

# Public Document Pack



**Meeting:** Health Scrutiny Committee  
**Date:** Tuesday 12th March, 2024  
**Time:** 7.00 pm  
**Venue:** Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

**The meeting will be available for the public to view live at our Democratic Services' YouTube channel:**

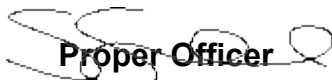
<https://www.youtube.com/c/DemocraticServicesNorthNorthantsCouncil>

To members of the Health Scrutiny Committee

Councillor King Lawal (Chair), Councillor Charlie Best (Vice-Chair), Councillor Scott Brown, Councillor Jon-Paul Carr, Councillor Bert Jackson, Councillor Graham Lawman, Councillor Anne Lee, Councillor Dorothy Maxwell and Councillor Mark Pengelly


<b>Agenda</b>			
<b>Item</b>	<b>Subject</b>	<b>Presenting Officer</b>	<b>Page no.</b>
01	Apologies for Absence		
02	Members' Declarations of Interest		
03	Minutes of the Meeting held on 9 January 2024	Chair	5 - 6
04	Substance Misuse	Helene Denness, Deputy Director of Public Health	7 - 22
05	NHS Health Checks	Jane Bethea, Director of Public Health	23 - 42
06	Health Scrutiny Work Plan	Raj Sohal, Democratic Services Officer	43 - 50
07	Close of Meeting		


Sanjit Sull, Monitoring Officer  
North Northamptonshire Council

  
**Proper Officer**  
**4<sup>th</sup> March 2024**

This agenda has been published by Democratic Services.

Committee Administrator: Raj Sohal

 07910 344766

 rajvir.sohal@northnorthants.gov.uk

### Meetings at the Council Offices

Where there is a need for the Council to discuss exempt or confidential business, the press and public will be excluded from those parts of the meeting only and will have to vacate the room for the duration of that business.

### Public Participation

The Council has approved procedures for you to request to address meetings of the Council.

ITEM	NARRATIVE	DEADLINE
Members of the Public Agenda Statements	<p>If you want to address one of the Scrutiny Committees you will need to give two full working days notice before the meeting.</p> <p>You can make a statement which must relate to an agenda item and you will be expected to attend the meeting to read out your statement. You will have a maximum of three minutes to make your statement and it will be made at the start of the relevant agenda item. Your statement will be considered during the subsequent debate.</p>	5pm Thursday 7 <sup>th</sup> March 2024

Please see the [procedures for speaking at our meetings](#) before registering to speak.

If you wish to register to speak, please contact the committee administrator

### Members' Declarations of Interest

Members are reminded of their duty to ensure they abide by the approved Member Code of Conduct whilst undertaking their role as a Councillor. Where a matter arises at a meeting which **relates to** a Disclosable Pecuniary Interest, you must declare the interest, not participate in any discussion or vote on the matter and must not remain in the room unless granted a dispensation.

Where a matter arises at a meeting which **relates to** other Registerable Interests, you must declare the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but must not take part in any vote on the matter unless you have been granted a dispensation.

Where a matter arises at a meeting which **relates to** your own financial interest (and is not a Disclosable Pecuniary Interest) or **relates to** a financial interest of a relative, friend or close associate, you must disclose the interest and not vote on the matter unless granted

a dispensation. You may speak on the matter only if members of the public are also allowed to speak at the meeting.

Members are reminded that they should continue to adhere to the Council's approved rules and protocols during the conduct of meetings. These are contained in the Council's approved Constitution.

If Members have any queries as to whether a Declaration of Interest should be made please contact the Monitoring Officer at – [monitoringofficer@northnorthants.gov.uk](mailto:monitoringofficer@northnorthants.gov.uk)

### **Press & Media Enquiries**

Any press or media enquiries should be directed through the Council's Communications Team to [NNU-Comms-Team@northnorthants.gov.uk](mailto:NNU-Comms-Team@northnorthants.gov.uk)

### **Public Enquiries**

Public enquiries regarding the Authority's meetings can be made to [democraticservices@northnorthants.gov.uk](mailto:democraticservices@northnorthants.gov.uk)

### **Webcasting**

Meetings of the Council will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items. A copy will be retained in accordance with the Council's data retention policy.

If you make a representation to the meeting, unless you have specifically asked not to appear on the webcast, you are taking positive action to confirm that you consent to being filmed. You have been made aware of the broadcast and entering the Council Chamber you are consenting to be filmed by North Northamptonshire Council and to the possible use of those images and sound recordings for webcasting.

If you do not wish to have your image captured you should sit in the public gallery area that overlooks the Chamber.

The Council is obliged by law to allow members of the public to take photographs, film, audio-record, blog or tweet the proceedings at public meetings. The Council will only seek to prevent this should it be undertaken in a disruptive or otherwise inappropriate manner.

The Council intends to webcast all of its public meetings held at the Corby Cube, but if it is unable to do so, for the avoidance of doubt, the meeting will continue as scheduled and decisions and minutes made available on the Council's website in the normal manner.

If you have any queries regarding webcasting or the recording of meetings by the public, please contact [democraticservices@northnorthants.gov.uk](mailto:democraticservices@northnorthants.gov.uk)

This page is intentionally left blank

## **Minutes of a meeting of the Health Scrutiny Committee**

Held at 7.00 pm on Tuesday 9th January, 2024 in the Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

### **Present:-**

#### Members

Councillor Charlie Best  
Councillor Graham Lawman  
Councillor Scott Brown  
Councillor Bert Jackson

Councillor Anne Lee  
Councillor Zoe McGhee  
Councillor King Lawal

#### NNC Officers

Jane Bethea  
Raj Sohal  
David Watts

Adele Wylie

Director of Public Health  
Democratic Services Officer  
Executive Director – Adults, Health  
Partnerships & Housing  
Chief Executive - NNC

### **21 Election of Chair**

**RESOLVED that: Councillor King Lawal be elected as Chairman of the Health Scrutiny Committee.**

### **22 Apologies for Absence**

Apologies were received from Councillors Jon-Paul Carr and Dorothy Maxwell.

### **23 Members' Declarations of Interest**

Councillor Graham Lawman clarified that he was a public governor for Kettering General Hospital, as a personal interest.

### **24 Notifications of Requests to Address the Meeting**

No requests were received.

### **25 Minutes of the Meeting held on 14th November 2023**

**RESOLVED that: The minutes be agreed as an accurate record of the meeting.**

### **26 Update on Kettering General Hospital Rebuild**

The Committee considered a presentation by representatives from Kettering General Hospital, which outlined its planned rebuild for a new hospital.

**RESOLVED that: The report be noted.**

**27 Health Integration - Progress from the Local Area Partnerships/Community Wellbeing Forums**

The Committee considered a report by the Director of North Place Development, which provided an overview of the development of North Northamptonshire place through an oversight of the following developments:

- A New Sense of Place - Local Area Partnerships (LAPs).
- North Place Deliver Board Developmental thinking - 'Looking Back-Looking Forward'.
- Support North Northamptonshire (SNN) - Voluntary Community or Social Enterprise (VCSE) Collaborative approach.

**RESOLVED that: The report be noted.**

**28 Specialist Drug and Alcohol Treatment Services for Individuals Rough Sleeping or at Risk of Rough Sleeping**

The Committee considered a report by the Housing Policy and Performance Manager, which sought the Committee's approval to use NNC's Public Health Reserves to fund activities up to £600,000 for specialist drug and alcohol treatment services for people rough sleeping or at risk of rough sleeping until 31st March 2026.

**RESOLVED that: The Committee approves the use of the Council's Public Health Reserves in the absence of a Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), to fund activities and new roles up to £600,000 to underpin Rough Sleeping Drug and Alcohol Treatment services.**

**29 EMAS Annual Report**

The Committee considered a presentation by representatives from the East Midlands Ambulance Service (EMAS), which outlined EMAS's annual report.

**RESOLVED that: The report be noted.**

**30 Short Breaks and Respite for Children with Disabilities**

The Committee considered a report by the Executive Director of Adults, Health Partnerships and Housing, which outlined the work and public consultation completed to date to develop a new model for short breaks and respite for children with disabilities.

**RESOLVED that: The report be noted.**

**31 Close of Meeting**

There being no further business, the Chair thanked the Committee for their attendance and closed the meeting at 9:07pm.



## Health Scrutiny Committee 12<sup>th</sup> March 2024

<b>Report Title</b>	An overview of substance misuse needs in North Northamptonshire
<b>Report Author</b>	Helene Denness - Deputy Director of Public Health <a href="mailto:helene.denness@northnorthants.gov.uk">helene.denness@northnorthants.gov.uk</a>
<b>Executive Member</b>	Cllr Gillian Mercer – Executive Member for Adults, Health and Wellbeing

<b>Are there public sector equality duty implications?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Does the report contain confidential or exempt information (whether in appendices or not)?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972</b>	N/A

### List of Appendices

#### Appendix 1: An overview of substance misuse needs in North Northamptonshire

##### 1. Purpose of Report

---

1.1 The purpose of this report is to provide an overview of substance misuse needs in North Northamptonshire and local action to improve outcomes for people with substance misuse issues, including through local treatment and recovery services.

##### 2. Executive Summary

---

2.1. Since the Health and Social Care Act 2012, Local Authority Public Health Departments have been responsible for commissioning substance misuse/drug and alcohol services, and they must do so as a condition of the public health grant. Currently, West Northamptonshire Council commission the substance misuse services in the table below on behalf of West Northamptonshire and North Northamptonshire Councils. All services are contracted to March 2026. A summary of local service provision is included in Appendix 1.

2.2. In response to Dame Carol Black’s drugs review, in 2021, the Government published ‘From Harm to Hope. A 10 year drugs plan to cut crime and save lives’. The Government also announced a three-year financial commitment to support local areas to achieve these priorities, the supplementary substance misuse treatment and recovery grant (SSMTRG). Each year, public health

departments in England submit plans to the Office for Health Improvement and Disparities (OHID) detailing planned actions and offering assurance this spending is in addition to existing commitments through the ring-fenced public health grant. The indicative allocation for Northamptonshire in 24/25 is £2,241,633.

2.3. In 2022, in recognition of the importance of whole-systems responses to substance misuse, the Government set out a strategy vision for Combating Drugs Partnerships in each locality to guide local action to meet the strategic outcomes.

2.4. Locally, the Northamptonshire Combatting Drugs Partnership (CDP) is chaired by Jane Bethea (Director of Public Health, North Northamptonshire). The drug and alcohol needs assessment was completed in November 2023 and guides local priorities, mirroring the outcomes framework whilst honing in on local needs. In Northamptonshire, the priorities are to:

- Increase the numbers in treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Improve the criminal justice prisoner release process for those discharged under Post Sentence Supervision (Continuity of Care).
- Increase the number of places available for residential rehab and inpatient detox.
- Reduce drug-related deaths.
- Intervene early to reduce substance misuse in young people and ensure families receive the support they need to break generational cycles.

### **3. Recommendations**

---

The Scrutiny Committee is asked to:

- 3.1. Note local substance misuse needs and actions to improve outcomes for people with substance misuse issues, including through local treatment and recovery services.

### **4. Report Background**

---

4.1. Around 3 million people in England and Wales take drugs each year, with approximately 300,000 people in England taking opiates such as heroin and crack cocaine. If health harms, the cost of crime and broader societal impacts are considered together, the total costs of drugs to society are over £19 billion. Substance use and deaths from misuse are strongly associated with deprivation (Dame Carol Black, 2020)<sup>1</sup>.

4.2. Whilst illegal drugs were historically the focus of substance misuse services,

---

<sup>1</sup> Dame Carol Black Independent report. Review of drugs: summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](#)



at a population level, alcohol causes more harm than drugs. Alcohol is a causal factor in more than 200 medical conditions, including mouth, throat, stomach, liver and breast cancer, liver disease, heart disease and stroke.

- 4.3. People with drug and alcohol issues experience significant health inequalities and have a much reduced life expectancy. While drug poisoning is an important cause of death, people who use drugs and alcohol also die prematurely of diseases that are preventable or treatable.
- 4.4. Substance misuse has a significant impact on demand for all NHS services. Whilst drug and alcohol use may not have directly led to the admission, it can still be a complication in any treatment provided during admission or the cause of long-term health issues that require hospital treatment.
- 4.5. From August 2021 to July 2022, there were 5,412 admissions relating to 3455 Northamptonshire residents that were coded as related to drugs or alcohol<sup>2</sup>. Most of these are related to physical health issues, with only 15% (812/5,412) having a primary diagnosis of 'mental or behavioural disorder due to psychoactive substance use'. In 2021/22 North Northamptonshire, alcohol-related admissions were similar to the England average<sup>3</sup>, but this is likely to disguise differences at a local level.
- 4.6. Drug and/or alcohol misuse is also associated with Emergency Department and Urgent Care Unit attendance. From August 2021 to July 2022, there were 16,846 attendances related to drugs and alcohol by 6,156 individuals. The total cost of these attendances is estimated to be £2,975,833. Forty of these individuals attended 25 or more times.
- 4.7. For a death to be termed a death from drug misuse, it must have the underlying cause of death coded as due to psychoactive substance use, which excludes alcohol, tobacco and volatile substances. In England and Wales, deaths from drug misuse have continued to rise over the last decade and in 2021, they were the highest number since records began in 1993.
- 4.8. In the four years from January 2019 to June 2022, there were 134 deaths from drug misuse in Northamptonshire. Local analysis for the substance misuse needs assessment shows that:
  - 71% of deaths were male.
  - The mean age of death in men was 44.3 years and 41.3 years in women.
  - 63% of deaths occurred in the 30% most deprived areas in Northamptonshire.
  - Most deaths from drug misuse occurred in Northampton (35%), Kettering (19%) and Corby (15%). However, when expressing the number of deaths

---

<sup>2</sup> Northamptonshire Drug and Alcohol Needs Assessment 2023

<sup>3</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

as a proportion of the total population, the highest rate of deaths from drug misuse was in Kettering, followed by Northampton and Corby.

4.9. In 2022, in North Northamptonshire, there were 146 alcohol-related deaths, which is similar to the England average<sup>4</sup>, although this is likely to disguise differences at a local level.

4.10. A summary of the local substance misuse services is included in Appendix 1. Work is underway to increase understanding of equity of access, outcome and experience by gender, age, ethnicity and disability. Currently, people in substance misuse treatment are more likely to be male (69%) and aged 40-54, which is similar to the national treatment population. People from ethnic groups other than White British are under-represented in the treatment population. Further work will explore whether this under-representation relates to different patterns of drug and alcohol use or barriers to engaging with services.

4.11. In addition to these services, partners work collectively to reduce drug-related deaths. The 'Local Drug Information System' (LDIS) is an early warning system through which reports of potent, adulterated, contaminated or dangerous substances are shared locally to reduce the risk of further harm, including drug-related deaths. Information shared through the LDIS process is confidential, so patients or service users cannot be identified.

4.12. The drug-related deaths (DRD) review process reviews reports from organisations involved in the care of the person who died to identify and share system learning that could reduce future deaths in similar circumstances. An annual report that summarises drug-related deaths enables consideration of any trends and information about their causes to inform local action.

---

## 5. The Final Redesigned Model

---

5.1. Not applicable.

## 6. Risks & Mitigations

Risk	Mitigation
The supplementary substance misuse treatment and recovery grant (SSMTRG) funding ends in March 2025. Without these	Providers and commissioners monitor service delivery models, and mitigations are identified for the potential impact if SSMTRG funding ceases.

---

<sup>4</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

additional funds, partners may be unable to sustain the current investment in substance misuse treatment and recovery services.	

## 7. Next Steps

---

7.1 Northamptonshire Combatting Drugs Partnership will continue to monitor its health-related strategic priorities to:

- Deliver a world-class treatment and recovery system.
- Reduce drug-related deaths.
- Achieving the shift in generational demand for drugs

7.2 Public Health will work with partners to improve outcomes for people with substance misuse issues by learning from the experience of service users.

## Appendix 1

### An overview of substance misuse needs in North Northamptonshire

March 2024

#### National and local context

Around 3 million people in England and Wales take drugs each year, with approximately 300,000 people in England taking opiates such as heroin and crack cocaine. If health harms, the cost of crime and broader societal impacts are considered together, the total costs of drugs to society are over £19 billion. Substance use and deaths from misuse are strongly associated with deprivation (Dame Carol Black, 2020)<sup>5</sup>.

People with drug and alcohol issues experience significant health inequalities and have a much reduced life expectancy. While drug poisoning is an important cause of death, people who use drugs and alcohol also die prematurely of diseases that are preventable or treatable. Dame Carol Black’s drugs review found that ‘many drug users have poor overall health’ and that the NHS is ‘poor at engaging with the wider health needs of drug users with medical co-morbidities (for example, hepatitis C, HIV, heart and lung disease)’. She also notes that many ‘drug users’ find it difficult to navigate complex health systems and feel stigmatised when trying to do so<sup>6</sup>. For

<sup>5</sup> Dame Carol Black Independent report. Review of drugs: summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](#)

<sup>6</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](#)

many people, 'mental health problems and trauma lie at the heart of their drug and alcohol dependence'<sup>7</sup>. However, they are often excluded from mental health services until they resolve their drug problem and excluded from drug services until their mental health problems have been addressed.

Whilst illegal drugs was historically the focus of substance misuse services, at a population level, alcohol cause more harm than drugs. Alcohol is a causal factor in more than 200 medical conditions, including mouth, throat, stomach, liver and breast cancer, liver disease, heart disease and stroke. Alcohol use is also associated with significant harm to others, including antisocial behaviour, violence associated with the nighttime economy and road traffic deaths. Parental alcohol misuse is implicated in deaths and serious injuries in children. 61% of care applications are related to parental alcohol or drug use<sup>8</sup>. Smoking is the single most significant contributor to premature mortality for people who use drugs and alcohol.

Investment in drug and alcohol/substance misuse services saves money in areas such as crime and health and social care<sup>9</sup>. Still, Dame Carol Black's drugs review stated there had been significant disinvestment in substance misuse treatment services over the last eight years. She proposed that this had led to an increase in drug and alcohol-related harm, drug-related deaths and a decrease in 'efficacy and quality of treatment over the same period.



Figure 1. Investing in drugs and alcohol treatment services. Source: [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

In response to Dame Carol Black's report, in 2021, the Government published 'From Harm to Hope. A 10 year drugs plan to cut crime and save lives'<sup>10</sup> has three strategic priorities:

- Break drug supply chains
- Deliver a world class treatment and recovery system.
- Achieve a generational shift in demand for drugs.

<sup>7</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

<sup>8</sup> Houses of Parliament (2018). Parental Alcohol Misuse and Children. [Parental Alcohol Misuse and Children \(parliament.uk\)](https://www.parliament.uk/publications/2018/06/parental-alcohol-misuse-and-children/)

<sup>9</sup> [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531222/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

<sup>10</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/978222/From_harm_to_hope_a_10_year_drugs_plan_to_cut_crime_and_save_lives.pdf)

The Government also announced a three-year financial commitment to support local areas to achieve these priorities, the supplementary substance misuse treatment and recovery grant (SSMTRG). Each year, public health departments in England submit plans to the Office for Health Improvement and Disparities (OHID) detailing planned actions and offering assurance this spending is in addition to existing commitments through the ring-fenced public health grant. The indicative allocation for Northamptonshire in 24/25 is £2,241,633.

In 2022, in recognition of the importance of whole-systems responses to substance misuse, the Government set out a strategy vision for Combating Drugs Partnerships in each locality to guide local action to meet the strategic outcomes.







National Combating Drugs Outcomes Framework Our ambition: a safer, healthier and more productive society by combating illicit drugs	
<b>What we will deliver for citizens (strategic outcomes)</b>	<b>Measured by:</b>
 <b>Reducing drug use</b>	<ul style="list-style-type: none"> <li>the proportion of the population reporting drug use in the last year (reported by age)</li> <li>prevalence of opiate and/or crack cocaine use</li> </ul>
 <b>Reducing drug-related crime</b>	<ul style="list-style-type: none"> <li>the number of drug-related homicides</li> <li>the number of neighbourhood crimes</li> </ul>
 <b>Reducing drug-related deaths and harm</b>	<ul style="list-style-type: none"> <li>deaths related to drug misuse</li> <li>hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)</li> </ul>
<b>What will help us deliver this (intermediate outcomes)</b>	<b>Measured by:</b>
 <b>Reducing drug supply</b>	<ul style="list-style-type: none"> <li>the number of county lines closed</li> <li>the number of moderate and major disruptions against organised criminals</li> </ul>
 <b>Increasing engagement in drug treatment</b>	<ul style="list-style-type: none"> <li>the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)</li> <li>continuity of care – engagement with treatment within three weeks of leaving prison</li> </ul>
 <b>Improving drug recovery outcomes</b>	<ul style="list-style-type: none"> <li>the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use</li> </ul> <p><b>Key additional components integral to recovery include housing, mental health, and employment</b></p>

Figure 2. National Combating Drugs Outcome Framework. Source: [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114121/drugs_strategy_guidance_for_local_delivery_partners.pdf)

Locally, the Northamptonshire Combatting Drugs Partnership (CDP) is chaired by Jane Bethea, who took over from Sally Burns (Director of Public Health, West Northamptonshire) in December 2023. The drug and alcohol needs assessment was completed in November 2023 and guides local priorities, mirroring the outcomes framework whilst honing in on local needs.

The local priorities are to:

- Increase the numbers in treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Improve the criminal justice prisoner release process for those discharged under Post Sentence Supervision (Continuity of Care).
- Increase the number of places available for residential rehab and inpatient detox.
- Reduce drug-related deaths.
- Intervene early to reduce substance misuse in young people and ensure families receive the support they need to break generational cycles.

## Local needs and local services

### Hospital admissions and Emergency Department attendances

Substance misuse has a significant impact on demand for all NHS services. Routine data that identifies substance misuse is available for urgent care and hospital admissions. Each hospital admission is given a diagnostic coding and may indicate whether alcohol or drug involvement contributed to the need for admission, such as existing drug or alcohol issues or an individual’s history of these issues. Whilst drug and alcohol use may not have directly led to the admission, it can still be a complication in any treatment provided during admission or the cause of long-term health issues that require hospital treatment.

Some of the longer-term diseases caused by alcohol are more specific than those caused by other substance misuse. A proportion of admissions for the following conditions may have some origins in drug or alcohol misuse, but the routine data available may not always show this.

- Cardiovascular disease
- Stroke
- Cancer
- HIV/AIDS
- Hepatitis B and C
- Lung disease
- Mental disorder

From August 2021 to July 2022, there were 5,412 admissions relating to 3455 Northamptonshire residents that were coded as related to drugs or alcohol<sup>11</sup>. Most of these are related to physical health issues, with only 15% (812/5,412) having a primary diagnosis of ‘mental or behavioural disorder due to psychoactive substance use’. In 2021/22 North Northamptonshire, alcohol-related admissions were similar to the England average<sup>12</sup>, but this is likely to disguise differences at a local level.

Indicator	Period	N Northamptonshire		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2021/22	–	1,679	479	536	494	867		251
Admission episodes for alcohol-related conditions (Narrow) (Male)	2021/22	–	1,057	628	689	664	1,104		359
Admission episodes for alcohol-related conditions (Narrow) (Female)	2021/22	–	622	345	396	341	742		147
Admission episodes for alcohol-related conditions (Broad) (Persons)	2021/22	–	5,924	1,703	1,700	1,734	3,868		1,036
Admission episodes for alcohol-related conditions (Broad) (Male)	2021/22	–	4,359	2,659	2,580	2,682	5,840		1,584
Admission episodes for alcohol-related conditions (Broad) (Female)	2021/22	–	1,566	864	920	906	2,095		485
Admission episodes for alcohol-specific conditions (Persons)	2021/22	–	1,632	464	545	626	2,512		256
Admission episodes for alcohol-specific conditions (Male)	2021/22	–	1,128	658	748	879	3,756		300
Admission episodes for alcohol-specific conditions (Female)	2021/22	–	504	280	352	390	1,358		148
Estimated cost per capita of alcohol-related hospital admissions (Broad)2020/21	–	–	12,752,286	44.5	48.1	48.6	89.7		26.4

Figure 3. Alcohol related admissions. Source: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>11</sup> Northamptonshire Drug and Alcohol Needs Assessment 2023

<sup>12</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Drug and/or alcohol misuse is also associated with Emergency Department and Urgent Care Unit attendance. From August 2021 to July 2022, there were 16,846 attendances related to drugs and alcohol by 6,156 individuals. The total cost of these attendances is estimated to be £2,975,833. Forty of these individuals attended 25 or more times.

### **Deaths related to alcohol and drug misuse**

For a death to be termed a death from drug misuse, it must have the underlying cause of death coded as due to psychoactive substance use, which excludes alcohol, tobacco and volatile substances. In England and Wales, deaths from drug misuse have continued to rise over the last decade and in 2021, they were the highest number since records began in 1993.<sup>13</sup> Death rates are highest in those born in the 1970's, 'Generation X', with the highest rates in those aged 45 to 49. More than half involved opiates, and an increasing number involved cocaine. A study by Public Health England and the Local Government Association identified two critical factors in the rise of deaths: the increase in the availability and purity of heroin and ageing heroin users.<sup>14</sup>

In the three years 2018-20, there were 42 deaths from drug misuse in North Northamptonshire, of whom 83% were male, which is statistically similar to the England average. Trend data is not currently available for North or West Northamptonshire local authorities.

In the four years from January 2019 to June 2022, there were 134 deaths from drug misuse in Northamptonshire. Local analysis for the substance misuse needs assessment shows that:

- 71% of deaths were male.
- The mean age of death in men was 44.3 years and 41.3 years in women.
- 63% of deaths occurred in the 30% most deprived areas in Northamptonshire.
- Most deaths from drug misuse occurred in Northampton (35%), Kettering (19%) and Corby (15%). However, when the size of the population is taken into account, the highest rate of deaths from drug misuse was in Kettering, followed by Northampton and Corby.

In 2022, in North Northamptonshire, there were 146 alcohol-related deaths, which is similar to the England average<sup>15</sup>, although this is likely to disguise differences at a local level.

---

<sup>13</sup> ONS. [Deaths related to drug poisoning in England Wales: 2021 registrations](#). Accessed 22<sup>nd</sup> November 2022.

<sup>14</sup> Public Health England. [Health matters: preventing drug related deaths](#). 15<sup>th</sup> September 2017

<sup>15</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](#)

Indicator	Period	N Northamptonshire		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality (Persons)	2022	→	146	41.4	42.8	39.7	73.7		20.2
Alcohol-related mortality (Male)	2022	→	105	63.4	64.0	60.3	106.5		33.4
Alcohol-related mortality (Female)	2022	→	40	21.8	24.3	22.0	43.7		12.6
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2022	→	2,034	1,175	1,319	1,211	2,323		574
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2022	→	918	501	607	536	1,196		144

Figure 4: Alcohol-related mortality (deaths). Source: [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Figure 5 is a snapshot of North Northamptonshire data collected as part of the National Combatting Drugs Outcomes Framework and/or returned to OHID to show progress against local action plans. It relates to December 2022 to November 2023.

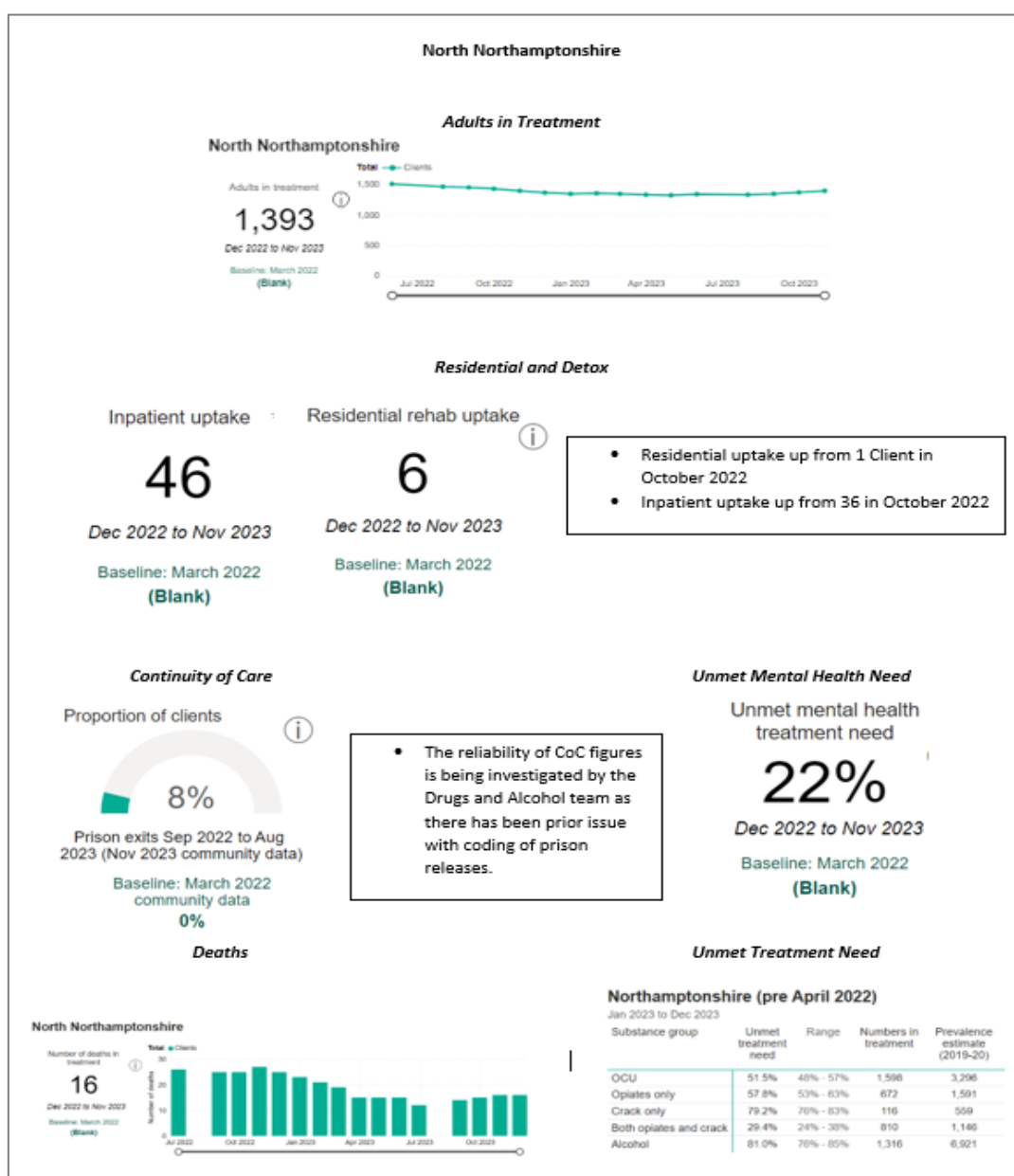


Figure 5. A snapshot of substance misuse need and service use in North Northamptonshire. November 2023. Source: NDTMS.



## Local service provision

Since the Health and Social Care Act 2012, Local Authority Public Health Departments have been responsible for commissioning substance misuse/drug and alcohol services, and they must do so as a condition of the public health grant. Local authorities must also “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services<sup>16</sup>...” Currently, West Northamptonshire Council commission the substance misuse services in the table below on behalf of West Northamptonshire and North Northamptonshire Councils. All services are contracted to March 2026.

Service provider	Type of service	Local bases	Brief overview of the service
Change, Grow Live (CGL) who are also known locally as S2S <a href="#">Substance to Solution Change Grow Live</a>	Adult structured treatment	Northampton Daventry Corby Kettering Wellingborough	The service is available to support anyone experiencing difficulties with drugs and alcohol dependency. The person is supported in accessing the right treatment, and their plan may include several different treatments and strategies. A range of options are available to support the person; this includes harm reduction, access to needle exchange, medical interventions, advice, and information via group sessions and one-to-one sessions with their recovery worker.
Family Support Link (FSL) <a href="#">Family Support Link</a>	Family support	Wellingborough Northampton	FSL supports families and carers impacted by a family member’s drug or alcohol use. They aim to reduce the physical, psychological, and emotional harm caused to families and individuals living with or caring for someone who is addicted to drugs and/or alcohol. Staff offer 1-1 support sessions to adults and children (from 5 years and up).
The Bridge <a href="#">The Bridge</a>	Recovery support	Northampton Corby Wellingborough	Bridge is a mentoring programme that offers its members a range of physical, social, creative, and practical activities either alongside or independent of a mentoring relationship. As well as recruiting, training and supervising volunteers who have direct experience with drug and/or alcohol problems, they also employ recovery workers who work with the members to sustain their recovery. Staff are also skilled in supporting and offering advice and guidance on benefits, housing, education, training, and employment. Members can benefit from all the services Bridge provides or choose those that would be most beneficial to their recovery.
Aquarius N’Gage <a href="#">Aquarius N’Gage</a>	Prevention and treatment for young people	Northampton	The service provides information, education, advice and support to young people concerning drug and alcohol use via structured 1:1 sessions and interventions as part of their care plan. The service also offers brief family interventions or structured family work (with the young person’s permission), group information, education and harm reduction sessions for targeted groups, support young people leaving youth offending institutes to prevent relapse, plus providing young people with volunteering and

<sup>16</sup> [Interpreting the ringfenced public health grant \(adph.org.uk\)](https://www.adph.org.uk/)

			training opportunities through their Evolve youth group.
Aquarius healthy futures <a href="#">Aquarius Healthy Futures</a>	Substance misuse training	Northampton	Provide free training sessions for frontline professional workers and volunteers who work with those at risk of substance misuse. The team can also design and deliver bespoke face-to-face training to meet specific organisational needs. Other training available includes brief intervention skills, dependency and addictions, foetal alcohol spectrum disorder (FASD) and resilience and stress management.

Table 1: Substance Misuse services in Northamptonshire.

As Table 2 shows, in North Northamptonshire, currently, most people self-refer to substance misuse structured treatment services, and work is underway to increase referrals from other sources, including ambulance and health services. However, the referral data only captures where a valid referral source is recorded, and thus, conclusions should be made with caution.

North Northamptonshire	
Referral Source - All Clients	
Self, family and friends	510
Criminal justice	113
Health services and social care	68
Substance misuse services	10
Other	21

Table 2. Referrals to substance misuse structured treatment services in North Northamptonshire by referral source. December 2022 to November 2023. Source: NDTMS

Work is underway to increase understanding of equity of access, outcome and experience by gender, age, ethnicity and disability. Currently, people in substance misuse treatment are more likely to be male (69%) and aged 40-54, which is similar to the national treatment population. People from ethnic groups other than White British are under-represented in the treatment population. Further work will explore whether this under-representation relates to different patterns of drug and alcohol use or barriers to engaging with services.

In addition to these services, partners work collectively to reduce drug-related deaths. The 'Local Drug Information System' (LDIS) is an early warning system through which reports of potent, adulterated, contaminated or dangerous substances are shared locally. In North Northamptonshire, most reports are from service users to their drug worker, who documents the issues and submits an LDIS form to the LDIS coordinator. Depending on the nature of the report, the decision is made whether to

convene a panel of professionals who will determine whether an alert is issued to local partners and what harm reduction messages should be shared with local service users to reduce the risk of further harm, including drug-related deaths. Information shared through the LDIS process is confidential, so patients or service users cannot be identified.

The drug-related deaths (DRD) review process reviews reports from organisations involved in the care of the person who died to identify and share system learning that could reduce future deaths in similar circumstances. The DRD process does not replace the investigative role of the Police or coronial processes. An annual report that summarises drug-related deaths enables consideration of any trends and information about their causes to inform local action.

## **Current priorities**

Northamptonshire Combatting Drugs Partnership (CDP) has agreed to the following health-related priorities, each led by a subgroup that reports to the CDP Board.

### **Deliver a world-class treatment and recovery system.** Specifically:

- To increase the numbers in substance misuse treatment, including those underrepresented in the current treatment population, which includes women and those from BAME communities.
- Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases.
- Improve treatment for those with mental health and substance misuse needs (co-occurring conditions), removing barriers so people can access the services they need.
- Increase early identification of substance misuse to enable timely support and treatment.
- Improve provision for young adults, including the transition for young people moving to adult substance misuse services.
- Continue strengthening the harm reduction offer provided by specialist treatment services and knowledge of harm reduction in other organisations.
- Improve continuity of care through the criminal justice prisoner release process for those discharged under post-sentence supervision.
- Increase the number of places available for residential rehab and inpatient detox.

### **Reduce drug-related deaths.**

- Ensure the LDIS process maximises reporting of of potent, adulterated, contaminated or dangerous substances through an easy to use process which facilitates the issuing of alerts which encourage harm reduction and thus reduce the risk of drug-related deaths.
- Ensure that the drug-related deaths review process enables system learning that could reduce future deaths in similar circumstances including analysing trends and information about their causes to inform local action.

## **Achieving the shift in generational demand for drugs.**

1. Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences.
2. Starting before birth and focusing on the early years, support the most vulnerable parents.
3. Develop healthy communities and settings (schools and workplaces) which will protect the next generation from substance misuse.

In addition, system work aims to intervene early to reduce substance misuse in young people by ensuring families receive the support they need to break generational cycles of drug and alcohol misuse.

Additional priorities relate to restricting the drug supply and demand.

## **References**

<sup>1</sup> Dame Carol Black Independent report. Review of drugs: Summary (2020) [Review of drugs: summary \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/Review_of_drugs_summary_accessible_version.pdf)

<sup>2</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/Review_of_drugs_part_two_prevention_treatment_and_recovery.pdf)

<sup>3</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/Review_of_drugs_part_two_prevention_treatment_and_recovery.pdf)

<sup>4</sup> Houses of Parliament (2018). Parental Alcohol Misuse and Children. [Parental Alcohol Misuse and Children \(parliament.uk\)](https://www.parliament.uk/publications/2018/01/parental-alcohol-misuse-and-children/)

<sup>5</sup> [Alcohol and drug prevention, treatment and recovery: why invest? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/Alcohol_and_drug_prevention_treatment_and_recovery_why_invest.pdf)

<sup>6</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/From_harm_to_hope_a_10_year_drugs_plan_to_cut_crime_and_save_lives.pdf)

<sup>7</sup> Northamptonshire Drug and Alcohol Needs Assessment 2023

<sup>8</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile/)

<sup>9</sup> ONS. [Deaths related to drug poisoning in England Wales: 2021 registrations](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/bulletins/2022/11/deaths-related-to-drug-poisoning-in-england-wales-2021-registrations). Accessed 22<sup>nd</sup> November 2022.

<sup>10</sup> Public Health England. [Health matters: preventing drug related deaths](https://www.phe.org.uk/publications/2017/09/health-matters-preventing-drug-related-deaths). 15<sup>th</sup> September 2017

<sup>11</sup> [Alcohol Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/alcohol-profile/)

<sup>12</sup> [Interpreting the ringfenced public health grant \(adph.org.uk\)](https://adph.org.uk/publications/2017/09/interpreting-the-ringfenced-public-health-grant)

## **Further information**

The Local Government Association (LGA) have produced a guide for Councillors which summarises the issues related to substance misuse, outlines the additional investment the Government has made available and describes the potential role for Councillors as system leaders [Must Know: Treatment and recovery for people with drug or alcohol problems | Local Government Association](#)

This page is intentionally left blank

# NHS Health Checks

Andrew Machaeson. Public Health Commissioning Manager.  
North Northamptonshire Council

# NHS Health Check overview

The NHS Health Check is a health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.





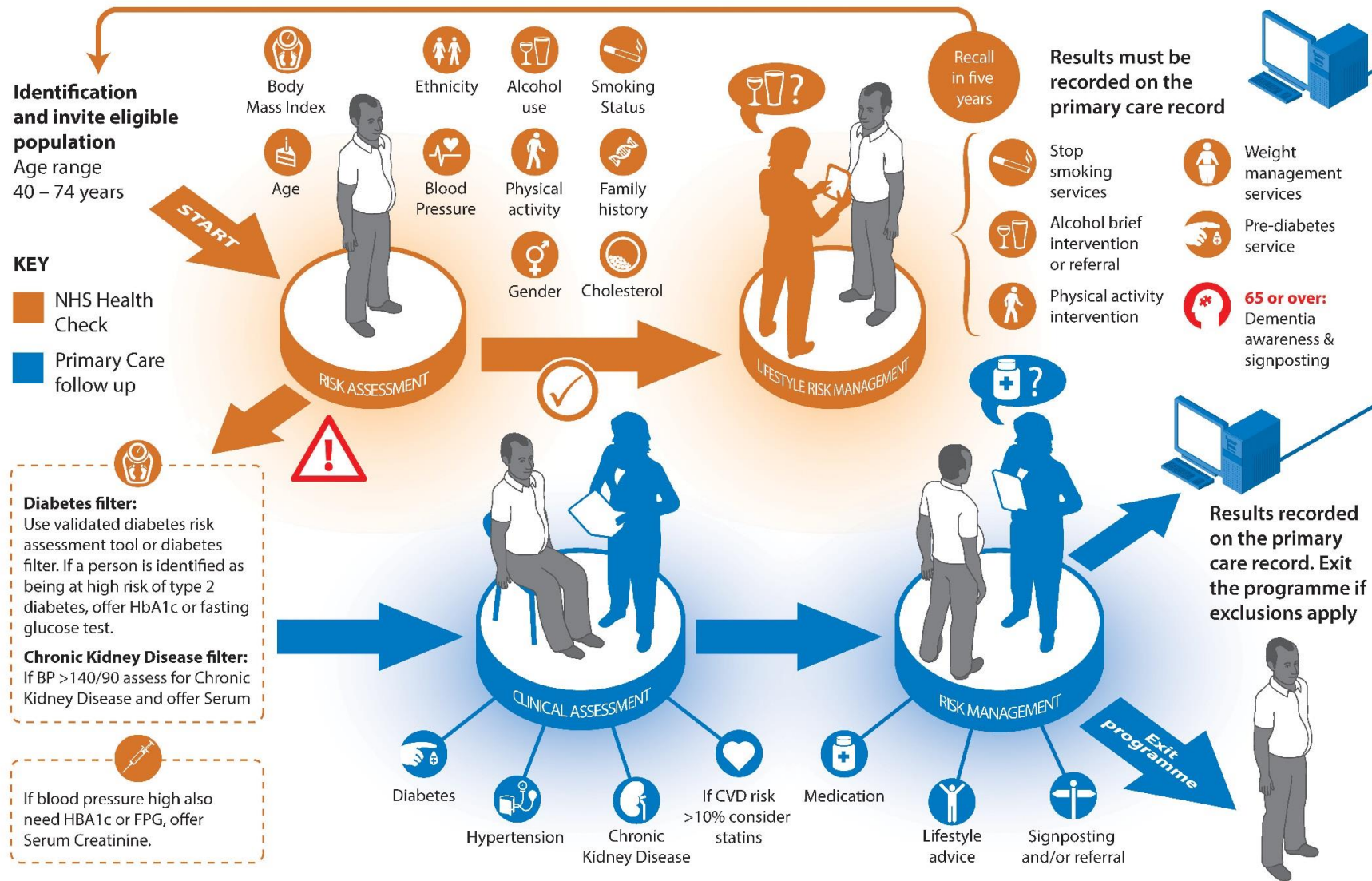
# NHS Health Checks overview

You are eligible for an NHS Health Check if you have not had one in the last 5 years, are between the ages of 40 and 74 and have not been diagnosed (or prescribed treatment for) any of the conditions the NHS Health Check is screening for.

Page 25

In North Northamptonshire, GP Practices will invite patients for a health check by letter, text, phone call etc., but you can ask for a health check too.

# NHS Health Check



# NHS Health Checks Provider Overview

- The NHS Health Checks contract remains hosted by North Northamptonshire Council and on behalf of West Northamptonshire Council, with this arrangement set to finish 31<sup>st</sup> March 2024.
- Commissioning of the NHS Health Checks programme is in progress and on schedule for 1<sup>st</sup> April 2024.
- The new contract is for North Northamptonshire only. West Northamptonshire have commissioned their own NHS Health Check programme.



# GP Provider Contracts

- 3Sixty Care Partnership
  - 25 North Northamptonshire practices
- Maple Access Partnership
  - 1 North Northants practice
  - 2 West Northants practices
- Lakeside Healthcare
  - 3 North Northants practices
- Wansford and Kingscliffe Practice
- Rushden Medical Centre
- General Practice Alliance
  - 19 West Northants Practices
- Principal Medical Limited
  - 18 West Northants Practices

\*WNC Providers in Grey

# Community Provider Contracts

- Northampton Town Football Club Community Trust
- University of Northampton
- Regent Pharmacy
- Emergency Care Gateway



# Support Contracts

<b>IT: TCR Nottingham</b>	<b>Point of Care Testing: BHR Pharmaceuticals</b>
<p>Provides IT support to GP practices and community providers for effective delivery of the NHS Health Check.</p> <p>Provides commissioners with extensive NHS Health Check data for contract monitoring and audit of the programme.</p>	<p>Provision of near patient blood testing analysers, consumables and quality control measures for use in the NHS Health Checks.</p>



# Impact of Covid-19

- The NHS Health Check programme was paused nationally on three separate occasions during Covid-19. It was de-prioritised initially to manage the pandemic, and then subsequently to prioritise vaccinations.
- North Northamptonshire saw a slower recovery after Covid-19 than the national and East Midlands averages. In North Northants, NHS Health Checks were delivered entirely through primary care. Capacity issues within GP practices to deliver health checks and a reluctance to invite patients into the practice where not essential, impacted on recovery of the programme locally.

# Performance Data



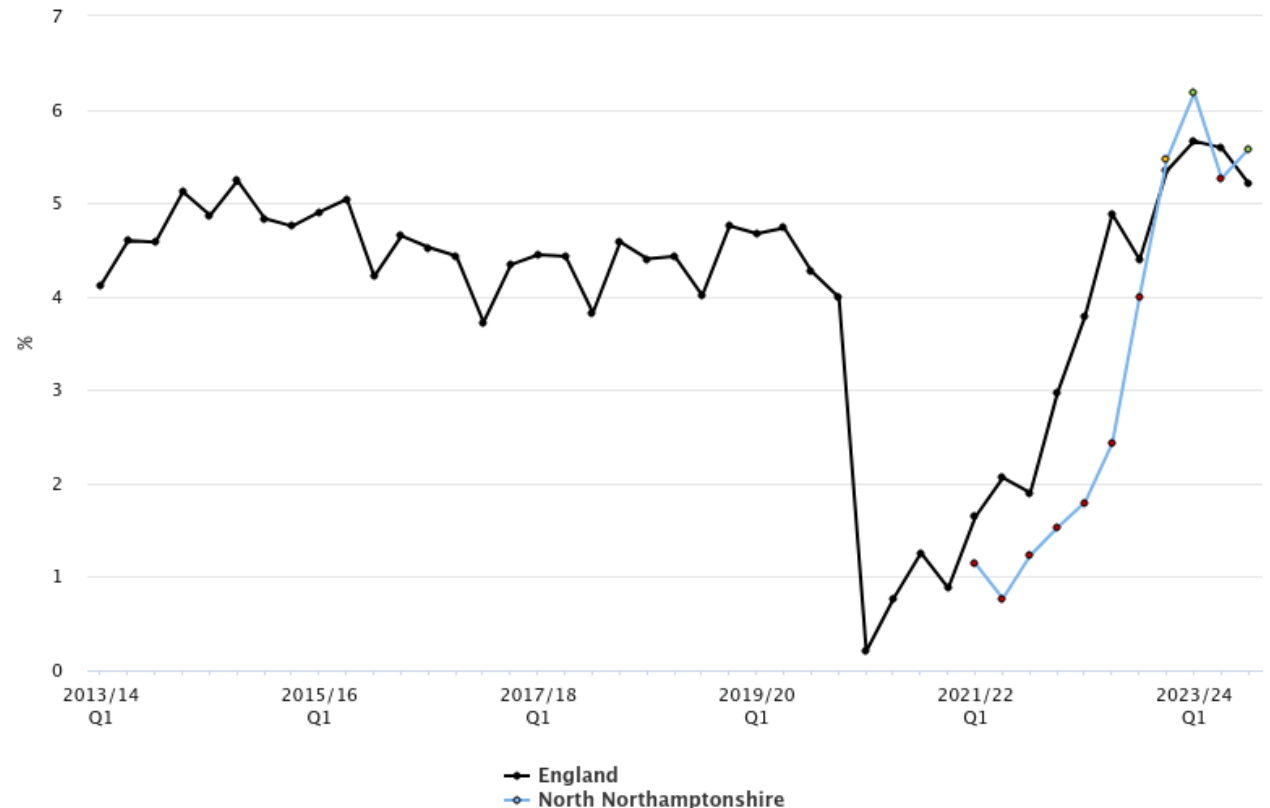


# Offers

'Offers' are offers of an NHS Health Check. An offer will only be captured in the data if it is to an eligible patient and is the patient's first offer in a 5 year period of time.

Second, third, etc., offers within a 5 year window are not captured in this data.

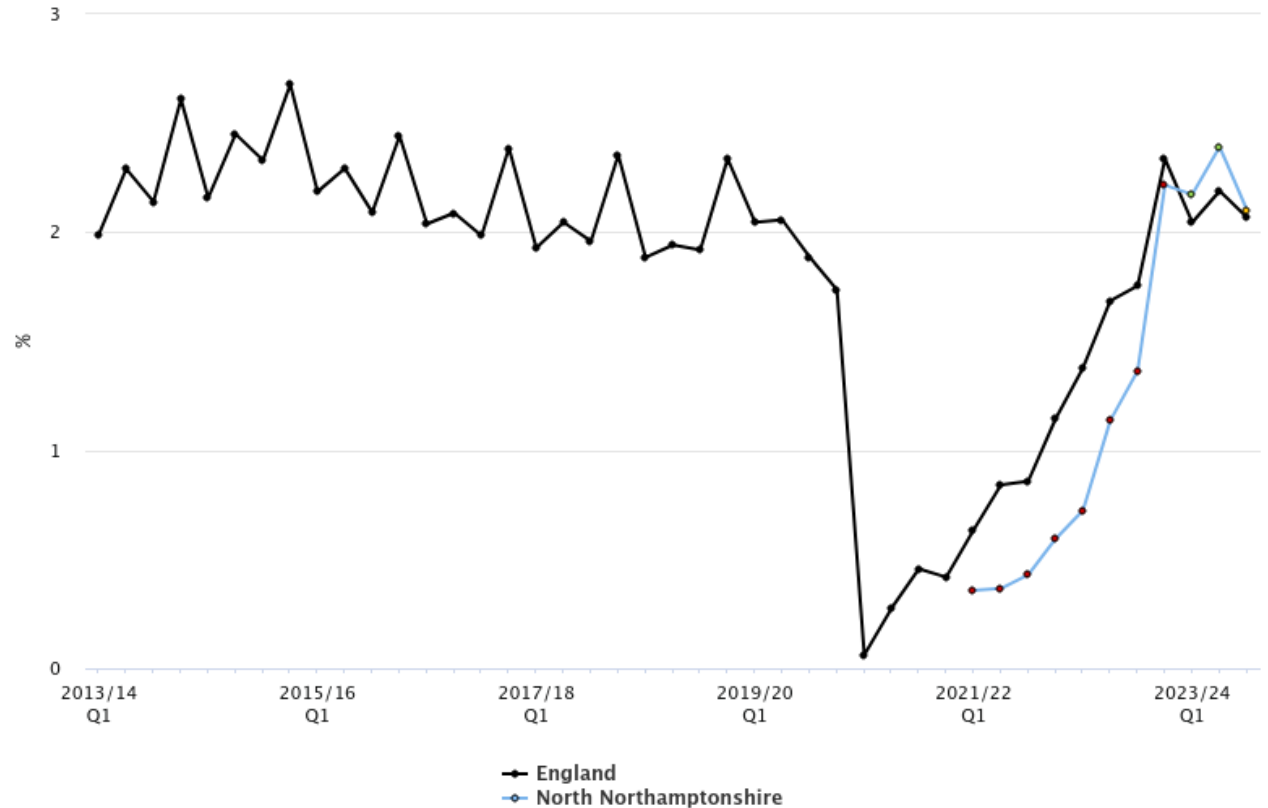
Percentage of NHS Health Checks offered to the total eligible population in the quarter for North Northamptonshire



# NHS Health Checks Received

These are NHS Health Checks delivered and recorded with patients.

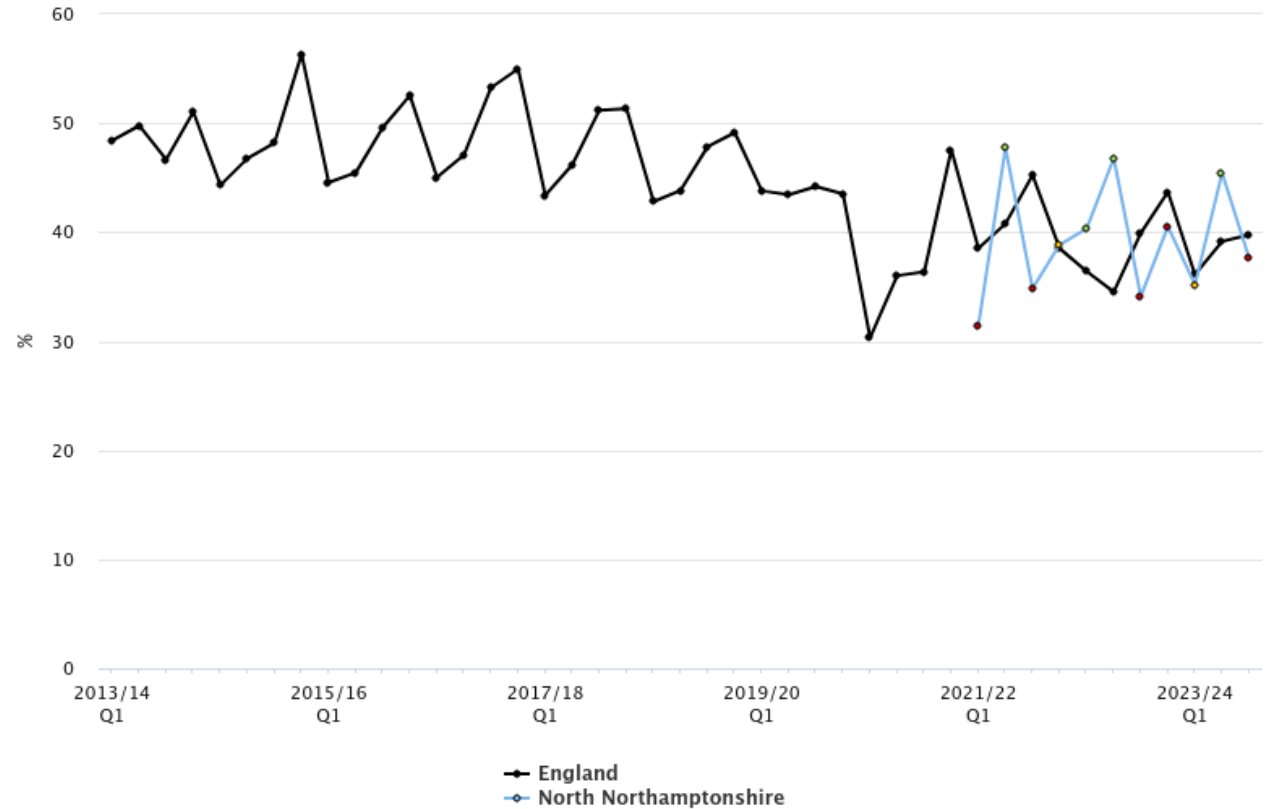
Percentage of NHS Health Checks received by the total eligible population in the quarter for North Northamptonshire



# Uptake

Uptake is the measure of completed NHS Health Checks against offers made.

Percentage of NHS Health Checks offered which were taken up in the quarter for North Northamptonshire



# Current Challenges

The NHS Health Check programme is delivered largely in primary care. Primary care faces numerous challenges which can impact on the NHS Health Check programme.

Page 36

- Staff turnover
- Winter pressures
- Inconsistency
- Clinic capacity & need for urgent, on the day appointments
- Accessibility



# Workplace NHS Health Checks

- Delivered by Northampton Town Football Club Community Trust.
- NHS Health Checks delivered in workplaces across North and West Northamptonshire.
- All results communicated back to patients' medical record.
- 881 NHS Health Checks completed since March 2022
  - 154 patients identified as having raised CVD Risk – advice, support, signposting/referrals offered to manage/lower risk
  - 18 of these patients identified as having a high CVD Risk and were directed back to GP for follow up and treatment/medication



# Community NHS Health Checks

- A small number of community-based NHS Health Checks have been completed with North Northamptonshire residents in community venues (e.g. libraries) and at events.
- Difficulties around this approach to NHS Health Checks include:
  - Payment model, eligibility, DNAs
  - Advertising and marketing the clinics



# Service Improvement Plans

- Training afternoon hosted by NNC & 3Sixty Care Partnership Wednesday 20<sup>th</sup> March 2024 – all NNC GP Practices to attend.
- Patient engagement with focus on invites process to increase uptake.
- Increased patient choice for their NHS Health Check, including leisure centres and pharmacy provision.
- Routine audit of primary care performance.
- Increased Public Health team capacity to direct outreach NHS Health Checks where there is increased need.

# Digital NHS Health Checks

- Digital NHS Health Check to be rolled out across England next spring, delivering an additional one million checks in the first 4 years.
- Each digital check could save 20 – 30 minutes of NHS time - potentially freeing up hundreds of thousands of primary care appointments nationally.
- Digital NHS Health Checks still in process of being piloted across a handful of local authorities, before a national rollout in spring 2025.





# Any questions?

- Contact: [andrew.machaeson@northnorthants.gov.uk](mailto:andrew.machaeson@northnorthants.gov.uk)



This page is intentionally left blank

## Health Scrutiny Work Plan 2024

The Scrutiny Work Plan outlines the areas of work which are expected to be scrutinised over the coming months/year by or on behalf of the Council's Scrutiny function and any Panels/Task and Finish Groups convened for review work.

Topics added to the work plan will have expected outcomes to add value to the services delivered by the Council and its partners and/or improve the quality of lives of North Northamptonshire residents. It is recognised that there is a need for flexibility in the work plan so as to allow relevant issues to be dealt with as and when they arise.

Numerous sources of information can help to inform topic selection, including:

- Concerns that have been raised by the public/stakeholders (whether they are Council service specific or wider national/local issues)
- Issues relating to Councils outcomes, objectives and priorities
- Consultations and interviews
- Underperformance
- Executive recommendations about the pertinent issues that are emerging and any opportunities or threats on the horizon
- Central government priority changes
- Forward Plan
- Budgetary analysis

Scrutiny should always link back to the Council Corporate Plan so that it is scrutinising whether the Council is meeting its strategic aims.

Scrutiny should use effective processes to select topics that will contribute towards the best possible work plan for Scrutiny. This means looking at the sources of information that may help and using them to choose the right topics. A Scrutiny Conference was attended by Scrutiny members to develop this work plan where they reviewed information to inform the work plan and then prioritised the topics.

Successful Scrutiny is about looking at the right topic in the right way and Members will need to be selective whilst also being able to demonstrate clear arguments in favour of including or excluding topics. A common pitfall for Scrutiny can be the inclusion of topics on the work plan that are unmanageable, of limited interest to the community, purely for informational purposes, have few outcomes and fail to 'add value' to the work of the Council or the wellbeing of the community. As such the selection and prioritisation of topics is critical to the effectiveness of Scrutiny as such processes can ensure clearer focus, particularly in poor or weak areas of performance or major issues of concern to the wider community. It is not possible to include every topic suggested as Scrutiny has limited time and resources and therefore workplans need to be manageable.

## HEALTH SCRUTINY COMMITTEE

9 January 2024

### Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
Page 44	1. Update on Kettering General Hospital Rebuild	<ul style="list-style-type: none"> <li>To scrutinise the progress being made with the rebuild of KGH.</li> </ul>	Representative from KGH, TBC, Executive Member for Adults, Health & Wellbeing	
	Health Integration - Progress from the Local Area Partnerships/Community Wellbeing Forums	<ul style="list-style-type: none"> <li>To provide an update on how some of the key local partnerships arising from Integrated Care in Northamptonshire are performing and meeting their outcomes.</li> </ul>	Director of Place, Executive Member for Adults, Health & Wellbeing	
	3. Specialist Drug and Alcohol Treatment Services for individuals rough sleeping or at risk of rough sleeping	<ul style="list-style-type: none"> <li>To scrutinise NNC's use of Public Health Reserves to fund activities up to £600,000 for specialist drug and alcohol treatment services for people rough sleeping or at risk of rough sleeping until 31st March 2026.</li> </ul>	Housing Policy and Performance Manager	
	4. EMAS Annual Report	<ul style="list-style-type: none"> <li>EMAS published its annual report on 21 June 2023 so to ask them to Health Scrutiny in the autumn, and schedule it</li> </ul>	Representative from EMAS, TBC, Executive Member for Adults, Health & Wellbeing	Originally to be considered at November 2023 meeting, however proposed for this meeting due to lack of

		earlier for next year. <a href="#">EMAS Annual Report 2022 to 2023</a>		availability of external officers.
5.	Short Breaks and Respite for Children with Disabilities	<ul style="list-style-type: none"> <li>To provide an update regarding work and public consultation completed to date to develop a new model for short breaks and respite for children with disabilities.</li> </ul>	Executive Director of Adults, Communities & Wellbeing	

### Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.	Adult Social Care Strategic Framework	Pre-scrutiny of the report being considered by the Executive on 18/01/24	Executive Director of Adults, Health Partnerships and Housing	Requested to be added to Workplan by Scrutiny Management Board on 27/11/23

## HEALTH SCRUTINY COMMITTEE

12 March 2024

### Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1. Page 46	Substance Misuse	To scrutinise strategies in dealing with substance misuse.	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny Committee to bring forward from list of future items beyond July 2024.
	NHS Health Checks		Director of Public Health	

### Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.	NNC Homelessness and Rough Sleeping Strategy 2023-28	<ul style="list-style-type: none"><li>To scrutinise the proposed adoption of the new strategy by the Executive on 14<sup>th</sup> March 2024 following statutory consultation and subsequent amendments.</li></ul>	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny meeting held on 14 November 2023.

## HEALTH SCRUTINY COMMITTEE

14 May 2024

### Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
Page 47	1. Northamptonshire Healthcare NHS Foundation Trust – Quality Report	<ul style="list-style-type: none"> <li>To scrutinise the annual report of the Foundation Trust</li> </ul>	Representative of the NHS Foundation Trust, TBC, Executive Member for Adults, Health & Wellbeing	
	2. NHS Northamptonshire ICB Five-Year Joint Forward Plan 2023-28	To scrutinise the proposals and targets of the Integrated Care Board over the next five years.	Director of Place, Executive Member for Adults, Health & Wellbeing	Originally to be considered at November 2023 meeting, however proposed for this meeting due to lack of availability of external officers.
	3. GP Performance and Availability	<ul style="list-style-type: none"> <li>To scrutinise GP appointment availability.</li> </ul>	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny Committee to bring forward from list of future items beyond July 2024.

### Pre-Scrutiny of Executive Reports

	<b>Suggested Topic</b>	<b>Reasons for Scrutiny</b>	<b>Officer, Chair and Executive Member</b>	<b>Notes</b>
1.				
2.				



**HEALTH SCRUTINY COMMITTEE**

**July 2024**

**Detailed Scrutiny Items**

	<b>Suggested Topic</b>	<b>Reasons for Scrutiny</b>	<b>Officer, Chair and Executive Member</b>	<b>Notes</b>
1.				
2.				

Page 49

**Pre-Scrutiny of Executive Reports**

	<b>Suggested Topic</b>	<b>Reasons for Scrutiny</b>	<b>Officer, Chair and Executive Member</b>	<b>Notes</b>
1.				
2.				

**HEALTH SCRUTINY COMMITTEE**

**Topic Areas Beyond July 2024**

**Detailed Scrutiny Items**

	<b>Suggested Topic</b>	<b>Reasons for Scrutiny</b>	<b>Officer, Chair and Executive Member</b>	<b>Notes</b>
1.	Exclusions			
2.	Family Hubs			
3.	Disabled Facilities Grants			
4.				
5.				
6.				
7.				
8.				