

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Update on the Southampton City Council Tobacco, Alcohol and Drugs Strategy 2023-2028
DATE OF DECISION:	13 March 2024
REPORT OF:	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS & HEALTH

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STATEMENT OF CONFIDENTIALITY		
N/a		
BRIEF SUMMARY		
This paper updates the Health and Wellbeing Board on the progress of the Southampton City Council Tobacco Alcohol and Drug (TAD) Strategy 2023-2028 in 2023 and plans for 2024. The paper is for information and agreement.		
RECOMMENDATIONS:		
	(i)	The Board continues to note the significant harm that tobacco, alcohol and drugs cause in Southampton and notes the progress made in implementing the Southampton Tobacco Alcohol and Drug Strategy, 2023-28.
	(ii)	<p>The Board continues to actively champion the implementation of the strategy, including:</p> <ul style="list-style-type: none"> All organisations use their impact as Anchor Institutions¹, to prevent and reduce harm from tobacco, alcohol and drugs, including vaping when used other than by adults as a tool to stop smoking. This includes visible leadership, such as a Smokefree commitment, and a “Health in all policies” approach. the non-judgemental language: of drug and alcohol use or harm, rather than “misuse”; and of tobacco dependency and treatment, particularly in a health care context.

¹ “Anchor Institutions” are organisations that have an important, large impact on a place, with impact through all or most of employment and skills, buying and commissioning, capital and estates, environmental sustainability, and as a partner with others in a place.

		<ul style="list-style-type: none"> evidence-informed policy
	(iii)	Board members contact Public Health if they would like further advice or support for their strategic or operational work on tobacco, alcohol, drugs and/or vaping.
REASONS FOR REPORT RECOMMENDATIONS		
		To implement the SCC Tobacco, Alcohol and Drugs strategy and thereby prevent and reduce harm, improve outcomes and achieve value for money.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
		None.
DETAIL (Including consultation carried out)		
	<p>Summary</p> <p>The Tobacco, Alcohol and Drug (TAD) Strategy was enacted on the 1st of January 2023. Executive Director portfolios changed in early 2023, and the commitments were re-aligned to directorates accordingly. This is the first annual update to Health and Wellbeing Board.</p> <p>Summary of 2023 Progress:</p> <ul style="list-style-type: none"> Baseline Key Performance Indicators show mixed performance compared to England and substantial local need. Implementation of the strategy is broadly on track, with the pace and scale affected by organisational capacity and funding. We have an increased cross-council focus on youth vaping and responded to the national consultation. We secured significant additional ring-fenced grants via the Office for Health Improvement and Disparities (OHID): £1.07M ring-fenced Supplemental Grant for Drug Treatment and £0.72M grant for Drug Treatment for Rough Sleepers, 23/24. We were also successful in bidding to secure 250 vape starter kits, free from OHID, to offer as part of treatment to priority groups in late 23/24 and into 24/25. SCC continues to be a signatory of the Local Government Declaration on Tobacco Control and chairs a successful local, multiagency Reducing Drug Harm Partnership. Significant increase in the numbers of people in tobacco, alcohol and drug treatment and support services Many care pathways have been strengthened e.g. improved Continuity of Care from prisons to community drug and alcohol services. Our local tobacco, alcohol and drugs work has been highlighted as good practice regionally and nationally. <p>Looking forward to 2024, we note:</p> <ul style="list-style-type: none"> The announcement of proposed new national legislation for tobacco and vaping, increasing the age of sales, banning single-use vapes and restricting vape flavours, packaging &/or visibility of vapes in shops. A 	

	<p>consultation about vape sales restrictions and a free vote for MPs is due within this Parliament.</p> <ul style="list-style-type: none"> • Continuing changes to the illicit drug market internationally, which may put local people who use drugs at increased risk of overdose. • Three ring-fenced grants are expected, subject to OHID approval and the maintenance of Public Health grant spend: Supplemental Grant for Drug Treatment, Drug Treatment for Rough Sleepers and a new grant to commission Local Stop Smoking Services. • Financial uncertainty, with the Public Health Grant, Supplemental Grant and Rough Sleepers’ Grants only confirmed to March 2025. The Individual Placement Support grant to support people recovering from drug and alcohol issues into work is also only confirmed to March 2025. The new smoking grant will be awarded annually, up to 2028/9 and may fluctuate. • Importance of embedding the TAD strategy within organisational change programmes, strategies, policies and plans, including the SCC Corporate Plan and the next Health & Wellbeing Strategy. • Continued importance of embedding identification, brief interventions and support across pathways, as per the strategy. • Ongoing cost pressures across the health and care system, with some of our commissioned services offering fixed term posts and vulnerable to high staff-turn over. • Local elections including the Office of Police & Crime Commissioner, and preparations for a national election. • Limits of internal capacity. It’s within the terms of the drug treatment and smoking grants to increase internal public health and commissioning capacity to manage the grants, but this has not gone ahead during the recruitment freeze. Similarly, the Trading Standards team are limited by their capacity in responding to the growth in illegal vape sales. • We are due to hear whether a bid for further free vape starter kits from OHID has been successful. • We are preparing to commission a needs assessment of alcohol and drugs services for adults, which will include a focus on interdependencies across the Council. • Importance of Partners continuing to work alongside Southampton City Council to reduce the harm from tobacco, alcohol and drugs, and also from vaping when used other than by adults to stop smoking.
	<p>The cross-Council strategy describes how we will reduce the harm from tobacco, alcohol and drugs (TAD). Our vision is that we are a city of “Help, Harm reduction, Hope, Health promotion & prevention, and Health equality” (5 Hs). The strategy outlines key principles and needs. It focusses on strategic programmes, one for each directorate. All commitments are either proven good practice or innovative and based on public health principles.</p>

	<p>The list of directorate commitments was updated since Cabinet approval to reflect revised Executive Director portfolios, with suggested TAD priorities for 2023. The updated programmes are:</p> <ul style="list-style-type: none"> ○ Programme 1: Wellbeing: Children & Learning ○ Programme 2: Wellbeing and Housing ○ Programme 3: Place ○ Programme 4: Corporate Services
	<p>Governance</p> <p>The strategy sits under the Health and Wellbeing Strategy and Board. While it is cross-council, the Wellbeing and Housing directorate maintains oversight. Four new forums inform and support the strategy:</p> <ol style="list-style-type: none"> 1. The Southampton Reducing Drug Harm Partnership oversees implementation of the national drugs strategy locally². The Partnership is chaired by Dr Debbie Chase, Director of Public Health. It is multiagency, with elected members, police, health, and other services, as well as links to the Safe City Partnership and Health & Wellbeing Board. It is a condition of the national strategy and Supplemental Grant for Drug Treatment that we have a local partnership. 2. A <i>Drug and Alcohol Treatment Partnership</i> is co-chaired by the Integrated Commissioning Unit and Public Health. It reports to the Reducing Drug Harm Partnership. It focusses on multi-agency clinical and operational issues, to ensure pathways are safe and effective. 3. A <i>cross-council vaping group</i>, with a focus on young people, chaired by Public Health. It collaborates on operational issues and responded to a national consultation. 4. A <i>Tobacco Dependency Treatment Provider Network</i> is run by our SCC-commissioned service, Southampton Smokefree Solutions, on behalf of SCC. The network provides ongoing training, cohesion and quality assurance of all tobacco dependency advisors in Southampton. It has more than 140 members.
	<p>Key Performance Indicators</p> <p>A public KPI dashboard for the strategy is updated annually. Directorates may use additional monitoring internally, e.g. contract monitoring and restricted, provisional data from national sources which cannot be made public. Each directorate also provides an annual report, via this Health and Wellbeing Board update. Further data, beyond the KPIs, is at Southampton data observatory- tobacco, alcohol, drugs.</p>
	<p>The current KPI dashboard includes the most recent, publicly available data. This paper uses that data as of 15 February 2024. This is mostly calendar year 2021 or financial year 2021/22. It pre-dates the start of the TAD strategy and provides a baseline to measure future progress. There is comparative data for areas with similar populations (15 Local Authorities in the 4th most deprived decile, including Southampton) and for England.</p>

² [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

	<p>In general, tobacco, alcohol and drug harms are related to deprivation. Southampton is in the 4th most deprived decile nationally, with 14 other Local Authorities. Southampton has significant need. Latest estimates are that, locally, 26,541 adults (18+) smoke tobacco; 5,355 people are alcohol dependent; 1,734 people use opiates and/or crack cocaine; and 1,706 children live with an adult who is alcohol dependent.</p> <p>The KPIs show a mixed baseline and that our commissioned services are already reaching many populations:</p> <ul style="list-style-type: none"> • The number of people setting a quit date and stopping smoking through services is higher than the national average and compares well against comparator local authorities³. • Our alcohol data is complex. We have a higher (worse) rate of alcohol-related admissions to hospital than England and rank poorly against comparators. We are also in the worst 3 authorities in the 4th decile of deprivation for unmet need⁴, although in line with England. These metrics in part reflect good practice at University Hospital Southampton, where they assess all inpatients for alcohol issues so they can provide good care. This means we are likely to be better locally at identifying and recording alcohol issues than is usual nationally. • Our unmet need for treatment for opiate and/or crack use is similar to England and we are in the best 3 authorities among our comparators. <p>Our indicator data is otherwise similar to England and our comparators, or better compared to England or comparators but not both. A RAG-rated⁵ summary of our KPIs is in Appendix 1.</p>
	<p>2023 Progress, including directorate programmes</p> <p>Progress reports by each Directorate bring this data to life, Appendix 2. Of note:</p> <ol style="list-style-type: none"> a) Vaping has been a major focus in 2023, detailed in Appendix 3. b) A needs assessment is underway to update our understanding of how tobacco, alcohol, drugs and vaping affect children and young people in Southampton. c) We've provided significant support to the NHS to be smokefree: <ul style="list-style-type: none"> • Southampton Health & Care Strategy Commitment • Supporting implementation of NHS Long Term Plan across Hampshire and the Isle of Wight, on behalf of the ICB, and in Southampton

³ The KPI dashboard is designed to use the national Public Health Outcomes Framework data where possible. This currently shows smoking service data from 2019/20. Reliable operational data from NHS Digital for 2022/23 shows we're now performing much better than England, with a much higher rate of people setting a quit date and stopping smoking – more than 100% and 50% above England respectively.

⁴ Unmet need compares the estimated total number of people with a condition in the population (including people not yet diagnosed) minus the total number of people in treatment.

⁵ RAG-rated means using a traffic-light system to categorise indicators as red, amber or green.

	<ul style="list-style-type: none"> • NHS Smokefree Pledge signed by: 2 PCNs, NHS Solent, Southern Health NHS Trust. • UHS is working to be smokefree from April 2024 • Southampton Smokefree Solutions commissioned to 2026 to support NHS (and others) <p>d) We secured significant additional ring-fenced grants via the Office for Health Improvement and Disparities (OHID): £1.07M ring-fenced Supplemental Grant for Drug Treatment and £0.72M grant for Drug Treatment for Rough Sleepers, 23/24. We were also successful in bidding to secure 250 vape starter kits, free from OHID, to offer as part of treatment in late 23/24 and into 24/25 to people who are using our homeless hostels, with scope to also use them through our alcohol, drug and mental health services. We are due to hear whether a bid for further free vape starter kits from OHID has been successful.</p> <p>e) SCC continues to chair a successful local, multiagency Reducing Drug Harm Partnership.</p> <p>f) There is a significant increase in the numbers of people in tobacco, alcohol and drug services.</p> <p>g) Many care pathways have been strengthened e.g. improved Continuity of Care from prisons to community drug and alcohol services.</p>
	<p>Our work has been highlighted as good practice regionally and nationally, including:</p> <ul style="list-style-type: none"> a) Our cross-council strategy <ul style="list-style-type: none"> • Presentation to the Association of Directors of Public Health • Article by the Chair of the Health & Wellbeing Board Tobacco, Alcohol and Drugs: A combined harm reduction approach - ChamberUK b) Smokefree Primary Care Networks, 2023 South East Public Health Conference c) Alcohol telephone line, 2023 South East Public Health Conference. d) Our tobacco dependency treatment model and quit rate Southampton: Embedding stop smoking expertise across services Local Government Association.
	<p>Plans for 2024</p> <p>Directorates have outlined how they will implement their commitments in 2024 in Appendix 2. We are also preparing to commission a needs assessment of alcohol and drugs services for adults, including interdependencies with council services, such as adult social care, children’s and housing. This will inform future plans.</p> <p>As context, work on tobacco, alcohol, drugs and vaping across the Council will be shaped by:</p> <ul style="list-style-type: none"> a) The announcement of proposed new national legislation for tobacco and vaping, increasing the age of sales, banning single-use vapes and restricting vape flavours, packaging &/or visibility of vapes in shops. A

	<p>consultation about vape sales restrictions and a free-vote for MPs is due within this Parliament.</p> <p>b) Continuing changes to the illicit drug market internationally, which may put local people who use drugs at increased risk of overdose.</p> <p>c) Three ring-fenced grants, subject to OHID approval and the maintenance of Public Health grant spend: Supplemental Grant for Drug Treatment, Drug Treatment for Rough Sleepers and a new grant to commission Local Stop Smoking Services.</p> <p>d) Financial uncertainty, with the Public Health Grant, Supplemental Grant and Rough Sleepers' Grants only confirmed to March 2025. The Individual Placement Support grant to support people recovering from drug and alcohol issues into work is also only confirmed to March 2025. The new smoking grant will be awarded annually, up to 2028/9 and may fluctuate.</p> <p>e) Importance of embedding the TAD strategy within organisational change programmes, strategies, policies and plans, including the Corporate Plan and the next Health & Wellbeing Strategy.</p> <p>f) Continued importance of embedding identification, brief interventions and support across pathways, as per the strategy.</p> <p>g) Ongoing cost pressures across the health and care system, with some of our commissioned services offering fixed term posts and vulnerable to high staff-turn over.</p> <p>h) Local elections including the Office of Police & Crime Commissioner, and preparations for a national election.</p> <p>i) Limits of internal capacity. It is within the terms of the drug treatment and smoking grants to increase internal public health and commissioning capacity to manage the grants, but this has not gone ahead during the recruitment freeze. Similarly, the Trading Standards team are limited by their capacity in responding to the growth in illegal vape sales.</p>
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RESOURCE IMPLICATIONS

Capital/Revenue

	<p>There is no direct risk to the General Fund from this strategy, which specifies that the pace and scale of implementation is dependent on resources.</p> <p>Three ring-fenced grants were used to deliver some projects in line with the strategy, subject to grant spending requirements and restrictions:</p> <ul style="list-style-type: none"> • The Public Health Grant • The Supplemental Grant for Drug Treatment • The Drug Treatment for Rough Sleepers' Grant. <p>These are all confirmed only to March 2025.</p> <p>We are also due to receive up to £314k in a new ring-fenced grant for tobacco dependency treatment services in 2024/5. The Supplemental, Rough Sleepers and forthcoming Tobacco Dependency grants require that we increase numbers of people in treatment, increase numbers of people being</p>
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	<p>TAD-free, and that we maintain levels of funding from the public health grant for these services - 2020/21 for alcohol & drugs, 2022/23 for tobacco.</p> <p>In total, £6.6M grant funding was allocated to tobacco, alcohol and drugs treatment in 2023/4:</p> <p style="padding-left: 40px;">Public Health Grant (Drugs and Alcohol) £3.97M including housing-related support and residential rehabilitation.</p> <p style="padding-left: 40px;">Public Health Grant (Tobacco) £855k</p> <p style="padding-left: 40px;">SSMTRG £1.07m (previously £655k 22/23, due to be £2.07M 24/25)</p> <p style="padding-left: 40px;">RSDATG £717k</p>
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Property/Other

	None.
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LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

	<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 strategy for combatting the misuse of drugs, alcohol and other substances in the area’. The Council signed up to the Local Government Declaration on Tobacco Control in 2014 and thereby committed to having a Tobacco Control Plan.</p>
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Other Legal Implications:

	None
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RISK MANAGEMENT IMPLICATIONS

	None.
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POLICY FRAMEWORK IMPLICATIONS

	<p>This work contributes to the following goals and priorities of a wide range of Council Plans and Strategies, including:</p> <ul style="list-style-type: none"> • Southampton City Council Corporate Plan 2022/30 • Southampton City Strategy 2015-25 • Health and Wellbeing Strategy 2017-2025 Children and Young People’s Strategy 2022/27 • Southampton Domestic Abuse and Violence Against Women and Girls Strategy 2023 – 2028 • Southampton Safe City Strategy 2022 – 2027
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KEY DECISION?	No
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WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Table of Key Performance Indicators
2.	Directorate 2023 Report and 2024 Plans
3.	2023 work on vaping

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.	No
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Data Protection Impact Assessment

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

Other Background documents available for inspection at:

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