

Northamptonshire Combating Drugs Partnership

Terms of Reference

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

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

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

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

The role and purpose of the Partnership will be to:

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

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

Operating across Northamptonshire, it will:

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

2. Principles

The Partnership will work using the following principles.

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

3. Membership

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

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

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

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

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

4. Roles of partner organisations

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

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

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

5. Links to other strategic Boards and Partnerships

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

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

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

Please see Appendix A

6. Governance and Support

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

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

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

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

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

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

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

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

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

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

7. Decision making

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

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

8. Finance/ Budget

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

9. Sub-Groups

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

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

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

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

10. Client Involvement

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

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

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

11. Information Sharing

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

Frequency and format of meetings

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

Risk Management

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

Review of the Partnership

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

Date: 13 December 2022

Date for Review: 13 December 2023