

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	PROPOSAL TO CREATE A NEW COMBINED TOBACCO, ALCOHOL & DRUG STRATEGY (FOR APPROVAL/ ADOPTION AT NOVEMBER 2022 CABINET)
DATE OF DECISION:	15 December 2021
REPORT OF:	COUNCILLOR White CABINET MEMBER FOR Health and Adult Social Care

<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
This briefing paper seeks approval to proceed with the development of a new 5-year Tobacco, Alcohol and Drugs strategy under the Health and Wellbeing Strategy and Board.	
RECOMMENDATIONS:	
(i)	The development of a combined Tobacco, Alcohol & Drugs Strategy to run for 5 years, with a cross-council approach.
(ii)	The new strategy sits under the Health and Wellbeing Strategy and Board.
(iii)	The schedule for the new strategy is: <ul style="list-style-type: none"> • a final draft by April 2022; • statutory 12-week public consultation from June 2022, after the pre-election period and May elections have concluded; • formal adoption through Cabinet by the end of November 2022.
REASONS FOR REPORT RECOMMENDATIONS	
1.	It is a statutory requirement for Local Authorities to have 'a strategy for combatting the misuse of drugs, alcohol and other substances in the area', under the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006). Southampton City Council's (SCC) separate Drugs and Alcohol Strategies expired in 2020. Operational work on drugs and alcohol has continued since then. Developing new strategies was deprioritised as not critical during the immediate pandemic response. New national strategies are due this month. There is high local need.

2.	The Council signed up to the Local Government Declaration on Tobacco Control in 2014, committing the Council to have a local Tobacco Control plan. There was a plan until 2017. Work has continued since then, although it has not been captured in one, single plan. A new national strategy is due this year. Local smoking rates are high.
3.	At present, the Drug Strategy sits under the Safe City Strategy and Partnership; the Alcohol Strategy sits under the Health and Wellbeing Strategy and Board. This disconnects the two issues which are addressed through similar stakeholders and agencies. Having a third, separate Tobacco strategy would exacerbate this. Tobacco, alcohol and drug use often cluster in the population and all are risk factors for higher Covid-19 harms. All feature in the 5-year Health and Care Strategy for Southampton.
4.	The existing drug and alcohol strategies are both 3-year strategies. A 5-year strategy will bring the strategy period in line with the Health & Wellbeing Strategy and the Southampton City Strategy.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

5.	Single strategies have been rejected as it would miss the opportunity for a joined-up approach particularly with regards to approaches focussed on families, the city as a place, safer communities and health in all policies. Also duplicates work and does not make the best use of stakeholder time.
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DETAIL (Including consultation carried out)

6.	Tobacco, alcohol and drugs are leading causes of premature death, inequalities and wider harm locally, nationally and internationally. Appendix 1 describes this harm as context.								
7.	Positioning a new, combined strategy under the Health and Wellbeing Strategy will strengthen our focus on prevention, harm minimisation, treatment and relapse prevention. It will join up workstreams and stakeholders.								
8.	The Safe City Partnership and the Executive Directors and Cabinet Members currently responsible for the Drugs and the Alcohol strategies have agreed in principle to a new combined strategy under the Health and Wellbeing Strategy and Board. The strategy will be developed, implemented and reviewed with Safe City and other partners to aligns with wider priorities and outcomes.								
9.	<p>The new strategy is an opportunity for a step-change in the scale and scope of our work and ambition. Most local work to date has focused on treating individuals who seek treatment or criminal justice. The most effective approaches do not focus on individuals, treatment or legal enforcement alone. An early, draft framework for the strategy has 5 key themes, based on evidence of what works and current national strategy. It reflects the whole-council approach required, broadly aligned with Executive Directors, as shown in Figure 1:</p> <p style="text-align: center;">Figure 1. Draft strategy themes – for development with stakeholders</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #ffffcc;">Children & Young People</td> <td></td> </tr> <tr> <td style="background-color: #ffffcc;"> <ul style="list-style-type: none"> • Prevent children and young people from starting • Protect children and young people from adult use including young carers </td> <td style="width: 20px;"></td> </tr> <tr> <td style="background-color: #ccffcc;">Health & Care - Treatment systems</td> <td></td> </tr> <tr> <td style="background-color: #ccffcc;"> <ul style="list-style-type: none"> • Identifying people with problematic use • Reducing the harm from use • Supporting people to stop using tobacco, alcohol and drugs </td> <td style="width: 20px;"></td> </tr> </table>	Children & Young People		<ul style="list-style-type: none"> • Prevent children and young people from starting • Protect children and young people from adult use including young carers 		Health & Care - Treatment systems		<ul style="list-style-type: none"> • Identifying people with problematic use • Reducing the harm from use • Supporting people to stop using tobacco, alcohol and drugs 	
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	<ul style="list-style-type: none"> Supporting people to stay tobacco, alcohol and drug free Carers Workforce development 	
	Place <ul style="list-style-type: none"> Public places – free of use for civic pride, social norms, safety, litter Workplaces, skills and employment Housing – for people with drug and alcohol issues, consideration of smokefree housing Planning and urban design 	
	Safer Communities <ul style="list-style-type: none"> Reducing illicit or illegal supply Reducing the associated impact to communities Reducing the fear of crime 	
	Health in all Policies <ul style="list-style-type: none"> Health in all contracts and commissioning Workforce wellbeing – support and HR policies Relationship to industry including advertising policy Pension investments 	
10.	We envisage a short, high-level strategy. Outcomes will be reviewed at least annually. We will have more detailed action plans when useful. Process measures and Key Performance Indicators in contracts will inform our monitoring. This will include people's lived experiences as well as data.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
11.	There are no resource implications inherent in having a combined strategy for 5 years under the Health and Wellbeing Strategy and Board.	
12.	The strategy will be written within current funding levels and areas for development or additional funding will be flagged.	
<u>Property/Other</u>		
13.	There are no property or other implications inherent in having a combined strategy for 5 years under the Health and Wellbeing Strategy and Board.	
LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
14.	This paper is within the remit of the Health and Wellbeing Board to approve.	
<u>Other Legal Implications:</u>		
15.	<p>Early advice from Legal Services has confirmed there is no requirement to extend the current drug or alcohol strategy any further as there is no direct impact to service provision or access, given:</p> <ol style="list-style-type: none"> neither strategy contains date-specific provision of any services that end once the strategy expires the Health and Wellbeing Strategy is still in date and the Safe City Strategy is due for approval at March 2022 Cabinet the new combined Tobacco, Alcohol and Drugs strategy can now be developed. 	
16.	Legal services and the Policy team also recommend:	

	<p>1) the appropriate governance route to proceed with the proposal in this paper is by seeking the approval of the Health and Wellbeing Board in December 2021.</p> <p>2) The strategy development process includes a full 12-week public consultation on the draft outside of the pre-election period in 2022 before proceeding to Cabinet approval.</p>
RISK MANAGEMENT IMPLICATIONS	
17.	We will not meet our statutory obligation if we do not have a drug and alcohol policy. We will not meet our commitment to have a tobacco control plan if we do not have a tobacco control strategy.
POLICY FRAMEWORK IMPLICATIONS	
18.	The proposals contained in the report are in accordance with the Council's Policy Framework Plans.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Summary of tobacco, alcohol and drug harm

Documents In Members' Rooms

1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (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		
Other Background documents available for inspection at: N/A		
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.	Southampton City Council Drugs Strategy, 2017-2020, available from Key strategies, plans and policies (southampton.gov.uk)	Not exempt or confidential
2.	Southampton City Council Alcohol Strategy, 2017-2020, available from Key strategies, plans and policies (southampton.gov.uk)	Not exempt or confidential