

Health and Wellbeing Board

Wednesday, 29th March, 2017
at 5.30 pm

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Lewzey
Councillor Payne
Councillor Paffey
Councillor Shields (Chair)
Councillor Taggart

Rob Kurn – Healthwatch
Hilary Brooks – Interim Service Director, Children and Families Services
Carol Binns – Designated Director Adult Services
Dr J Horsley – Acting Director of Public Health
Dr S Robinson – Clinical Commissioning Group
Dr J Duffy – NHS England Wessex Local Area Team

Contacts

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Senior Democratic Support Officer
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BACKGROUND AND RELEVANT INFORMATION

Purpose of the Board

The purpose of the Southampton Health and Wellbeing Board is:

- To bring together Southampton City Council and key NHS commissioners to improve the health and wellbeing of citizens, thereby helping them live their lives to the full, and to reduce health inequalities;
- To ensure that all activity across partner organisations supports positive health outcomes for local people and keeps them safe.
- To hold partner organisations to account for the oversight of related commissioning strategies and plans.
- To have oversight of the environmental factors that impact on health, and to influence the City Council, its partners and Regulators to support a healthy environment for people who live and work in Southampton

Responsibilities

The Board is responsible for developing mechanisms to undertake the duties of the Health and Wellbeing Board, in particular

- Promoting joint commissioning and integrated delivery of services;
- Acting as the lead commissioning vehicle for designated service areas;
- Ensuring an up to date JSNA and other appropriate assessments are in place
- Ensuring the development of a Health and Wellbeing Strategy for Southampton and monitoring its delivery.
- Oversight and assessment of the effectiveness of local public involvement in health, public health and care services
- Ensuring the system for partnership working is working effectively between health and care services and systems, and the work of other partnerships which contribute to health and wellbeing outcomes for local people.
- Testing the local framework for commissioning for:
 - Health care
 - Social care
 - Public health services
 - Ensuring safety in improving health and wellbeing outcomes

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

Southampton City Council's Priorities:

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

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

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

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.

Dates of Meetings: Municipal Year 2016/17

2016	2017
27 July	25 January
28 September	29 March
30 November	

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

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

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.

RULES OF PROCEDURE

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3 who will include at least one Elected Member, a member from Health and Healthwatch.

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 MEMBERSHIP (IF ANY)

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

2 STATEMENT FROM THE CHAIR

3 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.

4 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

To approve and sign as a correct record the minutes of the meeting held on 25th January 2017 and to deal with any matters arising, attached.

5 AIR QUALITY

To receive a presentation from Mitch Sanders, Service Director Transactions and Universal Services and Debbie Chase, Consultant in Public Health.

6 HEALTHY HOMES

To receive a presentation from Debbie Chase, Consultant in Public Health.

7 BETTER CARE PRIORITIES

Report of Director of Quality and Integration, Quality and Commissioning, detailing updated priorities, attached.

8 PHARMACEUTICAL NEEDS ASSESSMENT PROPOSALS

Report of the Director of Public Health, proposing the commencement of the pharmaceutical needs assessment process, attached.

9 ALCOHOL STRATEGY 2017-2020

Report of the Director of Public Health detailing the updated Alcohol Strategy for Southampton 2017-2020.

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HEALTH AND WELLBEING BOARD
MINUTES OF THE MEETING HELD ON 25 JANUARY 2017

Present: Councillors Taggart and Shields (Chair)
Dr Sue Robinson, Rob Kurn, Carol Binns, Dr Jason Horsley and Hilary Brooks

Apologies: Councillors Lewzey, Dr Paffey and Payne

25. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Shields declared a personal interest in that he was a Council appointed representative of the Clinical Commissioning Group and remained in the meeting and took part in the consideration and determinations of items on the agenda.

Dr Robinson declared a personal interest in item 8 on the agenda in that she was a member of the Clinical Commissioning Group Governance Board and remained in the meeting and took part in the consideration and determination of the item.

Rob Kurn declared a personal interest in item 7 on the agenda in that Southampton Voluntary Services were administrating a small grant associated with the Behaviour Change Programme and remained in the meeting and took part in the consideration and determination of the item.

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

RESOLVED: that the minutes of the meeting held on 30th November 2016 be approved and signed as a correct record.

27. **DRAFT HEALTH AND WELLBEING STRATEGY 2017-2025**

The Committee considered the report detailing the draft Health and Wellbeing Strategy 2017 – 2025 which set out the strategic vision for improving the health and reducing health inequalities in the City.

The Board noted that the strategy had been built on the Marmot Principles and the strategic intent aligned with the Southampton Connect City Strategy, Southampton City Council Strategies and the Southampton CCG five year strategic plan and two year operational plan. The draft strategy included four themes:-

- People in Southampton lived active, safe and independent lives and managed their own health and wellbeing;
- Inequalities in health outcomes were reduced;
- Southampton was a healthy place to live and work with strong, active communities; and
- People in Southampton had improved health experiences as a result of high quality, integrated services.

The Board noted that the next informal meeting of the Health and Wellbeing Board would be developing the action plan to accompany the strategy which would be submitted to the next formal meeting of the Board for adoption.

RESOLVED: that the draft Health and Wellbeing Strategy 2017 – 2025 be recommended to Full Council and the Clinical Commissioning Group Governing Body for adoption.

28. **0-19 PREVENTION AND EARLY HELP UPDATE**

The Board received and noted the report detailing the outcome of the Cabinet meeting on 17th January 2017 where the development of an Integrated Prevention and Early Help offer for Children 0-19 and their families to improve education and health and wellbeing outcomes was considered.

The Board noted that Cabinet approved the preferred option (option 4) which was a fully integrated offer achieved through provider integration underpinned by an arrangement between the Council and Solent NHS Trust either through a Section 75 (NHS Act 2006) Agreement or any other appropriate basis for such a partnership arrangement. It was also noted that there would be no changes to staff contracts and individuals would remain accountable to host employers.

The Board noted in conclusion that over the next 3 months detailed design of the model would take place, a group to oversee the development of a s75 Agreement would be put in place which either Cllr Shields or Cllr Paffey would chair as Lead Members for the areas of responsibility and the s75 Agreement would be put in place and run in a shadow form for 2017/18 until existing contracts ceased.

29. **BEHAVIOUR CHANGE UPDATE**

The Board received and noted the report providing an update on the procurement of a new Public Health Grant funded Integrated Behaviour Change Service in Southampton.

The Board noted that the new service area would play a key role in supporting health improvement and behaviour change across Southampton's Health and Care System. It would also support the delivery of Southampton's Health and Wellbeing Strategy in reducing health inequalities across the City. To achieve the strategic aims of the new service the Board noted the following emphasis that would be needed:-

- An identifiable clear consistent model of service delivery;
- Careful targeting and reach into more deprived communities, families and individuals to allow more control over lifestyle whilst taking into consideration the wider determinants of health that impacted wellbeing;
- Reduction in health inequalities;
- Utilisation of a range of different platforms: social media, online, digital, face to face, groups;
- Widening the scope of Making Every Contact Count;
- Outreach and development of health communities and settings;

- Training and capacity development including accredited training for staff and volunteers;
- Specialist Behaviour Change support;
- Partnership working to support the delivery of relevant national strategies; and
- Workforce Development/Employment.

The Board noted that a collaborative formed with SCA, NHS Solent and Southampton Voluntary Services had been awarded the contract for the new Behaviour Change Service and a Behaviour Change Implementation Group had been convened to oversee and drive the mobilisation of the new Southampton Integrated Health Improvement and Behaviour Change Service.

The Board supported the mobilisation and implementation of the Behaviour Change Service.

30. **NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP TWO YEAR OPERATIONAL PLAN 2017/19**

The Board considered the report detailing the NHS Southampton City Clinical Commissioning Group Two Year Operational Plan 2017/19 which aligned with the wider aims of the Hampshire and Isle of Wight STP and translated these into local practical action.

The Board noted that the Plan had been assessed and approved by NHS England and had received Southampton Clinical Commissioning Governing Body approval which now provided ability to operate freely within it without any imposed conditions. The Plan whilst acknowledging workforce fragility would be going into 2016/17 with a planned delivery position and into 2017/18 with no deficit and a relatively good year of growth albeit subsequent years would be much more challenging. As a result there was a savings plan for the next two years which would not be about ceasing services but about mitigating demand for forthcoming years and identifying the risks all of which were in the operational plan.

The Board noted that there was a Southampton System Delivery of STP which involved all the Chief Executives of the main providers of the plan who met and monitored it and which H&WBB had oversight of however there was still concern over engagement and consultation in relation to the STP which would be raised within a forthcoming meeting of Healthwatch and its neighbouring Healthwatch's.

Mr Abelardo Clariana-Piga representing "Southampton Keep our NHS Public" was in attendance at the meeting and with the consent of the Chair addressed the meeting.

RESOLVED:

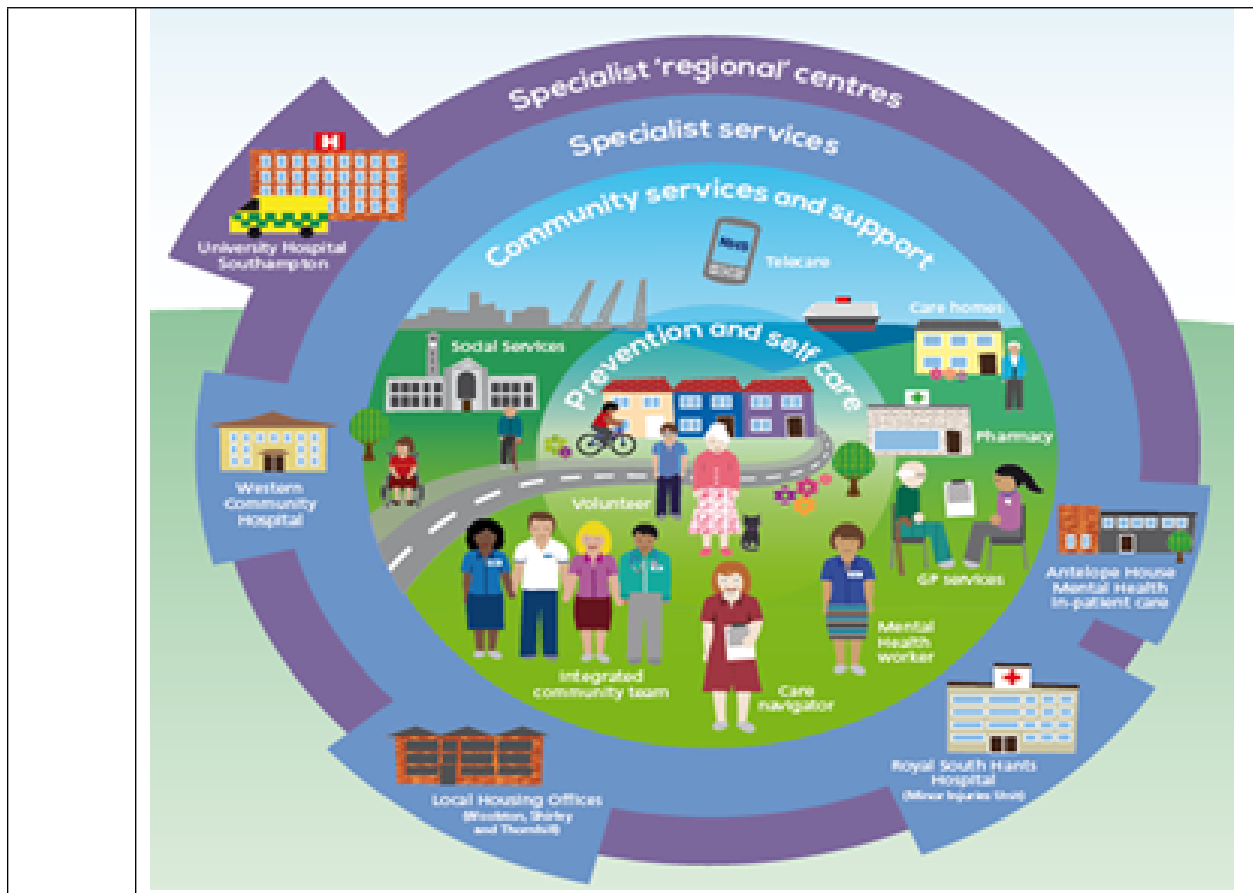
- (i) That the adoption by NHS Southampton City CCG of its Operational Plan for the period 2017-2019 be acknowledged and the valuable contribution this would make to the development of integrated health care services in Southampton in line with the City's Health and Wellbeing Strategy and Better Care Southampton Programme be welcomed;
- (ii) That close working relationships with other Health and Wellbeing Boards across Hampshire and Isle of Wight to develop appropriate governance and

oversight arrangements at a political, clinical and executive level that ensured successful implementation of integrated sustainability and transformation proposals within the wider geographical area be continued.

Agenda Item 7

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	BETTER CARE PLAN: PROGRESS TO DATE AND PRIORITIES FOR 2017-19		
DATE OF DECISION:	29 MARCH 2017		
REPORT OF:	Stephanie Ramsey, Director of Quality and Integration, Quality & Commissioning		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Donna Chapman	Tel: 023 8083 4064
	E-mail:	donna.chapman@southamptoncityccg.nhs.uk	
Director	Name:	Stephanie Ramsey	Tel: 023 80296923
	E-mail:	Stephanie.ramsey@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
Progress to date against Southampton's Better Care Plan programme is being presented to HWBB along with the proposed plans and priorities for 2017-19.			
<p>At the time of writing, the national Better Care Planning Guidance is still outstanding but expected in the next couple of weeks. It is known that the requirement, unlike in previous years, will be for a two year plan outlining the city's journey towards total integration, in line with the 2020 vision. There will also be fewer national conditions:</p> <ul style="list-style-type: none"> • A BCF Plan, covering a minimum of the pooled fund specified in the Spending Review, should be signed off by the HWBB and by the Council and CCG • To maintain provision of social care services • A proportion of the area's allocation to be invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement 			
The national aim is that by 2020 health and social care should be totally integrated, and the Better Care Fund is seen as providing the framework for joint health and social care planning and commissioning, bringing ring fenced budgets from the CCG, LA and DFG together.			
Southampton city sees this 2017 - 19 Better Care Plan as a further step along the road to total integration and will be exploring graduation from the BCF during 2017/18.			
RECOMMENDATIONS:			
	(i)	That the Health and Wellbeing Board receives the presentation on progress to date and priorities for 2017-19 and: <ul style="list-style-type: none"> • notes performance to date 	

		<ul style="list-style-type: none"> • supports the future direction of travel • comments on the priorities • identifies any risks to their achievement
REASONS FOR REPORT RECOMMENDATIONS		
1.	To receive an update on the Better Care Plan and to receive the proposed plans and priorities for 2017-19.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
	Background	
3.	<p>Southampton city's first Better Care Plan was published in September 2014. It set out the following vision:</p> <p><i>‘Southampton’s overriding vision is to join up care and support for each and every unique person in our city, as represented by Joan, a typical Southampton resident, her children and her grandchildren’</i></p>	
4.	<p>This vision has been personified through ‘Joan’ and the diagram below which shows how Better Care is about ‘Joan’ and her family and community being at the centre, with public sector services being around her to provide timely additional help and support when and where she needs it. It is about:</p> <ul style="list-style-type: none"> • Putting individuals and families at the centre of their care and support, meeting needs in a holistic way • Providing the right care, in the right place, at the right time, and enabling individuals and families to be independent and self resilient wherever possible. • Making optimum use of the health and care resources available in the community • Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services. • Focusing on prevention and early intervention to support people to retain and regain their independence 	



5.	<p>The original Better Care plan set out 3 key areas of focus:</p> <ul style="list-style-type: none"> • Person centred local coordinated care - for Southampton this has been implemented through the development of 6 clusters • Responsive discharge and reablement - this has led to the development of an integrated Rehabilitation and Reablement Service for the city • Building capacity - be it maximising an individual's own assets, support to carers or promoting the development of resilient neighbourhoods and communities
6.	<p>Since September 2014, Southampton has continued to build on these areas to deliver the vision outlined above.</p>
	<p>Detail</p>
7.	<p>The presentation to HWBB will outline the progress that Southampton has made to date against its Better Care plans and performance against the key national metrics, which is monitored monthly through the Integration Board.</p>
8.	<p>HWBB members will note that, despite good progress within each of the schemes, performance against the national targets has been variable this past year and particularly challenging with regard to delayed transfers of care (DTC).</p>

	<p>The original Better Care plan set out 3 key areas of focus:</p> <ul style="list-style-type: none"> • Person centred local coordinated care - for Southampton this has been implemented through the development of 6 clusters • Responsive discharge and reablement - this has led to the development of an integrated Rehabilitation and Reablement Service for the city • Building capacity - be it maximising an individual's own assets, support to carers or promoting the development of resilient neighbourhoods and communities
9.	<p>The priorities outlined for 2017-19 will take into consideration this performance at the same time as building on progress to date. At the time of writing the following key priorities are emerging:</p> <ul style="list-style-type: none"> • Further strengthening cluster leadership and workforce development to drive forward the necessary changes in culture, embed the characteristics of integration and deliver the city's performance targets at a cluster level. This includes more rapid expansion of the integration agenda across the full life-course. • A more radical shift in the balance of care out of hospital and into the community – much has been made of this over the past 2 years, with some progress, but more of a shift in practice is needed. For the next 2 years, the following have been identified as key areas of focus: <ul style="list-style-type: none"> ○ Embedding delivery of 7 day services. ○ Rolling out discharge pathways and processes, underpinned by discharge to assess and trusted assessment principles. ○ Developing community services to support the management of higher levels of acuity in the community (including enhanced health input to care homes). ○ Development and shaping of the care market (domiciliary care, residential, housing with care) to meet need • Continued development of new organisational models and evolution of commissioning models to support them which better support the delivery of integrated care and support. • Continue to support and maximise use of technology to support integrated care. • Work with the community and voluntary sector as equal partners to achieve a much stronger focus on prevention and early intervention, with a particular focus on building capacity, strengthening the volunteer base and attracting external funding into the city. Specific developments planned for 2017-19 include the: <ul style="list-style-type: none"> ○ Roll out of community navigation ○ Development of our 'older person's offer'

	○ Development of advice, information and guidance	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue</u>		
10.	None.	
<u>Property/Other</u>		
11.	None.	
LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
12.	None.	
<u>Other Legal Implications:</u>		
13.	Report not cleared by Legal prior to publication.	
POLICY FRAMEWORK IMPLICATIONS		
14.	None.	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	None.	
Documents In Members' Rooms		
1.	None.	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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.	

Agenda Item 8

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PHARMACEUTICAL NEEDS ASSESSMENT REFRESH		
DATE OF DECISION:	29 MARCH 2017		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Jason Horsley	Tel: 023 8083 3818
	E-mail:	jason.horsley@southampton.gov.uk	
Director	Name:	Jason Horsley	Tel: 023 8083 3818
	E-mail:	jason.horsley@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
The Health and Wellbeing Board has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). This briefing defines what is needed to do this and the steps we are taking to ensure this is in place.			
RECOMMENDATIONS:			
	(i)	To note the report.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To receive a briefing on the pharmaceutical needs assessment which will be undertaken in 2017-18.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None		
DETAIL			
3.	Access to a pharmacy has an impact on health. Pharmacies are essential for the supply of medications to the population, but also may offer a wide range of other services in the community that promote health, from medication reviews to smoking cessation services. Pharmacies are independent businesses, commissioned by NHS England.		
What is a PNA and what should they contain?			
4.	PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal		

	challenge if not handled properly.
5.	<p>The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:</p> <ul style="list-style-type: none"> • A statement of the pharmaceutical services provided that are necessary to meet needs in the area; • A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision); • A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area; • A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area; • A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services; • An explanation of how the assessment has been carried out (including how the consultation was carried out); and • A map of providers of pharmaceutical services. <p>An equality impact report will also be produced.</p>
6.	In addition there is a new obligation that HWBB must assess whether pharmacy consolidations (where one pharmacy is bought out by another, and one site closes or reduces its service) create gaps in the provision of pharmaceutical services. How this is operationalised by the HWBB is yet to be decided.
What is the process for preparing a PNA?	
7.	Developing a draft PNA will be delegated to a steering group, probably led by a consultant in public health, which includes representatives from the CCG, NHS England, the Local Pharmaceutical Committee and analyst support. This group will need to map current pharmacy supply against the JSNA and Joint Health and Wellbeing Strategy.
8.	There is also a regulatory duty (NHS (Pharmaceutical & LPS) Regulations 2013 No 349: PART 2: Reg 8) to have a 60 day consultation during the process, ideally on a draft document. This consultation must include pharmacies, dispensing practices, Healthwatch, NHS trusts, NHSE, Neighbouring HWBBs, the Local Pharmaceutical Committee and the Local Medical Committee.
9.	Previous experience suggests between 9-12 months is needed for the entire process. We will be sharing resources with Portsmouth to complete the process, and possibly with Hampshire and IOW.

Will this be straightforward?	
10.	<p>We are hoping the refresh process for the PNA will be relatively straightforward. However there are a number of developments in the world of pharmacies that may have an impact on future pharmacy provision. These include:</p> <ul style="list-style-type: none"> • Changes in provision of pharmacy services associated with the internet, resulting in internet run dispensing pharmacies that operate nationally and may destabilise the local economy • Changes in the funding for pharmacies nationally which are likely to put pressure on community pharmacies and may mean some pharmacies are at risk of closing
Proposed timetable	
11.	<ul style="list-style-type: none"> • 29th March - present proposals to formal H&WB Board for approval. • April to September – steering group develop PNA (IF needed progress reports can go to H&WB Board on 29th Jun, 26th Jul or 30th Aug) • 27th September – Take draft PNA to Informal H&WB Board for information / comment • Make changes based on H&WBB feedback • 18th October – Formal H&WB Board approve draft PNA for consultation • 23rd October - Formal 60 day consultation starts • 22nd December – Formal 60 day consultation ends • Write report on consultation and make changes to draft PNA • 17th January 2018 - Report on consultation presented to formal H&WB Board • Makes any changes based on feedback from consultation and H&WB Board • 7th February 2018 – Present final draft PNA to informal H&WB Board • Make final changes based on H&WB Board feedback • 14th March 2018 – Final PNA signed off by formal H&WB Board • 30th March 2018 – Final PNA published on website
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
12.	None
<u>Property/Other</u>	
13.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
14.	There is a legal duty to undertake this work as part of NHS (Pharmaceutical & LPS) Regulations 2013, which result from the amended Health Act 2009.

<u>Other Legal Implications:</u>		
15.	Report not cleared by Legal prior to publication.	
POLICY FRAMEWORK IMPLICATIONS		
16.	None	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	None	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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	

Agenda Item 9

DECISION-MAKER:		Health and Wellbeing Board	
SUBJECT:		Alcohol Strategy 2017-2025	
DATE OF DECISION:		29 March 2017	
REPORT OF:		Director of Public Health	
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Felicity Ridgway	Tel: 023 8083 2994
	E-mail:	felicity.ridgway@southampton.gov.uk	
Director	Name:	Dr Jason Horsley Joint Director of Public Health	Tel: 023 8083 3818
	E-mail:	jason.horsley@southampton.gov.uk	
STATEMENT OF CONFIDENTIALITY			
Not applicable			
BRIEF SUMMARY			
<p>The harmful impacts of alcohol have been identified as a key concern by the Health and Wellbeing Board and the Safe City Partnership. Evidence shows that excessive alcohol consumption has significant impacts on the health of residents in the city, and that there are clear links between health inequalities and the consumption of alcohol at harmful levels. Alcohol is also a significant factor in domestic violence and abuse, community safety and crime levels in the city, and has been identified as a significant contributing factor to people becoming either a victim or perpetrator of antisocial behaviour, violence, and other crime. However, the responsible sale and consumption of alcohol can contribute to a vibrant and positive culture and night time economy where communities and business thrive. The draft Alcohol Strategy therefore focuses on making Southampton <i>a safe, healthy and vibrant city where people who choose to drink alcohol do so safely and responsibly.</i></p>			
<p>The draft Alcohol Strategy (2017-2025) has been developed jointly by the Health and Wellbeing Board and the Safe City Partnership and sets out how partners across the city will work together to achieve a joined-up, citywide approach. The strategy supports the outcomes of the draft Health and Wellbeing Strategy (2017-2025), and the draft Safe City Strategy (2016-2020), and has been developed as an easy to read, high level document, which focuses on key priorities and actions.</p>			
<p>The Alcohol Strategy will be monitored by the Health and Wellbeing Board, with Safe City Partnership and Southampton City Council identified as accountable leads for delivering relevant actions in the strategy.</p>			
RECOMMENDATIONS:			
	(i)	To approve the draft Alcohol Strategy (2017-2025) and approve delegated authority to the Chief Strategy Officer to review and make any changes, following consultation with the Health and Wellbeing Board, Safe City Partnership, Cabinet Member for Health and Sustainable Living and the Cabinet Member for Environment and Transport.	

REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure that the Health and Wellbeing Board, Safe City Partnership and other partners have a clear, accessible and transparent strategy that outlines their approach to reducing the harm caused by alcohol, balanced with promoting responsible drinking within a vibrant night time economy.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	An alternative option is to not develop and approve a strategy. This option was considered and rejected as alcohol has a negative effect on outcomes for many residents and is a key driver for demand in many services. It is important for the city to have a clear and shared approach on how partners will work together to address the harm caused by alcohol, balanced with promoting responsible drinking within a vibrant night time economy.
DETAIL (Including consultation carried out)	
	Background
3.	Southampton Health and Wellbeing Board and Safe City Partnership are committed to reducing the harm caused by alcohol in Southampton, but also recognise that alcohol, if consumed safely and responsibly, can play an important role in many people's social lives and can contribute positively to the economy and culture of the city.
4.	The Joint Strategic Needs Assessment (JSNA) shows that excessive alcohol consumption has significant impacts on the health of residents in Southampton, and that there are clear links between health inequalities and the consumption of alcohol at harmful levels. An estimated 30,000 Southampton residents drink alcohol at levels that increase their risk of physical and mental harm, with a further 10,000 residents drinking at levels that place them at significantly higher risk of long term disease. 80 people in Southampton died from conditions related to alcohol between 2012/14, a rate similar to the national average.
5.	The Southampton Safe City Strategic Assessment (2015-16) identified alcohol as a significant contributing factor to people becoming either a victim or perpetrator of antisocial behaviour, violence, and other crime. Over 2,100 offences in Southampton were recorded by the Police as being affected by alcohol in 2015/16; approximately 8% of all recorded crimes. Alcohol was recorded as a contributing factor in 25% of all domestic violence and abuse offences in Southampton 2014/15.
6.	However, responsible drinking can contribute towards a successful city, with a vibrant night time economy, where businesses and communities thrive. The city's draft Alcohol Strategy needs to recognise the benefits of alcohol towards the city's economy and culture, and promote the responsible consumption of alcohol by those who chose to drink.
	Developing the strategy
7.	Addressing the harms caused by alcohol and promoting a responsible drinking culture can only be achieved through strong partnership work, in which all relevant organisations work together to make Southampton a safe, health and vibrant city. The strategy is therefore a citywide partnership vision, which has been developed with, and will be delivered by, a range of organisations. While the Health and Wellbeing Board will take the overall lead on implementation of the strategy, the

	Safe City Partnership, the Clinical Commissioning Group and Southampton City Council will lead on delivery of identified actions in the strategy.
8.	<p>City Council officers (Licensing, Commissioning, Public Health, Community Safety, Children’s Safeguarding, Communications, Data Intelligence) have worked with a range of partners from public, private and third sector organisations to develop the strategy, including:</p> <ul style="list-style-type: none"> • Southampton Clinical Commissioning Group • Solent NHS • Hampshire Constabulary • Wessex Academic Health Science Network • Health Watch • Society of St James • Street Pastors • YMCA • No Limits • On and off-licenced premises owners • Substance Misuse Service users.
9.	This strategy covers the period 2017-2025, in order to align with the draft Health and Wellbeing Strategy and the City Strategy. The strategy will be reviewed periodically to respond to emerging needs (as informed by evidence including the JSNA and Community Safety Strategic Assessment) as well as new challenges and opportunities.
	Outcomes and priorities
10.	The strategy’s vision is for Southampton to be a safe, healthy and vibrant city where people who choose to drink alcohol do so safely and responsibly. The strategy therefore focuses on the three priorities: safe, healthy and vibrant.
11.	The outcomes against each priority reflect the key areas of focus to achieve the vision, as identified by partners across the city:

	<table border="1"> <tr> <td rowspan="3">Safe</td> <td>Southampton has reduced levels of alcohol related antisocial behaviour.</td> </tr> <tr> <td>Southampton is a city with reduced levels of alcohol related violence and abuse.</td> </tr> <tr> <td>Support is available for people in Southampton who come into contact with the Criminal Justice System as a result of their drinking.</td> </tr> <tr> <td rowspan="4">Healthy</td> <td>People in Southampton are aware of and understand the health risks associated with drinking too much alcohol.</td> </tr> <tr> <td>There is widespread and consistent delivery of brief interventions in health and care services to identify those drinking at higher risk levels and provide advice.</td> </tr> <tr> <td>High quality, well-co-ordinated treatment services are accessible to those drinking at harmful levels and those with alcohol dependence to support them to stop or reduce their drinking.</td> </tr> <tr> <td>Services are targeted to support vulnerable people and reduce health inequalities linked to alcohol consumption.</td> </tr> <tr> <td rowspan="3">Vibrant</td> <td>Southampton is a vibrant social and cultural destination with a responsible alcohol culture.</td> </tr> <tr> <td>Southampton is a city with safe supply and control of alcohol sales.</td> </tr> <tr> <td>Southampton is a city with a welcoming Night Time Economy environment and premises are effectively managed.</td> </tr> </table>	Safe	Southampton has reduced levels of alcohol related antisocial behaviour.	Southampton is a city with reduced levels of alcohol related violence and abuse.	Support is available for people in Southampton who come into contact with the Criminal Justice System as a result of their drinking.	Healthy	People in Southampton are aware of and understand the health risks associated with drinking too much alcohol.	There is widespread and consistent delivery of brief interventions in health and care services to identify those drinking at higher risk levels and provide advice.	High quality, well-co-ordinated treatment services are accessible to those drinking at harmful levels and those with alcohol dependence to support them to stop or reduce their drinking.	Services are targeted to support vulnerable people and reduce health inequalities linked to alcohol consumption.	Vibrant	Southampton is a vibrant social and cultural destination with a responsible alcohol culture.	Southampton is a city with safe supply and control of alcohol sales.	Southampton is a city with a welcoming Night Time Economy environment and premises are effectively managed.
Safe	Southampton has reduced levels of alcohol related antisocial behaviour.													
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Vibrant	Southampton is a vibrant social and cultural destination with a responsible alcohol culture.													
	Southampton is a city with safe supply and control of alcohol sales.													
	Southampton is a city with a welcoming Night Time Economy environment and premises are effectively managed.													
12.	<p>The draft Alcohol Strategy will be monitored by the Health and Wellbeing Board, with Safe City Partnership, Clinical Commissioning Group, Hampshire Constabulary and Southampton City Council identified as accountable leads for relevant sections of the strategy:</p> <ul style="list-style-type: none"> • Safe – Safe City Partnership and Hampshire Constabulary • Healthy – Health and Wellbeing Board and the Clinical Commissioning Group • Vibrant – Southampton City Council and the business sector. 													
13.	<p>The Draft Alcohol Strategy will form part of a two-part Substance Misuse Strategy and approach, alongside a Drugs Strategy (in development). The strategy also sits within a wider framework strategies and plans, contributing towards improving health and community safety outcomes in Southampton including:</p> <ul style="list-style-type: none"> • Southampton Connect City Strategy (2015-2025) – priority “Healthier and safer communities”. • Southampton City Council Strategy (2016-2020) – “People in Southampton live safe, healthy, independent lives” • Southampton Safe City Strategy (2017/2017) – “Reduce the harm caused by drugs and alcohol” 													

RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
14	This strategy aims to co-ordinate action that is already being delivered by the council and its partners. There are no additional resource requirements, arising from approving the strategy, as all immediate activity is already accounted for in existing budgets. Any additional activity identified as part of the action plan will be considered for feasibility and only progressed when resources have been identified and approved in accordance with Financial Procedure Rules.
<u>Property/Other</u>	
15.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
16.	None
<u>Other Legal Implications:</u>	
17.	None
POLICY FRAMEWORK IMPLICATIONS	
18.	<p>The Alcohol Strategy 2017-2025 will support the delivery of the following strategies and priorities included in the Policy Framework (Constitution Article 4.01):</p> <ul style="list-style-type: none"> • Southampton City Strategy (Sustainable Community Strategy S.4 Local Government Act 2000) <ul style="list-style-type: none"> ○ Healthier and safer communities – reducing the negative impact of alcohol and drugs • Southampton Safe City Strategy (Crime & Disorder Reduction Strategy S.5 and 6 Crime and Disorder Act 1998) <ul style="list-style-type: none"> ○ Reduce the harm caused by drugs and alcohol • Southampton Health and Well Being Strategy (S.116A Local Government and Public Involvement in Health Act 2007) <ul style="list-style-type: none"> ○ People in Southampton live active, safe and independent lives and manage their own health and wellbeing <p>The Alcohol Strategy also supports the delivery of the Council Strategy 2016-2020 outcomes:</p> <ul style="list-style-type: none"> ○ Southampton is a city with strong, sustainable economic growth. ○ Children and young people in Southampton get a good start in life. ○ People in Southampton live safe, healthy, independent lives. ○ Southampton is a modern and attractive city where people are proud to live and work.

KEY DECISION?	No	
WARDS/COMMUNITIES AFFECTED:	All wards	
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Alcohol Strategy 2017-2025	
Documents In Members' Rooms		
1.	N/A	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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	

DRAFT - Alcohol Strategy

Healthy Southampton

A safe, healthy and vibrant city where people who choose to drink alcohol do so safely and responsibly

NEW GUIDELINES FROM THE CHIEF MEDICAL OFFICER (CMO) STATE THAT THERE IS NO 'SAFE' LEVEL OF DRINKING BUT BOTH MEN AND WOMEN ARE ADVISED TO NOT REGULARLY DRINK MORE THAN 14 UNITS A WEEK TO KEEP HEALTH RISKS LOW.



IF YOU ARE PREGNANT OR PLANNING A PREGNANCY, THE SAFEST APPROACH IS NOT TO DRINK ALCOHOL AT ALL, TO KEEP RISKS TO YOUR BABY TO A MINIMUM.

Southampton's Health and Wellbeing Board and Safe City Partnership are committed to reducing the harm caused by alcohol in Southampton. This strategy sets out how members of these Partnerships will work together to do this.

- The strategy recognises that alcohol plays an important role in many people's social lives and can contribute positively to the economy and culture of the city;

- There are 342 licenced premises (off and on) in Southampton;

- 7 million visitors come to the city each year, many of whom enjoy Southampton's vibrant social offer and night time economy.

National alcohol related costs:

- **£7 billion** lost productivity through unemployment and sickness
- **£3.5 billion** cost to NHS
- **£1 billion** cost of alcohol related crime

However, alcohol is a causal factor in more than 60 medical conditions and there are there are health risks associated with drinking too much, and strong links between alcohol, domestic abuse, antisocial behaviour, crime and disorder.

Our Priorities

Why this is important

<p>SAFE Reduce alcohol-related crime, disorder and violence in the city. <i>Lead: Safe City Partnership</i></p>	<ul style="list-style-type: none"> Risky drinking behaviours e.g. pre-loading and binge drinking can affect an individual's ability to keep themselves and others safe. The effects of alcohol can reduce inhibitions, leaving people vulnerable to becoming either a victim or perpetrator of antisocial behaviour, violence, drink driving offences and other crime. Many people who come in to contact with the Criminal Justice System drink alcohol at harmful levels. We want to promote personal responsibility and a culture where alcohol is used safely, and enjoyed by those who choose to drink.
<p>HEALTHY Raise awareness of and reduce the short and long-term harmful effects of alcohol on health. <i>Lead: Health and Wellbeing Board</i></p>	<ul style="list-style-type: none"> Alcohol is a risk factor for a number of shorter and longer term mental and physical health problems. Raising the level of understanding about health risks associated with alcohol will enable people to make informed choices about how much they drink. We want to ensure that effective support is available to those drinking at harmful levels, or at risk of doing so, in order to support them to prevent, reduce or stop their drinking, and improve their quality and longevity of life.
<p>VIBRANT Develop a vibrant city with a responsible culture towards alcohol and a diverse and welcoming night time economy. <i>Lead: Southampton City Council</i></p>	<ul style="list-style-type: none"> Responsible drinking can contribute towards a successful city where businesses and communities thrive. Southampton City Council wants to use their licensing and legislative responsibilities to help Southampton to remain a vibrant social and culture destination with a safe and welcoming night time economy where people who choose to drink do so safely and responsibly.

Alcohol harm - key facts

<p>58% 58% of adults report drinking alcohol in the previous week (1) and 15% of young people aged 15 in Southampton have been drunk in the last 4 weeks (2).</p>	<p>1 in 5 Drinking is strongly related to income; 1 in 5 high earners drink alcohol on at least 5 days a week. People in the 50-64 age group spend most.</p>	<p>2,100 In Southampton over 2,100 offences were recorded by the Police as being affected by alcohol in 2015/16.</p>
<p>25% Alcohol contributed to domestic violence in 25% of all domestic abuse offences in in Southampton 2014/15 (3).</p>	<p>53% Alcohol misuse is a recognised need for 53% of the National Probation Service's supervised offenders and 40% of Community Rehabilitation Company's supervised offenders in 2015/16.</p>	<p>30,000 An estimated 30,000 Southampton residents drink alcohol at levels that increase their risk of physical and mental harm, with a further 10,000 drinking at levels that place them at significantly higher risk of long term disease.</p>
<p>Hospital admission rates for alcohol are high in Southampton – 1060 adults were admitted in 2014/15 and 112 under 18s 2012-15.</p>	<p>Foetal Alcohol Syndrome is a growing, and it is likely that the numbers of women drinking alcohol, and particularly those drinking harmful amounts of alcohol during pregnancy is underestimated.</p>	<p>80 80 people in Southampton died from conditions related to alcohol between 2012/14 – a rate similar to the national average.</p>
<p>10%+ Over 10% of Southampton General Emergency Department workload is generated by alcohol related harm.</p>		

(1) Peoples Panel Poll May 2016 (2) What About YOUth Survey 2014/15 (3) 2015/16 data not available at time of print.

What local people say

Information about what local people think about alcohol is available from the Southampton City Survey, Southampton Community Safety Survey and the People's Panel.



The Alcohol Strategy forms part of a collection of strategies across Southampton's partnerships that address health and wellbeing, and community safety in the city.



*Some strategies are currently in development

	Outcome	What we are going to do	How we will measure success
 SAFE	Southampton has reduced levels of alcohol related antisocial behaviour.	<ul style="list-style-type: none"> Promote and encourage collaboration between those involved in the sale of alcohol and management of the night time economy in the city to ensure that people can enjoy a safe night out without fear of becoming a victim of alcohol-related crime or disorder. Trading Standards and Licencing to work with partners to disrupt the supply of high strength beers and ciders to vulnerable and street drinkers below the price of (duty +VAT) by active and robust enforcement of licence conditions. 	<ul style="list-style-type: none"> All crime affected by alcohol, per 1,000 population Violent crime affected by alcohol, per 1,000 population Violent crime affected by alcohol and with domestic flag applied, per 1,000 population Serious sexual offences, per 1,000 population Number with Alcohol Treatment Requirements successfully completing treatment
	Southampton is a city with reduced levels of alcohol related violence and abuse.	<ul style="list-style-type: none"> Work with partners through the Multi-Agency Domestic and Sexual Violence Group to address levels of violence and abuse related to alcohol. Work with all stakeholders to ensure that there are clear pathways between domestic and sexual abuse services and alcohol services, and staff are able to identify those at risk, deliver advice and refer people for further support. Establish effective processes for partners to analyse and share health and crime data to better understand alcohol related violence and to inform local action. 	
	Support is available for people in Southampton who come into contact with the Criminal Justice System as a result of their drinking.	<ul style="list-style-type: none"> Increase collaboration between Probation Services and alcohol support services to make best use of Alcohol Treatment Requirements (ATR) and ensure that those who need support to reduce their drinking are able to access services in a timely way. 	
 HEALTHY	People in Southampton are aware of and understand the health risks associated with drinking too much alcohol.	<ul style="list-style-type: none"> Develop and deliver campaigns and online resources to raise awareness of health risks associated with drinking alcohol, including making best use of national campaigns. Work with schools, colleges and universities in Southampton to ensure health related alcohol harm messages are available to young people in the city. 	<ul style="list-style-type: none"> Alcohol-specific hospital admissions – adults and under 18's Alcohol-related hospital admissions - all ages Alcohol-specific mortality (all ages) Alcohol related mortality (all ages) Mortality from chronic liver disease Months of life lost due to alcohol Drinking behaviour amongst 15 year olds - percentage of regular drinkers Prevalence of increasing and higher risk drinking in adults Number of adults in alcohol treatment and number of successful completions
	There is widespread and consistent delivery of brief interventions in health and care services to identify those drinking at higher risk levels and provide advice.	<ul style="list-style-type: none"> Expand the Making Every Contact Count programme across the city to ensure that front line staff are able to deliver evidence based messages about the health risks associated with drinking alcohol and strategies for reducing intake. Improve identification of individuals drinking at higher risk levels by ensuring appropriate staff across all partner agencies including local businesses are trained to deliver Alcohol Identification and Brief Advice interventions. 	
	High quality well-co-ordinated treatment services are accessible to those drinking at harmful levels and those with alcohol dependence to support them to stop or reduce their drinking.	<ul style="list-style-type: none"> Design, commission and deliver evidence based alcohol services to meet the needs of the local population, working across community, hospital and criminal justice settings. Seek to include alcohol service users of all ages, carers and people in recovery in local planning, commissioning and service redesign. 	
	Services are targeted to support vulnerable people and reduce health inequalities linked to alcohol consumption.	<ul style="list-style-type: none"> Work with organisations and partnerships in the city to increase public and professional understanding of the extent, and impact, of alcohol misuse on vulnerable groups and ensure that local services respond to this. Design, commission and deliver early help and prevention interventions to reduce the negative impact of parental alcohol misuse on children (including unborn children) and address hidden harms. Work with partners to ensure that appropriate services and pathways are in place for those with co-existing substance misuse and mental health problems. 	
 VIBRANT	Southampton is a vibrant social and cultural destination with a responsible alcohol culture.	<ul style="list-style-type: none"> Work with planners and local businesses to promote a diverse mix of licensed and alcohol free venues in the city that meet residents' and visitors' social and cultural needs, whilst minimising potential disturbance to nearby residential areas. Work with local businesses to encourage responsible promotion and supply of alcohol at off licences and venues in the city. 	<ul style="list-style-type: none"> Number of licensed premises in the city including those in CIP areas Number of establishments signed up to the Best Bar None scheme Perceived extent of antisocial behaviour issues in Southampton Number of license breaches and license reviews Number of tested premises selling alcohol to those who are under age Satisfaction with the local area as a place to live Feelings of safety in the local area
	Southampton is a city with safe supply and control of alcohol sales.	<ul style="list-style-type: none"> Regularly monitor and review the Statement of Licensing Policy including the use of Cumulative Impact Policies (CIP) in the city to ensure effective promotion of the four key licensing objectives: Prevention of crime and disorder; Public safety; Prevention of public nuisance; Protection of children from harm. Develop the role of partners within the Licensing Action Group to ensure decisions taken about the sale of alcohol and the management of the night time economy are based on reliable data and evidence, and ensure responsibilities in the co-ordination of responses are clear. Work with businesses to prevent underage sales of alcohol in the city and take robust action against offending premises. Reduce street drinking through the implementation of education, outreach and enforcement initiatives. Trading Standards to work with partners to deliver an intelligence led programme of enforcement initiatives targeting the supply of alcohol to persons under 18, the supply of high strength beers below the price of (duty + VAT), retail supply of alcohol where invoices identifying wholesale supplier are not available and other unlawful activity on licensed premises. 	
	Southampton is a city with a welcoming Night Time Economy environment and premises are effectively managed.	<ul style="list-style-type: none"> Work with licensed premises to increase responsibility taken by businesses. To include continued development of the Best Bar None scheme to encourage responsible management and operation of alcohol licensed premises and development of business-led action against individuals who have caused problems in the evening and night time economy. Regularly review the Late Night Levy (LNL) through the LNL Board to ensure that the fund is effectively allocated to reduce the harm caused by alcohol in the night time economy and keep public areas attractive. 	