

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

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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.	