Democratic Services
The Corby Cube,
George Street,
Corby,
Northants,
NN17 1QG

North Northamptonshire Council

Meeting: North Northamptonshire Health and Wellbeing Board

Date: 20th June 2023

Time: 2:00 pm

Venue: Council Chamber, Corby

To members of the North Northamptonshire Health and Wellbeing Board

Cllr Helen Harrison Chair	Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council
David Watts	Director of Adults, Communities and Wellbeing, North Northamptonshire Council
Susan Hamilton	Director of Public Health, North Northamptonshire Council
Toby Sanders	Chief Executive NHS Northamptonshire Integrated Care Board
Dr Jonathan Cox	Chair Local Medical Committee
Ann Marie Dodds	Director for Childrens Services, North Northamptonshire Council
Cllr Scott Edwards	Portfolio Holder Childrens, Families, Education and Skills, North Northamptonshire Council
Sarah Stansfield	Chief Finance Officer, Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Rob Porter	Assistant Chief Fire Officer, Northamptonshire Fire and Rescue
Michael Jones	Divisional Director, EMAS
David Maher	Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust
Cllr Macaulay Nichol	Vice Chair, North Northamptonshire Council
Deborah Needham	University Group Hospitals Northamptonshire
Dr Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network Representative
Andrew Hammond	Deputy Chair/NED, Integrated Care Board
Chief Superintendent Steve Freeman	Northamptonshire Police
Nicci Marzec	Director of Prevention, Office of POLICE Fire Crime Commissioner
Sheila White	Northamptonshire Healthwatch
Pratima Dattani	Chair of the Wellingborough Community Wellbeing Forum
Lyn Horwood	East Northamptonshire Community Wellbeing Forum
Naomi Eisenstadt	Chair, Northamptonshire Integrated Care Board
Kate Williams	Chair Corby Community Wellbeing Forum
Jo Moore	Chair Kettering Community Wellbeing Forum
Jess Slater	Chair East Northants Community Wellbeing Forum

This agenda has been published by Democratic Services.
Contact: democraticservices@northnorthants.gov.uk

em	Subject	Lead Officer	Report/ Verbal Presentation	Time	Page no
01	Apologies for non-attendance	Chair	Verbal	2.00 pm	
02	Notification of requests to address the meeting	Chair	Verbal	2:02 pm	
03	Members' Declarations of Interests	Chair	Verbal	2:05 pm	
04	Minutes from previous meeting	Chair	Paper	2:07 pm	5-14
05	Action Log	Chair	Paper	2:10 pm	15-16
06	NHS Northamptonshire Integrated Care Board Summary ICB 5-year Joint Forward Plan	Karen Spellman	Report	2:15 pm	17-32
07	North Northamptonshire Place development	Ali Gilbert	Report	2.40 pm	33-72
08	Financial Year 2023/2024 Health Inequalities Update (HIAA Funding)	Susan Hamilton	Report	3.05 pm	73-76
09	Disabled Facilities Grant – 2022/2023 full year review	Amy Plank	Report	3.20 pm	77-82
10	Winter 22/23 - A Stocktake	Nicki Adams	Report	3.30 pm	83-96
11	Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA)	Patsy Richards	Report	3.40 pm	97-116
12	Northamptonshire Combatting Drugs Partnership	Mike Bridges	Report	3.55 pm	118-164
13	Close public meeting			4.20 pm	

Health and Wellbeing Board
At 2pm on Tuesday 21 March 2023
Held at North Northamptonshire Council Offices, The Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 9SA.

Present:-

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Scott Edwards	Executive Member Childrens, Services, North Northamptonshire Council
Councillor Helen Harrison	Executive Member, Adults Health and Wellbeing North Northamptonshire Council
Councillor Macauley Nichol	North Northamptonshire Council
John Ashton	Director of Public Health, North Northants Council.
Pratima Dattani	Chief Executive, Support Northamptonshire
Ann Marie Dodds	Executive Director of Children's Services
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Alison Gilmour	Director of Strategy, Northamptonshire Healthcare Foundation Trust
Dr Shaun Hallam	Assistant Chief Fire Officer, Northamptonshire Fire & Rescue
Lyn Horwood	East Northamptonshire Community Wellbeing Forum
Michael Jones	Divisional Director, EMAS
Deborah Needham	Kettering General Hospital
Dr Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Colin Smith	Chief Executive, Local Medical Council
David Watts	Director of Adults, Health Partnerships and Housing, North Northants Council
Sheila White	Healthwatch Northamptonshire
Pratima Dattani	Chair of the Wellingborough Community Wellbeing Forum

Officers

Cheryl Bird	Health and Wellbeing Board Business Manager
Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Sam Fitzgerald	Assistant Director of Adult Social Services, North Northamptonshire Council
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Rhosyn Harris	Consultant in Public Health West Northamptonshire Council
Susan Hamilton	Deputy Director of Public Health, North Northamptonshire Council

01. Apologies for non-attendance

Apologies were received from Colin Foster, Chief Executive Northamptonshire Children's Trust, David Maher, Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust, Nicci Marzec, Director for Early Intervention, Office of Police, Fire and Crime Commissioner, Jo Moore, Chair of the Kettering Community Wellbeing

Forum Toby Sanders, Chief Executive, NHS Northamptonshire Integrated Care Board, Jess Slater, Chair of the East Northants Community Wellbeing Forum & Kate Williams, Chair of Corby Community Wellbeing Forum.

02. Notification of requests to address the meeting

None had been received.

03. Members' Declaration of Interests

The Chair invited those who wished to do so to declare interests in respect of items on the agenda.

No declarations were made.

04. Chairmans Announcements

The Chair welcomed the following new members to the Board:

- Jess Slater – Chair of the East Northants Community Wellbeing Forum.
- Kate Williams – Chair of the Corby Community Wellbeing Forum
- Jo Moore – Chair of the Kettering Community Wellbeing Forum

05. Minutes of the Meeting Held on 29 November 2022

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 29 November 2022 subject to the a correction of the Assistant Director or Recovery at North Northants Council which should read '*Shirley Penderleith*'.

06. Action Log

The Chairman introduced this item (copies of which had been previously circulated) which gave details of actions that had been and were yet to happen as follows:

- The title for Naomi Eisenstadt be amended to Chair, NHS Northamptonshire Integrated Care Board. This had been completed by Jenny Daniels.
- Cheryl Bird to send dates for the Corby Local Area Partnership (LAP) to Steve O'Brien. This had been completed and Steve had been added to the distribution list.
- Paul Birch to link in with Katie Jones, North Northants Council. This had been completed.

RESOLVED that: The Health and Wellbeing Board notes the Action Log

07. A New Sense of Place - North Northamptonshire Place Development

The Chairman stated the North Place development, overseen by the North Health and Wellbeing Board, was a key component of the Northamptonshire Integrated Care System operating model which would support the delivery of the strategic ambitions and improvement outcomes required in the 'Live Your Best Life' strategy.

He then invited the Director of PLACE to address the Committee who introduced the report (copies of which had been previously circulated) which gave an update on the

work including mobilisation of the Community Wellbeing forums and Local Area Partnerships.

Since November 2022 all the Community Wellbeing Forums (CWFs) and Local Area Partnerships (LAPs) have been launched. The LAPs have now identified their emerging priorities and we are now moving into phase 3 with the LAPs working on their emerging priorities. All LAPs identified improving community health and wellbeing as an emerging priority and stakeholders will work collectively in identifying solutions. There is also a focus on transport within some of LAPs in rural areas.

The LAP boundaries will not be changing in North Northamptonshire.

An Engagement Insight Hub has been created where organisations can store and share information on their engagement activities.

The Support North Northamptonshire model is linked into North PLACE Delivery Board and this will be mobilised in May 2023.

A PLACE engagement event was held in March for elected member, town and parish councillors. Engagement work has also taken place with Kettering General Hospital and Northampton General Hospital governors.

The Chief Executive of the Local Medical Council confirmed they had managed to secure some funding but this was limited and they weren't yet sure if NHS Northamptonshire Integrated Care Board (ICB) would meet the Local Medical Council's needs in the coming year.

The Chair of Wellingborough CWF stated the first LAP meeting in the next round of meetings would be in Wellingborough on Thursday of that week and transport and young people had been identified as issues to consider in 2 of the LAPs. They had been encouraging people in the voluntary sector to engage.

The Chair of the ICB noted the good work that had already taken place and the level of commitment that had been shown. Also noting that some of the ambitions were not easy to achieve and some quick wins would really make a difference to the feeling that something was being achieved.

The Chairman then invited the Consultant in Public Health to present a report (copies of which had been previously circulated) which detailed progress to date on the Outcomes Framework Metric. There is a statutory requirement for the Integrated Care Partnership (ICP) to agree a set of outcomes/metrics to measure delivery of the 10 'Live Your Best Life' ambitions contained within Integrated Care Northamptonshire Strategy. The ICB has identified 3 of the 'Live Your Best Life' ambitions linked to health services to focus on, each ambition has 3 identified metrics. The proposed metrics for the remaining 7 ambitions needed to add benefit from a partnership approach, focusing on prevention and reducing health inequalities. The Strategy Development Board identified a prioritisation criteria for data metrics to be presented t the ICP. The 'people feeling valued for who they are' ambition will be a golden thread running through the other ambitions.

In answer to queries on the report the following was confirmed:

- The Health Inequalities Group had data collection as one of its priorities. They would have the overall metrics that would influence setting and some priorities

which supported it. There would also be a core set of system level metrics that everyone agreed on. The score cards would capture an element of local work as well as the PLACE work.
- There would be outputs as well as actions which will be different in individual LAPs. They would want to see an increase in the uptake of community health care and access to acute services which in turn should reduce the number of hospital admissions.

RESOLVED that: The Board:
- Notes the progress and phased next steps approach of the North Place development – A New Sense of Place; and
- Recommends the proposed Integrated Care Northamptonshire (ICN) Outcomes Framework (and provide feedback on the proposed metrics) for submission to the ICP for sign-off at their next meeting

08. Joint Strategic Needs Assessment development

The Chairman announced that Health and Wellbeing Boards had a responsibility for assessing the health and wellbeing needs of the area and publishing a Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA and Joint Health and Wellbeing Strategy was to improve the health and wellbeing of the local community and reduce inequalities. Local authorities and Integrated Care Boards (ICBs) had equal and joint duties to prepare the JSNA on behalf of the Health and Wellbeing Board

He also thanked the current Director for Public Health for all he had done whilst in the role.

The Chairman then invited the Deputy Director for Public Health to introduce a report (copies of which had been previously circulated) which discussed the approach to redesigning the JSNA to meet the requirements of the North and West Northamptonshire Health and Wellbeing Boards and the ICP.

The focus of the countywide JSNA in recent years has been on development of specific products to meet strategy development and commissioning needs at a given point. Needs assessments are currently being completed on 0-19 services and sexual health, with a needs assessment on alcohol and substance misuse being completed earlier in the year. There is no national guidance on what a JSNA should look like or information it should contain. JSNA's produced in other areas of the country have been more agile and been able to create products in a short turnaround.

Health and Wellbeing Boards are not required to have their own JSNA, they can combine with other Health and Wellbeing Boards. For Northamptonshire some topics will need to be a countywide JSNA and for other topics there will be specfic JSNA's for North and West Northamptonshire.

(The Executive Director for Children's Services joined the meeting at 2.40pm)

The outgoing Director of Public Health stated then when just focusing on needs, this results in statutory service solutions, but if needs assessments are combined with asset mapping this will highlight a different approach of working with residents building on the strengths and resilience of communities. This was about saying the solution to many of our problems was in the resources that could be found in the PLACE and neighbourhood level.

RESOLVED that: the Health and Wellbeing Board supports:

1) **The development of a System JSNA for Northamptonshire, ensuring that the intelligence products specific to Place (North and West) are easily found.**
2) **Initiation of a JSNA redesign project to determine the scope of the JSNA in the context of plans for wider intelligence in Northamptonshire. Project to determine the vision for the JSNA, scope, format of the final product, governance and process for ongoing development and review; and the**
3) **Establishment of a project steering group for the JSNA redesign project to oversee the stakeholder engagement and development of recommendations to Health and Wellbeing Boards.**

09. Combatting Drugs Partnership Needs Assessment

The Chairman informed the meeting that national guidance stated that combating drugs partnerships should produce a needs assessment to inform their local delivery plan. In October 2022, Northamptonshire established a combating drugs partnership to deliver the strategic priorities of the national 10-year drugs strategy, '*From Harm to Hope*' launched in December 2021.

The Chairman then invited the Deputy Director of Public Health to outline the approach to developing the substance misuse needs assessment as part of the work programme of the Northamptonshire Combating Drugs Partnership who stated the following:

- The needs assessment was originally started to support re-commissioning of alcohol, and substance misuse services and identify the objectives of the combating drugs partnerships.
- The police had undertaken a really good piece of work on drugs supply which informed the recommendations to the combatting drugs partnership.
- System mapping has taken place which identified organisations and key individuals within Northamptonshire working with effective substance misuse services on how they worked and reacted.
- There was also a focus group with workers who worked 1-to-1 with people either feeling the effects of substance misuse or were recovering from it.
- Work had been focussed on both adults and children. The national trend showed a decline in children and young people consuming alcohol but young adults were most likely to binge drink which can lead to crime and violent incidents
- They had local data from a school survey. They were identifying drugs and alcoholic levels of consumption on secondary school children.
- There is a decrease in young people being admitted to hospitals to hospital due to alcohol, but a higher a higher than national average for hospital admissions related to substance misuse.
- Young adults had the highest level of consumption of drugs which had increased since 2013. Those over 25 years did not have significantly higher admissions to hospital.
- Some population cohorts have higher risk factors of substance misuse, with some overlapping vulnerabilities such as domestic abuse, poor living environment.. There is also a correlation between poor mental health and and substance in adults and children, with 62% of those entering treatment also had a mental health need.

- Data had also been reviewed on the impact of it. Substance misuse impacted on education in terms of children being excluded. There were also impacts on social care, hospital admissions, offenders and young carers.
- Emergency hospital admission attendances peaked at aged 15-24 years. This was drawn from local and national data.
- There was an impact of adverse childhood experiences which has a inter generational impact of substance misuse. They were therefore prioritising these groups and reviewing how they could better support those in childhood.
- They were more likely locally to see referrals from education, so will be reviewing the pathways within social care to ensure children were identified early.
- Outcomes for those in treatment services were similar to those nationally. They were using data up to 2021, but during the past year are seeing children with more complex needs coming through. They were therefore working with health partners.
- Generally there is a higher level of need of alcohol misuse services. There was not much change in those affected by alcohol in recent years and deaths had been fairly static for the last 10 years across Northamptonshire.
- There had been an increase in the number of deaths from drugs misuse, which mirrors the national average A national strategy had been developed on this and they were doing a lot locally on this. The deaths appeared to be concentrated in more deprivedareas, with the average age of 44.3 in men and 41.3 in women.
- The cost of A&E admissions was £3million a year.
- The wider societal impacts such as housing and healthcare was also viewed as these had a significant impact.
- The access to drugs treatment is slightly higher than the national average, but hadn't changed a huge amount over time. However people going into treatment had a slightly different profile tending toolder and had disabilities.
- Many who needed treatment weren't accessing it so they were reviewing who accessed treatment and sources of referral. There was a locally heavy reliance on self referral on the national justice system but there was also a need to look at other areas such as social care to identify people earlier
- There was system mapping and they looked at who was involved in supporting those in substance misuse and how they interacted.
- The importance of co-production was really strong and there was fundamental need to share the data for individuals to aid identification of early need.
- From the themes explored with 86 people, similar themes could be seen both in terms of the role of other agencies in spotting people earlier and referring them. It was about people being aware of the service offered. There was also more they could do in statutory treatment. They needed to identify people much earlier and do more so that other services could support people into their services.
- Feedback on the Council's services was pretty good.
- A lot was dependent on joining up the system and identifying specific gaps in services.
- The action plan included 7 recommendations from the Police on breaking drug supply chainsThere were some recommendations on shifting the generation demand for drugs. For instance how do we prevent the next generation from the harms of substance misuse. They had been talking with communities and those working in PLACE development and undertaking some work specifically with children suffering with adverse childhood experiences.

In answer to query on the report it was confirmed the question was strongly asked at stakeholder events of how they worked with PCN's infrastructure. Outreach work was also being considered.

The outgoing Director for Public Health stated drug abuse was very complex and constantly evolving and changing. Rural areas are not immune to the availability of drugs. Those dealing drugs are mobile and meet in public places. So keeping track of it was very challenging and it was very much a multi-agency issue. Children and young people with more complex needs used drugs and there was a shortage of expertise both nationally and locally for dealing with youngsters.

RESOLVED that: The Health and Wellbeing Board notes the development of the substance misuse needs assessment as part of the work programme of the Combating Drugs Assessment and Joint Strategic Needs Assessment.

10. NHS Northamptonshire Integrated Care Board 5 Year Forward Plan

The Chairman stated that following implementation of the Health and Care Act 2022, Health and Wellbeing Boards were required to submit a statement to be included in the 5-Year Forward plan as to whether the plan took into account the Joint Health and Wellbeing Strategy.

He then asked the Chair of NHS Northamptonshire Integrated Care Board to give a progress update on development of the forward plan and the request for delegated authority included in the recommendations. She highlighted the following:

- They had to produce a 5-year joint plan and had to take account of the NHS Long Term Plan, Integrated Northamptonshire Strategy, the ICB Operational plan. .
- It was important that they had to agree what they were working towards as a system and acknowledged respective responsibilities to the plans.
- The Five Year Forward Plan would set outhow they would achieve the 4 aims of the integrated care systems.
- It was important in tackling health inequalities in Northants and questioned what would you change to reduce it.
- There were particular groups who suffered frm much greater health inequalities linked to a combination of personal behaviours and system affects.
- Key points for consideration included how to exercise their function, describe how to meetpopulation needs, and discharge certain duties
- The plans were for them and having to do them by law should not be a tick box exercise. They should be the key tool in planning and setting priorities, particularly when the system is under such financial constraint. The NHS was particularly under financial constraint too.
- There were some things that would take much longer to complete to achieve results, but unless they were started now they wouldn't happen. Deciding on the order activities are started in important.
- The ICP had 10 ambitions from the ICN strategy and 3 of them were particularly relevant to what the NHS could and should be doing, best start in life, opportunity to be fit well and independent, access to health and social care when needed. A matrix for delivery of these 3 was therefore created.
- These 3 priorities have been overlayed within the ICB's programmes of work. First thing many senior people in an organisation undertake is a re-structure. It very rarely changed anything but people signing up to things made a difference.

- The draft strategy was out for development and would be presented to the Health and Wellbeing Board and published in June.
- There was a need to get the plan to NHS England before the next meeting but the Health and Wellbeing board had to agree the Five Year Forward Plan takes into consideration the Joint Health and Wellbeing Strategy..

In answer to queries on the presentation the following was confirmed:

- Their Director of Finance was responsible for putting together the 5-year strategy. The toughest national priority was not to go over92% bed occupancy. Prevention, early intervention and a life cycle approach to healthy living is needed. As senior leaders in the system they needed to manage tensions so as to protect front line services from demands.
- The deadline for getting this to the Board was likely to be missed because they had received the national guidance late.
- It was also noted that health scrutiny was being strengthened in the forthcoming year and could have a role in reviewing things and then inform the Health and Wellbeing Board of decisions made.
- Primary care is not an urgent care provider, they do assess needs on the day and the national priorities do not address high demand primary care is currently facing. There were 2 GPs on the ICB so they would review the document as well.
- Due to national guidance often being received late, planning for specific services can be commenced but commissioning of services cannot start until the guidance is received.

RESOLVED that: the Health and Wellbeing Board:

- Notes that the draft plan is still in development at the time of this Health and Wellbeing Board
- Delegate submission of this statement for the ICB 5 Year Forward Plan to the Chair of the Health and Wellbeing Board in consultation with the Executive member for Adults, Health and Wellbeing, the Director of Public Health and Wellbeing and the Executive Director for Adults, Health Partnerships and Housing, in order to ensure that required timescales are met.

11. Additional request from NHS Northamptonshire Integrated Care Board.

The Chairman informed members of the Health and Wellbeing Board that the NHS Northamptonshire Integrated Care Board was also required to submit an annual report. Following this implementation of the Health and Care Act, Integrated Care Boards must outline in the report how they have contributed to the Joint Health and Wellbeing Strategy and consult with Health and Wellbeing Boards when preparing it.

RESOLVED that: The Health and Wellbeing Board:

1) Notes that the draft annual report is still in development at the time of this Health and Wellbeing Board
2) Delegates review of the annual report (Health and Wellbeing Strategy Section) to the Chair of the Health and Wellbeing Board in consultation with the Executive member for Adults, Health and Wellbeing, the Director of Public Health and Wellbeing and the Executive Director for Adults, Health Partnerships and Housing, in order to ensure that required timescales are met.
3) The report once finalised will be brought back to a future meeting**.**

12. Health Inequalities Funding 2023/2024

The Chairman informed the Health and Wellbeing Board that a briefing on this would be circulated following the meeting.

13. Better Care Fund Plan 2022/2023 and Additional Winter Discharge Fund

The Chairman informed the Health and Wellbeing Board that on 16 November 2022, the secretary of State shared details of the £500 million Adult Social Care Discharge Fund. The purpose of the fund was to be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

The Better Care Fund (BCF) was one of the government's national vehicles for driving health and social care integration. Health and wellbeing Boards have a duty to monitor the performance against the Better Care Fund plan.

He then invited Assistant Director of Adult Social Services, North Northamptonshire Council to provide an update on the Additional Winter Discharge Plan and the BCF Quarter 3 update who stated the following:

- This related to the additional winter discharge grant of which the North received £3.2million through Health & Social Care and the ICB and was pulled through the Better Care Fund.
- There were a number of conditions attached to this grant, one was foracute hospital beds were to be freed up as possible and discharge to assess was encouraged for as many people as possible were discharged to appropriate settings. There was also a condition to boost adult social care workforce capacity with a focus on recruitment and retention.
- Consideration was also included for support for mental health hospitals was given especially when the pressure on acute health care was considered.
- The grant did not include funds for avoidance of winter admissions.
- Winter planning was about to be commenced and what could be done to keep people in their own homes.
- Schemes included one concerned with capacity. Re-ablement services had been increased to ensure people could be sent home with wrap-around care. They were also supporting mental health hospitals as NGH and KGH had many patients who also had mental health issues and homelessness schemes had been worked on.
- The money was also spent on staffing so that they were able to support services. When a lot of additional capacity was taken on there was also the need to ensure to patient flow from hosptials continued after the winter months.
- Lastly incentives. These were to get people home as soon as they could. The home care rate was increased to providers during this period, to ensure pick up and assessment was completed within 24 hours of referrals. A increased home care rate was also offered to providers during the winter period to increase the flow through discharge to assess. They made suggestions for how the incentive could be used rather than dictate. So it could fuel cars to help front carers to use their own cars or could be used to provide shopping vouchers. As part of the monitoring process they asked for feedback on how the incentives was used. This was just beginning to come back in and they would review the evidence to assess whether this approach worked and could be continued in future years.

- These were short term pots of money and they mobilise projects that would really help. There was a much bigger piece of work to analyse which schemes offered the biggest support.
- The matrix used for ascertaining how they were performing against the original BCF plan was concerned with hospital admission avoidance, discharged to usual place of residence, permanent admissions into nursing or residential care, effectiveness of reablement services.
- They were not able to report on avoidable hospital admissions as the national metric has not been released.
- Discharge to a usual place of residence had increased from 91.3% to 95%.
- Permanent Residential admissions are not on track for this quarter, with higher than forecast people being admitted into residential and nursing homes. Trying to understand if the increased use of discharge to assess which was skewing that figure.
- Re-ablement was a good news story. There was a figure of 79.9% on the annual plan but it had risen to 93% and was expected to rise to 90% in the next quarter.
- The teams working in re-ablement measured a person's income need. So from the time a person entered need to leaving it may decrease by 6 hours for instance.
- From the end of October until March this year they had discharged 435 people from hospital and had also worked alongside this to avoid 148 admissions.
- The re-ablement team had started to be trained in using raised chairs so they could now respond to people who had fallen and prevent them from hospitalisation.

Members of the Health and Wellbeing Board also noted the following:

- The past winter had been predicted as one of the most challenging but it was worse than that with both hospitals being on critical incident for quite long periods of time. For up to 2 weeks a lot of elective operations were cancelled. It was difficult times but teams across health and care worked together really well. Without the additional capacity things would have been far worse.
- There was a need to understand the value for money of the additional schemes put in place and the effect it had on hospital discharge. This had not yet been seen but it was needed especially when emerging issues such as the NHS pay deal were to be considered.
- It was noted this did not happen without the real dedicated hard work from hospitals and Northamptonshire Healthcare Foundation Trust coming up with plans, adapting and moving them at real pace. A lot of work went on in the background to ensure patients were safe. More work is needed to move from reactive to proactive mode when considering schemes for the upcoming winter.
- Much was being done around Thackley Green Specialist Care Centre, this centre will have a positive impact in supporting the discharge flow from the hospitals. .
- If getting more work through the LAPs and supporting communities to staying well would decrease the demand on the secondary care.
- They were also looking at ways to ensure people were supported and not left on hospital beds in corridors for too long.
- It was also noted that GP's who dealt with 15,000 people a day received no additional funding to assist. If primary care became snowed under it could lead to problems in the future, with patients being diverted into the A&E departments.

RESOLVED that: The Health and Wellbeing Board:

1) Note the Additional Winter Discharge Fund update.
2) Notes how the Additional Winter Discharge Fund has supported performance in relation to hospital discharge and increased flow; and
3) Note the BCF Quarter 3 update.

12. Transformation NNC Adult Social Care Provider Services Consultation Results

At the Chairman's invitation the Director of Adults, Health Partnerships and Housing, North Northants Council stated there was a completed consultation in transformation on Adult Social Care provider services which was a public document and could be discussed at the Health and Wellbeing Board. Most respondents agreed with the proposedapproach to focus on short term services and reablement services whilst recognising a longer-term care market existed which they did not wish to compete with.

They had been keen to renumerate Council social care staff but independent care staff in wider workforce could earn more within the NHS. Those terms were negotiated nationally but locally they had tried to bolster the care sector within the financial envelope the Council had. The wider care sector was more focussed on professional roles rather than the ancillary staff who didn't have the professional qualifications but they still provided an excellent job.

The Chief Executive of the Local Medical Council noted that in the primary care not all staff were not covered by the new national pay offer and they had only received a 2.1% uplift. Therefore many of the lower paid staff on reception who did a really good job could leave find better paid jobs in the retail sector.

Councillor Helen Harrison noted what a complex situation it was and hoped that as health and social care integrated further they could find a solution. It was a national and local issue and something was required urgency to resolve it. As a valued, happy well paid workforce is needed to delivery effective services. They could work a system locally to identify issues and solutions and lobby nationally

RESOLVED that:

- the Health and Wellbeing Board noted the update.
- The Director for Adults, Health Partnerships and Housing to circulate information on the consultation results to the board.

13. John Ashton

The Chairman informed the Health and Wellbeing Board that John Ashton would be leaving his role as Interim Director of Public Health at the end of March. On behalf of the Board he thanked John for all of his work over the past year an wished him well with his future endeavours.

The Interim Director of Public Health said it had been a really great pleasure working with the Public Health team which was a high quality one and very well experienced.

At the Chairman's invitation the Chair of the NHS Northamptonshire Integrated Care Board stated that the Chief Executive for Northamptonshire Healthcare Fundation

Trust had been chosen by the health service journal as the highest performing chief executive of a healthcare trust in England.

At the Chairman's invitation the Director for Children's Services at North Northamptonshire Council reported that following the suggestion of the Health and Wellbeing Board that future Northamptonshire Safeguarding Children's Partnership (NSCP) annual reports will include some case studies, the NSCP business manager had already written to colleagues requesting examples

There being no further business the meeting closed at 4.10pm.

North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action point	Allocated to	Progress	Status
210323/02	Briefing on Health Inequalities Allocation 2023/2024 to be circulated to the Board.	**Paul Birch**	Asked Paul Birch on the 22nd March. No response needs chasing. Chased 05/06	**outstanding**

Actions completed since the 21st March 2022

Action No	Action point		Progress	Status

This page is intentionally left blank

NHS
Northamptonshire
Integrated Care Board

Summary

ICB 5-year Joint Forward Plan

North Northamptonshire Health and Wellbeing Board 20th June 2023

Contents to update

Northamptonshire Integrated Care Board

- Overview of the Joint Forward Plan
- Our Plan on a Page
- Our priorities
  - National Priorities
  - Local Priorities
- Our Key Multiple Impact Interventions
  - Prioritisation of interventions
- Developing our approach to creating conditions for success

Overview of 5 Year Joint Forward Plan

NHS
Northamptonshire
Integrated Care Board

- Guidance published on 23rd December 2022

- We have a duty to align the ICB Plan with:
  - Integrated Partnership Strategy
  - Health and Wellbeing Boards strategies
  - Operational planning requirements
  - Partner Trust Strategies

Our Plan on a Page

Integrated Care Northamptonshire

Our shared 10-year vision

We want to work better together to make Northamptonshire a place where people are active, confident and empowered to take responsibility for good health and wellbeing, with quality integrated support and services available for them when they need help.

Our ICS aims

Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support broader social and economic development

Our delivery focus areas

National priorities	Local NHS 'Live Your Best Life' ambitions
• Recover our core services and productivity • Deliver the key ambitions of the NHS Long Term Plan • Continue transforming the NHS for the future	• Best start in life • Opportunity to be fit, well and independent • Access to health and social care when needed

Multiple benefit interventions

Digital	Access to services	Recovery of independence	Children and young people	End of life

Our Approach to creating conditions for success

Integration	Improving health equity	Using data	Prevention	Quality improvement	Clinically led

Our delivery partnerships

Maternity and neonatal	Children and young people	Primary care	Urgent and emergency care	Elective care	Cancer care	Mental health, learning disabilities and autism	End-of-life care

Our enabling building blocks

Supporting our people	Enhancing digital	Research and innovation	Estates and environment	Communication and engagement

NHS
Northamptonshire
Integrated Care Board

Our priorities

Our Priorities

Northamptonshire Integrated Care Board

National high-level priorities

1. **Recover our core services and productivity**
    - Recovery of our core services will be the focus of our 2023/24 Operational Plan. These core services are urgent and emergency care, community health services, primary care, elective care, cancer, diagnostics, maternity and neonatal services, and use of resources.

2. **As we recover, make progress in delivering the key ambitions of the** NHS Long Term Plan
    - Other areas of focus are the key ambitions set out in the NHS Long Term Plan. These are mental health, people with learning disability and autistic people, embedding measures to improve health and reduce inequalities, investing in our workforce, and digital and system working.

3. **Continue transforming the NHS for the future**
    - As an ICS we will continue to transform our services to meet the needs of our population and deliver a safe, sustainable health and care system through integration – better care, better outcomes = better value

Our Local Priorities – Identified through the Outcomes Framework

NHS Northamptonshire Integrated Care Board

Ambition	Outcomes	Our 9 ICB Outcomes metrics
Best Start in Life	All children grow and develop well so they are ready and equipped to start school	• Percentage of children with a good level of development at age 2-3
Opportunity to be fit, well and independent	Children and adults are healthy and active and enjoy good mental health	• Reducing prevalence of adult overweight and obesity
	People experience less ill-health and disability due to lung and heart diseases	• Reducing prevalence of adult smoking • Reducing rate of emergency COPD admissions
	Young people and adults have good mental health (Adolescent Mental Health	• Improving self-reported wellbeing score
Access to health and social care when needed	Services to prevent illness (e.g., health checks, screening, and vaccines) are good, easy to access and well used	• Increasing proportion cancer diagnosed stage1/2 • Increasing Health Checks for Looked After Children and adults with Learning Disabilities and Severe Mental illness
	People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs	• Reducing rate of ED attendance for falls in those aged 65+ • People that return to their normal place of residence after discharge from hospital

NHS
Northamptonshire
Integrated Care Board

Our Key Multiple Impact Interventions

Our multiple impact interventions

NHS
Northamptonshire
Integrated Care Board

We have decided across our system that in order to build consensus we would highlight five key priority interventions that would have the greatest and widest-ranging impact in the first two years of delivering our priorities and outcomes and addressing our biggest challenges. We recognise these 'multiple-impact interventions' will not answer everything, but they will create the conditions for us to develop our partnership working, prioritise and align our delivery programmes and focus on delivering improvements for our local population. Below is a summary of our five priority multiple-impact interventions. Further work is now needed with system partners to scope, evaluate and quantify the benefits of each of these interventions. As we develop our plans we will identify specific outcomes to be achieved for each intervention. We will have our delivery plans completed by the end of June 2023.

	Why is this a multiple impact intervention	What will we prioritise
Digital	Access to high quality timely data, and digital technology and innovation will have the greatest impact across all our partnership programmes and priorities to improve outcomes and reduce inequalities.	During the first two years of our plan we will prioritise the delivery of; • The Northamptonshire Care Record • The Northamptonshire Analytical Reporting Platform • A single digital front door via NHS App • A digital skills academy and accreditation programme for our workforce
Recovery of Independence	Longer lengths of stay negatively impact our financial sustainability and ability to invest in the right care in the right place for our local population. We have therefore prioritised reducing length of stay across all our bedded care as one of our high-impact interventions	• Admission avoidance schemes • Optimising and integrating community/intermediate care, improved discharge co-ordination and optimising community-based pathways • Maximising processes and capacity for the discharge of patients requiring different levels of care across our system to meet their needs • Data and access to live dashboards to maximise utilisation of our bed capacity and transferring data to facilitate timely discharges • Longer-term strategic review of our system bed capacity
Access to services	We know that accessing care and in particular same day care is challenging. Many patients present to Emergency Departments if they cannot access same day urgent care. Whilst we are developing our delivery partnerships to transform our urgent and emergency care, and services in the community including an integrated primary care offer as described in chapter 5 of the JFP, we have agreed to prioritise specifically access to services in the first two years.	We will develop plans to focus on; • Review progress to date in developing our community focused model of care • Develop our strategy for primary care • Empower patients by rolling out tools they can use to manage their own health • Implement 'Modern General Practice Access' • Build capacity in primary and community care

Our Multiple Impact Interventions (Contd)

Northamptonshire Integrated Care Board

	Why is this a multiple impact intervention	What will we prioritise
Children and young people	Whilst Children and Young People remains one of our key delivery partnerships, we have prioritised two specific multiple impact interventions to all get behind and target as these will have the greatest impact on delivering our aims of improving health for all, reducing health inequalities, making best use of public funds, while also supporting the county's social and economic development.	Our priority interventions are; • Children's 2-3 year health checks • Children and young people's mental Health and wellbeing
End of Life	Evidence from discussions with system partners and the public identifies challenges with accessibility for patients across the county. This may be due to some services not being available county-wide or to the distance some patients and families need to travel to access services being too great. It is recognised, however, that what may be delivered at one end of Northamptonshire may not be the same at the other end. Our aim is to rectify our current gaps and challenges and ensure that all individuals have the best possible experience towards and at the end of their life.	• Development of a countywide 24/7 palliative and end-of-life care information hub that patients, families, carers and professionals can access for advice and connection to local health and care services • Commissioning and embedding of an Electronic Palliative and Care Coordination System (EPaCCS) that meets national requirements and, locally, provides access to all system partners to enable them to update patient records contemporaneously which can be seen by relevant health and care professionals. • Ensuring equitable bereavement services exist for all

Multi-impact interventions

Northamptonshire Integrated Care Board

Each multiple impact intervention has been mapped against our aims, national and local priorities to demonstrate where they will have the greatest impact.

	ICB 4 Aims				National priorities			3 ICP Ambitions		
	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience, and access	Enhance productivity and value for money	Help the NHS support broader social and economic development	Recover core services and productivity	Make progress in delivering the key ambitions in the Long Term Plan (LTP)	Continue transforming the NHS for the future	Best Start in life	Opportunity to be fit, well and independent	Access to health and social care when needed
Digital	x	x	x	x	x	x	x	x	x	x
Children and Young People	x	x	x	x	x	x		x	x	x
Recovery of independence	x	x	x		x	x	x		x	x
End of Life	x	x	x		x	x	x			x
Access to the right services at the right time	x	x	x		x	x	x	x	x	x

NHS
Northamptonshire
Integrated Care Board

Creating conditions for success

Our approach to creating conditions for success

The following section describes how we will work collaboratively and embed our approach to addressing health inequalities, promoting prevention and driving quality improvements across all our work programs and service provision

NHS Northamptonshire Integrated Care Board

Our approach to	Our commitment
Integration	• We will commit to working collaboratively to use all available resources to deliver improved quality and remove unwarranted variation and improve outcomes for our local population • We will explore opportunities for greater integration for example; through our collaborative NHS England Innovator programme and linking into Place • Our We will create conditions for greater collaboration and innovation
Health Inequalities	• We will drive forward work programmes that reduce inequalities, prevent poor health and improve peoples opportunities for better health targeting local priorities including respiratory and cardiac disease • We will inform our work using the national Core20PLUS5. A focus on inequalities and outcomes will become a key part of all or areas of our deliver, not a stand alone priority • We will incorporate health inequalities within our organisations by delivery services which meet the needs of our places
Using data including Population Health Management	• We will use data analytics and intelligence to redesign innovative health and care pathways, track outcomes and support data driven decision making • We recognise different populations have different needs and we will use Population Health Management approaches to help identify groups of people and match them to the interventions to improve their health • We will strengthen our data and business intelligence function to enable access to data across the system – one source of data • We will understand our data better and triangulate to meet our community needs
Quality Improvement	• We will deliver our system wide quality oversight through a culture of quality improvement and collaboration • We will achieve system delivery of clinical priorities and improve outcomes and equality • We will take responsibility for continued 'business as usual' quality assurance and improvement of our local NHS services • We will create an open culture and learning system that's enables improvement across shared understanding of needs and issues to improve are quality outcomes

Our Delivery Partnerships

NHS
Northamptonshire
Integrated Care Board

The Delivery Partnerships section in our Plan will focus on our key programme areas and interventions we intend to make, to deliver a truly integrated system of care. We will describe how we begin that journey, by setting out a vision for an integrated system of care which allows enough flexibility to take the needs of our local communities into account but, at the same time, enables us to set and meet an equitable standard of care and outcomes for those we serve.

We know that we deliver the best outcomes when people, communities, clinicians, practitioners and local teams come together to tackle a challenge, no matter the size. We must, therefore, continue to be brave, to support this evidence-based approach and enable our teams to work with our communities to reimagine service delivery at pace.

Our delivery partnerships are:

- Maternity and neonatal
- Children and young people
- Primary and community care
- Urgent and emergency care
- Elective care
- Cancer care
- Mental health, learning disabilities and autism

Our Enabling Strategies

Northamptonshire Integrated Care Board

We will develop a series of enabling strategies that will provide a critical link between our overarching aims, priorities and delivery plans. These enabling strategies will be themselves ambitious in terms of objectives and associated culture change. They will provide a direction of travel that is longer term and will take time to realise.

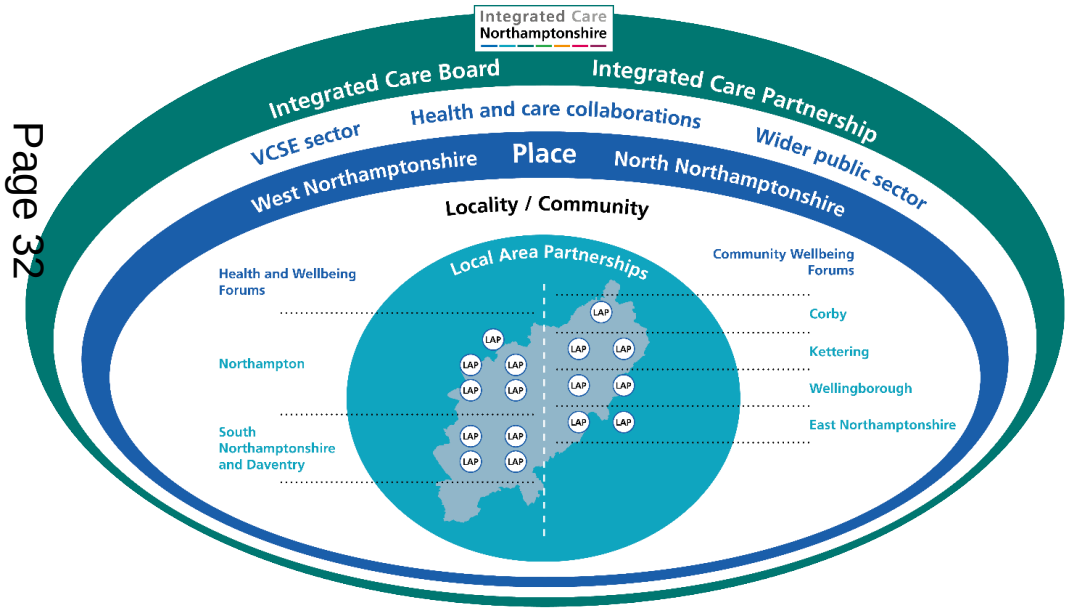
Our enabling strategies will include:

- Supporting our People
- Enhancing Digital
- Research and Innovation
- Improving estates and the environment
- Aligned communication
- Community engagement

Delivering our 5 Year Joint Forward Plan

NHS
Northamptonshire
Integrated Care Board

To enable us to achieve our collective priorities and outcomes, we are committed to working together through our new delivery approach, summarised in the image below.



To effectively deliver our plan we will;

- Create the conditions for success as outlined above
- We will have a series of enabling strategies that will provide a critical link between our overarching aims, priorities and delivery
- We will develop delivery plans with measurable outcomes and metrics and these will be working documents which will continue to evolve and be reviewed on a regular basis
- Align delivery governance with existing governance of the ICB, to optimise our delivery execution, measure our progress, and refine our plans to best meet the needs of our population over time
- Report progress quarterly to IPR and ICB Board

North Northamptonshire Council

Item no: 07

North Northamptonshire Health and Wellbeing Board

20th June 2023

Report Title	**North Northamptonshire Place development** - **A New Sense of Place** - **Support North Northamptonshire (SNN)** - **North Northamptonshire Health and Wellbeing Strategy**	
Report Authors	Ali Gilbert, Director of North Place Development Ali.Gilbert@northnorthants.gov.uk Kerry Purnell, Assistant Director Communities & Leisure NNC Kerry.Purnell@northnorthants.gov.uk Pratima Dattani, CEO Support Northamptonshire Pratima.dattani@supportnorthamptonshire.org.uk Susan Hamilton, Director of Public Health NNC Susan.Hamilton@northnorthants.gov.uk Cate Carmichael, Interim Deputy Director of Public Health NNC Catherine.Carmichael@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME	**David Watts, Executive Director Adults, Health Partnerships and Housing**	**20th June 2023**

List of Appendices

Appendix A **Support North Northamptonshire**

Appendix B **North Joint Health and Wellbeing Strategy**

1. Purpose of Report

1.1. To provide an overview of the development of North Northamptonshire Place through an oversight of:

- A New Sense of Place model
- Support North Northamptonshire (SNN) – VCSE Collaborative approach

- North Health and Wellbeing strategy development

2. Executive Summary

2.1. A New Sense of Place

The development is in Phase Three and all LAPS are progressing the implementation of the following areas of focus, as detailed in the paper:

1. Community transport.
2. Engagement with youth and improving health and wellbeing.
3. Multiagency health and wellbeing service offer mapping at LAP footprint level
4. Aiming to reduce impact on statutory services through a collaborative focus on addressing improvements in community health and wellbeing.

2.2. Support North Northants (SNN) – Appendix A

SNN is a new early intervention and prevention service being soft launched from 5th June 2023., led by the VCSE, in collaboration with statutory sector partners. It will provide wrap around support, to people who are struggling and finding it difficult to get the support they need, when they need it, in both the Public and VCSE sectors.

SNN will provide a single front door for any organisation which is working with someone who needs a wider wrap around support from the VCSE, or for whom partners cannot provide services at this time, and in due course for self-referrals from residents.

In the soft launch, the team are working with North Adult Social Care to identify up to 20 cases off their waiting list. These people will be supported through the SNN service during June and July, working collaboratively with the Adults front door and community hub teams and other services as appropriate. Data, case studies and learning will be documented to test the SNN process and adapt it as required. Outputs and outcomes will be considered by the SNN Programme team before sharing more widely and confirming proposals for a wider launch of SNN.

2.3. North Joint Health and Wellbeing Strategy (NJHWS) – Appendix B

Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities that local government, the NHS, and other partners will deliver together through the Health and Wellbeing Board (HWBB). The JHWS is intended to set a small number of key strategic priorities where there is an opportunity for partners to 'have a real impact' through local initiatives and action[1]. This strategy

[1] These could be supported by HWBB working groups which could bring in a wider range of people and perspectives and so sustain day-to-day action.

will articulate the shared vision for health and wellbeing in North Northants setting out critical issues and strategic priorities.

This strategy will set out how we want to work collectively as a partnership, the importance of working with and through our communities, and how the JHWS seeks to link with other local plans and policies 'owned' by others across the system to enhance health and wellbeing. The JHWS will acknowledge that there is much crossover within the Northamptonshire system as a whole and seeks to better align itself with other plans and limit duplication; indeed, one of the guiding principles of the JHWS will be to promote reciprocal action across the system.

The previous JHWS covered the whole of Northamptonshire. Currently, we have no JHWS on an NNC footprint.

3. Recommendations

It is recommended that the North Health and Wellbeing Board notes the progress of:

- A New Sense of Place.
- Support North Northamptonshire (SNN)
- The ambitions proposed for the Joint Health and Wellbeing Strategy and to support the developmental approach proposed.

4. Report Background

4.1. The North Place development, overseen by the North Health and Wellbeing Board, is a key component of the ICS operating model which will support the delivery of the strategic ambitions and improvement outcomes required in the Live Your Best Life strategy. At the heart of this model are our communities and the services that indirectly influence health and care improvements through the development of the Local Area Partnerships (LAPs) and Community Wellbeing Forums (CWFs).

This paper provides an overview of the development of North Northamptonshire Place, through an oversight of:

- A New Sense of Place model
- Support North Northamptonshire (SNN) – VCSE Collaborative approach
- North Health and Wellbeing strategy development

4.1.1. **A NEW SENSE OF PLACE**

In the March 2023 meeting of the North Health and Wellbeing Board, the implementation of 'A New Sense of Place' was in the early Phase three stage as outlined below.

Phase One – complete (May 2022 – December 2023)

The place operating model design and launch of the Community Wellbeing Forums (CWFS) and Local Area Partnerships (LAPS)

Phase Two - complete (January 2023 - February 2023)

All CWFS and LAPS identified emerging 'themed' opportunities, and all independently agreed to focus on 'improving the community health and wellbeing' of the people living in the LAP areas.

Phase Three – currently in progress (February 2023 – July 2023)

A comprehensive series of LAP world café style events, involving hundreds of local LAP stakeholders have been held since the last Health and Wellbeing Board. The intention was to take the original community health and wellbeing theme and to:

1. Enhance local relationships and networks and sharing of intelligence between local stakeholders.
2. Agree the specific actions to address the LAP themes emerging in phase two.
3. To mobilise the appropriate LAP multiagency groups to implement agreed local actions.

The tables below reflect the overview of the LAP priority actions and the multiagency teams have been established, with the support of the newly appointed LAP coordinators.

LAP priority actions	Corby	EN South	EN North	Wellb East	Wellb West	Kett Urban	Kett Rural	LYBL Ambition
Rural & Community Transport	Assess & address service gap for medical & other community transport. Set up task group	Run campaign to increase volunteer drivers & expand current offer. Set up task group, actions may differ for each LAP area						Opportunity to be fit, well & independent Connected to their families and friends
Mental Health: Impact other issues have on MH demand on police , ASC and GPs	√	√		√	√	√	√	Access to health and social care when they need it
Access to Services							Deliver Beat bus/one stop shop events in rural villages	Access to health and social care when they need it Opportunity to be fit, well & independent Connected to their families and friends

LAP priority actions	Corby	EN South	EN North	Wellb East	Wellb West	Kett Urban	Kett Rural	LYBL Ambition
Children &YP: Poverty; Exposure to organised crime/ gangs; aspirations and educational attainment				Expand existing Youth Partnership-identify projects to address key issues- ensure the voice of YP is heard. Actions may differ for each LAP area		Improving engagement with young people who require more targeted support for MH & wellbeing, by working with those organisations who already work with these YP?		Best Start in Life Employment that keeps them and their families out of poverty Opportunity to be fit, well & independent
Asset Mapping - understanding the offer	Convert the raw data into format for uploading on to GIS interactive maps. Cross reference data with other asset mapping information. Create maps and promote							Opportunity to be fit, well & independent Connected to their family and friends

A significant element of the 'asset mapping' for LAPS has been completed and the intelligence is collated and is being mapped onto live LAP maps, using Wellingborough urban LAP as the starting point.

It has been overwhelming the assets that are available in LAP areas to communities, however, all stakeholders are confused in local areas as to what is on offer, so we have a huge task ahead to communicate and engage collectively with our communities.

All LAPS will be focussed on reduce impact of mental health and wellbeing activity on police, adult social care, and general practice partners too, through the improvement of community health and wellbeing collaboratively.

Phase Four (July 2023 onwards)

This phase is under consideration currently with the aim to consolidate, learn from and to sustainably build on phase three to establish a solid foundation to the North Place model.

A close focus will be on the collective difference being made with communities for their emerging improvement in health and wellbeing, recognising this will take longer periods of time to deliver the outcomes of the Live Your Best Life Strategy.

This phase will be considering and progressing the development of our collective:

- Community relationship.
- Community participation involving codesigning, co-deciding and co-producing.
- Community leadership.
- Community led action / interventions.

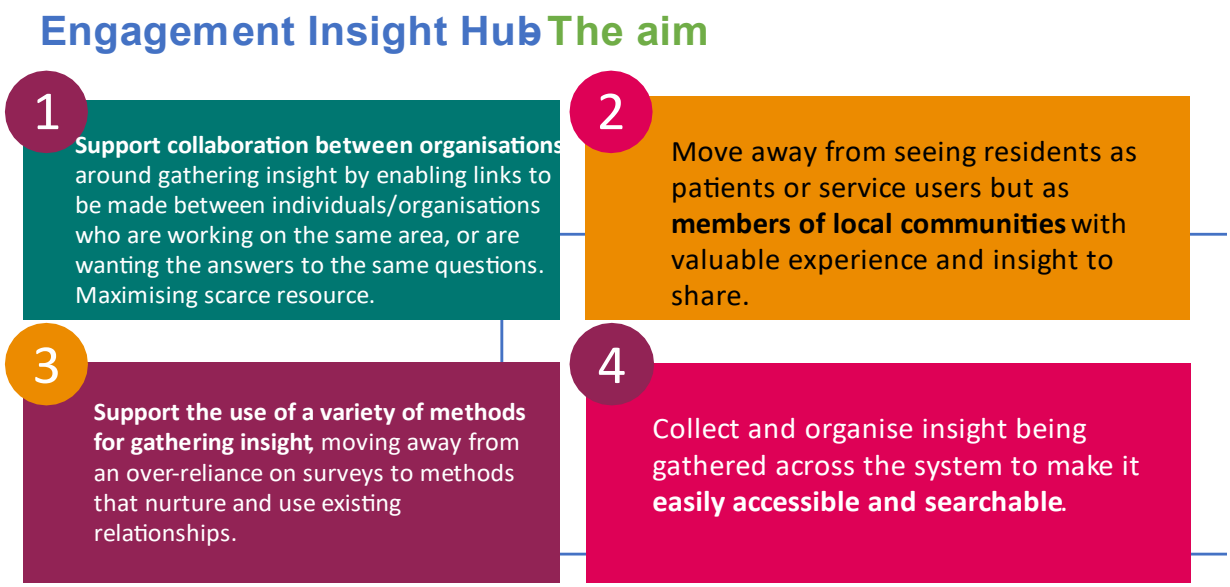
Community Wellbeing Forums (CWFS)

At the launch of all four CWFS, an opportunity was identified to collectively lead and correct the current fragmented engagement, communication, and involvement with the communities.

Grasping this agenda through the CWFS was agreed as being in line with their emerging function and added value for communities and would support a developing momentum as the CWFS continued to meet and mature.

To initiate this realised opportunity, it was proposed through a series of CWF discussion groups in phase two, that the development of an 'Engagement Insight Hub' should be an aim.

This hub is now live and is continuously being populated with the local engagement and feedback form the communities. This central function enables all stakeholders to have sight of any local community engagement and what the people have said in relation to the topic. This will also support the LAPS as they progress their activities with the LAP communities.



SUPPORT NORTH NORTHANTS (SNN) – APPENDIX A

Support North Northants (SNN) is another key product of the North Place development. (Appendix A).

SNN is a new early intervention and prevention service being led by the VCSE, in collaboration with statutory sector partners, to provide wrap around support, to people who are struggling and finding it difficult to get the support they need, when they need it. In both the Public and VCSE sectors.

SNN will provide a single front door for any organisation which is working with someone who needs a wider wrap around support from the VCSE, or for whom partners cannot provide services at this time, and in due course for self-referrals from residents.

Despite our best intentions to work together to help people in the VCSE, it is hard and alongside this, funding and resourcing short term restrictions which result in defined criteria and thresholds for when we can offer support.

This can mean having to refer people to other services or tell them to come back when they are worse, when their crisis has deepened and the cost of support is inevitably higher, or for blue light services in particular, having to provide high-cost emergency responses. For residents it can mean they bounce around a complex system, telling their story over and over again and still not getting to the destination they need when they most need it.

For Public Services it can also mean there is duplication of effort and inappropriate referrals; and with rising demand on statutory services the opportunity to deliver population wellbeing, prevention and early help by those services is reduced.

For the VCSE, previous collaborative services have not been system wide. There is a recognised need to build community resilience in a proactive way, via an improved ability to offer tools for independence, self-help, informal networks of support and early and easy access to information, advice and opportunities to engage with and contribute in our local communities.

SNN will provide a single front door for any organisation which is working with someone who needs a wider wrap around support from the VCSE, or for whom partners cannot provide services at this time, and in due course for self-referrals from residents.

The SNN core team will hold a strengths-based, person-centred conversation with the resident, find out which other services are involved, offer advice and guidance, and where required hold a multi-agency CATCH meeting to develop a support plan with the person and identify which organisation is best placed to co-ordinate the delivery of that plan.

Outcomes will be based on the person's individual journey towards securing a good place to live, a positive support network, good wellbeing, access to information and advice, personal resilience, and a strong purpose. These outcomes have been aligned to the ICN 10 Live Your Best Life ambitions in a clear framework and an existing VCSE IT platform has been reconfigured to provide the data and evidence needed to demonstrate impact.

SNN is being funded for a year-long test and learn phase during 2023-24, by combined funding from Public Health, NHS, and the National Lottery, during which time a robust evidence-base for a sustainable case for change to secure long term funding, will be developed.

SNN will be soft launched from 5th June 2023. The team are working with North Adult Social Care to identify up to 20 cases off their waiting list. These people will be supported through the SNN service during June and July, working collaboratively with the Adults front door and community hub teams and other services as appropriate. Data, case studies and learning will be documented to test the SNN process and adapt it as required. Outputs and outcomes will be considered by the SNN Programme team before sharing more widely and confirming proposals for a wide launch of SNN.

The Programme team will continue to socialise the model across the System so that all partners can begin to assess how they will engage with and support SNN in the coming months.

DEVELOPMENT OF THE NORTH JOINT HEALTH AND WELLBEING STRATEGY (NJHWS) – Appendix B

What is the purpose of the Joint Health and Wellbeing Strategy, and why are we bringing it to the North Place Delivery Board for discussion?

- Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities that local government, the NHS, and other partners will deliver together through the Health and Wellbeing Board (HWBB). The JHWS is intended to set a small number of key strategic priorities where there is an opportunity for partners to 'have a real impact' through local initiatives and action[2].

- This strategy will set out how we want to work collectively as a partnership, the importance of working with and through our communities, and how the JHWS seeks to link with other local plans and policies across the system to enhance health and wellbeing. The JHWS will acknowledge that there is much crossover within the Northamptonshire system as a whole and seeks to better align itself with other plans and limit duplication such as the ICN 10-year strategy published in 2022. The NJHWS will have a shorter timescale, 3-5 years, so by developing this strategy we can identify what the more immediate priorities for the North.

- The previous JHWS covered the whole of Northamptonshire. Currently, we have no JHWS on an NNC footprint.

How will we develop the strategy – our approach and vision?

- The North Northants' priorities and cross-cutting themes will be informed by work from the JSNA, work ongoing in the CWF/LAP workstream, and working groups that will primarily focus on the wider determinants. Moreover, there will a stakeholder workshop which will be held in Autumn 2023 to suggest a small set of priorities.

- The strategy will shift away from a 'deficit' or 'treatment' lens towards an *asset-based* one and will purposefully go beyond the health care lens and place more focus on *'the causes of the causes of ill health'*. This is because these have the biggest impact on health and wellbeing in places.

- The strategy will encourage investment in upstream work to promote health, prevent disease and reduce inequalities with the dual aim of stabilising need as well as lowering demand.

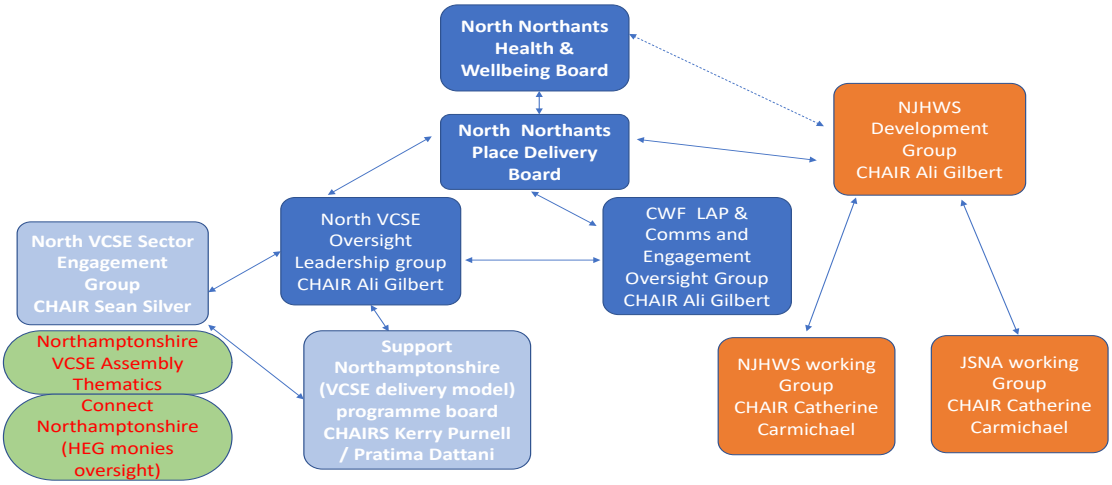
Governance

Our governance reflects the real need for the NJHWS to be embedded in Place if we are to improve the health and wellbeing of local people by directing action based on

[2] These could be supported by HWBB working groups which could bring in a wider range of people and perspectives and so sustain day-to-day action.

people's stories and lived experience, including voices from seldom-heard communities.

North Place Governance infrastructure, including NJHWS workstream.



Brief overview of NJHWS process map.

- It is proposed to use the JSNA intelligence base currently available in addition to LAP work to inform the development of JHWS using a desktop approach to assess the validity of the information.
- Establish 3 working groups based on the wider determinants, physical environment, and health behaviours. The aim of these groups will be to start discussing themes and suggesting priorities which would have a greater impact on health and wellbeing.

5. Issues and Choices

5.1. The Integrated Care Systems and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1st July 2022. The structure of the North Place has been developed in consultation with a wide variety of stakeholders and officers have taken these views into consideration as part of the final proposal for the Integrated Care Systems operating model.

The North Joint Health and Wellbeing Strategy will emerge in alignment with the Northamptonshire Live Your Best Life Strategy.

6. Next Steps

6.1. To continue to implement phase three of the North Place Development programme – A New Sense of Place with the involvement of the communities and the collective approach will be integral to this phase.

7. Implications (including financial implications)

7.1. Resources, Financial and Transformation

7.1.1. Continuation of funding to embed the emerging developments will need to be considered within existing system resources.

7.1.2. Staffing resources to facilitate the development of North Place is being managed through existing and planned resources.

7.2. Legal

7.2.1. There are currently no legal implications.

7.3. Risk

7.3.1. The development of a sustainable case for change for Support North Northamptonshire (SNN)

7.4. Consultation

7.4.1. There is currently no identification of a need for formal consultation.

7.5. Consideration by Scrutiny

7.5.1. No further consideration by scrutiny has been undertaken since the last Health and Wellbeing Board meeting.

7.6. Climate and Environment Impact

7.6.1. There is currently no identified climate or environmental implications.

7.7. Community Impact

7.7.1. The development of PLACE will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

8. Background Papers

8.1. None.

Support North Northants (SNN)

Tackling poverty, overcoming health inequalities, building healthier and resilient communities

A collaborative service model with the Voluntary, Community, Social Enterprise (VCSE) sector and other agencies to provide early intervention and prevention, guide people to the right service/pathways quickly and build greater levels of community resilience. This service aims to provide sustainable prevention services that can withstand any future shock such as Covid 19.

'Don't give up on people' *and* ***'catch people early'***

Integrated Care Northamptonshire | A NEW sense OF PLACE

Defining the challenges

Fragmented system from a resident's service user perspective

For the service user very difficult to navigate pathways – too long, too cumbersome.

Rising demand for statutory services = access thresholds increase; & the opportunity to deliver population wellbeing, prevention and early help by those services is reduced

More people are struggling due to impact of COVID, including Long Covid, the cost-of-living crisis, increased health inequalities.

Plethora of front doors and access points for both statutory and VCSE services – **NO HOLISTIC Single Point of Access**

Social prescribing model struggles to access VCSE offer due to VCSE capacity or not understanding what the local offer is.

VCSE funding and capacity – often reliant on siloed external, restricted funding so not able to respond to system-wide local needs collectively.

Services don't always consider the person's holistic needs, focus only on their services, and look to other services through repeated cycle of handoffs, signposting, refer, assess, close case.

There is duplication of services and inappropriate referrals

Defining the challenges, continued

How can different points of access work together and how can this model provide a professional joined-up service with VCSE Co-ordination?

Staff are not always aware of what different services do and don't do

Need to ensure more information is shared at earliest opportunity so that staff have the whole picture and not a just a pixel

Commissioning and service design can be fragmented and done on a service perspective rather than on a person-centred and place/population approach

Previous VCSE work has not been system-wide, so need to deliver system wide action research programme at pace and scale.

Need to build community resilience so that future community wrap around support for individuals and households is proactive (E.g., a pandemic or crisis response can be better managed and coordinated)

Improve ability to offer tools for independence, self help, informal networks of support, access to information and advice and opportunities to contribute.

Need a whole system, evidence based, case model to help deliver against the 10 Live Your Best Life outcomes

A Culture Shift

'We don't give up on people'

'Catch people early'

'Person-centred and strengths-based support'

'Outcomes Focussed'

'Build personal and community resilience'

'Help people to help themselves'

'Effective use of public and community assets, skills, talents, resources'

Public value

is the total value we create for the public using our resources, assets, skills, experience and looking beyond ourselves or organisations.

Co-production

service users and co-production – sharing power

Working across boundaries

seamless, integrated and One Team, maximising the team around our people (case co-ordination)

High level of collaboration

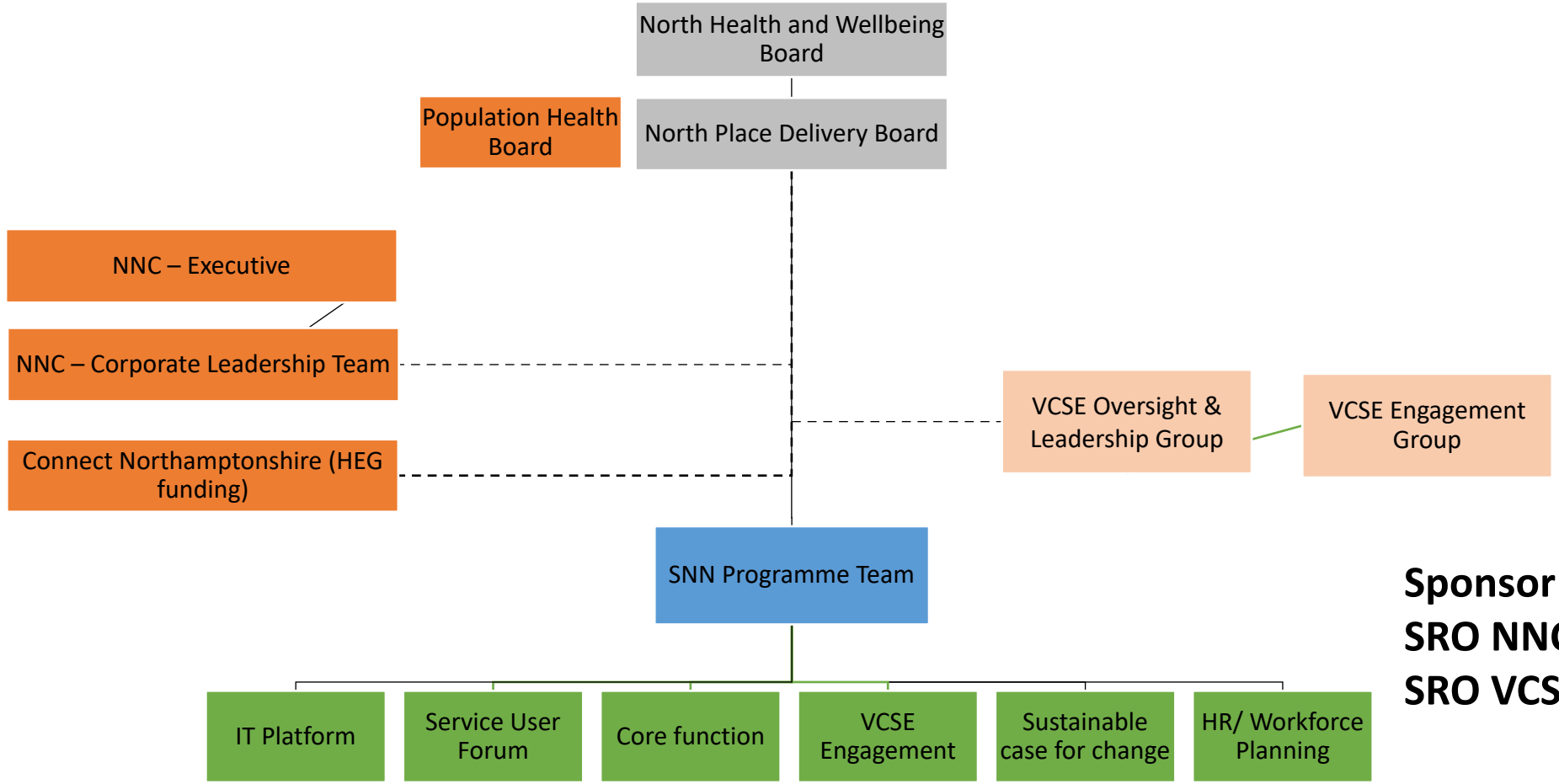
use the best expertise of partners

System Leadership

collective responsibility to tackle the barriers and lead cultural change

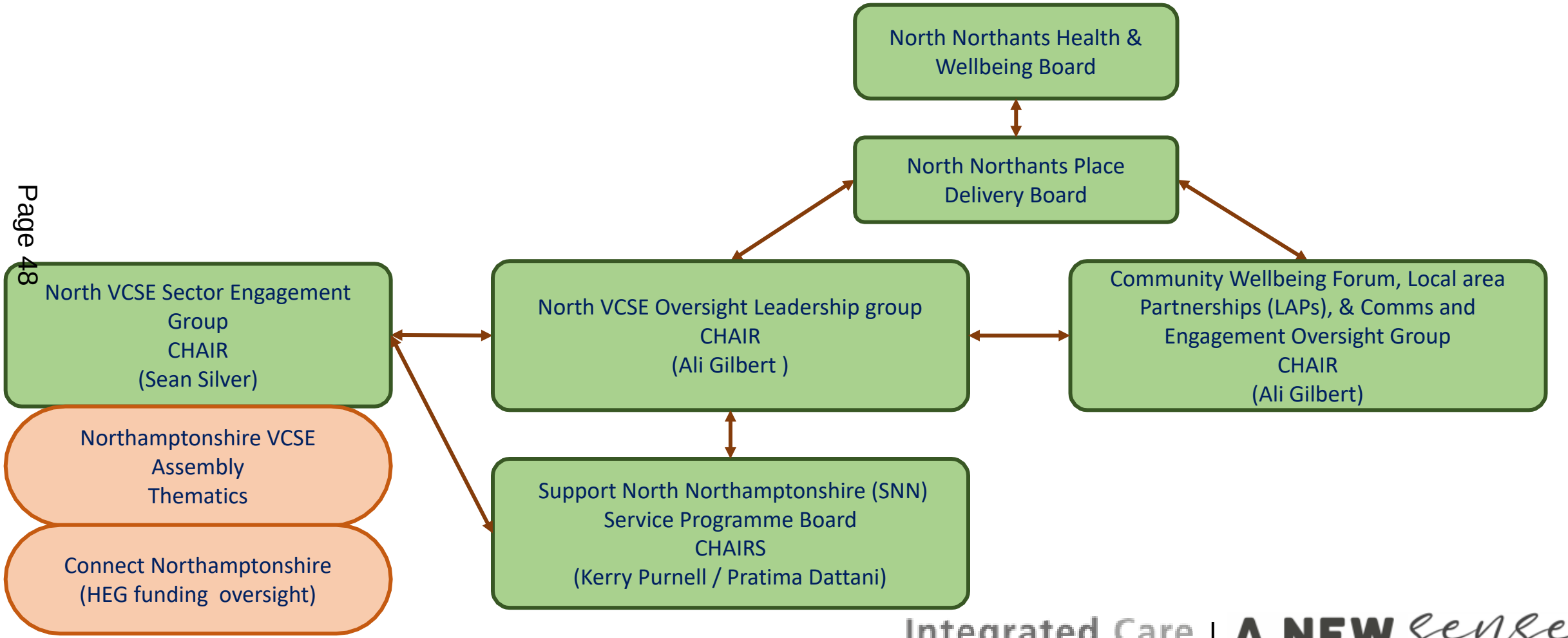
Integrated Care Northamptonshire | A NEW sense OF PLACE

Governance



Sponsor: David Watts
SRO NNC: Kerry Purnell
SRO VCSE: Pratima Dattani

North Place Development Programme Governance



No door is a wrong door

Support North Northants

Co-designed with people, whole system approach

SNN POINT OF ACCESS
1 phone number/online

The person

Person-centred conversation 1-2days

Information & Support

Close

CATCH Team

CATCH TEAM

Identify primary partner

Other partners involved & who will contribute identified

Weekly collaboration meeting between VCSE & statutory partners

SUPPORT PLAN
(Person centred, strengths based and outcomes focussed)
3-6months

REVIEW in 3 months

Agreement to continue support

Closure in 3 months

Outcomes achieved

Time taken measured

Develop case studies

SERVICE USER FEEDBACK

Pathways to other Support & Services

Align with existing Services- Identify system efficiencies

Build personal & community resilience & connections

Building Resilience and Networks of Support (Wider VCSE partners)

Support North Northants (SNN)

An integrated service | A better way of working together

Tackling poverty, overcoming health inequalities, building healthier and resilient communities

Benefits

BENEFITS FOR NORTH PLACE AND PARTNERS

- ✓ Evidence-based prevention & earlier interventions
- ✓ Real time shared information about people to support interventions
- ✓ We get more done, quicker and better together
- ✓ Improved understanding of community assets, service offer & needs assessments at local level to inform LAP priorities
- ✓ Better, more efficient use of resources and funding, Value for Money
- ✓ Sustainable capacity in the VCSE to meet local needs e.g. social prescribing
- ✓ Improved collaboration; organisations & partners 'working across boundaries' as ONE TEAM
- ✓ Measure journey travelled for people, time taken, resilience and contribution to strategic outcomes
- ✓ Empower front line staff and unlock their potential
- ✓ Transformation in real terms

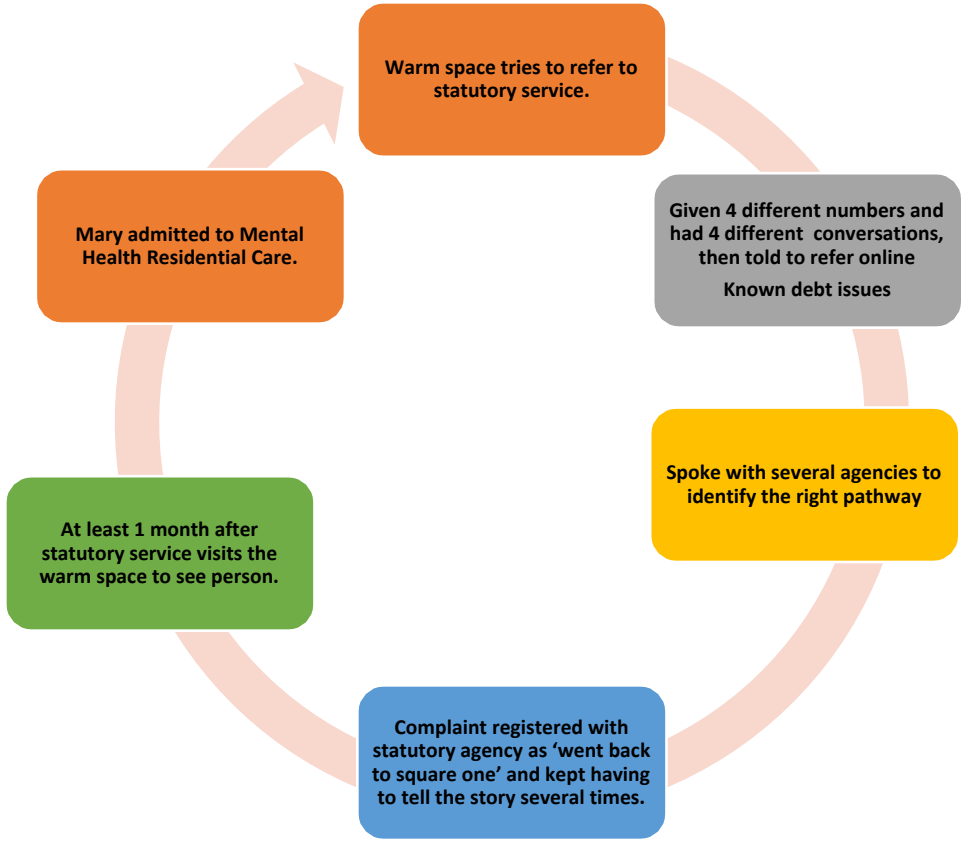
Integrated Care Northamptonshire | A NEW sense OF PLACE

Mary's Story - Before

No Single Point of Access or obvious pathway

- A young woman with existing diagnosed mental health needs attended the Warm Space at a Community Centre for over a year
- Increasing concerns by staff about her mental health – This person's needs were increasing, making her a risk to herself and others; she wasn't getting the level of ongoing support from the statutory service that she needed at that time.
- Staff and volunteers saw her **4 times** to get to know her and understand her needs and think about what to do. **STUCK**

A VCSE Partner attempts to support



Integrated Care Northamptonshire | A NEW sense OF PLACE

Support North Northants (SNN)

An integrated service | A better way of working together

Tackling poverty, overcoming health inequalities, building healthier and resilient communities

Mary's Story - After CHANGE

SNN

Warm Space presents Mary's situation.

SNN meets with Mary same day and identifies needing higher level mental health support.

Mary discussed at SNN immediately and with all key CATCH Team partners (MH services, Social Care, Voluntary sector, Housing, Police)

CATCH Team identifies ASC as Lead partner. Other partners ready to support wider needs and ensure safe return back to the community.

NNC Residential Care Plan and community support co-ordinated when Mary returns home

Warm Space maintains relationship with Mary in the residential home and support return in the community

Network of Support

Social wellbeing

CATCH TEAM

Mind looks to provides preventative mental health support in the community –can recognise if needs escalate

Mental and emotional wellbeing

Benefit and Advice Agencies

considers debt, housing and income needs

Housing and economic wellbeing

Key Outcomes: Prevent further residential support or hospitalisation, reduce impact on Blue Light Services and wider community, safe integration in the community, someone looking out for her (network of support), IT support and wellbeing interventions.

Integrated Care Northamptonshire | A NEW sense OF PLACE

Aligning with existing Services

SUPPORT NORTH NORTHAMPTONSHIRE

SINGE ENTRY POINT

CATCH TEAM

BUILDING RESILIENCE

Public Sector Contracts
COMMISSIONING

Social Prescribing
Public Health
Carers Support
Ageing Well
Befriending
Mental health services
Learning Disability services
Family and Children Services
Reablement
Support for Discharge
Personal care and support
Domestic Abuse services
Other……

Wider VCSE clusters of support
BUILDING CAPACITY AND RESILIENCE

Benefits Advice
Housing Support & Advocacy
Food and basic support (white goods, cloths, IT equipment, household equipment)
Home safety and improvement
Gardening
Baby and children equipment
Community Spaces and Centres
Warm spaces
Physical health and wellbeing
Employment Support
Faith groups
Young People provision
Arts and Culture Groups
Informal Networks of Support
Other……..

SNN An interim collaborative staffing structure

test and learn phase May 2023 - March 2024

Working with Support Northamptonshire
Operations Manger

Working with Support Northamptonshire
IT and Data Analysis Manager

Working with Serve (Wellingborough/East Northants)
- Single Point of Access Coordinator
- x2 Support Workers

Working with Groundworks (Kettering/ Corby)
- Single Point of Access Coordinator
- x2 Support Workers

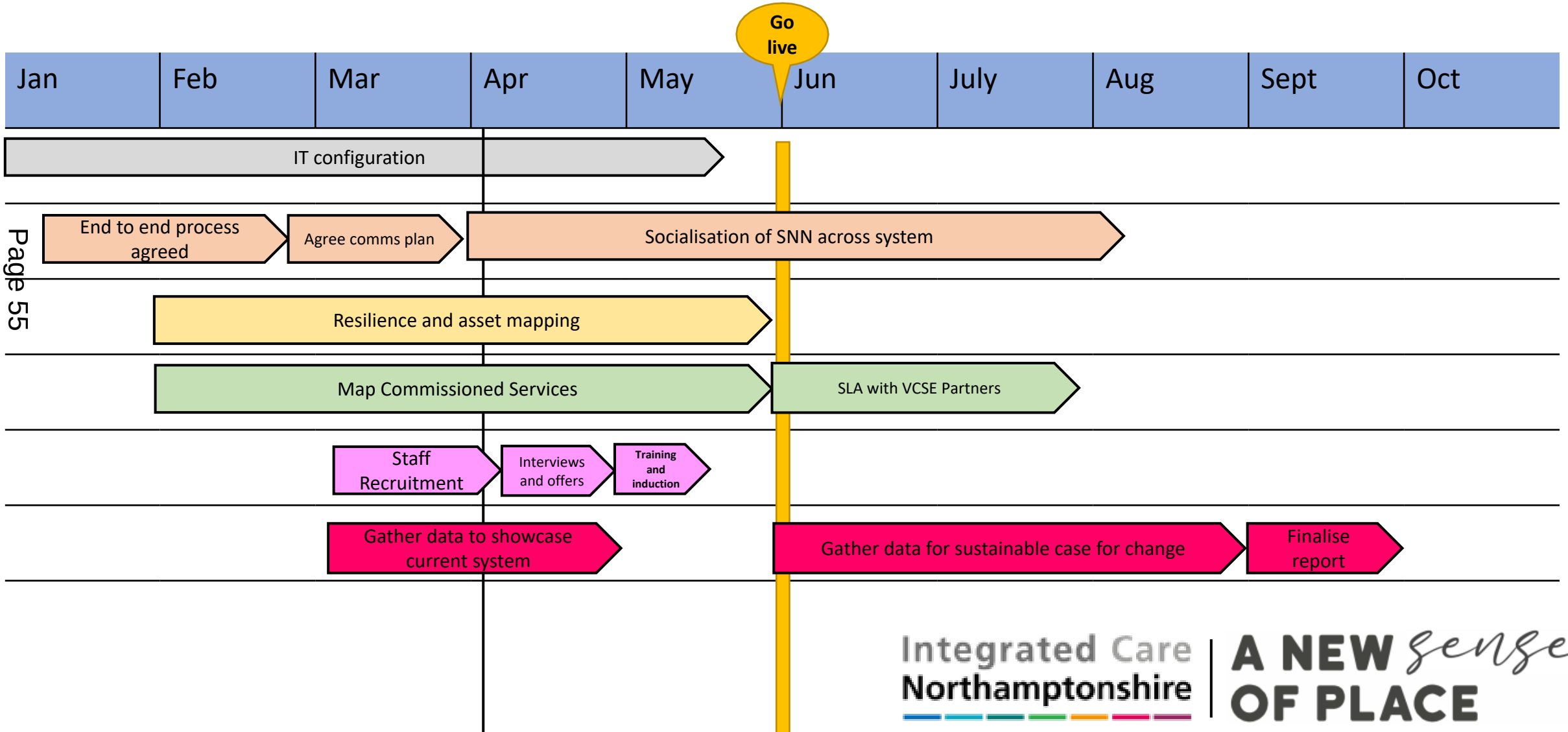
Working with Accommodation Concern (North Northants)
- x2 Benefits Advisors

VCSE and statutory service alignments

VCSE investment in supporting people and building independence and resilience

Integrated Care Northamptonshire | A NEW sense OF PLACE

SNN Programme Plan 2023



Integrated Care Northamptonshire | A NEW sense OF PLACE

Current Progress

- Successful first round of recruitment with key roles appointed to (Ops Manager, IT Manager, SPA coordinator X 2, 1 Support Worker). 2nd round needed to fill gaps with Support Workers and Benefit Advisor.
- Benefits advice will be provided to all SNN clients by Accommodation Concern until Advisors recruited.
- Comprehensive 2-week induction and team building programme delivered.
- End to End Process Developed with VCSE.
- Model socialised with managers across Adult Social Care, NNC Housing, Community Safety, Refugee Resettlement & Public Health.
- Model socialised with Community Safety Partnership Board
- Cluster meetings progressed with VCSE partners
- Service user forum members identified but not mobilised yet
- IT platform developed and will be tested end of May early June
- Longer term IT hardware provider/maintenance secured
- Privacy Notice drafted

Soft Launch process: June and July 2023

- Working with Adult Social Care to identify up to 20 cases off their waiting list.
- These people will be progressed through the SNN service during June & July, working collaboratively with the Adults front door and community hub teams and other services as appropriate.
- Data, case studies and learning will be documented to test the SNN process and adapt it as required.
- Outputs and outcomes will be considered by the SNN Programme team as a basis for the Sustainable Case for Change & before sharing more widely and confirming proposals for a wide launch of SNN.
- Important that we ensure that we gain regular updates on outcomes achieved to demonstrate prevention and influence funding for early intervention and prevention.

Programme Risks

Initial RAG	Risk/Issue	Mitigation	Post mitigation RAG
A	• Risk of VCSE, or statutory partners not engaging with the service and the CATCH team	• Working closely with agencies to support engagement and build buy in. • Work in cluster groups to spread the message. • Facilitating workshop between VCSE, ASC, Housing to build awareness of SNN, and how the end to end process will work.	A
A	• Risk of DPIA/ Privacy notice not being in place in time	• Privacy Notice drafted to be finalised and published before soft launch • Proposals to be discussed with system IG leads.	G
A	• Risk of IT platform not being ready for launch	• IT platform is being built upon an existing model that is already in place. • Regular meetings with the supplier have been put in to ensure progress and delays are known quickly allowing for changes to be made where necessary. • Project Plan with daily actions and checkpoints in place to mitigate delays	G
A	• It will take time for staff to truly embed the importance of data collection within the IT platform	• Robust induction has been planned/delivered for the core staff, including time to learn the IT platform. • Soft launch of the service also allows extra time after inductions for staff to embed the importance of data collection.	G

Ask and Next Steps

- Share model with your teams if they are working with people who might benefit from integrated support, or where you are stuck.
- VCSE Cluster meetings continuing
- Share Information Governance documents and proposals with System partners
- Ongoing socialisation of programme across statutory partners
- Continued recruitment to vacant posts
- Develop process flows for partners for the initial introduction of people they are working with into SNN

'Let's not give up on people'

'Let's catch people early'

'Let's grasp the opportunity the ICS presents to transform'

Integrated Care Northamptonshire | A NEW sense OF PLACE

This page is intentionally left blank

Developing the North Northamptonshire Joint Health and Wellbeing Strategy 2023-2028

Appendix

North Northamptonshire Council

The purpose of the NJHWS is to:

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reduce inequalities.

Identify agreed a short list of shared priorities and outcomes for improving local wellbeing and health inequalities.

Support effective partnership working that delivers improved health outcomes.

Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic & current economic climate

Aims

The aim of this slide-deck is to establish an agreed, explicit and robust process for the development of the Joint Health and Wellbeing Strategy (NJHWS). It covers:

The role of the Joint Strategic Needs assessment (JSNA) in the development of the JHWS

The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders

The need to move forward with more haste – this suggests we need to create a core JSNA refresh to support action and a draft JHWS as parallel processes.

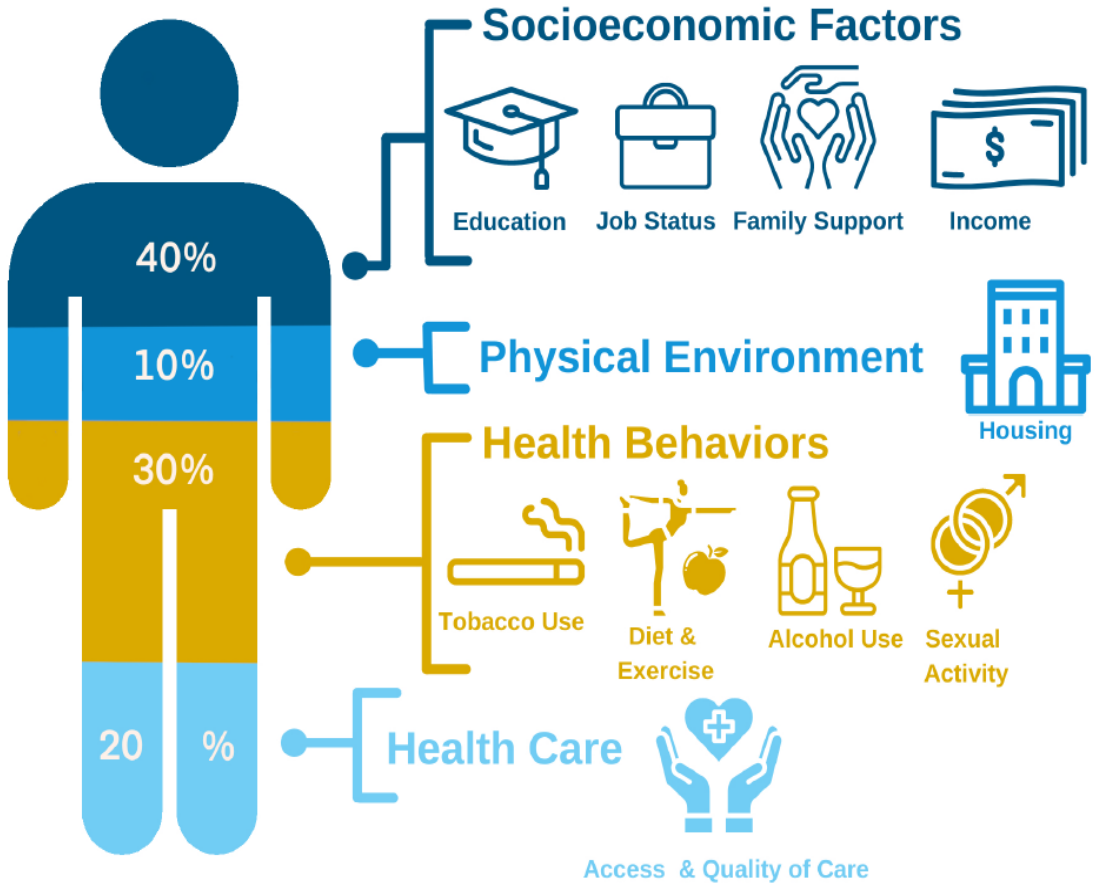
North Northamptonshire Council

The context for the development of the NJHWS

- Previous JHWS covered the whole of Northamptonshire.
- Since its development, ICS has formed (in Northamptonshire – ICN).
- National guidance (Nov 2022): HWBBs will need to consider the integrated care strategies when preparing their own strategy (JHWS) to ensure that they are complementary (and vice versa).
- ICN 10-year strategy published in 2022, sets out the aims and 10 ambitions.
- Strategy priorities were based on a JSNA refresh undertaken in summer 2022
- JHWS could help deliver the ICN priorities at Place and be more community focused.
- JHWS has a shorter timescale, 3-5 years, so we need to identify the more immediate priorities for North.

Where could the new NJHWS have the most impact on health and wellbeing?

IMPACTS OF THE WIDER DETERMINANTS OF HEALTH
Robert Wood Johnson model



A focus solely on healthcare provision will not solve all health problems

This requires a system, not an organisational approach.

We need a greater focus on important wider determinants because health starts - long before illness - in our homes, schools and jobs.

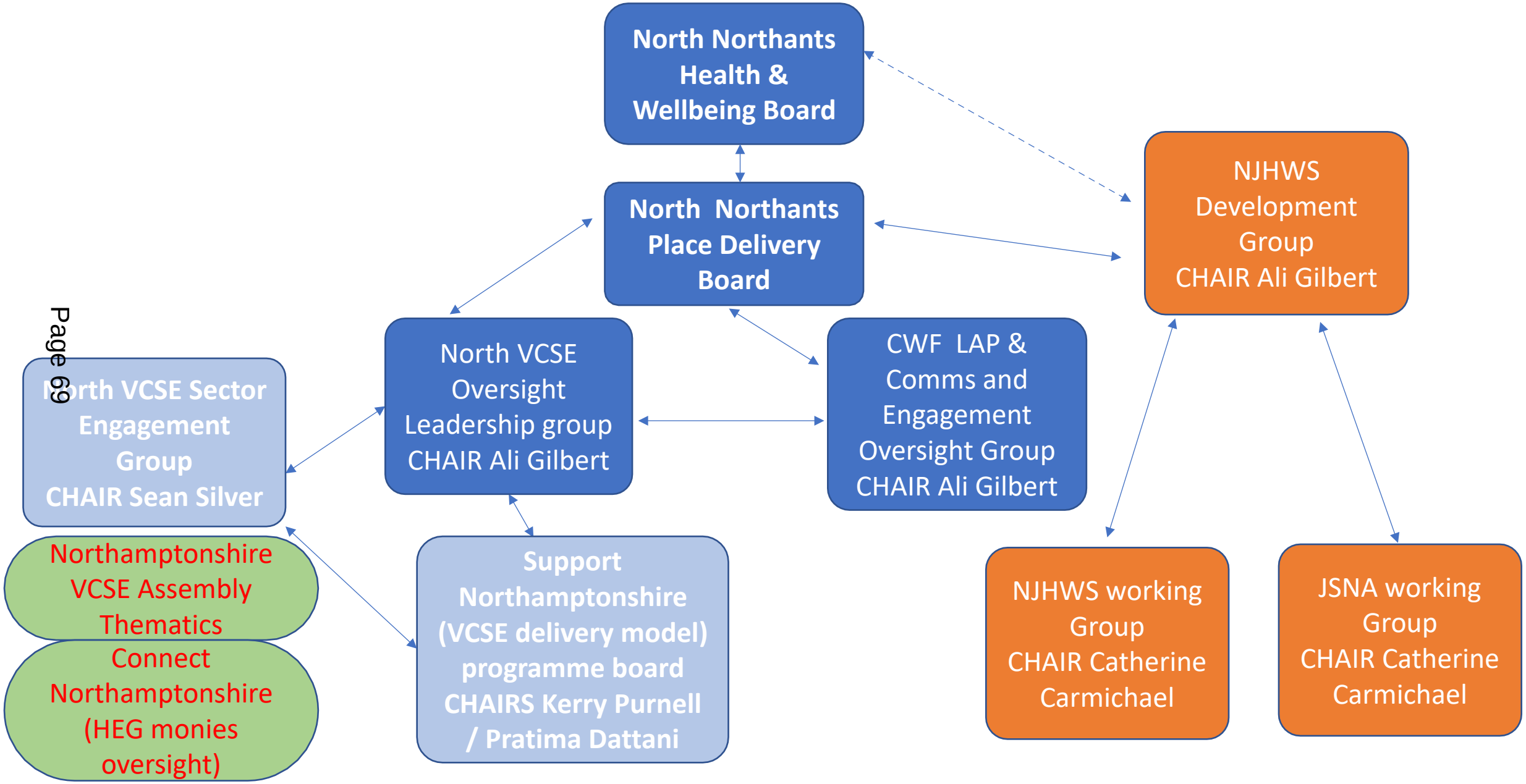
How will we develop the NJHWS?

North Northamptonshire Council

Process to support the refresh of the NJHWS

- Update the current JSNA intelligence base to inform the development of JHWS using a desktop approach to assess the validity of the information.
- Establish up to 3 working groups based upon the wider Robert Wood Johnson model, namely wider determinants, physical environment and health behaviours. Healthcare and services will be addressed by other system plans e.g., ICB, ICN.
- The aim of these is to start to discuss themes and areas of interest including data, intelligence and insights to develop the JSNA and JHWS.
- A Stakeholder meeting will be held to explore the findings of the working group's and identify a short list of potential priorities for JHWS (up to 5) and agree cross-cutting themes e.g., health inequalities, engaging with communities
- A report capturing the working groups and stakeholder meetings will be taken to HWBB by November 2023 and sign off by HWBB of JHWS by January 2024.

NJHWS Governance proposal, incorporating JSNA workstream

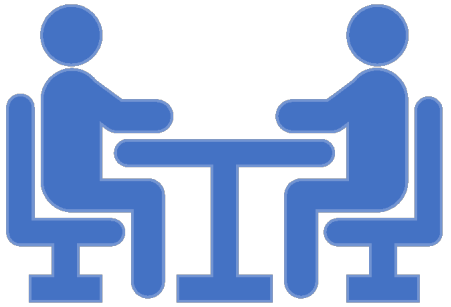


Measuring success: what will the future look like if the strategy succeeds?

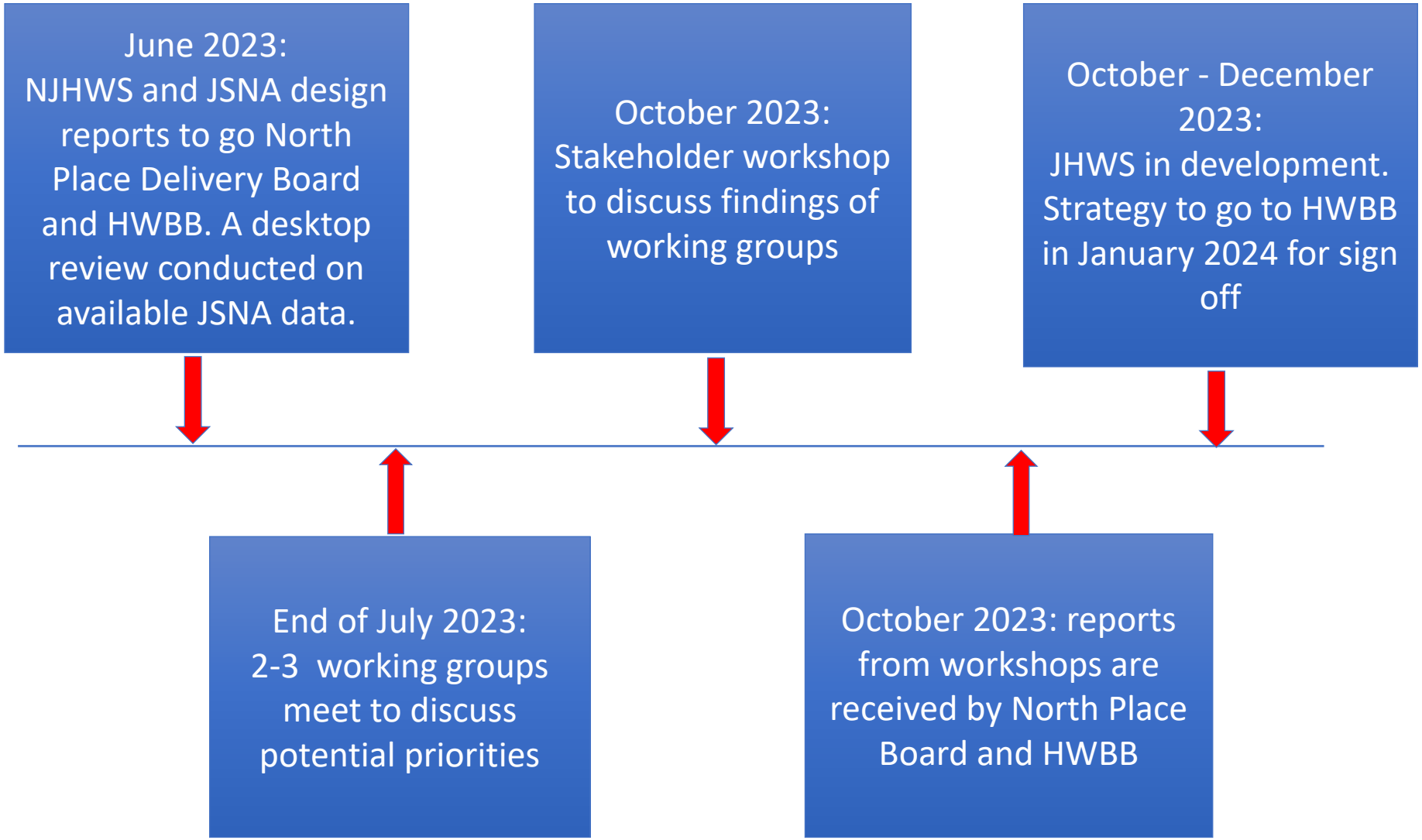
Over time, we could see:

- More “joined-up” thinking and planning across all partner organisations, with a greater understanding of the “contribution” that each organisation can make to producing health and wellbeing.
- All strategies will contribute to addressing needs and reducing inequalities
- All plans and policies will incorporate community views and preferences.
- A broader vision of health and wellbeing that understands the necessity of addressing the “causes of the causes of ill-health”.
- Communities and VCSE organisations are strengthened and more involved in decision-making.
- Access to services will be improved for all groups and there will be greater targeting of those in greatest need.
- Greater investment in programmes that promote health, prevent disease and encourage independence with the dual aim of stabilising need and lowering demand.

North Northamptonshire Council



Overview of Timelines



Challenges – some things to consider

Currently, we have no agreed processes for JSNA or NJHWS

The pandemic and now the cost-of-living crisis have had a profound effect on the health of people, and the factors that affect health. A reassessment of need is necessary (JSNA) – but this will be a process that won't happen overnight.

A pragmatic way forward may be to use the current ICP data pack, and other JSNA materials and use work from the emerging LAP process to help explore priorities and any cross-cutting themes.

In addition, a stronger evidence base has emerged around the need to address the wider factors that influence health outcomes and health inequalities, and this may be important to incorporate into the NJHWS.

NHS reform has altered (and is continuing to alter) NHS care systems. The development of a new JSNA could provide a helpful resource for informing and shaping partners' priorities. The JHWS needs to take these changes into account as they will impact action plans and potentially how we deliver against these.

North Northamptonshire Council

North Northamptonshire Council

Item no: 8

North Northamptonshire Health and Wellbeing Board
20th June 2023

Report Title	**Financial Year 2023/2024 Health Inequalities Update (HIAA Funding) for HWBB June 23**	
Report Author	**Connor Melia, Health Improvement Principal – Public Health, North Northamptonshire Council** **Connor.Melia@northnorthants.gov.uk** **Shirley Plenderleith, Assistant Director, North Northamptonshire Council** **Shirley.Plenderleith@northnorthants.gov.uk**	
Contributors/Checkers/Approvers		
Other Director/SME		

List of Appendices

None

1. Purpose of Report

1.1. To update the Board on the use of the Health Inequalities Additional Allocation (HIAA) funding allocation across North Northamptonshire Council (NNC).

2. Executive Summary

2.1 This report provides a breakdown of how NNC HIAA funding will be allocated to improve health inequalities across the local system, and outlines aims and key deliverables.

2.2 The one-off funding allocation has been spread across a range of projects that support early intervention and prevention across North Northamptonshire.

2.3 Much of the TIP activity will be developed and led by the Project Manager once they are in post (expected start date: 01/08/2023).

2.4 The programme was initially planned for delivery over a three-year period. Work is ongoing to identify potential future funding for routes for this beyond year one.

3. Recommendations

3.1 That progress is noted.

4. Report Background

4.1. In Q4 of 2022/23, the Northamptonshire ICB opened a bid process to access funds from the Health Inequalities Additional Allocation budget. Approved bids must demonstrate how they propose to use the funding to improve health inequalities across the local system, whilst addressing priorities and strategic ambitions.

NNC Public Health Department bid for a total of £805,000.00 for HIAA Y1 to develop key workstreams listed below:

1. Support North Northamptonshire (SNN): (£250,000). This is a VCSE-led consortium creating “one front” door for early intervention and prevention activity across North Northamptonshire. Item 07 Annex A Support North Northants (SNN) PowerPoint presentation mentioned earlier to the HWBB provides further details on the scheme.

2. Mental Health: developing a trauma informed approach (£100,000) Trauma and Trauma-Informed Practice (TIP), recently defined by The Office for Health Improvement and Disparities (OHID), is an approach grounded in the understanding that trauma exposure impacts our physical, emotional, and psychosocial development which somewhat determines our interaction with the environment and the level of vulnerability we experience. Evidence suggests that those living within the most deprived communities experience poorer health outcomes as a result of trauma experience, whilst numerous studies report the health impacts and costs of trauma as a dose-response relationship – most notably in those most socioeconomically deprived.

   The aim of the year 1 HIAA funding is to begin to address the challenges faced by those who have experienced trauma and to kickstart a Trauma Informed Practice programme of work to strategically develop and embed this practice into services across the system to prevent ill-health and improve health outcomes for those in our most deprived communities.

   Key deliverables for phase one:

   - Recruitment of a 1.0FTE Project Manager (job offered on 12/05/2023)
   - Develop a TIP approach and action plan for implementation across years 1-3 (should funding be available)
   - Creation of a TIP Stakeholder action group for development and delivery
   - Conduct a training needs assessment
   - Development of a service specification to commissioning a tiered training package
   - Development of a formal evaluation plan across the funded year
   - Delivery of key action items and training for PH Directorate
   - End of year Test and Learn Review for future use and potential activity and ICB reporting

Much of the TIP activity will be developed and led by the Project Manager once they are in post (expected start date: 01/08/2023).

3. Funding for LAP-based activities (£350,000) to address priorities identified in the early rounds of LAPs meeting, plus £60,000 to fund three co-ordinator roles.

4. An allocation of £5,000 was provided to match fund an award of £68,471 from the Midlands Clinical Research Network (CRN) to run a one-year project in partnership with the University of Northampton to train an Eastern European community Health and Wellbeing researcher. The aim is to both build links with the various communities locally and to better understand their health needs. This will enable the ICS to plan future services to better meet the needs of the population. This is a one-year project.

5. £40,000 for a Children and Young People's Mental Reliance Project which is currently in development.

5. Issues and actions

5.1 Implementation plans and activities are progressing to ensure that delivery progresses, and outcomes are achieved as planned.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1. The non-recurring funding has been received via ICS and is ringfenced to operate the agreed activities.

6.2 Legal

6.2.1 There are no legal implications arising from the report.

6.3 Risk

6.3.1. The initial bid for funding for TIP was a three-year programme however, it has been designed to ensure that even one year of funding will deliver progress.

6.4 Consultation

6.4.1 The funding allocation to the LAPs will be used in line with the priorities emerging from these groups.

6.5 Consideration by Scrutiny

6.5.1 Not applicable

6.6 Climate Impact

6.6.1 Not applicable

6.7 Community Impact

6.7.1. Through activities in the LAPs and the CRN project, the council will build stronger links to its communities.

7 Background Papers

7.1. None.

North Northamptonshire Council

Item no: 9

North Northamptonshire Health and Wellbeing Board
5th June 2023

Report Title	**Disabled Facilities Grant – 2022/2023 full year review**	
Report Author	**Amy Plank, Strategic Lead for Private Sector Housing, North Northamptonshire Council**	
Contributors/Checkers/Approvers		
Other Director/SME		

List of Appendices

Appendix A – DFG Data 2022/2023 full year.

1. Purpose of Report

1.1. To update the Board on the Disabled Facilities Grant (DFG) allocation and spend across North Northamptonshire Council (NNC) for 2022 – 2023 full year.

2. Executive Summary

2.1 DFGs are an allocation provided by central government in order to enable people with a disability to remain in or return to and live independently, in their own homes, thereby avoiding them having to be looked after in a care home or in hospital. This report provides an overview of how the DFG 2022/2023 allocation for NNC was spent and the current issues that are being addressed.

2.2 The total spend on DFGs and associated supports costs for 22/23 was £1,894,705 which is an increase compared to 21/22 spend.

3. Recommendations

3.1 The Board are asked to note the total DFG spend to date for 2022/2023 as illustrated in Appendix A.

3.2 It is a statutory requirement of Health and Wellbeing Boards to oversee local DFG arrangements.

4. Report Background

DFGs are provided in order to enable people with a disability to remain in or return to and live independently, in their own homes, thereby avoiding them having to be looked after in a care home or in hospital. The adaptations funded by DFGs range from stairlifts, level access showers and ramps to major property extensions or garage conversions. They are granted in consultation with the Occupational Therapist (OT) Service. Costs vary from around £3,000 for the former to £30,000+ for the latter. Mandatory DFG funding is limited to £30,000 per application but the Private Sector Housing Policy in place for NNC, allows for an additional discretionary £10,000 to be awarded on top of the £30,000, for larger more complex schemes that cost over the threshold.

The timescale to process a DFG application has improved over the last two years now there is a full team of surveyors in post however there are still requirements for an OT assessment first and we are working on improving the time needed to receive an OT assessment. Other delays with works starting on site include waiting for planning and building control approval which come with statutory timescales and sometimes waiting for landlord consent. Inevitably, this means that some of the grant funding committed as of 31st March in any given year will not be paid until the following financial year, and the committed but unspent amounts can vary significantly from one year to the next. It is therefore important to capture all DFG spending activity in a meaningful yet simple spreadsheet, to illustrate the different stages and costs that take place across financial years.

The statutory duty to provide DFGs falls under the Housing Grants, Construction and Regeneration Act 1996.

5. Issues and actions

The total national funding for DFGs for the last two years has been £573 million. North Northamptonshire Council was allocated £2,561,759 for 2022/23 and the same amount has been allocated again for 2023/24.

The current main issues faced are:

- There is currently a backlog of Occupational Therapy (OT) assessments of 516 cases that require additional locum support to work through them, subject to the initial screening and processing at the Customer Support Centre. The average number of assessments completed per month by COT is 206 and the average number of DFG (Major adapt) cases that are put through monthly is 22. There remains a 12 week wait for an assessment.
- This backlog has significantly decreased however, as has the waiting times for an assessment from about 22 weeks to 12 weeks. As we continue to work closely with the OT department and assisting with screening their waiting list so we can focus on those applicants that would be eligible for DFG, an overall improvement in service delivery continues.
- There are currently only 6 cases on the Private Sector Housing team's waiting list, as of May 2023, that need surveying and then follow up works. This is a huge improvement compared to this time last year where we had over 120 cases on the waiting list.

- There are no issues with supplies anymore following the Covid years, however there are still some issues with contractors' availability. Some contractors can start works within 3-4 weeks from being awarded the scheme, several have such workload that they are unable to start the works on site until 3 months after they have been awarded the works. This is outside the Council's control and is more challenging with extension cases, as there is only a handful of contractors who can successfully and smoothly deliver this type of complex project. The search for alternative contractors is ongoing.
- The work needed for the set-up of the Dynamic Purchasing System (DPS) for managing DFG contractors was put on hold and this needs to commence again with Legal and Procurement colleagues, now it has been decided that the DPS will be hosted by North Northamptonshire Council, and we will not be working with West Northamptonshire to set this up. It will still take 6-9 months to implement and relies on Legal and Procurement colleagues to ensure we are procuring contractors to do works correctly and compliantly.
- The Private Sector Housing Policy is currently being formally reviewed and updated and it is intended to increase the discretionary grant top up amount from £10,000 to £15,000, to assist with larger more complex schemes, amongst other minor changes. A full report will go to Executive by the end of the Summer.

High demand for the service continues but significant improvements have now been made by the Disabled Facilities Grant Team now all vacant posts have been filled, we have a new Lead Officer in post to finish all the harmonisation work and the sovereign waiting lists have been cleared.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 A summary of budget, spend, budget commitment and remaining budget is illustrated below. In addition to this, there are a further number of cases being worked on that have not yet been grant approved, some of which could drop off, but these account to c.£1,281,436. The rolling nature of grant commitment and expenditure, due to time scales involved, always falls across two financial years, therefore in any given year there will always be a carry forward and an underspend.

Budget 22/23	£2,561,759			
Carry forward	£1,166,955			
Actual spend	£1,894,705			
Budget committed, not spent	£1,837,259			
Remaining budget	-£3,250			

6.1.2 There are no longer any concerns with resources now all vacant posts have been filled and we still have use of a surveying contract, to the value of £450,000 over a 3-year period, which provides 12 -14 additional surveys per month.

6.1.3 A dedicated Financial Business Partner would be helpful to assist in monitoring the budget each month and to assist with the annual audits.

6.2 Legal

6.2.2 There are no legal implications arising from the report.

6.3 Risk

Applications for significant grants of a more complex design including substantial alterations to someone's home still can take several months to process, therefore it is noted that the full DFG allocation may not be fully spent in any given year, therefore it remains important that underspend is ring fenced and carried forward.

The 22/23 DFG allocation has been used to fund staffing resources appropriately and proportionally and on a short-term basis, has been used to support the OT service, to assist in clearing their back log of residents waiting for an OT assessment.

6.4 Consultation

6.4.1 Not applicable.

6.5 Consideration by Scrutiny

6.5.1 Not applicable

6.6 Climate Impact

6.6.1 Not applicable

6.7 Community Impact

6.7.1 The provision of mandatory DFGs assists disabled and elderly people to remain in their own home, living an independent life and reducing the pressures on the health services, whilst at the same time positively contributing to their mental well-being.

7 Background Papers

7.1 Housing Grants, Construction and Regeneration Act 1996.

North Northants DFG works/values 2022/2023

Total budget allocation 21/22 = £2,561,759

Total budget allocation 22/23 = £2,561,759

	Corby
Total spend 22/23 (not including salaries)	£298,975.00
Approved & committed (not yet paid)	194,000.00
Applications in progress (not yet approved/paid)	74,399.60
Salaries & support charges/service costs (full year)	
Cases on waiting list (including non-validated applications)	46
Carry forward from 2021/22	N/A

Wellingborough	Kettering	East	Totals
£335,412.85	453,911.88	£371,118.31	**£1,459,418.04**
315,500.00	293,500.00	1,034,259.00	**£1,837,259.00**
593,036.73	309,500.00	304,500.00	**£1,281,436.33**
			£435,287
42	37	57	**6**
N/A	N/A	N/A	**£1,166,955.00**

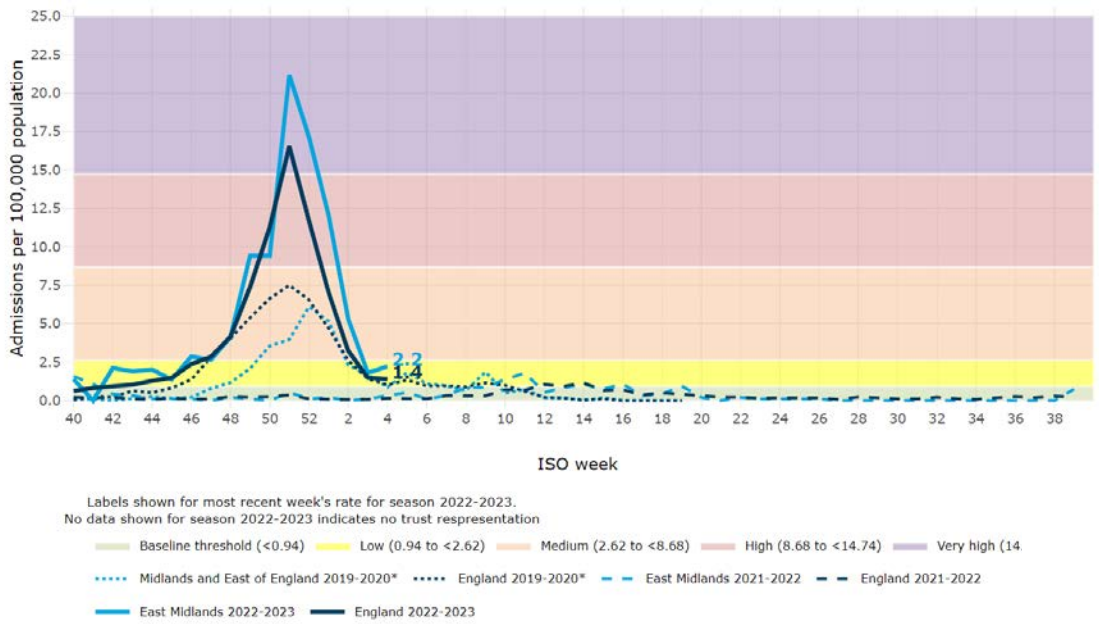
Integrated Care Northamptonshire

Winter 22/23 – A Stocktake

20 June 2023

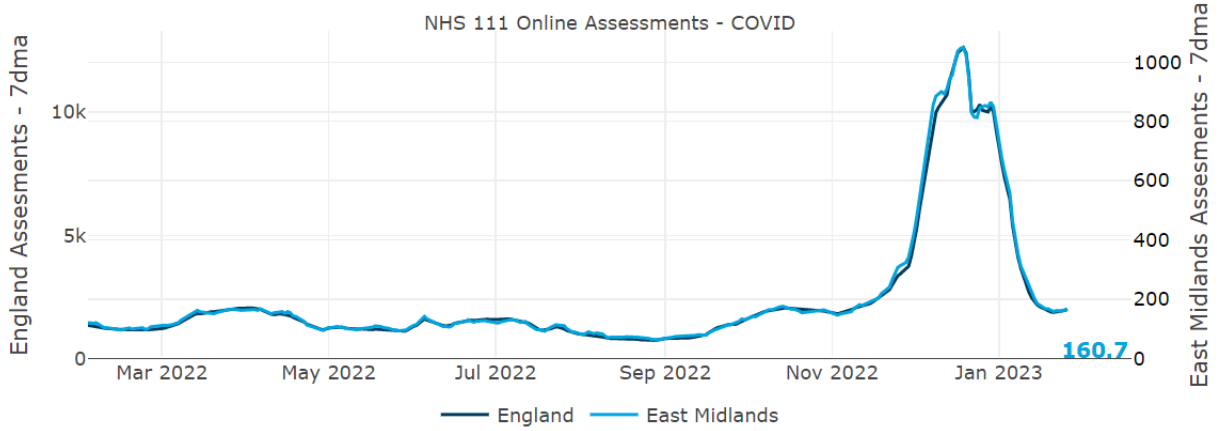
An Overview of Winter

Northamptonshire
Integrated Care Board



The Perfect Storm

- Twindemic of flu and Covid, peaking on the same day – 29 December 2022
- Fastest rising rate of infection
- Strep A – highest since 1950



An Overview of Winter

Northamptonshire Integrated Care Board

System saw sustained pressure across all services in November and December as a result of the ''Twindemic,' Strep A, Norovirus and Respiratory viruses.

Our bed model was based on 2021/22 flu levels. Flu admissions across the East Midlands were 21.17 admissions per 100,000 population (0.36 per 100,000 in 2021/22).

Emergency admissions were 420 higher in KGH during November and December than what we had planned for.

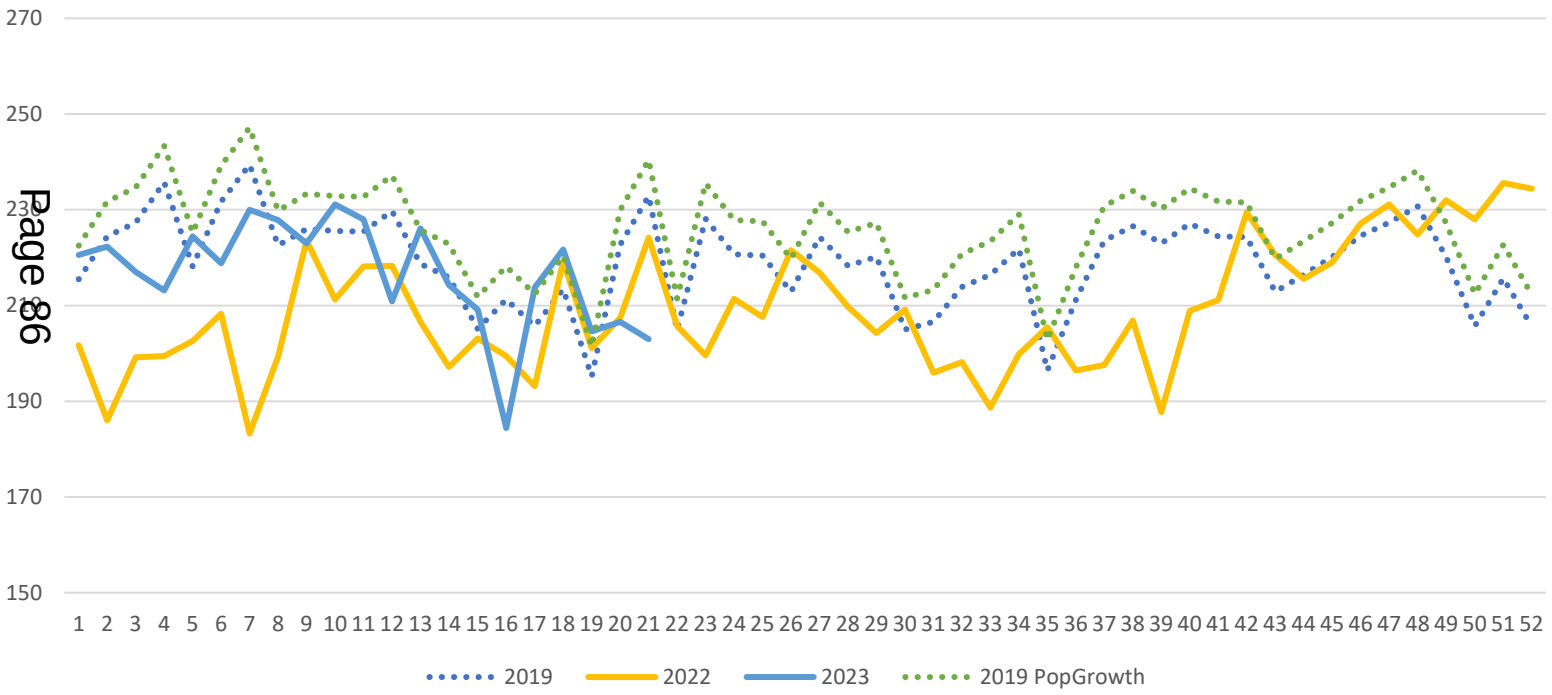
As a system we planned for a bed deficit of c145 beds in December, our revised modelling based on actual admissions showed that we needed 188. Our initial analysis suggests that our winter schemes mitigated c115 of the beds in December.

We were therefore reliant on escalation beds. Our highest in December was 56 beds on the 30 December (peaked on 7 January 2023 at 92 beds).

Critical incident was declared:

NHFT	5 January to the 9th January 2023
NGH	12-14 and 19 – 22 December 2022 and 27 December 2022 – 12 January 2023
KGH	5-8 and 19 – 22 December 2022 and 27 December 2022 – 12 January 2023

Demand trends – ICS Level*



Demand in the first quarter was above 2022 due to the impact of flu but below both 2019 actual levels and the 2019 levels inflated for population growth. This has been reducing to at or below last years levels in the second quarter.

The population growth and forecast is currently based on ONS figures for consistency with National projections. It should be noted this is an underestimate of the actual levels of population growth in the County.

These patterns show historical, and current evidence of effective demand management and admission avoidance schemes.

* NGH / KGH Combined Position, Calendar year, Av admissions per day by week, NHS Foundry Performance Overview Dashboard

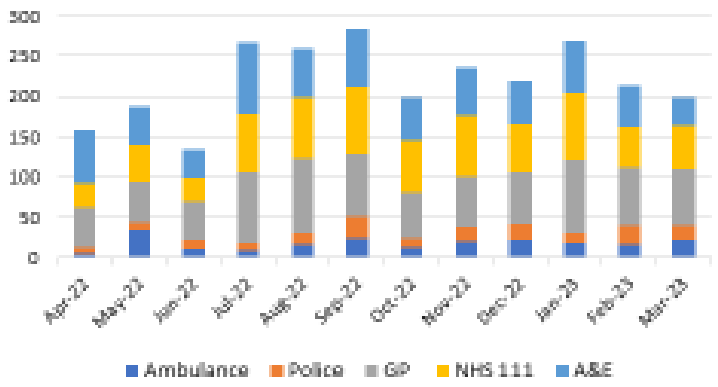
Out of Hospital

- Ageing Well programme of support and interventions built around PCN footprints – contributing to a real term reduction in unplanned hospital admissions for over 65s and in hospital attends – interventions include :
  - Frailty Leads released to undertake extended patient reviews
  - Integrated teams comprising staff from Adult Social Care, Community Health, Age UK, Northamptonshire Carers, Alzheimer's Society, Black Communities Together coordinated by PCN Project Lead
  - Long Term Condition peer support groups for Diabetes, Heart Failure, COPD and Dementia
  - Get Up and Go classes for people already at Frailty Level 5 and above
  - Countywide coordinated Befriending offer
- Well established 2hr UCR service operating 7am to 1am responding to 30 escalations per day with 90% success rate in recovering patient in place of usual residence – now able to respond to falls minor injury as well as falls non-injurious
- Nurse led remote monitoring hub 7am to 11pm supporting seven care homes and over 120 persons in their own homes
- Transformation programme to strengthen the SPOA for escalations and response linking multiple service elements with clinical triaging capacity and access to range of additional community responders from a range of partners (see next slide for further detail)

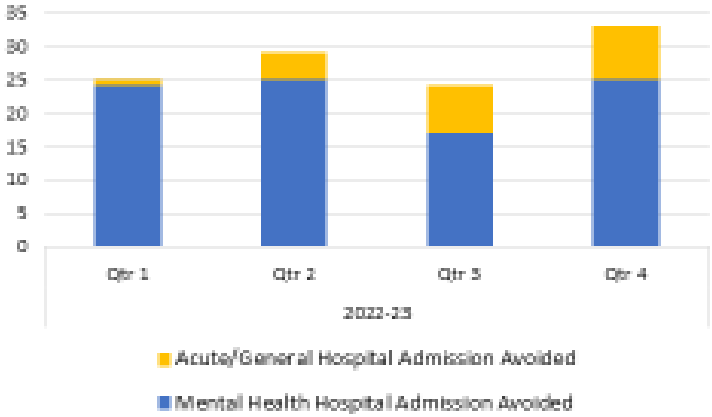
Mental Health
Acute Hospital Liaison & Community Crisis Alternatives

NHS Northamptonshire Integrated Care Board

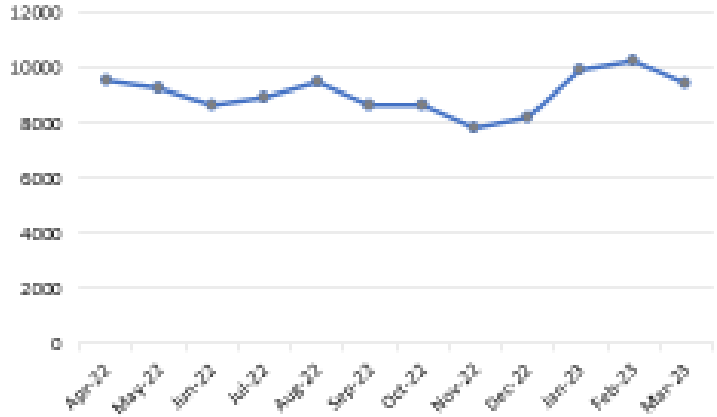
Crisis Cafes - "Where would I have gone if a Crisis Cafe was not open?"



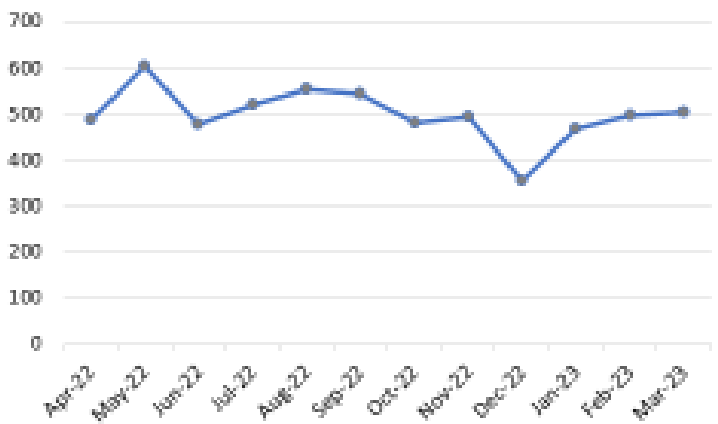
Crisis Houses (Hospital Admissions Avoided)



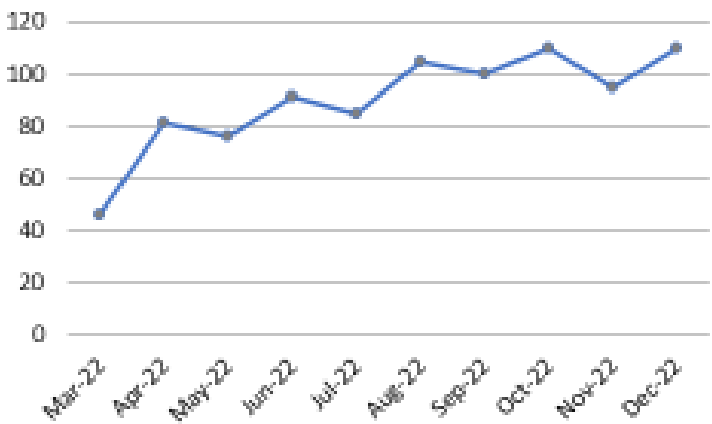
Call volumes to the Integrated Response Hub



Referrals to Acute Hospital Liaison Services



Adult Mental Health A&E 12-Hour Breaches



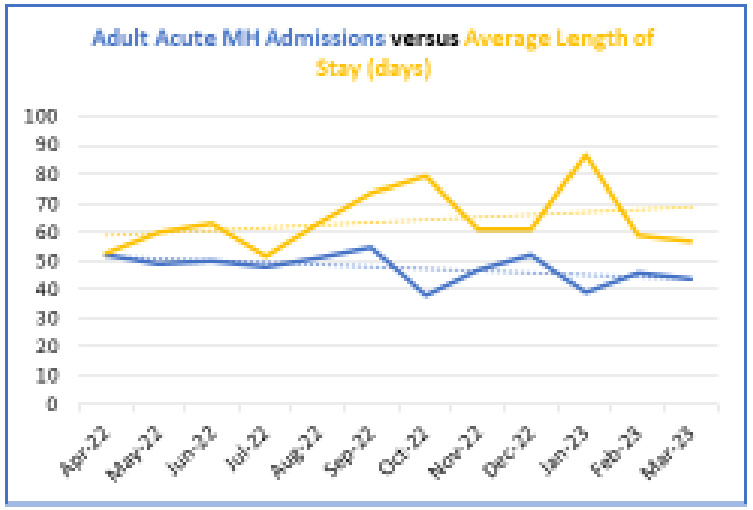
Mental Health Ambulance (Crisis Response Unit)

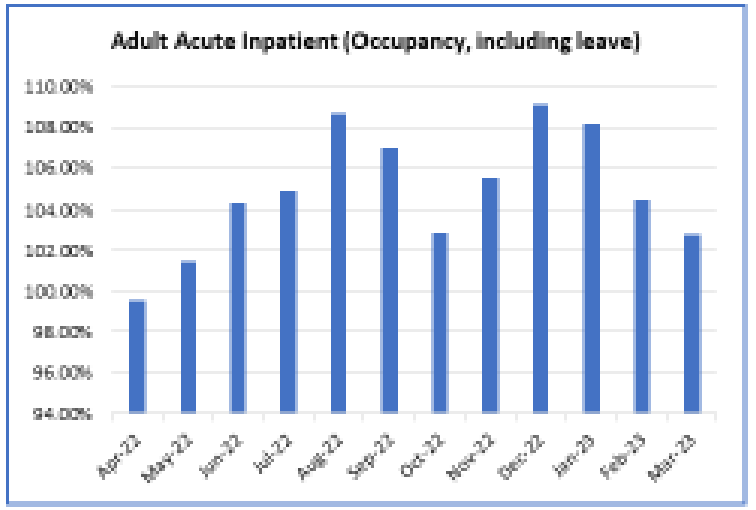
- Vehicles procured and fitted to specification
- Initial team recruited (including nurse prescriber, peer support worker and Carer Support Worker)
- Going live in June 2023

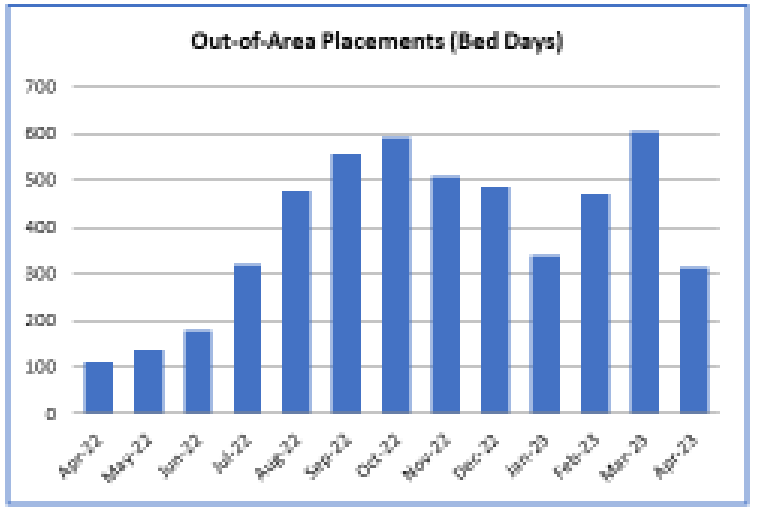
- Initially taking referrals from EMAS only (plans to extend to Police colleagues, other stakeholders).
- Response within 1 hour
- Designed to reduce EMAS conveyance and A&E presentations for mental health, as well as recovery-focused outcomes for service users and carers.

Mental Health
Bed Flow and Out-of-Area Placements

NHS
Northamptonshire
Integrated Care Board







Whilst overall admission rates reduced over 2022-23, length of stay increased. System efforts for MDT Discharge Planning started to produce reductions in LOS since January 23.

Occupancy rates increased to coincide with spikes in LOS. However, due to reductions in LOS since January, Occupancy rates have begun to decrease alongside.

Surges in occupancy (Q2 & Q4) caused surges in OAP Bed days directly after. Partnership working with independent sector, continued MDT Discharge Planning & strengthened crisis alternatives are beginning to provide the solution.

Summary Acute Provider Indicator Table

Data for the QTR up to end of **Mar-23**

Emergency Care Improvement Support Team
Safer, faster, better care for patients

Name	Northamptonshire STP - KETTERING GENERAL HOSPITAL

Select trust here

This dashboard has been designed to look at two areas of analysis ; historical, looking at data over the past two years and relative performance, looking at the most recent quarterly data and comparing this with the rest of the country. The relative performance will be shown in quartiles (the colour scale shown to the right). For each metric, the colours will be according to whether high performance is good (4hr performance) or not desired (bed occupancy). The data has also been split into different areas of an acute provider.

Challenged performance?
Most
Least

Primary care (ICS ONLY) / population data	
Deprivation	5.52
Average age	44
%75+ ED attendances	17.96%
% Mental health attends	3.59%
% pop. catchment attending ED	33.27%
% Good overall exp. at primary care	69.42%
% satisfied with appointment	72.15%
% Good exp. of booking	55.16%

111 data	
% abandoned > 30 seconds	4.48%
% answered in 60 seconds	42.42%
% call back in 20	23.90%
% recommended to attend A&E	9.35%
% Ambulance dispatch	13.58%
% recommended to contact Primary Care	25.48%
% calls triaged dealt with by any clinician	38.47%

Delay related harm	
Estimated number of patients with delay related harm (past 12 months)	207

Ambulance data	
30-60 minute handover delays (growth)	5.95%
60+ minute handover delays (growth)	207.41%
Total handover delays (% of amb attends.)	23.84%
Ambulance conversion rate %	53.99%
Avg. investigations (amb only)	5.72
Avg lost ambulance hours per ambulance	N/A
Total lost ambulance hours in QTR	846
Cat 2 response time mins. (ambulance trust)	45

Demand data	
ED attendances (year growth)	3.39%
Ambulance attends (year growth)	-6.40%
Walk in attends (year growth)	7.61%
% ambulance (against total attends.)	27.27%
Paediatrics (year growth)	7.66%
% multiple attendances	3.84%

Crowding (patients in department)	
Patients in department at midday (growth)	54.95%
Patients in department at midnight (growth)	42.16%

Hospital EM flow measures	
% treated within 60 mins	57.75%
4hr performance %	100.00%
12hr performance %	91.37%
Conversion rate	23.26%
EM admissions - ED (year growth)	-12.96%
EM admissions - All (year growth)	0.68%
Avg acuity score	4.37
APD6	577

Admitted care (specialty based)	
Medical EM 0 day LoS %	31.77%
Medical short stay (<=2 nights) LoS %	50.60%
Medical EM LoS (exc 0 day LoS)	9.36
Medical EM 0 day Opportunity	18.83%
Surgical EL Daycase rate %	89.84%
Surgical EM LoS	3.96
Surgical EM 0 day LoS %	21.09%
T&O EL daycase rate %	69.52%
T&O EM LoS	10.76
T&O EM 0 Day LoS %	7.18%

Outcome metrics	
Bed Occupancy %	97.77%
Current Qtr long stay (7+ days)	49.78%
Current Qtr long stay (14+ days)	27.47%
Current Qtr long stay (21+ days)	15.87%
Growth in long stay (7+ days)	2.32%
Growth in long stay (14+ days)	-5.73%
Growth in long stay (21+ days)	-14.17%
Beds per 1000 population	1.65
Weekend discharge ratio	59.00%
Weekend discharge ratio (7+ pts.)	43.41%
Pre-midday discharges	12.62%

Discharge data (only collected at provider level)	
% not CTR	12.15%
% discharged on pathway 0	97.89%
% discharged on pathway 1	0.00%
% discharged on pathway 2	1.72%
% discharged on pathway 3	0.39%
% discharged before 5pm	58.88%
% discharged home	99.49%

Staff survey results

Look forward to work	Trusted to do job	Enough staff	Unrealistic time pressure	Career opportunities
47.63%	88.12%	23.34%	39.47%	49.06%

Population data

KGH Complex Discharge Flow

KGH Complex Pathways Flow

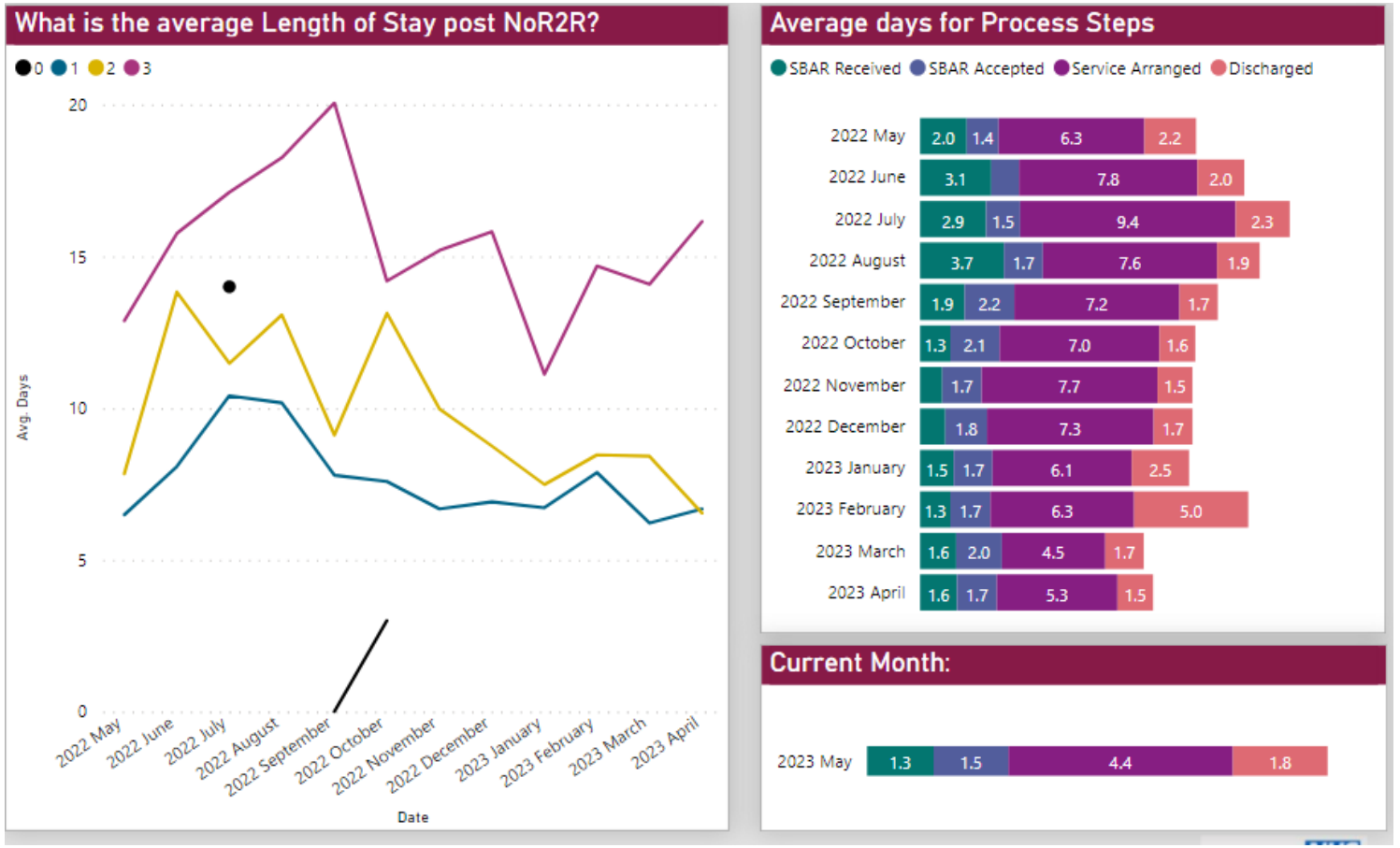
- Since January 2021 (21.2 days), we have seen the average number of days from NR2R to discharge significantly reduce. This is a result of strong partnership working across all agencies
- **Further opportunities are as follows:**

o HOD workstreams are now integrated into BAU, with oversight from the HOD steering group, with the exception of Criteria led discharge & frailty where there are more opportunities.

o Flow from NHFT Pathway 2 beds. LOS in NNC pathway 1 services is 16.5 Days Average for reablement north.

o LOS in pathway 2 (Thackley Green SCC) 34 days Brokerage changes will improve the resilience of brokerage and the time taken to arrange pathways

o Access to Nursing home for complex patients particularly for those with undiagnosed dementia.



April 2023 days to discharge by Pathway

P1 – 6.68 days

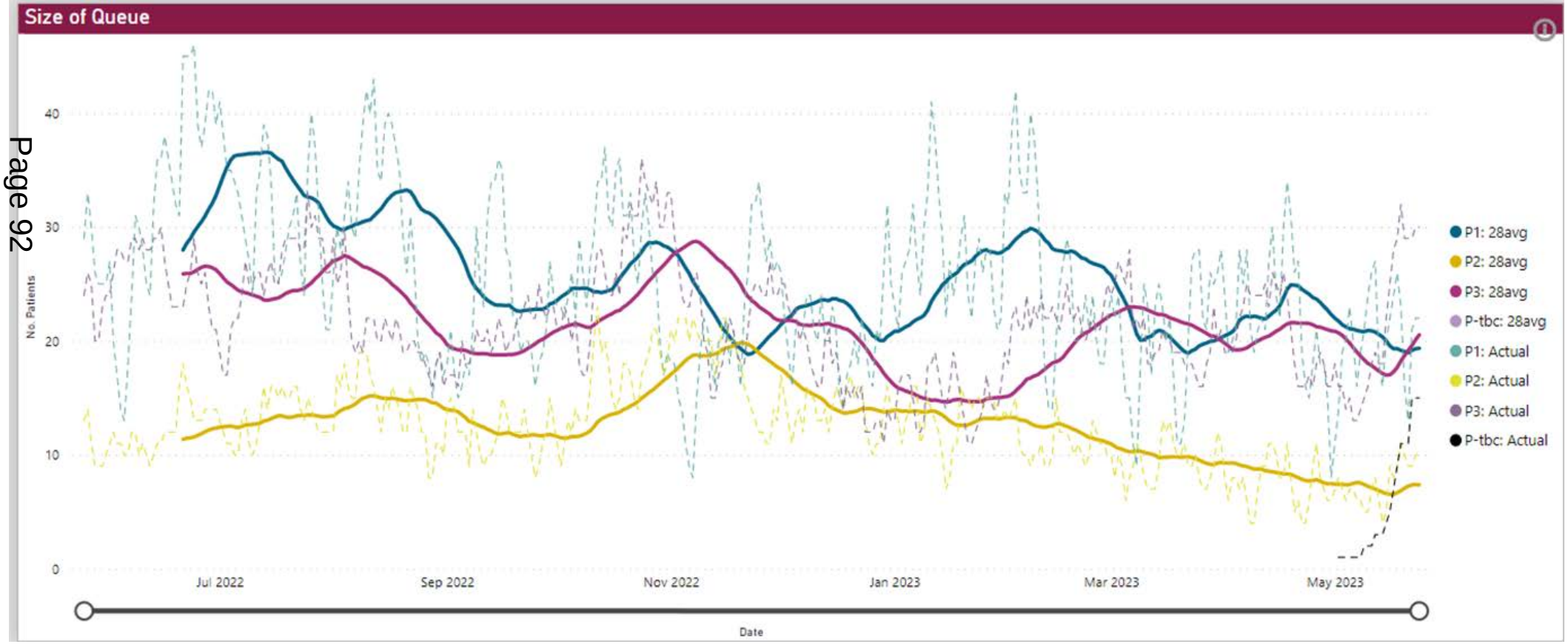
P2 – 6.55 days

P3 – 16.5 days

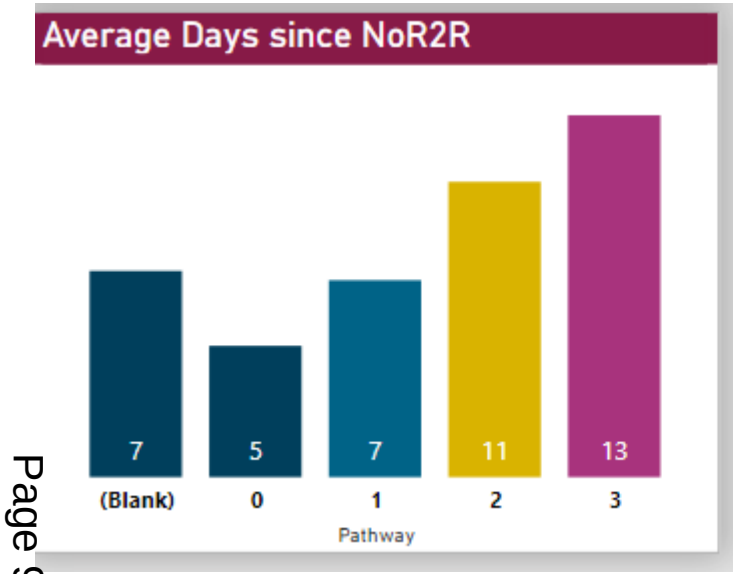
KGH Queue size

KGH Complex Discharge || Queue Size

Chart to understand how the queue behaves for each pathway over time. Dark solid lines show a rolling 28-day average for each pathway, dashed lines show the number of patients waiting daily for each pathway.



KGH Where and how long are people waiting (snap shot 24/05)



Live Partner Allocation

Allocated Partner		0	1	1/OD X1	1/QDS X1	1/QDS X2	1/TDS X1	1/TDS X2	2	3
	15	9								
ASC				1	3	6	1	1	4	12
ASC West										1
CHS										14
Delirium										2
MRE									6	
OOC/LEIC			3							
RN/ICT			6							
RW/ICT			1							

P1 has the largest numbers but shortest average days since NR2R, where as P3 (DTA) remains our longest pathway. Lack of nursing home provision in market is slowing pace of pathway 3 Discharge on d2A to nursing homes (CHC D2A) with a high proportion of people being tracked in discharge cell and in Superstranded meetings. This cohort is considerably slower than remainder of Pathway 3 discharges into Residential Care homes.

NNC Pathways Pathway 1: Maintaining Reablement Flow and Access

- Tuvida has helped maintain flow in the Reablement service, with c. 25 starts per week on average, and a length of stay of c. 16.5 days (see right), and maintaining the effectiveness of the service

- In addition to Pathway 1, 32% of this Reablement capacity is used to support people from the community and admission avoidance

- NNC and NHFT have worked well together co-ordinating capacity, with NHFT's ICT team being introduced to the TuVida service, and no backlog on ICT exits awaiting reablement

- Reablement north have undertaken and completed Training for Falls urgent community response work in March April 22/23 – Have lifted 10 no injury falls to date with razer chair – modelling in 2023 pathway 1 to roll out and enable Reablment North to respond to non injury falls via rapid response.

NNC Pathways Pathway 2

Pathway 2

- Thackley Green SCC, and external P2 provision has provided P2 including the use of wrap around therapy to ensure we are maximising independence.

- Pathway 2 Social care reablement beds (Pathway 2 SCC) have good outcomes with 66% of all people leaving Social care reablement beds going home

- A targeted Single Handed care Team has been used to maximise independence and reduce longer term care and support needs, the aim where appropriate to reduce from 2 to 1 Carers, this not only enables better outcomes for people but protects capacity and flow in TuVida and Reablement.

This page is intentionally left blank

North Northamptonshire Council

Item no: 11

North Northamptonshire Health and Wellbeing Board

5th June 2023

Report Title	Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA)	
Report Author	Abdu Mohiddin, Consultant in Public Health, North Northamptonshire Council abdu.mohiddin@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME	Susan Hamilton, Director of Public Health, North Northamptonshire Council	5/6/23

List of Appendices

Appendix A – Developing the CYP JSNA slides – Presentation

1. Purpose of Report

1.1. To update the Board on the progress of the Children and Young People's (CYP) health and wellbeing Joint Strategic Needs Assessment (JSNA) for North Northamptonshire.

2. Executive Summary

2.1 A CYP JSNA is underway and is due to complete by end-July 2023. The JSNA takes a life-course perspective looking at maternity, early years, school-aged children and adolescence/transition to adulthood covering. It covers the 0-19 years age-range and up to 25 for SEND (Special Educational Needs and Disabilities).

2.2 The JSNA addresses both NNC and WNC needs.

2.3 Its methods include a best practice review, analysis of quantitative data from CYP services and qualitative data from a range of stakeholders.

2.4 Thus far, most of the quantitative service data have been analysed, a short online survey disseminated to a range of stakeholders including parents/carers, CYP, schools, professionals and others, and interviews with most stakeholders

done. Engagement work including focus groups with parents/carers and other stakeholders is planned for this month.

2.5 The findings will feed into future strategy for CYP and also commissioning intentions including for the 0-19 contract held by NNC.

3. Recommendations

3.1 It is recommended that the Board:
a) Note the progress of the JSNA
b) Note the emerging findings of the JSNA
c) Consider a future presentation on the completed JSNA

4. Report Background

4.1 This JSNA has been done to inform strategy and commissioning intentions for NNC.

4.2 The last such JSNA was done in 2017/18 and so an update is a high priority, in particular given the impact of Covid on CYP.

4.3 It is overseen by a multi-agency steering group comprised of Health, Local Authority, Education, Social Care, Children Trust, ICB and Healthwatch/Voluntary Sector.

4.4 The emerging findings of the JSNA are mainly quantitative and are in an accompanying set of slides organised by life-course. A slide on the initial qualitative themes is presented too.

5. Issues and Choices

5.1 This update on the JSNA's progress highlights some of the emerging needs and relevant issues. On its completion in July, these will need to be presented to partners for discussion and prioritisation.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 The findings will feed into future commissioning intentions including for the 0-19 contract held by NNC

6.1.2 The JSNA has been funded by Public Health, NNC.

6.2 Legal

6.2.1 There are no legal implications arising from the proposals.

6.3 **Risk**

6.3.1 There are no significant risks arising from the proposed recommendations in this report.

6.4 **Consultation**

6.4.1 Not applicable

6.5 **Consideration by Scrutiny**

6.5.1 Not applicable

6.6 **Climate Impact**

6.6.1 Not applicable

6.7 **Community Impact**

6.7.1 Not applicable

7. Background Papers

7.1 Presentation – see the accompanying slide set.

This page is intentionally left blank

CYP Health Needs Assessment update

June 2023

Public Health

Appendix

North Northamptonshire Council

CYP JSNA introduction

- Health needs assessment for CYP aged 0-19 and their families, and up to 25 where there is a statutory responsibility

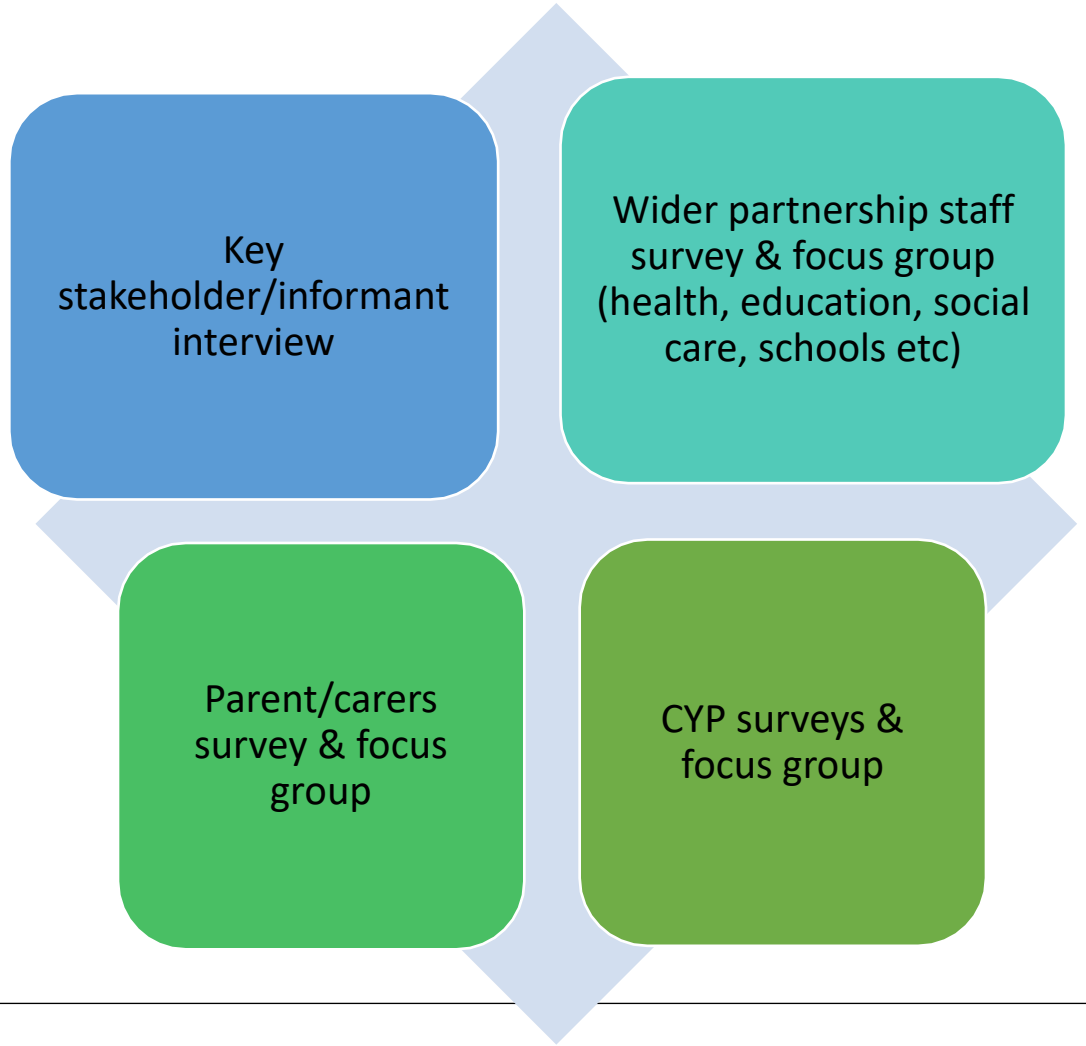
- Aims to inform future commissioning of CYP services across both NNC and WNC and future strategy across the partnership

- Overseen by a multi-agency steering group comprised of Health, Local Authority, Education, Social Care, Children Trust, ICB and Healthwatch/Voluntary Sector stakeholders

CYP JSNA Methods

- Best practice review
- Demography, epidemiology
- Quantitative service activity data
  - Service activity data
  - Short survey online
- Qualitative (engagement)
  - Interviews
  - Focus groups
- Final draft report in July

Engagement and survey work to support the 0-19s HNA



North Northamptonshire Council

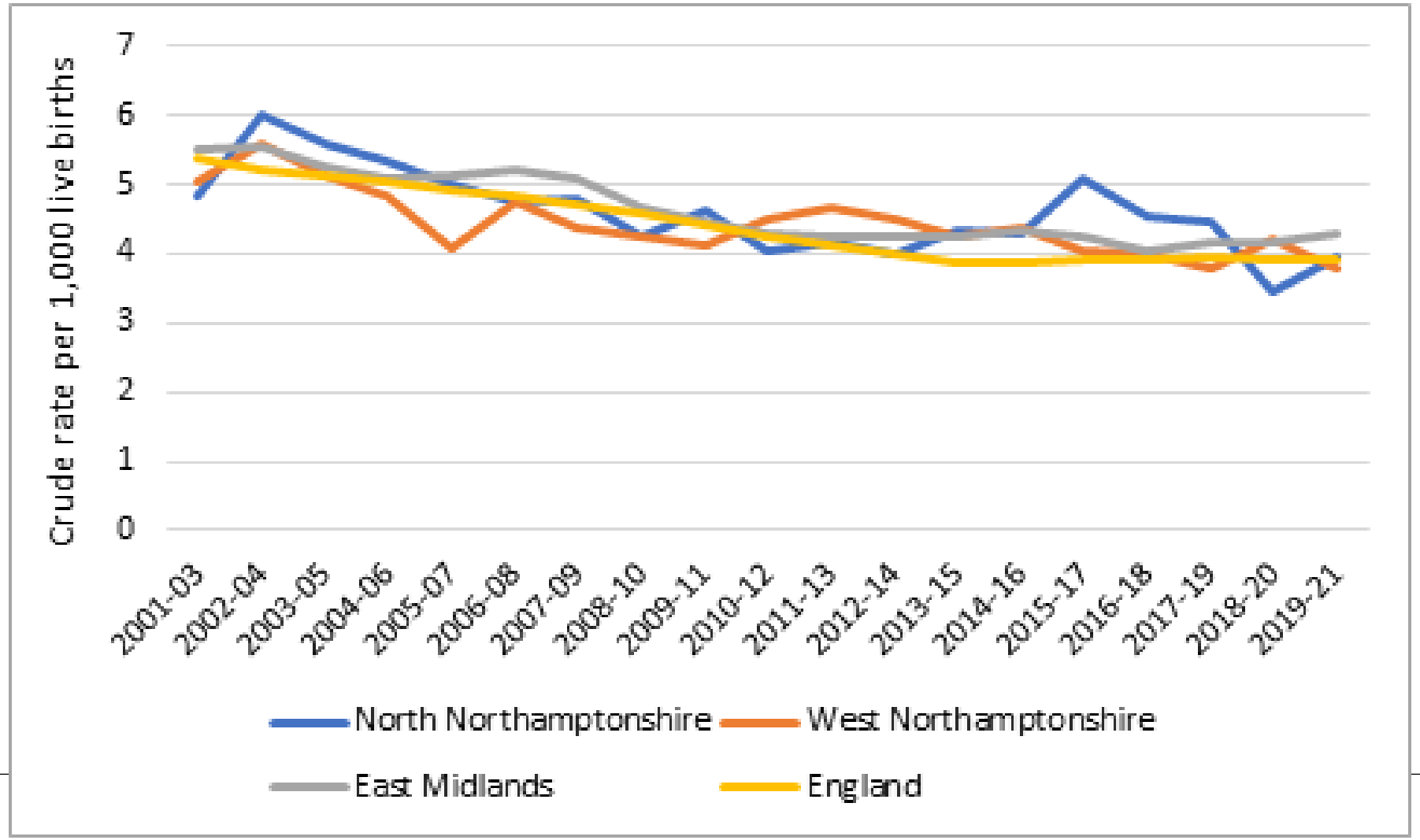
Demography

- NNC has a total population of 359,525 (2021 Census), a 13.5% increase since 2011
- The 0-19 age group was 85,659 in 2021 projected to increase to 91,887 in 2043 (similar to East Midlands/England)
- 23.8% of NNC's population 0-19 (2021) down from 24.9% in 2011
- NNC's population has become increasingly diverse, with White British falling from 88% of the total population in 2011, to 80% in 2021
- 27% of school children from minority ethnic groups (2022; 35% Eng)

Maternity and Infancy

- 3,789 live births in North Northamptonshire (2021)
- The general fertility rate (GFR) – number of live births per 1,000 women of child-bearing age (15-44) – was 56.5 (East Midlands 52.6; England 54.3)
- 11.2% of women smoke while pregnant which is worse than England (9.1%)
- 22.5% of women were recorded as being obese in early pregnancy in Nhants (2018/19) similar to East Midlands 24.2% and England 22.1%
- There were 40 stillbirths in 2019-21 (NNC) and the rate of 3.5 per 1,000 births similar to the East Midlands rate of 3.8 and the England rate of 3.9.

Infant mortality rate per 1,000 live births (2001-03 to 2019-21)



North Northamptonshire Council

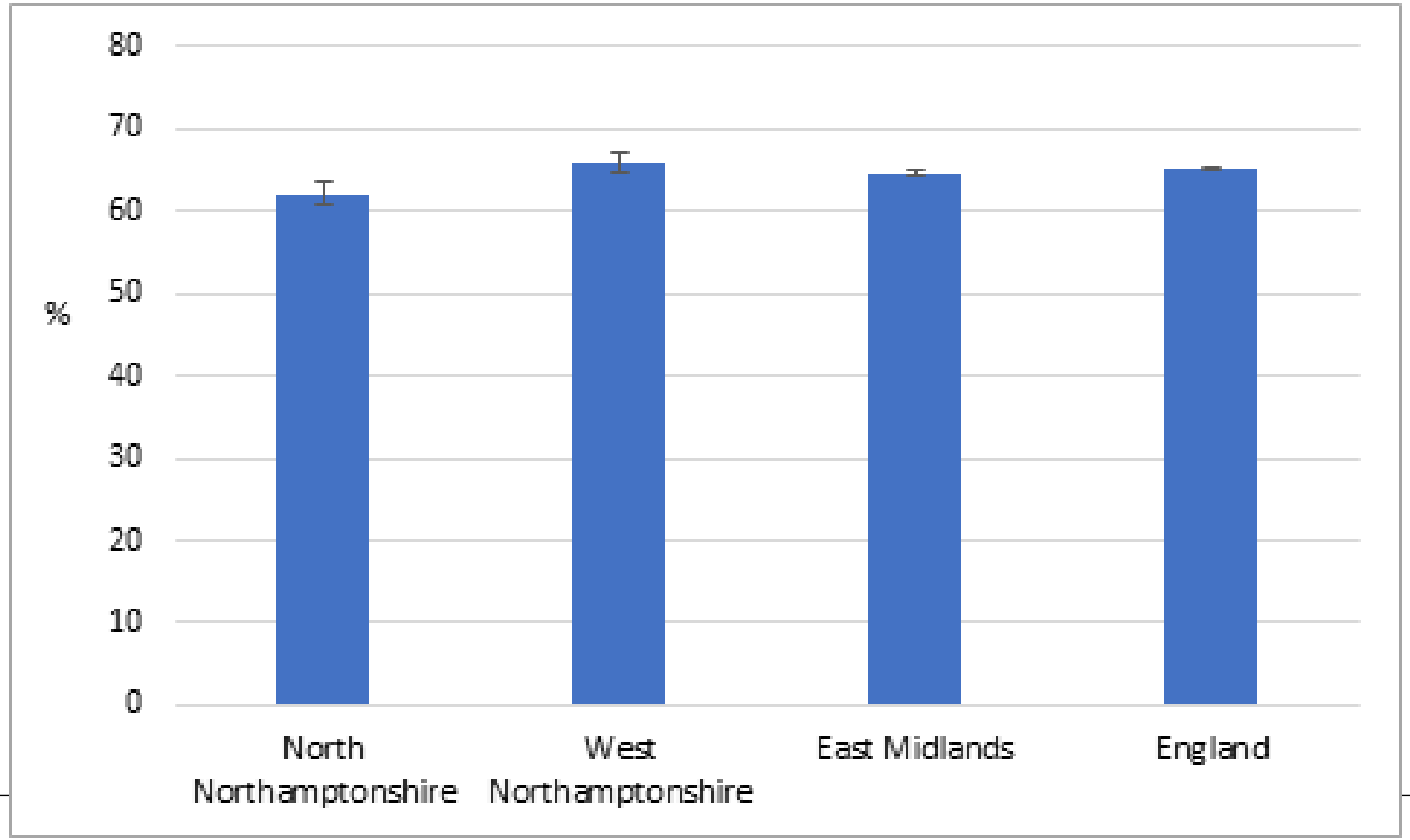
Early years

- Immunisation
  - 94.8% of infants received the DTaP IPV Hib course of vaccines which offers protection against diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b

- 240 children aged 0-5 were admitted to hospital for tooth decay: 309.0 per 100,000 children aged 0-5 in NNC (2018/19-2020/21) and England (220.8)

- 140 admissions to hospital in children aged 0-4 due to unintentional and deliberate injuries in 2021/22. The admissions rate of 69.5 (per 10,000 aged 0-4) similar to the East Midlands but lower than England.

Percentage of children achieving a good level of development by the end of Reception (2021/22)



North Northamptonshire Council

School aged children

- 5-16 year-old population is 54,523 (NNC, 2021)
- 26.1% of North Northamptonshire's 5-16 year-olds eligible for free school meals. This is above the national average of 23.6%.
- Physical activity: 48.5% of the 5-16 age group were recorded as active, 20.3% as fairly active, and 31.2% were less active (similar to East Midlands and England)
- Levels of child obesity are similar to England. 10.0% of children in Reception and 24.6% of children in Year 6 are obese. (2022)
- Emergency admissions for children with diabetes was 35.3 per 100,000 (similar to East Midlands and England) in 2021/22

School aged children…

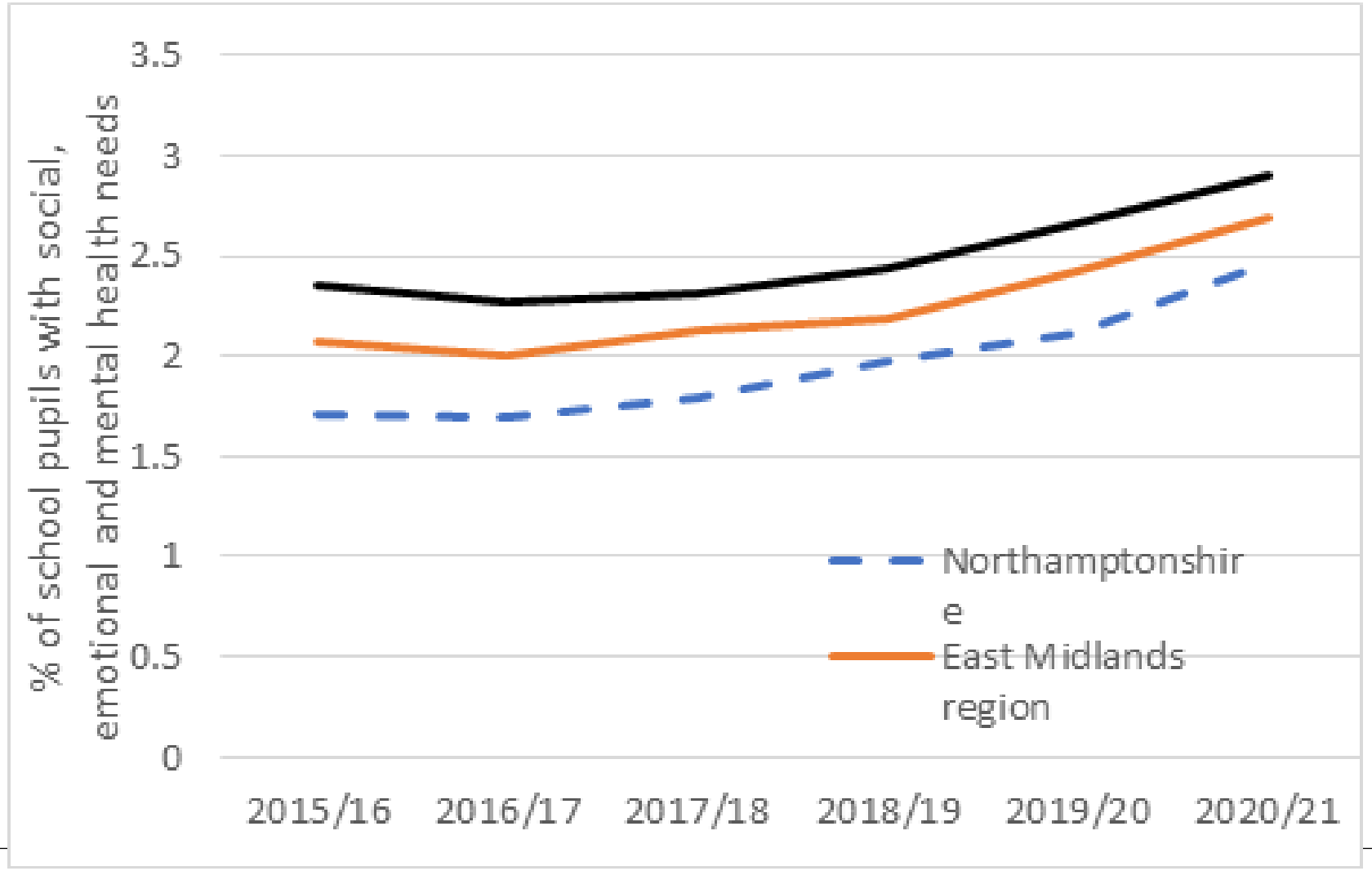
- 10.5% of under 16s in NNC lived in absolute low-income families (in 2020/21), East Midlands (12.3%) and England (15.1%).

- Secondary school exclusion rate (0.08%) higher than East Midlands (0.046%) and England (0.052%) for Autumn term 2021/22

In 2022, NNC had a children in care rate of 66 per 10,000 population aged <18. This was below the England rate (70), East Midlands rate was 50 per 10,000 population.

- In terms of numbers there were 524 children in care at 31st March 2022 in NNC.

Percentage of secondary school pupils with social, emotional, and mental health needs (trends)



North Northamptonshire Council

Source: Public Health Outcomes Framework. Office for Health Improvement and Disparities. [Public Health Outcomes Framework]

Transition to adulthood

- 2.4% of 16-17 year olds were NEET in 2021, lower than the East Midlands and England.

- 140 admissions to hospital (15-19) due to self-harm in 2021/22. The admission rate was 690.3 (per 100,000 aged 15-19), similar to the East Midlands/England.

- The chlamydia detection rate among 15-24 year-olds in 2019 was 1,842.7 (per 100,000 aged 15-24), similar to the East Midlands but lower than England.

- 100.3 per 100,000 substance misuse admissions (15-24) in 2018-2020 for East Midlands (77.8) and England (81.2 per 100,000).

Emerging qualitative insights (interviews)

- Need full systems approach including joint commissioning
- More joined up early years for a comprehensive and universal 0-5s offer
- Better resourcing especially early years
- Youth provision is a gap
- One place for all information on CYP services
- Topics of concern include: mental health, substance misuse, safeguarding

Next Steps

- Public engagement for the CYP underway, commissioned Free2Talk in partnership with HomeStart Daventry and NHFT engagement team

- There are a series of workshops/focus groups planned in person and virtual:
  - internal NNC colleagues who work in CYP area
  - system wide workshop with partners and providers joint with NNC
  - workshop with parents/carers with children under 5s, 1 workshop with children aged 5-8
  - workshop involving primary/secondary school/Special school including SEND young people
  - community based workshops engaging children 11+ and children in care, and a parent/carer workshop.

- Ongoing analysis of qualitative findings, data from the online surveys

- The final children and young people health needs assessment report with inform our commissioning intension for CYP services across WNC.

This page is intentionally left blank

North Northamptonshire Council

Item no: 12

North Northamptonshire Health and Wellbeing Board

20th June 2023

Report Title	**Northamptonshire Combating Drug Partnership**	
Report Author	**Michael Bridges, Consultant in Public Health, North Northamptonshire Council**	
Contributors/Checkers/Approvers		
Other Director/SME	**Susan Hamilton, Interim Director of Public Health, North Northamptonshire Council**	

List of Appendices

Appendix A – Northamptonshire CPD Strategic Action Plan 2023/24
Appendix B – Northamptonshire CPD Terms of Reference
Appendix C – National Combating Drug Outcome Framework

1. Purpose of Report

1.1. This report provides an update on the newly formed Northamptonshire Combating Drugs Partnership, detailing the governance and the priorities of the Partnership set out in the Strategic Action Plan for 2023/24.

2. Executive Summary

2.1 The government's new 10-year drug and alcohol strategy 'From Harm to Hope' sets out an ambition to address substance misuse by breaking drug supply chains, delivering a world-class treatment and recovery system and achieving a generational shift in demand for drugs.

2.2 The strategy recognises the importance of a system wide approach and strong partnerships in tackling substance misuse at national and local levels. Local government and delivery partners are viewed as the foundations of this strategy, supported by clear national strategic objectives and additional investment.

2.3 The Northamptonshire Combating Drug Partnership (CDP) was established in 2022 to manage and oversee local delivery of the National Drug Strategy. The multi-agency partnership is chaired by the Northamptonshire Directors of Public Health (DPH) alternating each year. Members of the Northamptonshire

CDP provide links to other local Boards and Partnerships, informing and co-ordinating work programmes as required.

2.4 The Northamptonshire CDP priorities are set out in the Strategic Action Plan 2023/24 (Appendix A). The plan was informed by a comprehensive needs assessment which included recommendations for future commissioning of services.

3. Recommendations

3.1 The Health and Wellbeing Board is requested to:

a) Note the progress of the Northamptonshire CDP and support attendance from all identified partners.
b) Note the governance structure.
c) Note the Strategic Action Plan.

3.2 Reason for Recommendations: -

- Published guidance outlines the structures and processes for local delivery partners to work together to reduce drug related crime.
- Successful delivery of the National Drugs Strategy and local Strategic Action Plan 2023/24 relies on actions across a range of local partners including enforcement, treatment and prevention.
- The benefits of combating illicit drugs can be significant and wide ranging, improving people's safety, productivity, health and wellbeing.

4. Report Background

4.1 In December 2021, a new national strategy for drugs 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives' was launched, addressing the issues identified in Dame Carol Black's independent review of drugs. The strategy has three priorities:

- Breaking drug supply chains,
- Delivering a world-class treatment and recovery system
- Achieving a shift in the demand for drugs

4.2 The strategy provides direction towards a long-term approach to drive a successful outcome; the 10-year plan is an evidence-based approach to address the demand for, and supply of, drugs. In addition to drugs, the strategy specifically includes alcohol misuse, treatment, and recovery. It aims to 'turn the tide' on drug crime, reduce the harm drugs and alcohol cause to individuals and society, and save lives for this, and future generations.

4.3 The successful delivery of the national strategy relies on co-ordinated action across a range of local partners involved in enforcement, treatment, recovery and prevention.

Establishing the Northamptonshire CDP

4.4 In June 2022, the Government issued national guidance on the development of local CDPs. The guidance set out the nature of the partnership, options for the geographical scope and leadership. Following consultation in Northamptonshire with the Office of the Police, Fire and Crime Commissioner, Police, Regional Probation Service, Integrated Care Board, and North and West Northamptonshire Councils the proposal was to establish one CDP for Northamptonshire, mirroring the footprint of most stakeholders. A formal submission for the Northamptonshire CDP was sent to central government by the deadline of the 1st August 2022, detailing the geography of the partnership, core membership and the Senior Responsible Owner (SRO).

4.5 The Northamptonshire CPD comprises of members from the Office of the Police, Fire and Crime Commissioner, Community Safety Partnerships, Probation Service, Integrated Care Board, Police, Office of Health Improvement and Disparities, Job Centre Plus, Local Authority officials (public health, education, housing, children and safeguarding), elected members, representatives from substance misuse treatment and recovery services and people with lived experience.

4.6 The Northamptonshire CDP first met in October 2022 and held a workshop on 13th December 2022 to review findings from the needs assessment and to identify priorities. The Northamptonshire CDP has met twice since. The initial priorities have been to establish the terms of reference, roles and responsibilities, governance, review the needs assessment, agree the strategic action plan and performance framework.

Governance

4.7 The Northamptonshire CDP Senior Responsible Officer (SRO) reports to central government and holds delivery partners to account. Northamptonshire CPD members agreed that the Directors of Public Health (DPHs) were best placed to fulfil the role of Senior Responsible Officer for the Partnership, with the role shared between the DPHs for North and West Northamptonshire Councils. The SRO is responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework.

4.8 Central government monitors local delivery against the metrics outlined in the National Combating Drug Outcome Framework (Appendix C). The metrics are based on data sources that are already collected, these will be monitored at both a national and local (Northamptonshire CDP) level. This provides a single mechanism for monitoring local progress against the delivery of commitments and ambitions contained within the Strategic Action Plan 2023/24. The six overarching strategic outcomes that demonstrate successful delivery of the national and local strategic priorities are:

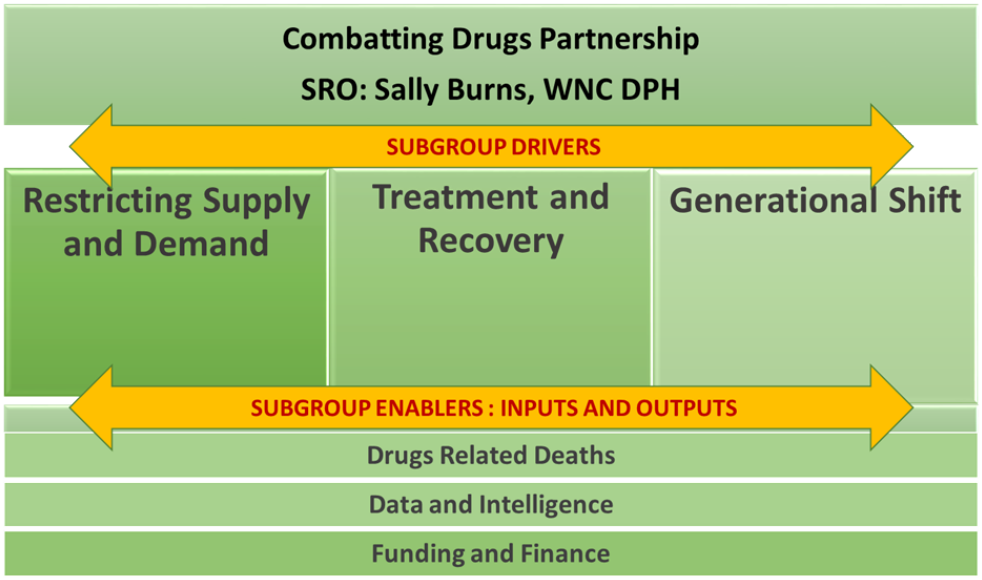
- To reduce drug-use
- To reduce drug-related crime
- To reduce drug-related deaths (DRD) and harm
- To reduce drug-supply
- To increase engagement in treatment
- To improve drug-recovery outcomes

4.9 Six thematic subgroups have been established to ensure delivery and alignment of national and local priorities. The thematic subgroups have specific terms of reference and act as expert reference groups and forums to resolve problems, support planning and provide challenge across the whole system (Figure 1). Three subgroups are core, driving the delivery of the strategic action plan. These subgroups are:

- Restricting supply and demand
- Treatment and recovery
- Generational shift.

4.10 Three additional subgroups provide cross cutting support to these subgroups. These have been created to provide timely information in relation to intelligence, finance and preventing drug related deaths.

Figure 1: Organisational Structure of Northamptonshire CDP



4.11 The members of the Northamptonshire CDP provide the link to other local Boards and Partnerships, informing and co-ordinating work programmes as required. These include:

- North and West Northamptonshire Health and Wellbeing Boards
- Northamptonshire Integrated Care Partnership
- North and West Northamptonshire Community Safety Partnerships
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Northamptonshire Reducing Reoffending Board
- Northamptonshire Community Sentencing Treatment Requirement Board

Strategic Action Plan

4.12 The Northamptonshire CDP has developed a Strategic Action Plan 2023/24 based on national and local priorities including recommendations from the comprehensive needs assessment. The structure of the action plan follows that of the national strategy, with an additional chapter addressing cross-cutting or enabling functions. The strategic themes are:

- Break drug supply chains
- Deliver a world class treatment and recovery system
- Achieve a generational shift in demand in drugs
- Cross-cutting recommendations

Under each strategic theme is a set of actions with a series of interventions / outcomes to support delivery of national and local strategic priorities.

5. Issues and Choices

5.1 The structure of the Northamptonshire CDP has been developed in consultation key stakeholders. All organisations involved in the CDP have contributed to development of the Strategic Action Plan.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 There are no resources or financial implications. Additional government funding has been provided to different agencies involved in the Northamptonshire CDP to support delivery of the national strategy.

6.2 Legal

6.2.1 There are no legal implications arising from the proposals.

6.3 Risk

6.3.1 The Strategic Action Plan 2023/24 sets out how the Partnership will deliver both national and local priorities. Success is dependent on collaborative working and understanding of illicit drugs, harm, system challenges and the changes required to address them.

6.4 Consultation

6.4.1 Key stakeholders were consulted on the geographical footprint, Senior Responsible Officer (SRO) and Chair. The membership comprises representatives from a range of departments and organisations including Northamptonshire Police, the Police, Fire and Crime Commissioner's Office, Integrated Care System, Regional Probation Service, North Northamptonshire Council and West Northamptonshire Council, providers of drug and alcohol treatment and recovery services.

6.5 Consideration by Scrutiny

6.5.1 Any requests from the Scrutiny Commission will be responded to, and formal engagement or presentations required will take place.

6.6 Climate Impact

6.6.1 There is currently no identified climate or environmental implications.

6.7 Community Impact

6.7.1 Drugs and alcohol have a significant impact on society, including direct harm on individuals' mental and physical health and wellbeing, and indirect harm caused through wider impacts on society such as crime. The Northamptonshire CDP will address shared challenges related to drug-related harm, based on the local context and need. This will have a positive impact

on communities, families and individuals to improve people's safety, productivity, health and wellbeing.

7. Background Papers

Appendix A - Northamptonshire CPD Strategic Action Plan 2023/24
Appendix B - Northamptonshire CPD Terms of Reference
Appendix C - National Combating Drug Outcome Framework

This page is intentionally left blank

In partnership with

North Northamptonshire Council

West Northamptonshire Council

Northamptonshire Police

NHS Northamptonshire

Northamptonshire Fire & Rescue Service

HM Prison Service – Public Sector Prisons

Northamptonshire Combating Drug Partnership

Strategic Plan

Appendix

Final Version

Approved and Final Sign Off by CDP on 2nd May 2023

In partnership with

North Northamptonshire Council

West Northamptonshire Council

Northamptonshire Police

NHS Northamptonshire

Northamptonshire Fire & Rescue Service

HM Prison Service – Public Sector Prisons

Contents

Introduction

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework.

The successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the Drugs Strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

This strategic plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire based on the strategic priorities contained within the national strategy.

The three priorities are:

- Break drug supply chains
  - Make the UK a significantly harder place for organised crime groups to operate, addressing all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons.
- Deliver a world class treatment and recovery system
  - The focus is to treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive.
- Achieve a generational shift in demand in drugs
  - Changing attitudes in society around the perceived acceptability of illegal drug use.

The localised plan sets out our agreed priorities which recognises the importance of a system wide approach to reduce the harm caused to individuals and to society by the misuse of alcohol and drugs across Northamptonshire.

Partnership Structure and Governance

The Combating Drugs Partnership Board (CDP) is led by Public Health and is organised to provide good governance and co-ordinated delivery. The Partnership is responsible for delivery of the national strategy and is accountable to central government. Members of the Partnership will provide the link with other local Boards and Partnerships, informing and co-ordinating work programmes as required. The local Boards and Partnerships include:

- Health and Wellbeing Boards (North and West)
- Integrated Care Partnerships (North and West)
- Community Safety Partnerships (North and West)
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Reducing Reoffending Board
- Community Sentencing Treatment Requirement Board

The thematic subgroups will be operationally linked to the Northamptonshire Combating Drugs Partnership (CDP). They will provide oversight of the delivery of the plan against the localised priorities and reassurance to the Partnership. They will have specific terms of reference and act as an expert reference groups and forums to resolve problems, support planning and provide challenge across the whole system. Cross cutting themes outside the agreed local priorities may require strategic direction and governance by the Partnership. The subgroups will provide metrics to show progress towards outcomes, monitor change, engage with the wider related system to the Partnership.

Performance and Delivery Framework

The National Combating Drugs Outcomes Framework will provide the Partnership single mechanism for monitoring local progress against the delivery of the commitments and ambitions contained within the 10-year drugs strategy.

The six overarching strategic outcomes that demonstrate successful delivery of the 10-year drugs strategy are:

1) To reduce drug-use
2) To reduce drug-related crime
3) To reduce drug-related deaths (DRD) and harm
4) To reduce drug-supply
5) To increase engagement in treatment
6) To improve drug-recovery outcomes

The data and intelligence thematic subgroup will focus on collating the data and information under six overarching outcomes contained in the outcome framework. They will provide quarterly progress and monitoring reports to the Partnership depending on the availability of the data and information.

Strategic Plan

The structure of the Northamptonshire Combating Drugs Partnership's Strategic Plan follows that of the national strategy, with an additional chapter addressing cross-cutting or enabling functions.

The chapters of the Northamptonshire CDP Strategic Plan are :

- Strategic Theme One – Break drug supply chains
- Strategic Theme Two – Deliver a world class treatment and recovery system
- Strategic Theme Three – Achieve a generational shift in demand in drugs
- Strategic Theme Four – Cross-cutting recommendations

For each strategic theme area within the 10-year strategic plan a detailed delivery action plan will be developed with a 2-year time horizon by the thematic subgroups and presented to the CDP for approval.

Strategic Plan

STRATEGIC PRIORTY THEME 1 – BREAKING DRUG SUPPLY CHAINS REDUCING	
Strategic Priorities	**Intervention / Delivery**
1.1 Improve intelligence sharing to achieve a shared understanding of the demand for Class A drugs, the people currently involved in gangs, and people at risk of exploitation	• Develop an effective monitoring and performance system through the Data and Intelligence subgroup. • Improve intelligence sharing between Police and Partners with continued efforts to increase the use of Partnership Intelligence Forms.
1.2 Target community intervention to better understand the working of gangs, drug lines, county lines operating within Northamptonshire and prevent further recruitment of young and / or vulnerable people.	• Implement evidence-based school-based programmes targeted at reducing gang involvement, violence and drug harm; prioritising schools where drugs exclusions are high. • Develop and improve community intelligence to help understanding emerging risk groups/gangs. • Raise awareness among young people about the impact of violence and gangs, especially on their families.
1.3 Continued engagement with partners, providing support and training to encourage community intelligence submission.	• Provide training and support to all partners to ensure understanding of the Proactive Crime and Intelligence Function

	and signs of drugs exploitation to improve intelligence submissions. • Ensure all designated Safeguarding Leads at Northants Schools have a police contact and access to the Partnership Intelligence Submission Forms. • Retain police presence at partnership meetings and community forums. • Consider intelligence gaps as a standing agenda item at community and other relevant joint meetings / forums, with the Chair to review and group to devise collaborative solutions regrading barrier to intel submissions.
1.4 Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs / Violent groups.	• Positive media campaigns to be circulated once orders are approved to generate wider public knowledge. • Collaborate with partners to generate more information to support applications of orders. • Work with ROCUs (Regional Organised Crime Units) to tackle the 'middle-market'. Investment in will support regional-tier policing to bear down enablers of drug supply, including illicit firearms and money laundering.

1.5 Reassess the intelligence sharing within the partnership to gain a better understanding of nominals and locations involved in drug supply and production as well as early intervention and prevention.	• Develop intelligence to understand the nominals and organisations involved in firearms and drug criminality to prevent serious, violent crime.
1.6 Target intervention in Town Centres to disrupt nominals using recreational drugs in the night-time economy.	• Implement targeted interventions to disrupt recreational drug use in night-time economy.
1.7 Work with all partners, including the community and businesses, to gather intelligence and restrict/disrupt the supply of illegal drugs in town centre locations.	• Engage with communities to build strength and resilience at a local level, and work in partnership, including with the community, to promote safe drinking and prevent the use of drugs, using appropriately targeted campaigns and licensing powers as appropriate • Encourage the night-time economy to take a zero-tolerance approach to drug use on the premises • Increase awareness of what support is available including services and community support • Targeted community engagement days with targeted Western Balkan Communities to allow NPT to build positive relationships with individuals, to better understand the lifestyle and generate reliable streams of intelligence.

	• Work together to change cultural and social norms in relation to drugs and alcohol • Understand more about both street-level retail supply for personal use and online supply of drugs in order to better target disruption work. • Work with secure estates to better tackle high crime, along with new equipment and technologies in parts of the prison estate. This will disrupt the supply of illicit items, including drugs, into prison and prevent serious organised criminal from running their networks whilst in custody.
1.8 Work collaboratively as a Partnership to tackle County and Local Drug Lines and protect vulnerable youths/adults from exploitation, cuckooing and harm. Utilise the knowledge and expertise of internal and partner contacts to determine suitable early intervention techniques to reduce drug use and supply in young people.	• Intervene with younger children identified as being at risk of substance misuse, poor sexual health, poor or abusive relationships and teenage pregnancy to prevent problems escalating. • Improve links between all services to inform data and intelligence sharing between police and partner systems. This includes improving data quality and collective response to threat, risk and harm.

STRATEGIC PRIORITY THEME 2 – DELIVERING A WORLD-CLASS TREATMENT AND RECOVERY SYSTEM	
Strategic Priorities	**Intervention / Delivery**
2.1 Improve treatment for those with both mental ill health and substance misuse.	• Develop clear care pathways for adults with co-occurring mental ill health and substance misuse. • Develop clear care pathways for both children and young people with co-occurring mental ill health and substance misuse.
2.2 Increase the capacity of specialist treatment and recovery services.	• Use additional grant resources to improve treatment capacity and quality through increasing the workforce within treatment services. This will aim to increase people into treatment and reduce caseloads • Develop a strategy focused on retention and recruitment of high-quality drug treatment workforce to attract the best people into the drug and alcohol sector. • Develop/implement mechanisms to make sure that there is adequate provision of inpatient detoxification and residential rehabilitation; re-establish access to and use of the regional residential rehabilitation and detox consortia to enhance existing capacity.

	• Increase use of placements with dedicated worker in adult treatment service.
2.3 Increase the capacity and capability to respond to increasing complexity of cases.	• Develop a local pathway to better deal with high-risk complex cases involving young people. • Develop treatment-based group work and enhanced psychosocial interventions. • Recruit Complex Needs Workers to help management the increased complexity of cases. • Collaborate with regional and national colleagues on development of care pathways for those with complex needs. • Explore establishing a Complex Needs Forum to support a more client-focused and trauma-informed approach.
2.4 Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need, with clear referral pathways for professionals.	• Develop and implement a communication plan to raise the awareness amongst, peers, families, professionals, public services and VCFSE of treatment services and referral pathways. This should encompass social media avenues. • Develop and implement a stigma awareness campaign to address negative portrayal of substance misuse services.

	• Deliver targeted promotion to hard-to-reach groups such as those who English is their second language, sex workers, looked after children, those who live in rural areas, rough sleepers, offenders and those with poor physical and mental health. • Provide literature that is accessible and provided in different formats and languages to remove barriers to treatment. • Clarify referral pathways into treatment and recovery services. • Improve/enhance clear referral pathways with the police to increase referrals from police, courts and probation.
2.6 Address the geographical access and improve access for clients who are less engaged currently.	• To explore outreach pilots/models for reaching those people who are disengaged from services or live in rural areas of North Northamptonshire and West Northamptonshire. • Undertake equity audits to understand which groups are underrepresented in treatment and recovery services in order to help improve equity of access to treatment and recovery services.
2.7 Earlier identification, support and treatment of those with problematic substance misuse.	• Design, develop and implement evidence-based alcohol brief intervention and early intervention across primary, secondary and social care services.

	• Implement an evidence-based approach to identifying cases in non-specialist settings addressing other related risky behaviours, e.g., sexual health and smoking. • Review the current pathways, education, knowledge and skills around drugs and alcohol for primary, secondary and social care. • Implement trauma-informed approaches across all partner services. These should be family based, if necessary, particularly for those whose parents are dependent on drugs or alcohol. • Deliver specific support for families with parental substance misuse and treatment needs.
2.8 Improve provision for young adults, including the transition for young people moving to adult substance misuse services.	• Develop of a specialist YP offer with increased capacity with a specialist worker. • Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy
2.9 Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear.	• Develop and implement a systematic review of care and treatment plans in recovery services. • Conduct a rapid review of alcohol treatment and recovery to understand and address high dropout rate.

	• Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery. • Improve care pathways between criminal justice settings and drug treatment. Ensure continuity in treatment provided in prison and in the community, ensuring the transition is as seamless as possible. • Increase the number of health screening in their first week to identify drug misuse and related health needs and a agree a plan for recovery-focused treatment.
2.10 Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations.	• Use a targeted approach (evidence-based interventions), prioritising those places experiencing the highest harm (rate of drug death, deprivation, opiate and crack cocaine prevalence and crime). • Invest in harm reduction equipment to address ageing cohort of opiate users. • Improve knowledge and skills of staff in non-specialist services in relation to harm reduction. • Developed an enhanced needle and syringe programme, naloxone provision, long-acting buprenorphine, adult outreach and pharmacy liaison.

2.11 Strengthen the harm reduction offer, particularly focusing on reducing substance misuse related deaths	• Review our approach to the monitoring, review and learning from drug related deaths to identify opportunities for early intervention to prevent such deaths. • Explore more harm reduction interventions that particularly focus on and reduce drug related deaths. • Develop an approach that seeks to measure and understand the burden of local alcohol-related deaths.
2.12 Strengthen co-production and delivery and the power harnessed from people with lived experience	• Develop and implement a lived experienced and engagement strategy to target rough sleepers, sex workers, females, non-English speakers, steroids, spice & chemsex clients, LGBT+ populations, young people, BAME communities, prison leavers, veterans and mental health clients. (taken from 2.4 above)
2.13 Promote recovery from drug and alcohol addiction through ensuring safe and sustainable accommodation	• Support access to suitable and sustainable accommodation • Ensure those with a substance misuse issue sleeping on the streets or in unstable accommodation are supported in their treatment and recovery and can access more stable accommodation.
2.14 Promote recovery from drug and alcohol addiction through ensuring wider social and economic opportunities	• Explore the development of recovery networks to enhance the work of treatment services (User engagement sub-group).

	• Develop stronger and supportive pathways into employment opportunities. To explore funding opportunities via the Individual Placement and Support Scheme (IPS) for those in treatment. • Use additional investment to make sure that peer-based recovery support services and communities of recovery are linked and embedded in the drug treatment system.

STRATEGIC PRIORITY THEME 3 – ACHIEVING THE SHIFT IN GENERATIONAL DEMAND FOR DRUGS	
Strategic Priorities	**Intervention / Delivery**
3.1 Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences.	• Implement a trauma informed approach across education settings and young people's services targeted at those young people who have multiple adverse childhood experiences (ACEs). • Implement evidence-based resilience programmes to support young people experiencing ACEs. • Include drug education as a part of the compulsory health education curriculum in schools.

	• Provide a range of programmes in schools to identify and support children with vulnerabilities with risk factors (difficulty managing emotions, coping with challenges and behavioural concerns). • Ensure that school-based programmes are also provided to those in alternative education provision. • Deliver targeted interventions with those who have mental health issues, those involved with gangs and those whose parents use drugs. • Improve the youth offer, providing positive social activities diverting young people away from substance misuse and criminal activity.
3.2 Starting before birth and focusing on the early years, supporting the most vulnerable parents.	• Implement a review of services for pregnant / post-natal women who misuse drugs and / or alcohol. • Encourage pregnant women who misuse drugs and/or alcohol to seek early antenatal care.
3.3 Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse.	• Develop a way of working with the emerging Local Area Partnerships to identify community assets and asset-based approaches to improving resilience and supporting protective factors against substance misuse

	• Develop knowledge and skills across schools and workplaces around risk factors for substance misuse (including ACEs and trauma informed approaches) and support development of polices to reduce risk. • Build on existing skills and capabilities of housing options teams around supporting those with complex needs to identify risks earlier. Develop a holistic approach among front-line workers toward identifying and addressing risk of substance

STRATEGIC PRIORITY THEME 4 – CROSS CUTTING RECOMMENDATIONS	
Strategic Priorities	**Intervention / Delivery**
4.1 Strengthen stakeholder relationships and collaboration between services	• Develop networking opportunities to bring together service users, services and commissioners from across the system. • Develop a local directory of services.
4.2 Pool intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients.	• Establish a data and intelligence subgroup to collate routine data from national and local data sets. • Identify metrics to show progress towards outcomes, monitor change, engage with the wider related system to address any gaps in data and information to progress.

	• Ensuring data agreements are in place to enable data and information sharing between agencies. • Establish client / service user passports • Contribute to appropriate health needs assessments (HNAs), Joint Strategic Needs Assessment (JSNA), commissioning and service redesign functions. • GDPR training for staff and increasing partnership working. • Establish links to academic partners • Map activity across the 4 areas of activity to identify synergies, opportunities and any further gaps in provision moving forward.
4.3 Strengthen workforce planning across the system.	• Build capacity of substance misuse workforce. • Invest in training to develop skills and knowledge of workforce including operational / system leadership. • Improve emotional health and mental wellbeing of the workforce. • Review workloads of specialist staff and competing demands.

Northamptonshire Combating Drugs Partnership

Terms of Reference

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework.

Successful delivery of the government's drugs strategy, 'From harm to hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the Drugs Strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

The guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality that span the whole of the strategy; breaking supply, treatment and recovery, and reducing the demand for drugs.

1. Role and Purpose of Northamptonshire's Combating Drugs Partnership

The role and purpose of the Partnership will be to:

- Develop an all-age strategic approach to facilitate reductions in the level of harm caused by drug and alcohol use across the county.
- Identify and respond to the key themes emerging from Drug and Alcohol Joint Strategic Needs Assessments.
- Undertake a joint local needs assessment, reviewing local drug data and involving all relevant partners.
- Ensure substance misuse needs assessments and Partnership plans are relevant, regularly reviewing and updating at least every 3 years.
- Respond to national and regional activity in relation to drug and alcohol.
- Introduce and monitor a performance management framework that oversees the data and trends associated with drug and alcohol use.
- Oversee the development and delivery of partnership activity – including that associated with any sub-groups and responses to the NHS Long Term Plan and the Integrated Care System.
- Support and guide the delivery of both current and future commissioned drug and alcohol services.
- Maintain oversight of external funding provided to the county to address drug and alcohol use. This includes the co-ordination of government funding streams, for example, the Rough Sleepers Grant, Housing Support Grant, and the Supplementary Substance Misuse Grant. These will be aligned to the national strategy, providing the necessary links between funding and delivery.
- Promote integration and partnership working to deliver service changes and priorities.
- Annually review the action plan, acknowledging what has been achieved, and review and set actions for the following year(s).
- The partnership will respond to need, whether at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.
- The partnership will be mindful for the need of equality for all and will consider and take advice on the need to undertake impact assessments when considering any new policies,

commissioning or decision making. The action plan will consider the impact of those with protected characteristics.

Operating across Northamptonshire, it will:

- Be accountable to the Joint Combating Drugs Unit to deliver against the drug strategy national outcomes framework.
- Support the Safer Partnership Board and Health and Wellbeing Board by implementing actions that support the delivery of countywide drug and alcohol priorities and support people to have heathier, and more independent lives.
- Develop and implement an over-arching strategy and action plan that identifies partnership's priorities and facilitates integrated and innovative solutions and activities to reduce the level of harm caused by drug and alcohol use. These will encompass how activity will deliver the key outcomes outlined in the national strategy and any outcomes to be pursued locally.
- Regularly reviewing progress, reflecting on local delivery of the strategy and current issues and priorities.
- Identify, develop and undertake joint commissioning and service development opportunities to reduce the level of harm caused by drug and alcohol use.
- Act as a conduit to consider and respond to national guidance and policy for drug and alcohol related items.
- Develop appropriate communications to raise awareness of the partnership and its work
- Horizon scan, identifying national and local policies and strategies likely to impact on delivery of the Partnership's outcomes.
- Identify and agree any local outcomes required to deliver the strategy in addition to the national outcomes.
- Be visible and accountable to those with lived experience, local residents and central government.
- Annually take stock of progress reporting against the National Combating Drugs Outcomes Framework and additional local metrics to central government.
- Ensure alcohol is included in strategic planning and delivery in addition to drugs.

2. Principles

The Partnership will work using the following principles.

- Shared responsibility
- Person centred support
- Genuine co-production
- Equality of access and quality
- Joint planning
- Co-ordinated delivery
- Local visibility
- Flexibility
- Long-term strategic view

3. Membership

Representatives need to be of a suitable level to be able to commit to and make strategic decisions on behalf of their organisations. Individuals attending the partnership can represent more than one of the organisations listed, but they must indicate which at the beginning of the meeting.

The core membership of the Partnership are the representatives from the following organisations.

- North Northamptonshire Council (NNC) and West Northamptonshire Council (WNC)
- Directors of Public Health (alternating)
- Elected members (a representative from both NNC and WNC)
- Public Health Team (substance misuse leads)
- Community Safety Partnership (strategic leads)
- Northamptonshire Integrated Care Board (mental health strategic lead)
- Northamptonshire Healthcare NHS Foundation Trust (mental health provider)
- Change Grow Live (adult substance misuse service provider)
- Aquarius (children's substance misuse service provider)
- Job Centre Plus
- Northamptonshire Police
- Northamptonshire Probation Delivery Unit
- Northamptonshire Office of the Police, Fire and Crime
- Five Wells Prison
- Criminal Justice Board and Youth Offending
- Children & Families
- Department of Education
- Adult Social Care
- Housing
- Integrated Care Board
- People affected by drug-related harm
- Coroner's Office

In addition, the partnership will contain the following lead roles.

- Partnership lead (overseeing delivery of local programmes and co-ordinating partnerships)
- Secretariat function (to manage meeting arrangements, agendas, note taking and venue hire where appropriate)
- Public involvement lead (lead to ensure the voices of members of the public are heard)
- Data and digital lead (lead on data, data protection, information governance and outcomes)

4. Roles of partner organisations

Each organisation represented on the core membership and subgroups (if used) will

- Contribute to developing a shared vision.
- Ensure the Partnership's strategic plans are communicated within their own organisation.
- Submit Partnership plans to the relevant governance structures (as required).
- Work towards aligning their organisation's strategic priorities and operational plans to those of the strategic plan developed by the Partnership.
- Contribute data and intelligence to inform needs assessments, ongoing surveillance and monitoring progress (as required)

- Contribute the resources required to deliver the plan (as required)
- Assist with system integration including referral pathways and appropriate information sharing.

5. Links to other strategic Boards and Partnerships

The Partnership is responsible for delivery of the national strategy and is accountable to central government. Members of the Partnership will provide the link with other local Boards and Partnerships, informing and co-ordinating work programmes as required. The Partnership will identify where other Boards and Partnerships are best placed to lead on delivery of actions.

Within Northamptonshire, the Partnership work with the following Boards and Partnerships.

- Health and Wellbeing Boards (North and West)
- Integrated Care Partnerships (North and West)
- Community Safety Partnerships (North and West)
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Reducing Reoffending Board
- Community Sentencing Treatment Requirement Board

Please see Appendix A

6. Governance and Support

The Partnership will be chaired by the Directors of Public Health (DPH) for WNC and NNC, alternating each year. The DPHs will be the Senior Responsible Officer (SRO) for the Partnership.

All organisations will identify a named lead to attend the Partnership and a deputy. The Partnership may set up subgroups to deliver the local action plan.

Administrative support will be a shared responsibility of the organisations within the partnership. Public Health will provide administrative support for the first 12 months whilst the partnership is being established.

Appropriate representatives will attend relevant partnership boards to ensure strategies are aligned and information shared.

Agenda management will be the responsibility of all members of the partnership. All partners are expected to contribute to items identified within the drug and alcohol workplan.

The agenda and papers will be sent out five working days before each meeting.

Member are expected to prepare for meetings and review all materials sent to them ahead of all meetings, so they can participate in discussion and make informed decisions.

Members are responsible for maintaining confidentiality, keeping papers secure and for shredding them/password protect after meetings where necessary.

All members should endeavour to nominate a representative to attend partnership meetings if the permanent member is unable to attend.

Any agenda items requests should be sent to the Chair at least two weeks prior to the partnership meeting.

7. Decision making

It is recognised that the partnership may be required to make decisions on operational or strategic items. When a decision is required, the meeting will be declared quorate when at least 50% of members are present (including, if relevant, members who are explicitly affected by the decision – i.e. the decision explicitly names them as needing to take a specific action). In the event of a decision being 'hung', the Chair (or the Vice Chair, in the absence of the Chair) of partnership has the authority to make the final decision.

Disagreements or conflict between partners will be resolved by the Chair outside the formal partnership meeting. Additional support can be sought from the drug strategy departments (Home Office, DHSC, MoJ, DWP, DfE) to aid this process.

8. Finance/ Budget

The partnership may be required to oversee any funding allocated towards the furthering of its role and purpose e.g., via national Government. It will aim to maximise these resources, develop complementary and collaborative commissioning arrangements and pool resources wherever appropriate.

9. Sub-Groups

For the Partnership to be effective, subgroups will be responsible for leading specific areas of work. These subgroups include, but will not be limited to:

- Finance and funding sub-group
- Drug related deaths sub-group
- Lived Experience & Engagement
- Data Analysis and Intelligence sub-group – To agree and review the performance data set to ensure it meets the requirements of the Combating Partnership Guidance.
- Prevention & Early Intervention
- Supply & Demand
- Treatment & Recovery

Membership of the subgroups will include partner organisations, service providers, practitioners and other stakeholders with a broad understanding of the area of work. Some representatives may be required to attend more than one subgroup. The subgroups will enable a wide range of agencies to be engaged and influence activity. A terms of reference will be developed for each sub-group and signed off by the partnership.

Each subgroup will have a standing agenda item at each partnership meeting. This should form a highlight report that details work undertaken against the partnership's action plan/strategy; risk and mitigations; financial status and implications; escalations and decisions required by the partnership.

10. Client Involvement

The partnership will ensure that people who access treatment and recovery services and those who have been personally affected by drug harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.

The partnership will ensure they have representation of people appropriate lived experience at every meeting. There will be a standard agenda item designated for clients' views and feedback at every meeting.

Client involvement will be regularly reviewed as part of the overall action plan.

11. Information Sharing

All organisations will be signatories to the Northamptonshire's Information Sharing Protocol and be responsible for complying with the General Data Protection Regulation.

Frequency and format of meetings

The Partnership will meet quarterly. Additional meetings may be required to progress work required to meet national or locally agreed deadlines. The need for additional meetings will be determined by the SRO. Meetings will be online and in the event of a face-to-face meeting, hybrid facilities will be made available wherever possible. It is envisaged that most meetings will last 2 hours.

Risk Management

The Partnership will maintain a risk register. The Partnership will use this for managing risks and resolving differing views of member organisations with the Partnership.

Review of the Partnership

The Partnership will review its effectiveness at least annually. The SRO may determine that additional reviews are required. This will include a review of progress against the agreed plan and monitoring of national and local outcomes, including feedback of those in need of service provision.

Date: 13 December 2022

Date for Review: 13 December 2023

HM Government

Guidance for local delivery partners

From harm to hope: A 10-year drugs plan to cut crime and save lives

Appendix 2 – National Combating Drugs Outcomes Framework

June 2022

National Combating Drugs Outcomes Framework

This appendix supports the National Combating Drugs Outcomes Framework in the drugs strategy local guidance, at Chapter 2. It provides the definitions of the headline measures, why we chose them, their limitations, and the source of the data. This is aimed at providing detail on the how we are measuring the headline outcomes, so that partnerships can assess and monitor how they can contribute to delivering them.

The current data collections have not all been developed specifically for this agenda, and there are potential gaps in monitoring change at the preferred frequency and geography. To tackle this, a full outcomes framework will be published in summer 2022, and will include details on:

- a full set of supporting metrics to show both progress towards outcomes, and to monitor the wider related system
- a data development plan to look at how to fill gaps in the data
- how the government will explore data intelligence approaches where it is difficult to get timely data

 **Reducing Drug Use**	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • Drug use in prisons • Drug use in the homelessness population • Impact of drugs on children and families • Acceptability of drug use

 **Reducing Drug Use**	
Proportion of individuals using drugs in the last year	**Definition:** Proportion of individuals reporting use of drugs in the last year; 16-24 years, 16-59 years. Monitored by drug type (all, cannabis, cocaine), personal characteristics (gender, ethnicity, others as required), **England and Wales**. **Inclusion Basis:** The currently accepted measure of drug use in England and Wales, produced by the Office for National Statistics (ONS), and provides a continuous time series since December 1995. **Limitations:** Annual Survey with time delay to publish, household-based survey, so excludes some groups. Last comparable data point is currently 2019/20. **Data Source:** Crime Survey for England and Wales, ONS[1]
	Definition: Proportion of pupils aged 11-15 who took drugs in the last year. Monitored by drug type, personal characteristics (gender, ethnicity), **England only** **Inclusion Basis:** The currently accepted measure of drug use in children in England, produced by NHS Digital, and provides a continuous time series since 2001. **Limitations:** The survey is undertaken every 2 years, and only includes those in school. Last comparable data point is currently 2018. **Data Source:** Smoking, Drinking and Drug Use among Young People in England[2]

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020

[2] https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018

Reducing Drug Use	
Prevalence of Opiate and Crack Use	**Definition:** Estimated total number and prevalence rate of opiate and/or crack cocaine use at local authority, regional and **England only**. *Monitored by* drug type and age. **Inclusion Basis:** The currently used estimate of opiate and/or crack cocaine use prevalence; used to assess need in local authorities. It includes estimates of unseen use, not just those in contact with the treatment system. **Limitations:** The last update covers the period 2016/17, the next update will be for 2019/20. **Data Source:** Estimates of the prevalence of opiate use and/or crack cocaine use[3]

Reducing Drug Related Crime	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • Drug trafficking and possession • Proven reoffending • Hospital admissions for assault by sharp object • Acquisitive crime

[3] https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Reducing Drug Related Crime	
Drug Related Homicide	**Definition:** Homicides that involve drug users or dealers or have been related to drugs in any way. An offence is 'drug-related' if any of the following variables are positive: victim illegal drug user; victim illegal drug dealer; suspect illegal drug user; suspect illegal drug dealer; victim has taken a drug; suspect has taken a drug; suspect had motive to obtain drugs; suspect had motive to steal drug proceeds; drug related. **England and Wales.** **Inclusion Basis:** Reducing homicides is a government ambition and around half of homicides are flagged as drug related. This is the official measure of drug related homicide in England and Wales. **Limitations:** The criteria for assigning the drug-related flag is broad **Data Source:** Homicide in England and Wales[4]
Neighbourhood Crime	**Definition:** Neighbourhood Crime, made up of domestic burglary, personal robbery, vehicle offences and theft from the person. **England and Wales** **Inclusion Basis:** Drug use can have an impact on the quality of life and the level of crime in an area, with nearly half of acquisitive crime believed to be linked to drug use. This data is survey based, so gives a fuller picture of the crime being committed, as it may not all be reported. **Limitations:** We are not currently able to specify which crimes are drug related **Data Source:** Crime Survey for England and Wales[5]

4 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2021

5 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesappendixtables

Reducing Drug Related Harm	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • Prevalence of Hepatitis C in those who inject drugs • A&E attendances for drugs misuse
Deaths from Drug Misuse	**Definition:** Deaths related to drug misuse in **England only.** Monitored by English region, date of death and date of registration. **Inclusion Basis:** The official data covering deaths by drug misuse, and a key area of harm covered by the strategy **Limitations:** The data is published annually, and due to the requirement for a coroner in these cases, there is a significant time delay in registering the death. Monitoring both the date of death and registration allows us to see the impact at the time of our interventions, but there will be some time delay before we see the impact. **Data Source:** Deaths related to drug poisoning England and Wales[6]
Hospital Admissions for Drug Misuse	**Definition:** Hospital admissions for drug poisoning and drug related mental health and behavioural disorders (primary diagnosis of selected drugs) in **England only**. Monitored by National, Local Authority, and age group (16-24, over 25) **Inclusion Basis:** A measure of high health harm from drug misuse. **Limitations:** Only includes admissions, not other interactions with the health services, and is a count of admissions not individuals. **Data Source:** NHS Digital[7]

6 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsrelatedtodrugpoisoningenglandandwalesreferencetable

7 https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020

Reducing Supply	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • Drug Seizures • Drug purity • Safeguarding of vulnerable people and children
Number of county lines closed	**Definition:** Number of county lines closed through the County Lines Programme. **England only.** **Inclusion Basis:** A drug strategy ambition and a measure of police activity through this programme **Limitations:** Is a measure for the county lines programme, which covers a restricted geography. It does not tell us whether the line has been replaced or the business displaced elsewhere. **Data Source:** Home Office[8]
Organised Crime Gang disruptions	**Definition:** Number of moderate and major OCG disruptions against organised criminals. Major: Significant disruptive impact on an OCG, individual or vulnerability, with significant or long-term impact on the threat. Moderate: As above but with noticeable and/or medium-term impact on the threat. **England and Wales.** **Inclusion Basis:** Measure of the impact of enforcement activity to disrupt organised crime **Limitations:** There is some overlap with county lines closures **Data Source:** National Crime Agency[9]

[8] Internal Management Information
[9] Internal Management Information

Increase Engagement in Treatment	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • Unmet need • Deaths in treatment • Access to treatment through the criminal justice system
Numbers in Treatment	**Definition:** Numbers in treatment for adults and young people. Monitored by: Protected characteristics, opiate and/or crack cocaine users (OCUs) and non-OCUs, and alcohol, Type of treatment (any type, rehab and inpatient detox). **England only.** **Inclusion Basis:** An overview of the expansion of different types of treatment places and that they are being accessed. Also gives a view of whether the access is reaching different groups. **Limitations:** Does not give an indication of the quality of places and treatment being delivered. **Data Source:** Alcohol and drug treatment statistics: adults and young people.[10]
Prison Continuity of Care	**Definition:** Proportion of prison leavers transferred to community treatment providers, who are successfully engaged within 3 weeks. **England only.** **Inclusion Basis:** High harm cohort that often fall through the cracks; ensuring they can maintain treatment and support is key **Limitations:** Includes only those with an identified need, and does not assess the quality or type of treatment they are taking up **Data Source:** Alcohol and drug treatment in secure settings[11]

[10] https://www.gov.uk/government/collections/alcohol-and-drug-misuse-and-treatment-statistics
[11] https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-report

Improve Recovery Outcomes	
Supporting Metrics	For this outcome, we are exploring a range of supporting metrics, more timely, interim and/or proxy measures, and whole system measures, including: • In stable accommodation • Accessing mental health treatment • Undertaking meaningful activity, including employment • Families and safeguarding
Treatment Effectiveness	**Definition:** Treatment effectiveness measure: proportion in stable accommodation who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use. **England only.** **Inclusion Basis:** Measure to cover the effectiveness of treatment, covering the range of progress that individuals are making **Limitations:** Does not give an indication of whether outcomes are maintained post treatment **Data Source:** Office for Health Improvement and Disparities

This publication is also available on our website at www.gov.uk/government/collections/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

Any enquiries regarding this publication should be sent to us at JCDU-enquiries@combatingdrugs.gov.uk

This page is intentionally left blank