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Northamptonshire Combating Drug Partnership Strategic Plan

Final

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

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Contents

1. Introduction	Page 3
2. Partnership Structure and Governance	Page 4
3. Performance and Delivery Framework	Page 5
4. Strategic Plan	Page 6

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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 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.

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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.

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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.

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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 PRIORITY 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	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Provide training and support to all partners to ensure understanding of the Proactive Crime and Intelligence Function



	<p>and signs of drugs exploitation to improve intelligence submissions.</p> <ul style="list-style-type: none"> • 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.
<p>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.</p>	<ul style="list-style-type: none"> • 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.



<p>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.</p>	<ul style="list-style-type: none"> • Develop intelligence to understand the nominals and organisations involved in firearms and drug criminality to prevent serious, violent crime.
<p>1.6 Target intervention in Town Centres to disrupt nominals using recreational drugs in the night-time economy.</p>	<ul style="list-style-type: none"> • Implement targeted interventions to disrupt recreational drug use in night-time economy.
<p>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.</p>	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none"> • 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.
<p>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.</p>	<ul style="list-style-type: none"> • 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
<p>2.1 Improve treatment for those with both mental ill health and substance misuse.</p>	<ul style="list-style-type: none"> • 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.
<p>2.2 Increase the capacity of specialist treatment and recovery services.</p>	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none"> • Increase use of placements with dedicated worker in adult treatment service.
<p>2.3 Increase the capacity and capability to respond to increasing complexity of cases.</p>	<ul style="list-style-type: none"> • 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.
<p>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.</p>	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none"> • 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.
<p>2.6 Address the geographical access and improve access for clients who are less engaged currently.</p>	<ul style="list-style-type: none"> • 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.
<p>2.7 Earlier identification, support and treatment of those with problematic substance misuse.</p>	<ul style="list-style-type: none"> • Design, develop and implement evidence-based alcohol brief intervention and early intervention across primary, secondary and social care services.



	<ul style="list-style-type: none"> • 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.
<p>2.8 Improve provision for young adults, including the transition for young people moving to adult substance misuse services.</p>	<ul style="list-style-type: none"> • 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
<p>2.9 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"> • 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.



	<ul style="list-style-type: none"> • 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 agree a plan for recovery-focused treatment.
<p>2.10 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"> • 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.



<p>2.11 Strengthen the harm reduction offer, particularly focusing on reducing substance misuse related deaths</p>	<ul style="list-style-type: none"> • 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.
<p>2.12 Strengthen co-production and delivery and the power harnessed from people with lived experience</p>	<ul style="list-style-type: none"> • 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)
<p>2.13 Promote recovery from drug and alcohol addiction through ensuring safe and sustainable accommodation</p>	<ul style="list-style-type: none"> • 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.
<p>2.14 Promote recovery from drug and alcohol addiction through ensuring wider social and economic opportunities</p>	<ul style="list-style-type: none"> • Explore the development of recovery networks to enhance the work of treatment services (User engagement sub-group).



	<ul style="list-style-type: none"> • 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.
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STRATEGIC PRIORITY THEME 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"> • 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.



	<ul style="list-style-type: none"> • 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.
<p>3.2 Starting before birth and focusing on the early years, supporting the most vulnerable parents.</p>	<ul style="list-style-type: none"> • 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.
<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"> • 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



	<ul style="list-style-type: none"> • 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. • 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
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STRATEGIC PRIORITY THEME 4 – CROSS CUTTING RECOMMENDATIONS	
Strategic Priorities	Intervention / Delivery
4.1 Strengthen stakeholder relationships and collaboration between services	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.



	<ul style="list-style-type: none"> • 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.
<p>4.3 Strengthen workforce planning across the system.</p>	<ul style="list-style-type: none"> • 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.