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| DECISION-MAKER: | HEALTH AND WELLBEING BOARD |
| SUBJECT: | TOBACCO, ALCOHOL AND DRUGS STRATEGY 2023-2028 |
| DATE OF DECISION: | 14TH DECEMBER 2022 |
| REPORT OF: | COUNCILLOR LORNA FIELKER CABINET MEMBER FOR HEALTH, ADULTS AND LEISURE |

| <u>CONTACT DETAILS</u> | | | |
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| STATEMENT OF CONFIDENTIALITY | |
| None | |
| BRIEF SUMMARY | |
| This briefing paper outlines the final documents for the new 5-year Tobacco, Alcohol and Drugs Strategy. Subject to Health and Wellbeing Board and Cabinet approval, this new Tobacco, Alcohol and Drugs Strategy will be formally adopted by Southampton City Council and in force from 1 st January 2023. | |
| RECOMMENDATIONS: | |
| | (i) That the Health and Wellbeing Board approve the new Tobacco, Alcohol and Drugs Strategy for the city (as attached at appendix 1) |
| | (ii) That the Board recommend that Cabinet approve the Strategy for adoption at their 20 th December 2022 Cabinet meeting |
| REASONS FOR REPORT RECOMMENDATIONS | |
| 1. | Given the significant nature of the strategy, which affects the whole city and all residents, and that the Health and Wellbeing Board will be monitoring the strategy delivery, both Board and Cabinet approval of the strategy is essential for the strategy to be adopted. |
| 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 strategies in place for both drugs and alcohol, or meet our commitment as signatories to the Local Government Declaration on Tobacco Control to have a tobacco control strategy. |

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| 3. | When considering the timespan for this new combined strategy, given that tobacco, alcohol and drugs are complex challenges, 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. This is longer than 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. The new Tobacco, Alcohol & Drug Strategy is therefore a 5-year strategy (2023 – 2028), with outcomes reviewed at least annually. |
| DETAIL (Including consultation carried out) | |
| 4. | The 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. |
| 5. | This 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. 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 strategy itself (Appendix 1) as well as the accompanying Equality and Safety Impact Assessment (ESIA) (Appendix 2). |
| 6. | Where there are any directorate portfolio changes or restructures within Southampton City Council (SCC) during the lifetime of the strategy, work programmes will be moved to the appropriate new directorates to ensure continuing ownership and responsibility. |
| 7. | The new strategy will be monitored by the Health and Wellbeing Board, with coordination under the council's Adults' directorate. However, there will also be clear links to other relevant directorates, as well as to other council strategies and partnerships including the Safe City Partnership. |
| 8. | This draft Tobacco, Alcohol and Drugs Strategy summarises its vision with 5 Hs: Help, Harm reduction, Hope, Health promotion, and Health equality. |
| 9. | <p>This strategy has been developed by the Public Health and Policy teams of Southampton City Council. We have engaged colleagues across the council and with stakeholders across the city. This included a full 12-week public consultation which ran from 13th June to 4th September 2022. This 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. A full breakdown of the results can be found in Appendix 3. |

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| 11. | The strategy has been refined in response to the feedback received from the public consultation, as well as through engagement forums (including a session with over 60 Adult Social Care workers) and through feedback received from the Overview and Scrutiny Management Committee on 13th October 2022. |
| 12. | The strategy now has additional information about current work on mental ill health and on other underlying factors relating to reducing the harms of tobacco, alcohol and drugs, as well as further clarification on how the strategy will be operationalised. There is also additional mention and clarification of the scope of the strategy relating to prescription drugs and vaping. More information on the changes made in response to feedback can be found in Appendix 4. Once adopted, the strategy will undergo a final design process, and the fully designed version will be available in early 2023. |
| RESOURCE IMPLICATIONS | |
| <u>Capital/Revenue</u> | |
| 13. | Public Health grant money and other grant money will be used to deliver some projects in line with the strategy, subject to grant spending requirements and restrictions. 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. There is no direct risk to the General Fund from this strategy. |
| <u>Property/Other</u> | |
| 14. | 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. |
| LEGAL IMPLICATIONS | |
| <u>Statutory power to undertake proposals in the report:</u> | |
| 15. | 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 strategy for combatting the misuse of drugs, alcohol and other substances in the area'. SCC previously had both a Drug Strategy and an Alcohol Strategy in place which have now expired (there is currently no statutory requirement for local authorities to have a strategy covering tobacco, although the Council signed up to the Local Government Declaration on Tobacco Control in 2014). |
| <u>Other Legal Implications:</u> | |
| 16. | 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 |

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| | strategy and associated Action Plans will be implemented having regard to this duty. Further detail is provided in the ESIA attached at appendix 2. |
| RISK MANAGEMENT IMPLICATIONS | |
| 17. | It is a statutory requirement to have a substance use strategy. As a Council, we have commitment to have a tobacco control strategy, under the Local Government Declaration on Tobacco Control. This new strategy therefore mitigates the risks of not having strategies in place. |
| POLICY FRAMEWORK IMPLICATIONS | |
| 18. | This strategy will support relevant Policy Framework items (embedded in the council's Constitution: Part 2, Article 4.01) including the Crime and Disorder Reduction Strategy (the council's 'Safe City' Strategy 2022-2027) and the Health and Wellbeing Strategy (2020-2025). |

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| 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 |
| 3. | Consultation on a draft Tobacco, Alcohol & Drugs Strategy 2023 - 2028 - full report |
| 4. | Table of post-consultation strategy amendments |

Documents In Members' Rooms

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| | None |
| Equality Impact Assessment | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | Yes |
| 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: | |
| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
| None | |