they are 18.
- It is estimated that around 8,500 young people aged 16 - 24 took an illicit drug last year and, of those, just under 100 young people used opiates and/or crack cocaine.

Parents and carers with drug or alcohol dependence may struggle to recognise and meet their children's needs.

- 1,200 children, in Southampton, live with an alcohol-dependent adult
- 600 children, in Southampton, live with an adult dependent on illicit opiates

Our five year focus

- Prevent children and young people from starting using tobacco, alcohol under-age or at higher risk levels or drugs. This includes:
 - Increasing the proportion of children who grow up in families where no-one smokes, drinks alcohol above the guidance for lower risk, or uses drugs. This is delivered through this programme and through the other programmes in this strategy
 - Preventing childhood adverse experiences, like poverty, untreated mental ill health, domestic abuse in the family. and ensuring all children have a good relationship with a trusted adult
 - Enabling children and young people to feel confident in themselves, to be emotionally literate and to support them with skills and knowledge so they can be safe
 - Promoting a positive child and youth culture of being tobacco, alcohol and drug-free, without alienating those who find that difficult
- Help children and young people who use tobacco, alcohol and/or drugs to stop and stay substance free, or to be as safe as possible.

- Protect children and young people from adult, sibling or peer use.
- Contribute to ensuring Southampton is a Child-Friendly City

This tobacco, alcohol and drugs work overlaps with the broader Children and Young People's Strategy, which is underpinned by strategic plans for:

- Prevention and Early Intervention
- Youth Justice
- Corporate Parenting
- Education
- Emotional Wellbeing and Mental Health
- Participation

Our key projects and priorities

Tobacco

- Continue to incorporate support to stop smoking in maternity services and other health and care services for pregnancy and early years, including health visitors
- As possible, pilot e-cigarette scheme and consider incentives pilot for pregnant women and a campaign for people who provide childcare (grandparents/significant others)

Alcohol and Drugs

- Improve family pathways, interventions and support where children, young people or adults who have children have substance use issues or disorders. This includes improving identification of children, adults and families in need; exploring specialist alcohol and drugs workers in Children's teams; and ensuring smooth transition to adult services
- Link with wider work to provide prevention and early intervention to children, families and young people, particularly those at higher risk of developing alcohol and/or drug issues

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Review and strengthen prevention and early intervention work in 0-25 education settings, such as early years, schools, colleges and universities. This includes delivering prevention as educators, employers, and as important local organisations
 - Work with others to support a wide range of leisure activities in the city for children and young people, as prevention and diversion
 - Promote accessible, reputable information for children, young people, families and the workforces supporting them, about tobacco, alcohol and drugs and where to get help
 - Increase the number of young people receiving early intervention support and treatment, sensitive to different needs related to gender, sexuality, disability, race, culture and ethnicity and more
 - Review and strengthen support for children who are looked after, their carers, care leavers to at least 25 years old and people in the Phoenix service, which helps people at risk of having children taken into care
 - Link with wider prevention and resilience work as part of the Children and Young People's Strategy
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Programme 2

Wellbeing: Health & Adult Social Care

We are committed to supporting all adults, to access services to help them contain, reduce, or stop their substance use. Critical to this is ensuring that support is provided quickly, and that we operate a 'No Wrong Door' approach, so that no matter which service somebody approaches, they get the help they need.

We will also have strong, supportive messages to promote health and prevent illness. In Southampton:

- Each year 10,200 (30%) of smokers make a serious attempt to quit, with approximately 1,700 (5%) quitting successfully.
- Approximately 35,000 adults drink at increasing risk levels
- More than 5,000 people are estimated to have alcohol dependence
- Just over 1,000 adults with alcohol dependence live with children
- 1,200 people use illicit heroin or crack cocaine

Many people use more than one substance or have more than one need. For example, approximately 44% of adults starting treatment for alcohol use disorders also smoke. Nationally, more than half of people who have a substance use disorder will also experience a co-occurring mental health disorder, like anxiety, depression, bipolar disorder and schizophrenia. People with co-occurring substance use and mental health conditions are at higher risk of dying early, including by suicide.

An estimated one in three people in the UK are negatively affected by the use of drugs and alcohol of someone they know, and have an increased risk of mental ill health, relationship difficulties, financial strain, isolation, stigma and domestic abuse.

Our five year focus

- Identify more people with higher-risk use
- Strengthen services which help people with tobacco, alcohol and/or drug use, to stop or reduce their use or at least be safer while using. Support healthcare services to embed identification, very brief advice and brief interventions in routine care. Increase the number of people in specialist alcohol and drug services.
- Support people who achieve recovery to stay tobacco, alcohol and drug free, and to be visible if they wish to inspire others and reduce stigma
- Ensure help is in place to support those affected by someone else's use of drugs or alcohol
- Work with mental health services to improve treatment and support for people with co-occurring conditions

Our key projects and priorities

Tobacco

- Support provision for underserved groups who experience high rates of smoking harm, including pregnant women, people with severe mental illness, people who are homeless, and people who have alcohol, drug or mental health conditions
- Promote personalised care (“tailored quit”) and the use of e-cigarettes as a way of stopping smoking, in line with regional and national guidance
- Support the NHS to implement the NHS Long Term Plan commitment to offer tobacco dependency treatment for inpatients
- Run campaigns to encourage people to stop smoking

Alcohol

- Review support for underserved groups, including people who are older, people from Black and Ethnic Minorities, and people with long term conditions or disabilities including mental health needs
- Understand high rate of attendances/ admissions to UHS
- Run a campaign to improve awareness of alcohol harm and promote non-drinking and lower risk drinking
- Review how the health and care system can increase the identification of people at risk of alcohol-related harm

Drugs

- Consider business case for 5-year local pilot of diamorphine treatment for people with treatment-resistant heroin use, in line with current national guidance
- Develop business case and, if advantageous, secure funding for drug care team at UHS
- Review harm reduction services to increase the number of people who use them. This may include incentives, in line with national guidance
- Review population-level needs of people who use prescription drugs illicitly and/or non-opiate drugs
- Continue response system with Hampshire and Isle of Wight to assess and respond to intelligence of increased risk from illicit supply

Alcohol and Drugs

- Use the National Drugs Strategy funding (2022 - 2025) to increase the number of people in treatment, including people with both drug and alcohol use disorders, and to implement this strategy where possible within the conditions of the funding

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Strengthen pathways with the criminal justice system, mental health system, adult social care, domestic abuse, the system for care leavers and support for veterans. Link with the Suicide Prevention Strategy
- Ensure there is accessible information about tobacco, alcohol and drug use and support, supplementing national information as applicable and including easy read materials
- Strengthen the work and influence of people with lived experience, including service user, carer and recovery communities, engagement and co-production. This will be important for people with alcohol and drug-dependence. It is also important for people who have complex needs and have stopped smoking, e.g. people with severe mental illness
- Review the needs of the local health and care workforce, both their own health, wellbeing and safety in relation to tobacco, alcohol and drugs; and also workforce planning and training so that we have the workforce needed to deliver support and treatment. This will include links to the Making Every Contact Count training programme, run by Health Education England.
- Maintain a programme of needs assessments and reviews to ensure our work remains rooted in local evidence, including audits of drug-related deaths and non-fatal overdoses, and scoping any gaps in knowledge about the needs of local people which are related to gender, sexuality, disability, race, culture and ethnicity or other personal characteristics
- Advocate for evidence-based tobacco, alcohol and drugs practice and policy regionally and nationally, for example there is strong international evidence for overdose prevention facilities

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Programme 3 Place

The places where we live our lives play a key role in any successful tobacco, alcohol and drug strategy.

This programme of work will address that, with evidence-based ways to make Southampton as smoke and drug-free as possible and so that alcohol-related harm is minimised. We will work to ensure our city is a safe and rewarding place to be for everyone. For example, 16% of local adults do not ever drink, so ensuring our leisure and night-time economy reflects this is important. There are links to being a Child Friendly City (Programme 1 of this strategy) too.

Our five year focus

- Have more public places that are free from tobacco, alcohol or drug use, particularly those that children and young people are exposed to
- Support employers to promote health and reduce harm from tobacco, alcohol and drugs
- Increase employment and skills for people with alcohol and/or drug-use disorders
- Use planning and urban design to design health-promoting public and domestic spaces that also design out crime and fear of crime
- Reduce tobacco, alcohol and drug litter through reduced use and safer disposal

Our key projects and priorities

Tobacco

- Encourage smoke-free public places frequented by children, young people and families including parks, school gates and other places
- Support the public sector and wider employers to be smokefree sites and organisations

Alcohol

- Review opportunities for alcohol-free public places including places frequented by children
- Identify ways to welcome new business to the late-night economy that do not serve alcohol and are attractive to a range of ages

Drugs

- Keep the need and feasibility of sharps bins under intermittent review

Alcohol and Drugs

- Use the Local Plan and associated policies to design-out spaces that enable anti-social behaviour or crime
- Support the work of the Employment Support Team, and others, who support people with long term unemployment into work

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Work with local retail, leisure sector and others to make it easy for people to enjoy themselves in places free of tobacco, alcohol and drugs
 - Support the public sector and wider employers with example Human Resources policies
-

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Programme 4 Communities, Culture and Homes

The communities we live in makes a big difference to our health and wellbeing. Some communities have more tobacco, alcohol and drug-related harm than others.

People who are homeless are particularly vulnerable to harm from tobacco, alcohol and drugs, including harm from other people using substances or exploitation.

- Southampton residents living in the most deprived areas are 3.4 times more likely to be admitted to hospital because of alcohol
- Drug and alcohol-related crime is clustered in the city centre and deprived areas
- Tobacco, alcohol and drugs exacerbate poverty, diverting household income from other priorities

Our five year focus

We'll work with local partners such as the Safe City Partnership, Hampshire Constabulary and the Voluntary Sector to:

- Reduce illicit or illegal supply of tobacco, alcohol and drugs
- Keep people safe from harm (Safe City Strategy Priority 1)
- Make the most of opportunities to strengthen communities and housing in a health-promoting way

This will involve elements of:

- Community relations, autonomy and reporting
- Regulation and enforcement - licensing and trading standards, including protecting children and young people from underage sales
- Engagement with businesses, the voluntary sector and others
- Diversion from criminal justice into treatment and/or rehabilitation

Our key projects and priorities

Tobacco

- Work with the Fire Service on fire prevention
- Use Trading Standards powers and approaches to identify and reduce illicit tobacco, underage sales and non-compliant e-cigarettes, as applicable

Alcohol

- Encourage a night-time economy that has a wide range of offers, including alcohol-free beverages in licensed premises and alcohol-free places more widely
- Use and enforce the licensing policy
- Review opportunities for diversion from criminal justice into treatment

Drugs

- Review opportunities for diversion from criminal justice into treatment
- Link prevention and treatment pathways with police and criminal justice system enforcement

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Support the Violence Reduction Unit (VRU) and the Safe City Partnership's work to improve community safety, informed by their "Problem Profile", the Safe City Assessment and resident surveys
- Support community champions to be able to share information and influence tobacco, alcohol and drug-related harm
- Support housing staff with training and optimise housing policies to support residents to live in smokefree accommodation, engage in alcohol and/or drug treatment and sustain recovery
- Scope strategic approach to licensed events including harm minimisation

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Programme 5 Corporate

Ensuring a 'Health in all Policies' approach not just for our Council workforce, but for the workforces of those we contract and commission to provide services in the city, is another key strand of this strategy. We are committed to demonstrating and modelling a responsible approach to tobacco, alcohol and drugs, and will be proactive in working with other organisations to encourage similar 'Health in all Policies' approaches across the city too.

Our five year focus

- Health in all contracts and commissioning
- Workforce wellbeing – support and HR policies
- Advertising guidance
- Relationship to industry including staff pensions

Our key projects and priorities

Tobacco

- Continue to abide by and promote the Local Government Declaration on Tobacco Control, including embedding in all contracts and influencing pension investment
- Support NHS commitment to be Smokefree
- Support wider stakeholders to be smokefree and influence pension investments by leading by example if possible

Alcohol

- Maintain advertising guidance to not advertise alcohol
- Promote a positive cultural norm of healthier ways of connecting, socialising and relaxing, including in internal communications and in the workplace

Alcohol and Drugs

- Review guidance for officers completing Equality Impact Assessments so that the needs of people with alcohol and/or drug dependency are included as appropriate

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Use a "health in all contracts" approach - optimise use of Social Value Act during procurement and incorporate into standard contracts

- Strengthen workforce wellbeing within the Council, including policies, training for managers, promoting services to staff and role of commissioned services, e.g. occupational health
- Support Elected Members to be health promoting in their roles
- Support wider stakeholders to be health promoting settings
- Apply learning from the “Health in all policies” approach of this strategy to other issues

Implementing and monitoring the strategy

Officers will embed the vision, approach and principles of this strategy in the Council's work. We will incorporate it into existing work and structures wherever possible.

Progress will be reviewed annually and reported to the Health and Wellbeing Board. We will also share our learning and experience with stakeholders and nationally whenever possible.

Each directorate and team across the council will develop the work that applies to them in more detail, supported by Public Health if required. They will join it up with other work they are doing, for maximum efficiency and impact, and scale and pace it in line with the funding and other resources available. With 5 programmes and more than 50 priority projects and developments, it is not practical to detail all the objectives and plans here. The details of the work will change over time, as new research evidence is published, if the law changes or if more funding is available. This strategy will provide an overview throughout, providing a common goal that we will all work towards.

Governance and monitoring for this strategy

This strategy sits under the Council's "Health and Wellbeing Strategy" and will be overseen by the Health and Wellbeing Board. It overlaps with many other council and national strategies and boards too, such as the Safe City Strategy and Partnership, which leads on community safety and crime.

A new Tobacco, Alcohol and Drugs overview group will monitor the overall impact of this strategy, including by monitoring headline data indicators from the Office of Health Improvement and Disparities, the National Drug Treatment Monitoring System and other reliable sources of national data, as well as narrative reports from directorates.

The overview group will report to the Health and Wellbeing Board at least annually. Directorates will monitor the progress of their programmes. Commissioners and service managers will manage the performance of services. The Safe City Partnership will continue to monitor and lead related work on community safety. This currently includes an annual survey which asks residents about their experiences and views on drug and alcohol-related crime.

The overview group will be a small programme management group, rather than duplicate the large partnership forums which already exist in many forms. The group will work through these forums. As a Council we will work with local people to shape and deliver our work through:

- Elected members
- Community engagement forums, as part of the work of each directorate

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- Services user and carers engagement and the co-production of interventions and services, by commissioned services in particular
- Collaboration with wider stakeholders, run by or representing local people
- Staff with lived experience
- The publication of council papers and other public communications

We will:

- Focus on monitoring outcomes with some activity and output measures too
- Compare our progress over time and against other comparable local authorities
- Be careful that we do not allow what we monitor to have unintended consequences, for example, in working to reduce emergency hospital attendances we do not want to dissuade people from seeking or receiving help. We instead want to make sure that people receive care in a planned way, for their benefit, wherever possible
- Consider repeating a Equality Impact Assessment half-way through the strategy, or sooner if indicated

We are aiming for improvement on all measures and to be at least as good as local authorities who have city populations like ours. The National Drugs Strategy was published in 2021 and further guidance is due on how the performance of local authorities will be measured. We will incorporate the requirements into this local strategy.

Our provisional list of monitoring data for this strategy follows:

Data indicators

Process measures
(In addition to progress reports from Directorates)

Tobacco

- Maintain or increase people making a quit attempt through commissioned services

Alcohol

- Increase people in treatment
- Reduce alcohol-related hospital admissions

Drugs

- Increase people in treatment
 - Reduce drug-related hospital admissions
-

Output measures

Tobacco

- Increase quits through commissioned services
- Reduce % pregnant women who are smokers at time of delivery*
- Reduce smoking prevalence in adults*
- Reduce smoking prevalence age 15-only occasional national reports

Alcohol

- Increase successful treatment completion
- Reduce unmet need as reported by NDTMS
- Reduce mortality rate for people aged under 75 years old from liver disease considered preventable*
- Reduce alcohol deaths (specific and related)
- Reduce prevalence of higher risk drinking (14 units or more pw)
- Prevalence of alcohol use disorders
- Alcohol-related crime

Drugs

- Increase successful treatment completion (opiate/non-opiate)
- Reduce unmet need as reported by NDTMS

* Indicators marked with an asterisk are also indicators of the [Health and Wellbeing Strategy](#).

- Contain drug-related deaths and reduce if possible
- Increase reporting of non-fatal overdoses and reduce incidents (locally generated)
- Maintain low blood-borne virus rates
- Reduce prevalence of drug use disorders
- Reduce drug-related crime

Commissioners and service managers have detailed targets in contracts for individual services. Each directorate is welcome to set their own targets too, if helpful. We are not setting overarching targets in this broader strategy. It would be clumsy to set numbers now to aim for. We are instead aiming for as much progress as we can make and to ensure we perform as well or better than similar authorities.

Health and wellbeing strategy indicators

This work of this strategy will contribute to a wider range of Health and Wellbeing Strategy indicators too:

Health and wellbeing strategy indicators

Tobacco

Contributes to:

- Under 75 years mortality rate from cardiovascular disease
- Under 75 years mortality rate from respiratory disease

Alcohol

Contributes to:

- Injuries due to falls in people aged 65 years and over
- Percentage of people aged 16 - 64 years in employment
- Depression recorded prevalence
- Suicide rate

Drugs

Contributes to:

- Looked after children rate

- Percentage of people aged 16 - 64 years in employment
- HIV late diagnosis
- Depression recorded prevalence
- Suicide rate

All contribute to

- Life expectancy at birth
 - Life expectancy at 65 years
 - Healthy Life Expectancy at birth
 - Mortality rate from causes considered preventable
 - Excess winter deaths index
-

Comparator areas

Southampton is in the 4th most deprived decile of Local Authorities nationally. The other areas are Brent, Bristol, Calderdale, County Durham, Coventry, Darlington, Derby, Enfield, Lewisham, Luton, Plymouth, Southwark, Stockton-on-Tees and Wigan.

This grouping is based on the Indices of Multiple Deprivation, which groups areas with similar levels of poverty or wealth. The most recent groupings were done in 2019. All the Local Authorities across the country were ranked by deprivation. This list was then split into 10 equal-sized categories, known as “deciles”. The top group are the 10% Local Authorities with the most affluent populations in the country. This includes Hampshire. The population of Portsmouth are in the 3rd most deprived decile, slightly more deprived than Southampton. The population of the Isle of Wight are in the 5th most deprived decile, slightly more affluent than Southampton.

Crime data uses comparisons which are slightly different. Bristol, Derby, Luton and Plymouth are also comparators, but the others are then not in the IMD group: Cardiff, Eastbourne, Gloucester, Hounslow, Leeds . Newcastle upon Tyne, Portsmouth, Plymouth, Reading and Slough.

Image to go here - TBC

Further information

TBC

We can add more information in here post-consultation such as website links, information on the consultation process and response numbers etc., where to follow progress, key contact details and partner delivery details etc.

Glossary

TBC

To follow in future version.

Endorsements

TBC

From partners and stakeholders.

This last page will have quotes from others, like at the start of a book.



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	SCC Tobacco, Alcohol and Drug (TAD) Strategy 2023 - 2028
Brief Service Profile (including number of customers)	
<p>An estimated 34,000 Southampton residents smoke; 35,000 Southampton residents drink more than 14 units a week (the threshold for lower risk consumption); and 1,200 adults use heroin or crack cocaine. Many others are affected by harm from this use.</p>	
<p>The development of a Council Tobacco, Alcohol and Drug Strategy to articulate how we will reduce harm to people who use tobacco, alcohol and drugs, to people around them, and across the City of Southampton as a whole. It covers everyone who lives, works in, or visits the city; it covers every person, every community and every place in the city.</p>	
<p>This Tobacco, Alcohol and Drugs (TAD) strategy describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one for each council directorate, which are evidence based or innovative prevention. This whole-council approach is necessary to ensure we have as much impact as possible and work efficiently. It reflects the “health in all policies” commitment in the Health and Wellbeing Strategy.</p>	
<p>Tobacco, alcohol and drugs are complex challenges. This strategy covers 5-years so that we have time to build on what we are already doing well, establish new ways of working and make a difference. We cannot “solve” tobacco, alcohol and drug-related harm in 5 years, but we can build on strong work to date to make meaningful progress and we will monitor a range of indicators and outcomes.</p>	
<p>The strategy is comprehensive and intended to complement, rather than duplicate, related work that already exists, for example the Children and Young People’s</p>	

Strategy, the Safe City Partnership, the Violence Reduction Unit and more. It is a statutory requirement for the council to have alcohol and drugs policies. As signatories to the Local Government Declaration on Tobacco Control, the Council has also committed to having a Tobacco Control Plan.

Summary of Impact and Issues

This draft strategy is focussed on reducing inequalities and on strengthening equality, diversity and inclusion. There is a risk of greater ongoing health inequalities if we do **not** pursue this strategy.

There is a small risk that the draft strategy document could be difficult to read for people with a lower reading age or literacy or cognitive level. We will mitigate this by working through teams and agencies that work with people of all ages and abilities, and by producing a shorter/easier to read version of the final strategy.

There is also a small risk that the strategy will not resonate if the imagery is insensitive or not diverse. We will mitigate this by using the experienced council design team and agreeing consultation and final versions.

No other risks have been identified.

More information about the Impact and Issues follows as background:

Impact of tobacco, alcohol and drugs in Southampton

There is high tobacco, alcohol and drug-related harm in Southampton. Estimates for Southampton are included in the draft strategy, including:

- Approximately 34,000 local people smoke. Nationally, 1/2 of people who smoke die from smoking-related illness, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness.
- 229 pregnant women a year have not been able to stop smoking by the time of delivery, despite usually wanting to
- Pregnant women living in the most deprived areas of Southampton are 4 times more likely to smoke than pregnant women living in the most affluent areas.
- Approximately 35,000 local people drink at increasing risk levels, over 14 units per week. Conversely, 16% of adults in Southampton never drink alcohol. Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health.
- Highest rate of alcohol-related hospital admissions in the country
- 1,200 children live with an alcohol-dependent adult
- 1,200 local people use illicit opiates (heroin) or crack cocaine
- 2,268 alcohol-related crimes a year, 71% violent.
- 1,242 drug-related crimes a year
- 600 children live with an adult dependent on illicit opiates
- 66,000 adults are affected by the drug or alcohol use of someone they know

- For children and young people under 18, alcohol use is 5 times higher for those living in the most deprived areas of Southampton compared to the most affluent areas of Southampton. Drug use is 8 times higher.

Further data is available from [Southampton Data Observatory](#)

The negative effects of tobacco, alcohol and drugs affect everyone, but the people most affected by the harm tend to be people living in poverty or who are otherwise marginalised. For example, nationally, half of the difference in life expectancy between wealthier and poorer communities is attributable to smoking.

The Strategy content

The proposed Council vision for reducing harm, focusses on 5 “Hs”:

- Help
- Harm reduction.
- Hope
- Health promotion.
- Health equality – summarised as “equality” and meaning both equality and equity of outcomes.

This vision will be delivered through 5 programmes:

- Wellbeing (Children and Learning)
- Wellbeing (Health and Adult Social Care)
- Place
- Communities, Culture and Homes
- Corporate

Programmes include commitments to understand and meet the unmet needs of underserved groups. We will consider completing an Equity Impact Assessment half-way through the life-span of the strategy.

In this way equality, diversity and inclusion is woven through each level of the strategy.

The Strategy development process

This strategy has been developed by the Public Health and Policy teams of Southampton City Council, based on evidence and the emerging consensus of stakeholders. We have engaged colleagues across the council and with stakeholders across the city. Some contributors to this strategy have shared their personal experience of tobacco, alcohol and drugs too.

The strategy builds on strong foundations of strategic and commissioning work to date. SCC have already consulted, engaged with and are committed to working collaboratively with partner agencies, and commissioned services, to reduce the harms associated with the use of tobacco, drugs and alcohol to individuals, their families, communities and to the city more broadly.

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Potential Positive Impacts

The strategy engages and empowers SCC to work across directorates, and with strategic partners to work collaboratively to reduce tobacco, alcohol and drug related harm.

This strategy intends to ensure that people of all ages, genders and ethnicities live healthier, happier lives, whatever challenges or vulnerabilities they may have. It is focused on reducing inequalities and promoting equality, diversity and inclusion.

This strategy uses 'proportionate universalism', seeking to improve the health and wellbeing of everyone. Whilst there is naturally a strong focus on people with the greatest needs who require the most support, it also means that everyone benefits proportionate to their need.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so.

The diversity of our population and workforces is key. Our work will be person-centred and promote dignity. Everyone has their own relationship with tobacco, alcohol and drugs, their own values and circumstances, so a personalised approach is vital.

As part of this strategy, we will seek to further increase our understanding of the impact of tobacco, alcohol and drugs on different people – including by protected characteristic; enhance and inform our current work; expand the range of evidence based interventions and develop innovative approaches.

Responsible Service Manager	Helen Dougan and Colin McAllister, Senior Public Health Practitioners
Date	17/05/22
Approved by Senior Manager	Charlotte Matthews, Public Health Consultant
Date	18/05/22

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	No major negative impacts of the draft strategy identified. There is risk associated with the	Public consultation to

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>accessibility of the strategy document, which we will mitigate. There would be a risk if we did not pursue this strategy.</p> <p>Strategy document</p> <p>There is a risk related to the strategy document – as it might not be accessible to children or young people with younger or lower literacy levels. The draft strategy has been written as a relatively short, simple document, but with sufficient detail on a complex topic to inform and represent our work.</p> <p>Strategy content</p> <p>There is no risk from the content of the strategy. The draft strategy will strengthen equity of outcomes for people of all ages. It has a dedicated programme for children and young people, as well as for adults, and there are links between the two programmes for family work. The Wellbeing (Children and Learning) programme will be led by the corresponding directorate, who will embed it in their wider work for maximum reach and effectiveness. There are commitments to ensure we understand and meet the needs of people transitioning between children’s and adult services and of older people too.</p> <p><u>Background information</u></p> <p>The stigma associated with the use of drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this.</p> <p>Older people can experience greater impact from the use of tobacco alcohol and drugs.</p> <p>Younger people may be less aware of the potential, long term harm. Children who live with adults or siblings who smoke are 3 times more likely to</p>	<p>include services and organisations who represent or reach young people and families.</p> <p>Develop an ‘easy read’ strategy summary</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>become smokers than those in non-smoking households.</p> <p>The strategy looks across all age groups. It will be supported by work with all stakeholders, internal and external to the council, to ensure the needs of different age cohorts are engaged, informed, and supported using evidence based, age orientated interventions. It includes the impact of adult behaviour on children and has a strong focus on prevention.</p> <p>The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, which is intended to mean by age too. This will reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm.</p> <p>Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people of all ages.</p>	
Disability	<p>No major negative impacts of the draft strategy identified. There is risk associated with the accessibility of the strategy document, which we will mitigate. There would be a risk if we did not pursue this strategy.</p> <p>Strategy document</p> <p>There is a risk related to the strategy document – as it might not be accessible to people with lower literacy levels or with cognitive needs as part of a disability. The draft strategy has been written as a relatively short, simple document, but with sufficient detail on a complex topic to inform and represent our work.</p> <p>The strategy would be accessible to people with sensory needs through software, if they have</p>	<p>Public consultation to include services and organisations who represent or reach people with disabilities.</p> <p>Develop an ‘easy read’ strategy summary</p>

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>access to it.</p> <p>Strategy content</p> <p>There are no negative impacts of the strategy. The draft strategy will strengthen equity of outcomes for people with disabilities or additional needs of any kind. There are priorities to ensure we have data and other information about needs, that our services are accessible and that we join up pathways. The strategy has a strong focus on people with co-occurring mental health conditions, which would include disabilities.</p> <p>The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, to help celebrate and reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm. Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people with disabilities.</p> <p>There would be a risk if we did not pursue this strategy.</p> <p><u>Background information</u></p> <p>Some people with disabilities are at greater risk of tobacco, alcohol or drug-related harm. This can be through the use of TAD to relieve symptoms or isolation; underlying health vulnerabilities, and/or because other people’s use may affect them more – including exploitation.</p> <p>The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this, including people with disabilities.</p> <p>People with certain disabilities, reduced cognition, comprehension, or literacy may require additional</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>support to understand and engage with this strategy.</p> <p>Ensure all services consider the needs of all people and are empowered and resourced to make 'reasonable adjustments' to provision</p>	
<p>Gender Reassignment</p>	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for 'all people' whatever gender they identify as and/or any type of gender transition.</p> <p>The strategy includes a focus on monitoring and improving equity. The aim to strengthen recovery communities may be particularly helpful to champion.</p> <p><u>Background information</u></p> <p>The evidence base is developing. People who identify as transgender, non-binary, gender-fluid or as any other gender other than that they were assigned at birth are more likely, nationally, to experience tobacco, alcohol and/or drug related harm. This includes higher use by some people and barriers to accessing and staying in treatment.</p> <p>The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this.</p> <p>The Strategy's focus on inequalities and equalities will provide a useful mechanism to ensure all</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>services and agencies have inclusive policies in place, including for the needs of people who are transgender, non-binary or gender fluid.</p>	
<p>Marriage and Civil Partnership</p>	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>The use of tobacco, drugs and alcohol can negatively impact relationships and can be a driver or facilitator of domestic and sexual abuse. This strategy therefore includes links to strategic work on domestic and sexual abuse.</p> <p>The commitment to equity and to the needs of underserved groups will help to ensure that no-one is disadvantaged because they are married or in a civil partnership, or not.</p>	
<p>Pregnancy and Maternity</p>	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>The strategy includes a focus on strengthening support for pregnant women and their significant others, as part of Programme 1. Wellbeing (Children and Learning). This includes continuing to embed support in routine care with specialist support as required, and exploring the provision of e-cigarettes and/or other incentives to pregnant women. This is based on national clinical guidance of what works. Incentives can be important to help people override the automatic draw to substances, particularly if they are living in complex circumstances and have a lot of different stresses to manage. The number of women smoking at the time of delivery is also a proposed indicator.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p><u>Background information</u></p> <p>Tobacco, alcohol and/or drug use during pregnancy is often harmful to both mother and baby in the short and long term, and can adversely affect others in the home. Reducing harm and use is key to reduce stillbirths and similar serious harm. Additionally, pregnant women are vulnerable to harm from those smoking, drinking or taking drugs around them. Pregnant women are at greater risk of domestic abuse, which can be affected by alcohol and drugs.</p>	
Race	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>Tobacco, alcohol and drug use disorders do not discriminate. But people from local minority/global majority backgrounds are under-represented in our treatment and support services. This strategy will review support for underserved groups, including people who are older, people from Black and Ethnic Minorities, and people with long term conditions or disabilities including mental health needs. This strategy will also promote diversity through the work on workforce planning, recovery communities and campaigns.</p>	
Religion or Belief	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy promotes equitable access and encourages embedded support as part of a patient care pathway, enabling individuals to access support through existing services. All services will offer confidential support.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p><u>Background information</u></p> <p>Some faiths forbid or discourage the use of tobacco, alcohol and drugs. This can mean some people try to hide their substance use and delay seeking support. For others, faith is a protective factor against harmful use, to cope with harm from others or inspiring them to support people with tobacco, alcohol and drug issues.</p>	
Sex	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for all people, whether assigned male, female or intersex at birth, and for all expressions of sex (or gender) identity through life. The strategy focusses on equality and equity. Needs assessments will continue to reflect any differences by gender. Commissioners will continue to include information about the gender of service users as part of monitoring. Care will continue to be provided based on individual needs and risk. The Pregnancy section above is an important part of ensuring that women or people with other gender identities aren't disadvantaged by being pregnant or during pregnancy.</p>	
Sexual Orientation	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>This strategy is for all people. We have specified work in Programme 1 (Wellbeing - Children and Learning) and Programme 2 (Wellbeing – Health and Adult Social Care) to ensure the needs of people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or in</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>another way (LGBTQIA+) are understood and met. Our focus on support inclusive recovery communities and workforce planning will also support inclusion.</p> <p><u>Background information</u></p> <p>Nationally, people who identify as LGBTQIA+ tend to have higher rates of tobacco, alcohol and drug use, due to a complex interplay of factors. People who identify as LGBTQIA+ can feel or be alienated by services that do not represent or meet their needs.</p>	
Community Safety	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>Programme 4 (Communities, Culture and Homes) includes work to support and complement the Violence Reduction Unit, the Safe City Strategy and the Safe City Partnership in particular.</p> <p><u>Background information</u></p> <p>Tobacco, alcohol and drug-related harm includes substantial risks to community safety, as detailed in the Safe City Assessment Safe City Strategic Assessment (southampton.gov.uk). For example, in 2020/21, there were 2,268 alcohol-related recorded crimes and 1,242 drug-related recorded crimes in Southampton.</p>	
Poverty	<p>No negative impacts of the draft strategy identified. There would be a risk if we did not pursue this strategy.</p> <p>Strategy content</p> <p>Tobacco, alcohol and drug-related harm most heavily affects people living in poverty. This</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>strategy will mitigate, reduce and where possible, prevent this harm. This will enable people living in poverty to experience less health inequality compared to people who do not.</p> <p>This strategy will not be able to get rid of all health inequalities related to tobacco, alcohol, drugs and poverty. Mitigating, reducing and preventing poverty (and adverse childhood experiences) will be important wider work, beyond the scope of this strategy, to reduce tobacco, alcohol and drug use rates and harm in the long term.</p> <p><u>Background information</u></p> <p>Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty. For example, smoking accounts for half of the difference in life expectancy between the least and most deprived in society.</p> <p>Behavioural science focusses on capability, opportunity and motivation. This strategy supports the capability and opportunity for people living in poverty to reduce tobacco, alcohol and related harm. It builds motivation too, but that is not necessarily lacking. People living in more deprived areas or from marginalised groups, are often just as motivated but may be using at higher levels, live in less supportive environments and have more competing priorities.</p> <p>Supporting adult smokers to quit empowers them to break from tobacco addiction and improve financial security for the family. The same applies for people reducing or stopping their alcohol or drug use. There are the direct financial benefits from not spending on substances. Additionally, being tobacco and drug-free, and drinking at lower risk levels or not at all, brings health benefits that mean people are less likely to be ill and more able to secure and maintain employment.</p>	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<p>The alcohol harm paradox describes how disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol related harm than mor affluent populations.</p>	
<p>Health & Wellbeing</p>	<p>No negative impacts of the draft strategy identified. There would be a significant risk if we did not pursue this strategy.</p> <p>The strategy focusses on improving health and wellbeing and reducing other types of harm from tobacco, alcohol and drugs.</p> <p>The strategy sits under the Health and Wellbeing Strategy and the Health and Wellbeing Board.</p> <p><u>Background information</u></p> <p>Harm to health and wellbeing include illness, premature death, as well as poor quality of life. For example, nationally, half of smokers die from smoking, with people with severe mental health conditions having a life expectancy 15-20 years less than other people mainly due to smoking. Alcohol is a leading cause of premature death for adult men. An estimated 1,200 children live with an adult who is alcohol dependent, and an estimated 600 children live with an adult who is dependent on illicit opiates (heroin) &/or crack cocaine – some children may appear in both estimates.</p>	
<p>Other Significant Impacts</p>	<p>No other negative impacts identified for Equality and Safety.</p>	

DECISION-MAKER:		OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE	
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS TO THE EXECUTIVE	
DATE OF DECISION:		13 OCTOBER 2022	
REPORT OF:		DIRECTOR - LEGAL AND BUSINESS SERVICES	
<u>CONTACT DETAILS</u>			
Executive Director	Title	Director – Legal and Business Services	
	Name:	Richard Ivory	Tel: 023 8083 2794
	E-mail	Richard.ivory@southampton.gov.uk	
Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
	E-mail	Mark.pirnie@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
This item enables the Overview and Scrutiny Management Committee to monitor and track progress on recommendations made to the Executive at previous meetings.			
RECOMMENDATIONS:			
	(i)	That the Committee considers the responses from the Executive to recommendations from previous meetings and provides feedback.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	Appendix 1 of the report sets out the recommendations made to the Executive at previous meetings of the Overview and Scrutiny Management Committee (OSMC). It also contains a summary of action taken by the Executive in response to the recommendations.		
4.	The progress status for each recommendation is indicated and if the OSMC confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Committee accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the OSMC.		

RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
5.	None.
<u>Property/Other</u>	
6.	None.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Monitoring Scrutiny Recommendations – 13 October 2022
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
				<p>have been clearly informed any recruitment of staff needs to meet this essential spending criteria also, and it is a routine part of budget control that a check is made on budget provision when recruiting. Recruitment is expected to be signed off at Executive Director level.</p> <p>As highlighted in the forecast, Children & Learning Portfolio (at £9.2M) is the main element of the £15.2M overspend forecast. Monthly meetings are being held on the service budget with the following attending: Executive Director – Children and Learning, Deputy Director – Children’s Social Care, Chief Executive, Executive Director – Finance and Commercialism, the Head of Financial Planning and Management and others, who discuss budget issues in detail.</p> <p>The Executive Management Team have been looking at options for in-year efficiencies to counter the overspend forecast.</p> <p>A review has been made of the capital programme, and in particular taking account of the phasing of the programme over a number of years. This will lead to a number of adjustments that will be captured in future monitoring reports to Cabinet, generally reflecting a more realistic picture of when items will be delivered and will result in savings in capital financing in the short term.</p>	
			<p>2) That, reflecting the budgetary pressures created by the existing and forecast economic challenges, the Cabinet Member provides the Committee with the current anticipated budget shortfall for 2023/24.</p>	<p>The forecast as reported to Council at the time the budget was agreed, which showed a budget shortfall of £23.4M for 2023/24 continues to be the estimation. However, in light of budget pressures experienced arising out of the forecast overspend and national economic pressure re: energy costs and pay awards, the reality is this will have</p>	

Date	Portfolio	Title	Action proposed	Action Taken	Progress Status
				<p>increased but a full update is needed factoring in all issues.</p> <p>A full update will therefore be presented to Cabinet in the Autumn, which will also factor in any financial support arising from Government, including as part of its Energy support package following expected announcements and under the fiscal event statement by the Chancellor in late September.</p>	
08/09/22	Transport & District Regeneration	Introduction of Evening Parking Charges	1) That the Executive reconsider the proposed introduction of evening parking charges at the September 2022 Cabinet meeting.	Due to the cancellation of the Cabinet meeting on 13 th September 2022 the decision is scheduled to be taken at the Cabinet meeting on 18 th October 2022.	
			2) That, if Cabinet agree to introduce evening parking charges, the findings from the proposed 4 month post implementation review are presented to the Committee.	Due to the cancellation of the Cabinet meeting on 13 th September 2022 the decision is scheduled to be taken at the Cabinet meeting on 18 th October 2022.	
			3) That, if Cabinet agree to introduce evening parking charges, the proposed post decision analysis includes metrics that seek to measure the impact on city centre trade as a result of the introduction of evening parking charges.	Due to the cancellation of the Cabinet meeting on 13 th September 2022 the decision is scheduled to be taken at the Cabinet meeting on 18 th October 2022.	

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