

DRAFT

**Northamptonshire Combating Drug Partnership  
Board**  
Action Plan January 2023 to March 2024

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

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## 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 action 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 action 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.

**Action Plan 2023 to 2025**

**1. Breaking drug supply chain**

<b>Strategic Priorities</b>	<b>Intervention / Delivery</b>
<p>Shared understanding of the demand for Class A drugs across Northamptonshire</p> <p>Shared knowledge of people involved in gangs</p> <p>Shared understanding of the people at risk of exploitation</p>	<ul style="list-style-type: none"> <li>• To develop an effective monitoring and performance system through the Data and Intelligence subgroup</li> <li>• Improve intelligence sharing between Police and Partners with continued efforts to increase the use of Partnership Intelligence Forms</li> </ul>
<p>1.1 Targeted 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</p>	<ul style="list-style-type: none"> <li>• Evidence based interventions targeted at schools to prevent recruitment at a young age, with schools where drugs exclusions are high being prioritised</li> <li>• Evidence based / best practice lesson plans to educate children and young people on gangs, violence and drug harm</li> <li>• Develop and improve community intelligence to help understanding emerging risk groups/gangs</li> <li>• Educate people about the impact of their behaviours, especially on their families</li> </ul>
<p>1.2 Continued engagement with partners, providing support and training to encourage community intelligence submission</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure all designated Safeguarding Leads at Northants Schools have a police contact and access to the Partnership Intelligence Submission Forms</li> <li>• Retain police presence at partnership meetings and community forums</li> </ul> <p>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 regarding barrier to intel submissions</p>
1.3 Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs / Violent groups	<ul style="list-style-type: none"> <li>• Positive media campaigns to be circulated once orders are approved to generate wider public knowledge</li> <li>• Collaborative working with partners to generate more information to support applications of orders</li> </ul>
1.4 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	Intelligence development to understand the nominals and organisations involved in firearms and drug criminality to prevent serious, violent crime
1.5 Targeted intervention in Town Centres to disrupt nominals using recreational drugs in the night-time economy	<ul style="list-style-type: none"> <li>• Implement targeted interventions to disrupt recreational drug use in night-time economy</li> </ul>
1.6 Work with all partners, including the community and businesses, to gather intelligence and restrict the supply of illegal drugs in town centre locations.	<ul style="list-style-type: none"> <li>• 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</li> </ul>

	<ul style="list-style-type: none"> <li>• The night-time economy to take a zero-tolerance approach to drug use on the premises</li> <li>• Increase awareness of what support is available including services and community support</li> <li>• 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.</li> <li>• Work together to change cultural and social norms in relation to drugs and alcohol</li> </ul>
<p>1.7 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</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>



## 2. Delivering world class treatment and recovery services

Strategic Priorities	Intervention / Delivery
<p>2.1 Improve the treatment of those with both mental ill health and substance misuse</p>	<ul style="list-style-type: none"> <li>• Address the needs of those with dual diagnosis across young people's and adult services. This includes a joined-up referral pathways between specialist mental health and substance misuse services</li> </ul>
<p>2.2 Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases</p>	<ul style="list-style-type: none"> <li>• There continues to be a high level of unmet need for treatment in Northamptonshire, particularly for alcohol, and this has remained unchanged over time. Cases are becoming more complex, with the pandemic contributing to increased trends of more problematic substance misuse Stakeholders report the increasing complexity of cases, with lack of capacity and skills in certain areas contributing to high caseloads and provider burnout</li> <li>• Service provision needs to be expanded to address the unmet need and complexity. Regional and national collaboration on care pathways for complex cases may be beneficial. Supporting a more client focused approach and Trauma Informed Care and establishing a Complex Needs Forum would help</li> <li>• Use additional grant resources to improve treatment capacity and quality through increased drug and alcohol workers in treatment services to reduce caseloads and</li> </ul>

	<p>targeted treatment for priority and vulnerable groups. Complex needs workers will be employed to help management the increased complexity of cases</p> <ul style="list-style-type: none"> <li>• Development of treatment-based group work and enhanced psychosocial interventions</li> <li>• Develop a local pathway to better deal with high-risk complex cases involving young people</li> </ul>
<p>2.3 Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals</p>	<ul style="list-style-type: none"> <li>• Develop and implement communication plan to raise the awareness amongst professionals, public services and VCFSE of treatment services and referral pathways</li> <li>• Develop and implement a stigma awareness campaign to address negative portrayal of substance misuse services</li> </ul>
<p>2.4 Address the geographical access and improve access for clients who are less engaged currently</p>	<ul style="list-style-type: none"> <li>• Improve service delivery in rural areas and provide assertive outreach to underrepresented groups in treatment services</li> <li>• Improve equity of access to treatment and recovery services</li> </ul>
<p>2.5 Earlier identification, support and treatment of those with problematic substance misuse</p>	<ul style="list-style-type: none"> <li>• Design, develop and implement evidence-based alcohol brief intervention and early intervention across primary, secondary and social care services</li> </ul>

	<ul style="list-style-type: none"> <li>• Implement an evidence-based approach to identifying cases in non-specialist settings addressing other related risky behaviours, e.g., sexual health and smoking</li> <li>• Implement trauma-informed approaches across all partner services</li> </ul>
<p>2.6 Improve provision for young adults, including the transition for young people moving to adult substance misuse services</p>	<ul style="list-style-type: none"> <li>• Develop a specialist YP offer with increased capacity with a specialist worker</li> </ul>
<p>2.7 Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear</p>	<ul style="list-style-type: none"> <li>• Develop and implement a systematic review care and treatment plans in recovery services</li> <li>• Rapid review of alcohol treatment and recovery to improve outcomes and address high dropout rate</li> <li>• Clarify referral pathways into treatment and recovery services</li> <li>• 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</li> <li>• Investment in harm reduction equipment to address ageing cohort of opiate users</li> <li>• Improving knowledge and skills of staff in non-specialist services in relation to harm reduction</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery</li> <li>• Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy</li> <li>• Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison</li> <li>• Improved care pathways between criminal justice settings and drug treatment</li> </ul>
<p>2.8 Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations</p>	<ul style="list-style-type: none"> <li>• Investment in harm reduction equipment to address ageing cohort of opiate users</li> <li>• Improving knowledge and skills of staff in non-specialist services in relation to harm reduction</li> <li>• Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery</li> <li>• Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy</li> <li>• Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison</li> </ul>

	<ul style="list-style-type: none"> <li>• Improved care pathways between criminal justice settings and drug treatment</li> </ul>
2.9 Reduce substance misuse related deaths	<ul style="list-style-type: none"> <li>• Review our approach to the monitoring, review and learning from alcohol and drug related deaths to identify opportunities for early intervention to prevent such deaths</li> </ul>
2.10 Develop lived experience and engagement	<ul style="list-style-type: none"> <li>• Develop and implement an engagement strategy to target rough sleepers, sex workers, females, non-English speakers, steroids, spice &amp; chemsex clients, LGBT+ populations, young people, BAME communities, prison leavers, veterans and mental health clients. (taken from 2.4 above)</li> <li>• Establish means of lived experience</li> </ul>
2.11 Clear pathways/criteria MH & CAMHS for substance misuse	<ul style="list-style-type: none"> <li>• Need to develop clear care pathways generally across the system but specifically implement dual diagnosis pathway</li> </ul>

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

Strategic Priorities	Intervention / Delivery
<p>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</p>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Implement evidence-based resilience programmes to support young people experiencing ACEs</li> </ul>
<p>3.2 Starting before birth and focusing on the early years, supporting the most vulnerable parents</p>	<ul style="list-style-type: none"> <li>• Implement a review of services for pregnant / post-natal women who misuse drugs and / or alcohol</li> <li>• Encourage pregnant women who misuse drugs and/or alcohol to seek early antenatal care</li> </ul>
<p>3.3 Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Develop knowledge and skills across schools and workplaces around risk factors for substance misuse (including ACEs and trauma informed approaches) and support development of policies to reduce risk</li> </ul>

	<ul style="list-style-type: none"> <li>• 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</li> </ul>
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#### 4. Cross cutting recommendations

Strategic Priorities	Intervention / Delivery
Strengthening stakeholder relationships and collaboration between services	<ul style="list-style-type: none"> <li>• Develop networking opportunities to bring together service users, services and commissioners from across the system</li> <li>• Develop a local directory of services</li> </ul>
Pooling intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients	<ul style="list-style-type: none"> <li>• Establish a data and intelligence subgroup to collate routine data from national and local data sets</li> <li>• 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</li> <li>• Ensuring data agreements are in place to enable data and information sharing between agencies</li> <li>• Establish client / service user passports</li> </ul>

	<ul style="list-style-type: none"> <li>• Contribute to appropriate health needs assessments (HNAs), Joint Strategic Needs Assessment (JSNA), commissioning and service redesign functions</li> <li>• GDPR training for staff and increasing partnership working</li> <li>• Establish links to academic partners</li> </ul>
<p>Strengthening workforce planning across the system</p>	<ul style="list-style-type: none"> <li>• Build capacity of substance misuse workforce</li> <li>• Invest in training to develop skills and knowledge of workforce including operational / system leadership</li> <li>• Improve emotional health and mental wellbeing of the workforce</li> <li>• Review workloads of specialist staff and competing demands</li> </ul>