

North-East Lincolnshire Council Health Protection Update

December 2024

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Health Protection Overview - Infectious Diseases

During the period September to December NEL HP team have been notified of :

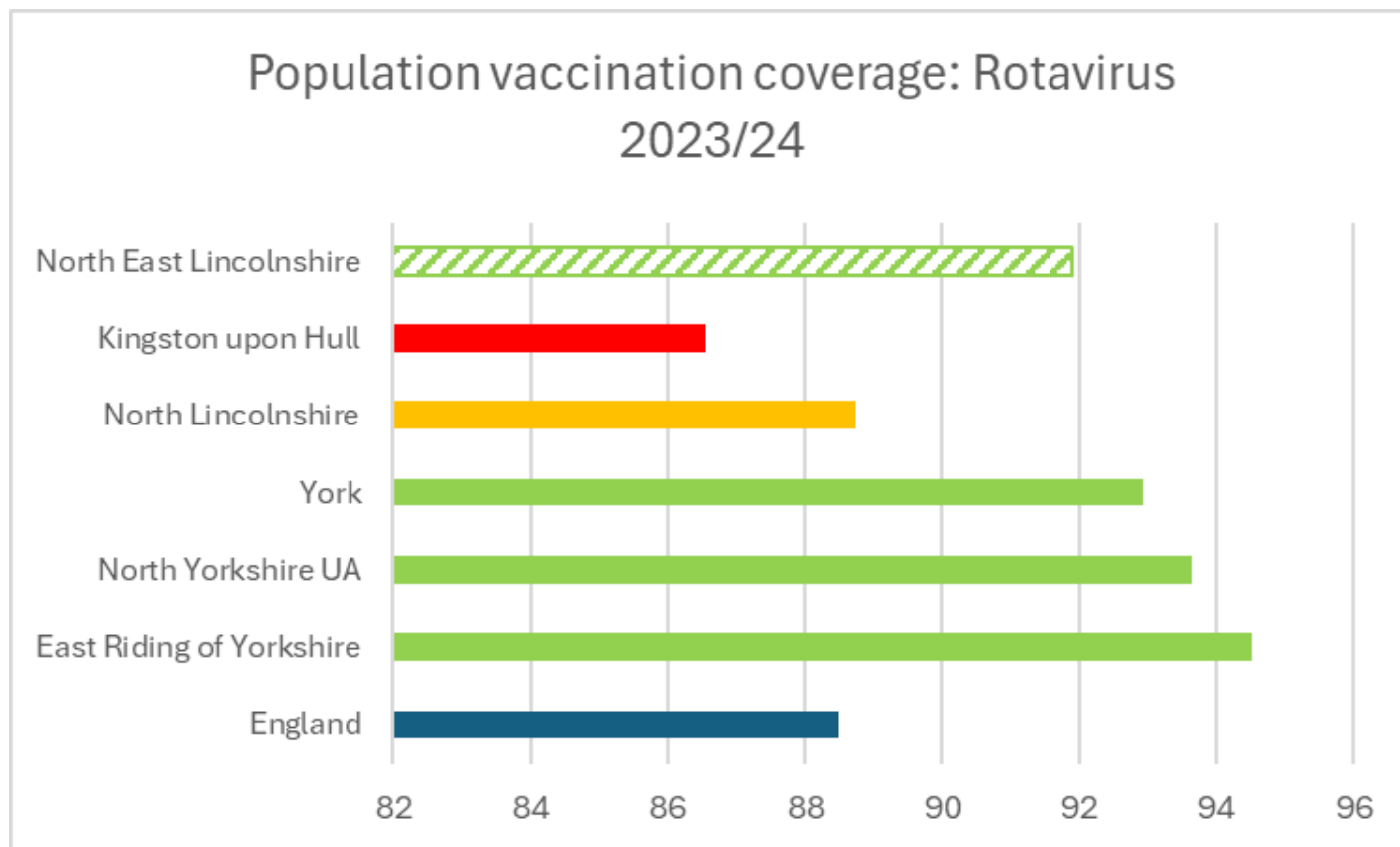
- x2 Outbreaks of Hand, Foot and Mouth at nursery schools
- x1 suspected Mpox case
- x2 Outbreaks of Covid-10 at care homes
- x5 Outbreaks of Norovirus at care homes
- x2 Outbreak of Influenza at a care home

All outbreaks within care homes were managed by the NEL infection prevention and control team. Outbreaks at nursery schools were managed by nursery staff and the health protection team.

A review of the suspected Mpox case is ongoing (led by the ICB), involving partner agencies to formulate lessons learned, identify gaps in current outbreak plans and ensure pathways are robust and appropriate.

National dataset update

Childhood Immunisation - Rotavirus



The rotavirus vaccine protects against gastroenteritis. The vaccine was introduced into the routine childhood immunisation programme in 2013 for babies at 8 and 12 weeks of age. Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases.

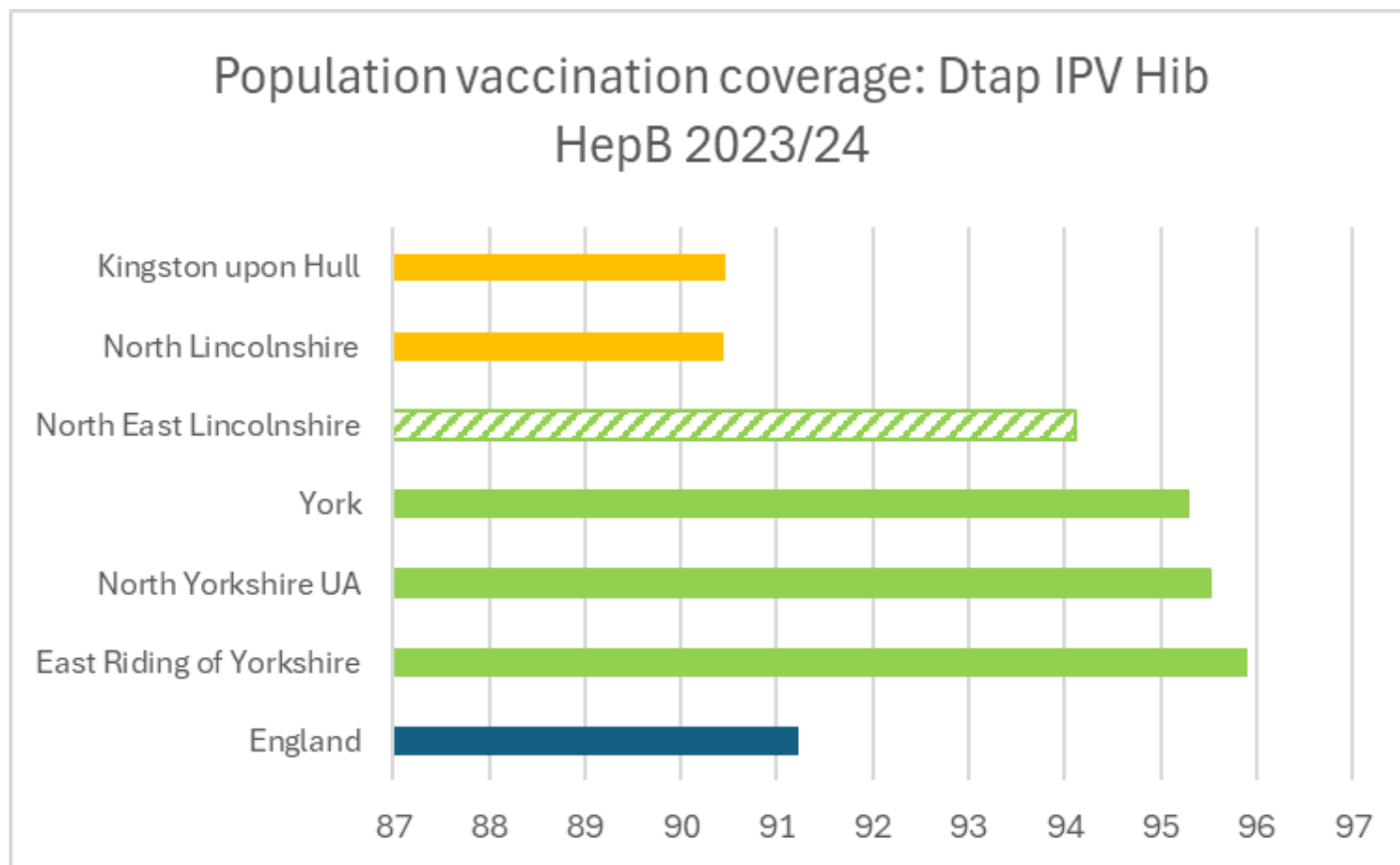
Coverage is closely correlated with levels of disease.

Rotavirus vaccine is offered to children aged from 6 weeks up to 23 weeks as part of the childhood vaccination programme.

North East Lincolnshire continues to achieve greater coverage than many of our geographical neighbours and that of England as a whole.

National dataset update:

Childhood immunisation – 6 in 1



The 6-in-1 vaccine is given to babies in the UK during their first year of life to protect against six serious diseases:

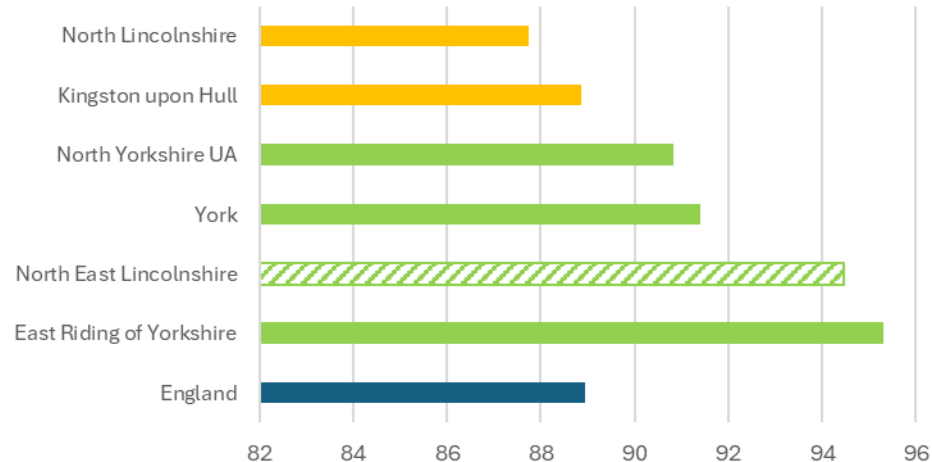
1. diphtheria
2. tetanus
3. whooping cough (pertussis)
4. polio
5. Hib disease (*Haemophilus influenzae* type b)
6. hepatitis B

The 6-in-1 vaccine replaced the 5-in-1 vaccine in the UK in late 2017, when the hepatitis B vaccine was added. All babies born on, or after 1 August 2017 in the UK, are now given the 6-in-1. Babies need three doses of the vaccine to get the full benefits.

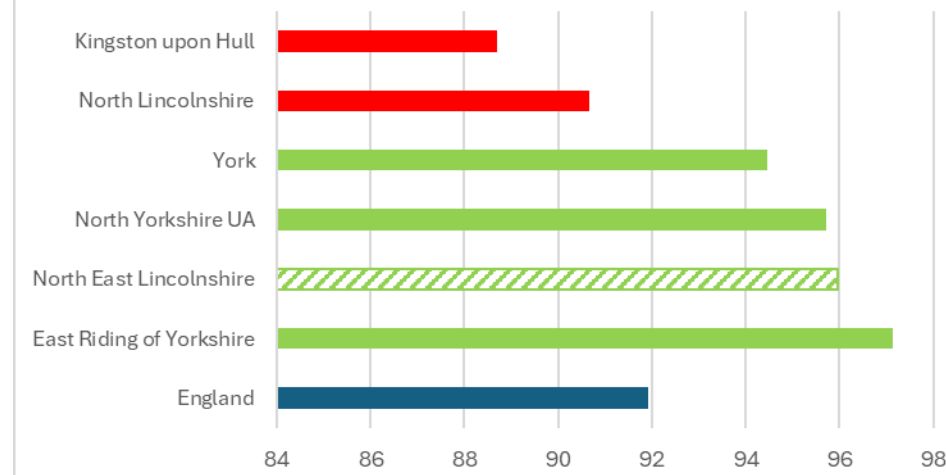
North East Lincolnshire continues to achieve greater coverage than many of our geographical neighbours and that of England as a whole.

National dataset update - Childhood immunisation – MMR

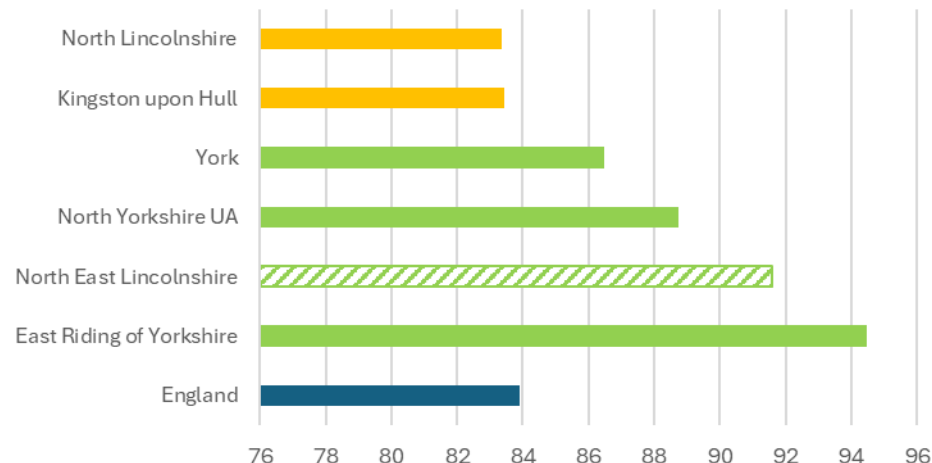
Graph 1 - MMR 1 dose at 2 years



Graph 2 - MMR 1 dose at 5 years



Graph 3 - MMR 2 doses at 5 years

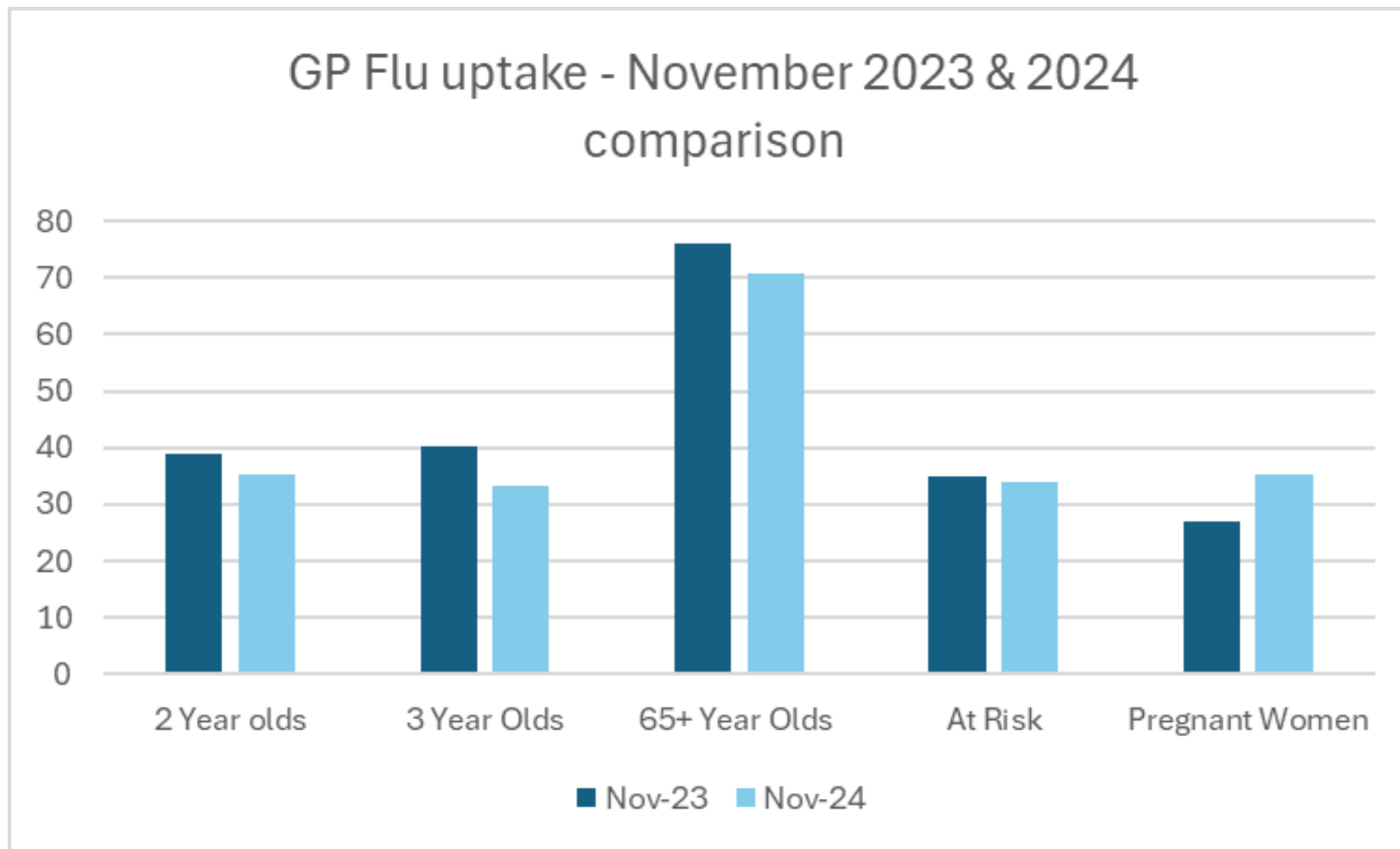


The MMR vaccine protects children from Measles, Mumps and Rubella. Two doses of the vaccine give long-term protection, which can cause serious illness and complications such as blindness and meningitis.

Data published by NHS England, shows 16.1% of children who turned five between 1 April 2023 and 31 March 2024 had not received both doses of the MMR vaccine – the lowest level since 2010-11.

North East Lincolnshire continues to achieve greater coverage than many of our geographical neighbours and that of England as a whole.

GP Influenza vaccination uptake – 2023 – 24 comparison for NEL



Uptake of flu vaccines beginning to decline, according to our GP Partners.

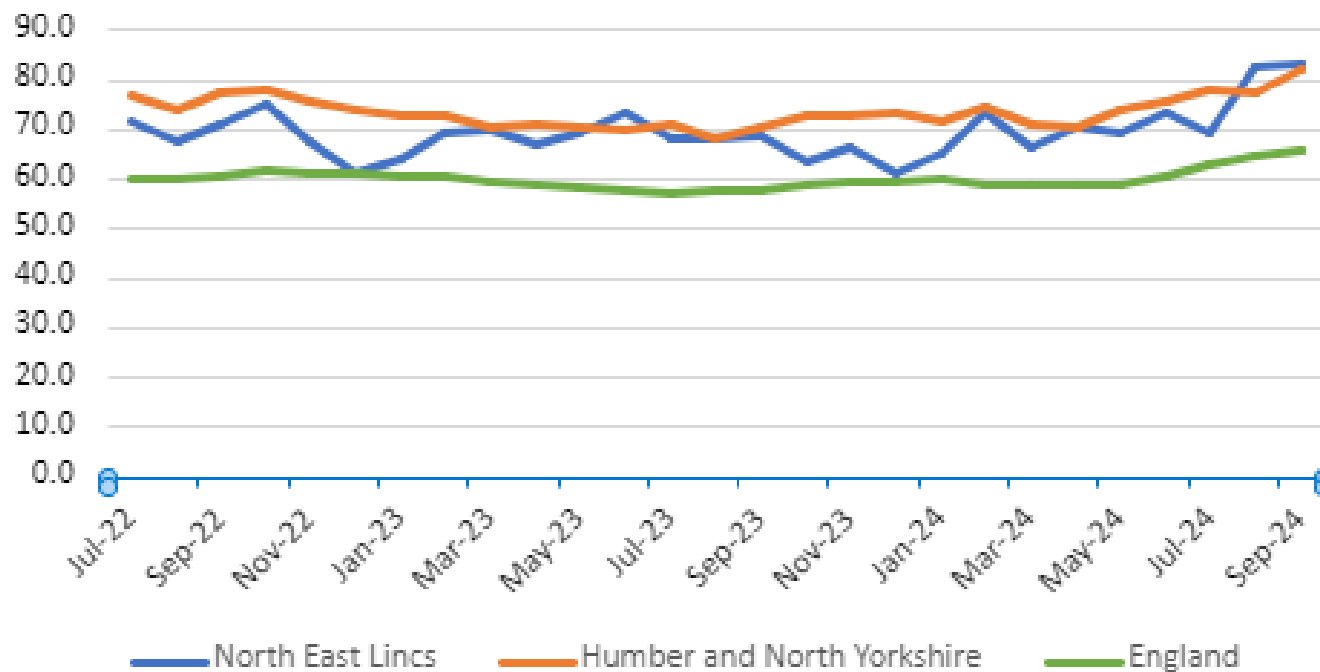
Increased cases of hospital admissions due to flu in NEL.
Increasing number of influenza-related outbreaks in care homes.

Improved uptake of flu vaccines in school-aged children but low uptake among 2 and 3 year olds.

[Vaccine uptake guidance and the latest coverage data - GOV.UK](https://www.gov.uk/government/publications/vaccine-uptake-guidance-and-the-latest-coverage-data)

Prenatal Pertussis uptake benchmarking

Prenatal Pertussis Uptake Trend



Whooping cough (pertussis) can be serious for babies and may lead to complications, resulting in hospitalisation and even death. To help protect babies against whooping cough in their first weeks of life, the pertussis (whooping cough) vaccine is included in the routine immunisation schedule for pregnant women.

The pertussis vaccine is usually offered around the 20th week of pregnancy and is administered by maternity service providers and GP Practices.

Vaccination in pregnancy provides very high levels of protection against pertussis disease until babies receive their own vaccination at 8 weeks of age.

Latest data shows that pertussis vaccination uptake is generally below that for the Humber and North Yorkshire region but is consistently above average uptake levels for England.

[COVER data 2024](#)

[Pertussis immunisation in pregnancy: vaccine coverage \(England\) - GOV.UK](#)

Review of Health Protection Activities

Working with NHSE
and schools to
reassure regarding
GDPR concerns.

Homeschooled
children and the flu
vaccination
campaign.

Childhood
vaccinations for
non-English
speaking families.

TB Screening
Project.

HPV – Information
sharing for schools
and school aged
children.

Planned Health Protection Activities

Review of NHS Cancer Strategy in NEL – 2ww below national average.

Air quality – event to raise awareness of indoor air quality in winter.

Road safety – Audit to assess current situation.

CVD assessment – promote NHS Health Checks to the wider population.

MMR digital media campaign.

20th January 2025 – Learning Disability event, Freeman Street, Grimsby.

Review of local screening uptake & associated barriers

Review of Pertussis Uptake strategy in Primary Care

THE NORTHERN LINCOLNSHIRE CDP ANNUAL REPORT

NOVEMBER 2024

2023/24



Laura McDonough, Sarah Lumley, Rae Scoffin & Gabrielle Dunn

BACKGROUND

The Combating Drugs Partnership (CDP) is a collaborative framework established to address and reduce the harms associated with drug misuse across communities. Bringing together a diverse range of stakeholders—including public health teams, law enforcement agencies, local councils, healthcare providers, education representatives, and community organizations—the CDP is designed to implement cohesive strategies that target both the supply and demand aspects of drug-related issues. The partnership operates in line with national drug policies yet adapts its approaches to the unique needs and challenges of local communities. Through this unified approach, the CDP aims to reduce drug-related harm, decrease drug-related deaths, and improve overall health and safety for individuals impacted by substance misuse.

The CDP prioritizes a range of initiatives, from preventive and early intervention strategies to robust support systems for recovery and reintegration. A significant focus is placed on harm reduction measures, such as expanding access to naloxone and safe injection supplies, improving drug awareness education, and addressing the social factors that contribute to substance use. Additionally, the CDP works to enhance local resources for mental health and addiction treatment, ensuring that individuals with substance use disorders have access to comprehensive, integrated support. This collaborative effort not only targets the immediate impacts of drug misuse but also fosters long-term community resilience, equipping local areas with the tools needed to sustain these improvements and create safer, healthier environments for all.



NORTHERN LINCOLNSHIRE CDP

The CDP for North and North East Lincolnshire, formally known as the Northern Lincolnshire CDP, is led by Senior Responsible Officer (SRO) Diane Lee, who serves as the joint Public Health Director for both local authorities. The SRO plays a pivotal role in communicating insights and lessons learned from the partnership to various local groups, including the Community Safety Partnership, as well as to broader regional and national stakeholders. This dual reporting structure enables seamless coordination with both local agencies and higher-level government bodies, strengthening the partnership's capacity to address drug-related harm effectively.

Membership of the Northern Lincolnshire CDP remains robust and includes representatives from key organisations. Core membership is made up by representatives from:

- North and North East Lincolnshire Councils (with Portfolio Leads for Health),
- Humberside Police,
- HM Prison and Probation Service (Yorkshire and Humber region),
- The Office of the Police and Crime Commissioner,
- We Are With You (the local drug and alcohol treatment service provider)

- North and North East Lincolnshire Integrated Care Board
- Violence Reduction,
- Social Care,
- The Community Safety Partnership,
- The Department for Work and Pensions,
- and Public Health teams from both local authorities.

The group, which meets quarterly, is well-established and consistently well-attended, reflecting strong multi-agency commitment to reducing drug-related harm.

THE LOCAL PICTURE

Per the Office for National Statistics' (ONS) mid-2023 data, North East Lincolnshire is made up of 158,335 people and North Lincolnshire 170,087, though the former's population density is much higher. Per their binary classification of sex, both LAs are just under 51% female, with the remainder being male. Females generally use health services more and access treatment earlier. Both also share a similar makeup in terms of age, with just over one-fifth being children, and just over 57% being working age, while 21.4% of North East Lincolnshire were 65 and over, compared to 22.7% of North Lincolnshire. The population being generally weighted toward older age bands can be seen across England and Wales, but it is a more acute problem in Northern Lincolnshire, driving many health concerns. It is also projected to become more acute. Another significant driver – one that is inextricably linked to substance use – is the prevalence of and inequalities in terms of deprivation: North East Lincolnshire ranked 29th out of 317 lower-tier local authorities in the 2019 Indices of Deprivation's postcode-based Index of Multiple Deprivation (IMD) (1 is the most deprived), while North Lincolnshire ranked 115th. This is echoed in figure 1 (see below).

Like deprivation, health outcomes are broadly poor in Northern Lincolnshire, relative to England. Risk factors including smoking and obesity are significantly worse here, as are life expectancy and healthy life expectancy, and the numbers around other topics typically leading to poorer health outcomes, such as young people who are NEET (Not in Employment, Education or Training) or whose activity is unknown. Poorer health is commonly seen as a co-morbidity with substance misuse – raising the significance of the number of people who recently self-identified as unwell to some extent, too (see figure 1). Metrics specific to substances broadly show NEL performing worse than England and NL performing better, though it is a mixed picture in both cases.

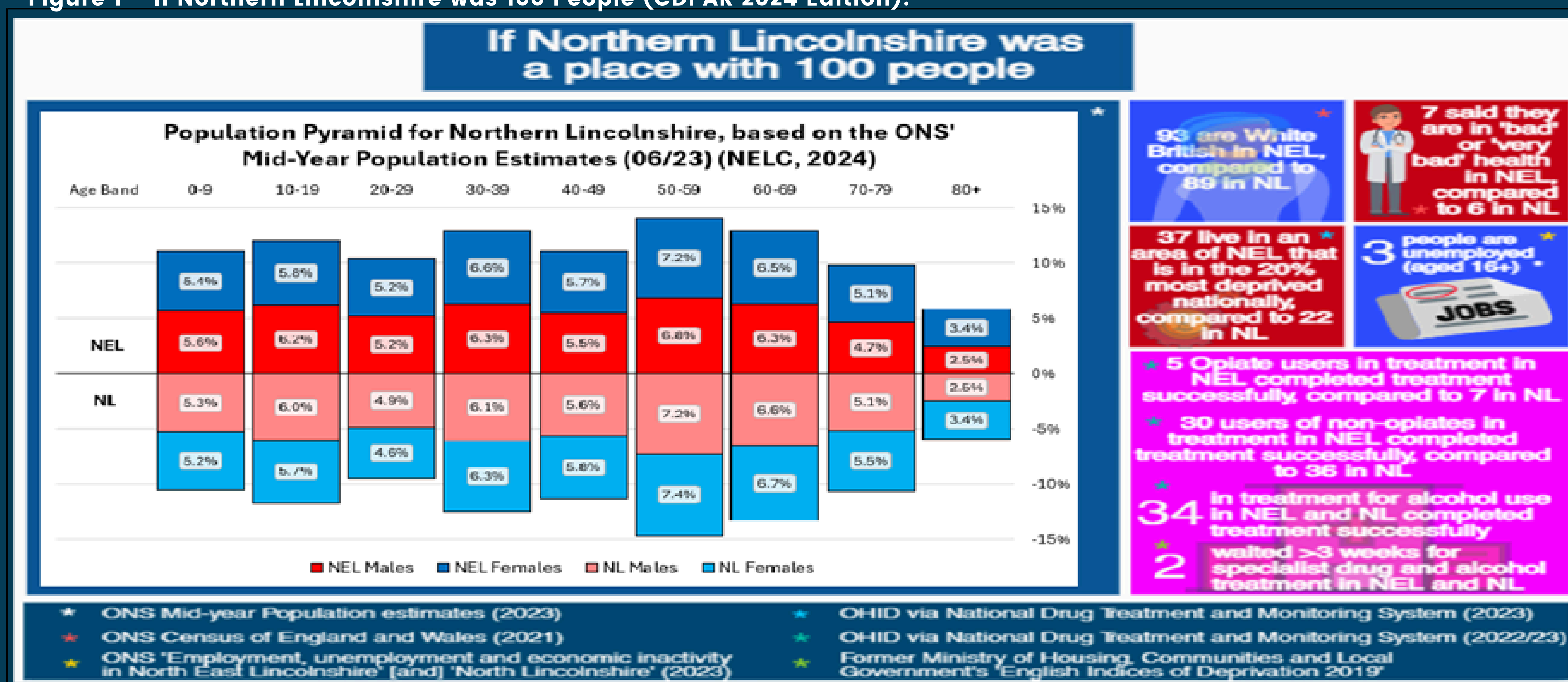


In terms of the correlation with substance misuse, those aged 16-24 tend to use substances most nationally,^[1] though this population is demonstrably small locally, and local treatment data suggests 60% of those in treatment are aged 30-49 – a cohort which, while populous, is shown by figure 1 to be somewhat smaller in number than the older ages, though need is implied to be small here. And despite males seeking healthcare comparatively less than females, local treatment is male dominated, with 1,740 males in treatment across both LAs, compared to 785 females. Ethnicity is also linked to substance use, but unlike age, national and local footprints are consistent, with people with a White British background – linked to excessive alcohol^[2] and drug use^[3] – making up all but approximately 35 individuals; figure 1 shows the White British population, implying it is disproportionately high as a proportion of the total in treatment.

Figure 1 presents the area's most recent data, broken down to figurative percentages to support the understanding of local demographics/headline metrics.

¹ ONS, 2023, 'Drug misuse in England and Wales: year ending March 2023'
² ONS, 2021, 'Harmful and Probable Dependent Drinking in Adults'
³ ONS, 2021, 'Illicit Drug Use'

Figure 1 – If Northern Lincolnshire was 100 People (CDPAR 2024 Edition):



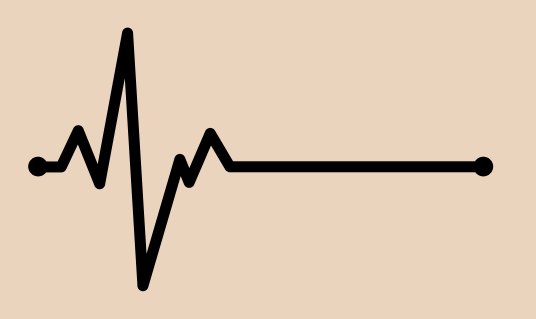
KEY COMMITMENTS

The Combating Drugs Partnership (CDP) aims to implement improvements across all key areas outlined in the local delivery plan, led by the national outcomes.

These areas include:



Prevention and Early Intervention
Focused on reducing harm and preventing substance misuse among both young people and adults, this initiative aims to raise awareness about substance misuse and inform individuals about available support services.



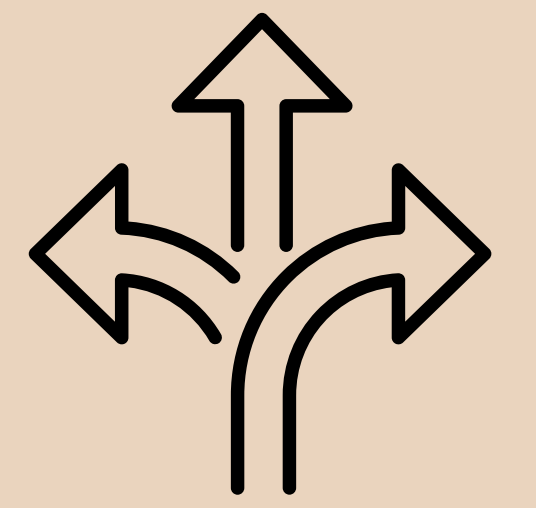
Drug-Related Deaths
The partnership seeks to establish effective local processes for monitoring, reviewing, and learning from recent drug-related deaths. This will enable the identification and implementation of appropriate preventative measures and responses.



Safeguarding Children and Young People
The CDP prioritizes safeguarding vulnerable populations from intergenerational alcohol and drug misuse, aiming to prevent the cycle of substance use across generations.



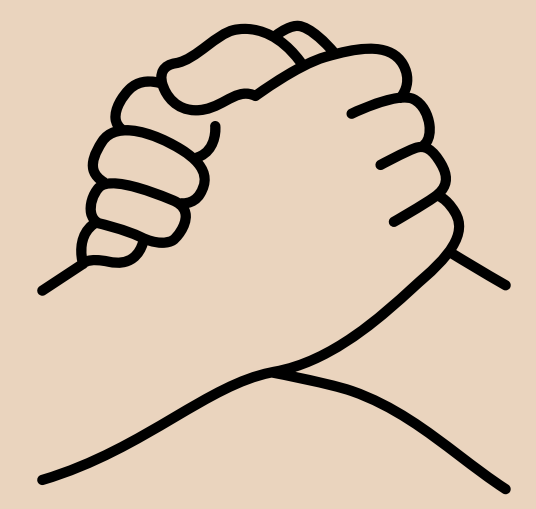
Mental Health Support
There is a commitment to improving mental health services, particularly in addressing the challenges associated with dual diagnoses for individuals facing both mental health and substance use disorders.



Pathways to Treatment
The CDP is focused on enhancing access to treatment and support for individuals within the criminal justice system, ensuring that they receive timely and effective care.



Reducing Supply and Demand
The partnership aims to tackle the supply and demand for drugs and alcohol within the local area to create a healthier community.



Continuity of Care
Efforts are being made to improve the transition of care for individuals moving from secure establishments to community settings, ensuring consistent support throughout their recovery journey.

To ensure progress in these areas, seven distinct subgroups have been established, each targeting specific aspects of drug-related harm tailored to the unique needs of the local community.

Please refer to below for details of the subgroups and their specific work areas and priorities.

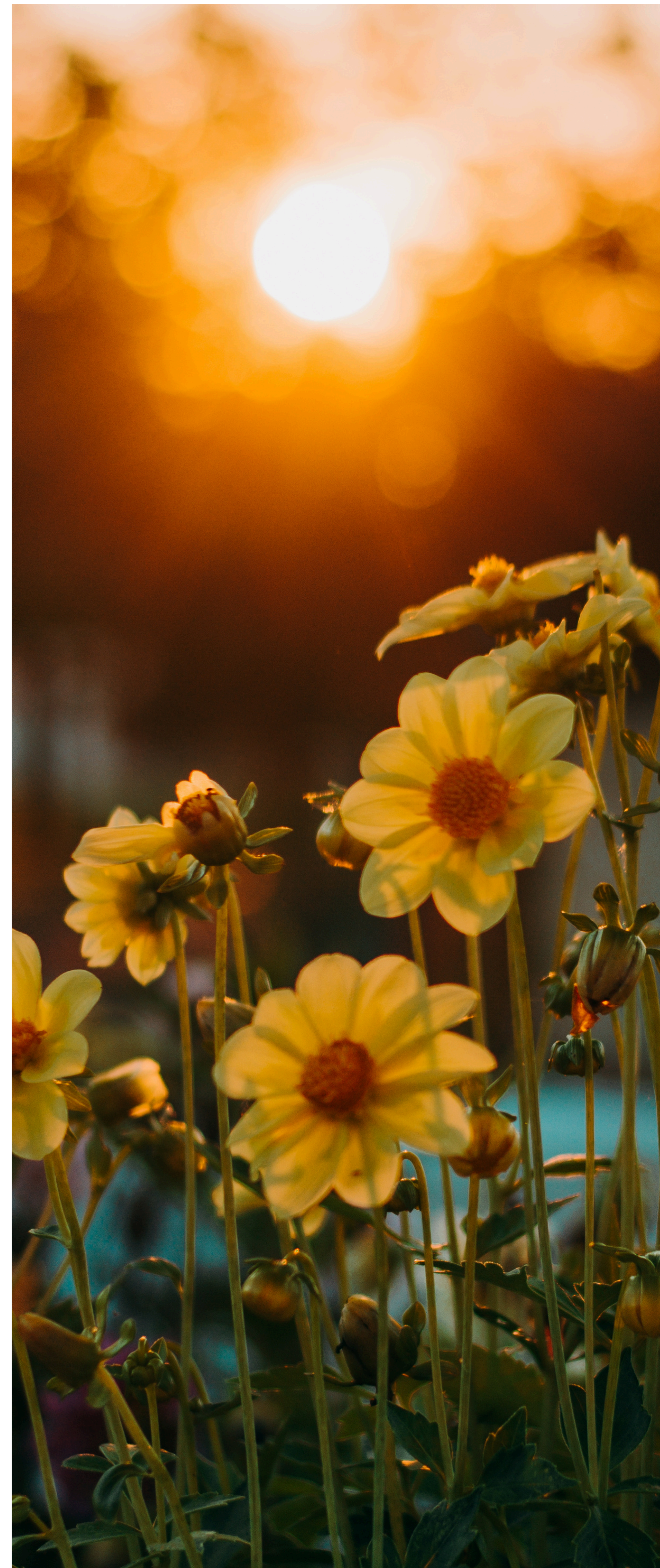


DRUG RELATED DEATH REDUCTION AND RESPONSE SUBGROUP (DRDRR)

The Drug-Related Death Reduction and Response (DRDRR) subgroup, led by Public Health teams from both North and North East Lincolnshire Councils, aims to address and mitigate the likelihood of premature death amongst people who use drugs. The primary objective of the group is to reduce drug-related deaths by implementing harm reduction strategies, promoting safer drug use practices, and supporting early interventions.

The DRDRR subgroup is actively advancing its mission to reduce drug-related deaths and support those at risk through several key focus areas:

- **The group is currently evaluating and refining existing pathways, identifying resources, and pinpointing areas for development to ensure that systems are fully optimised to meet individuals' needs effectively.**
- **Mental health and suicide prevention have been prioritised, with the subgroup hoping to closely examine the links between recreational drug use—such as ketamine and cocaine—and suicide, especially where mental health conditions like autism, ADHD, and other complex needs intersect with substance use and suicide risk.**
- **Enhancing the drug alert process is also underway, with efforts focused on strengthening partnerships, developing Information Sharing Agreements (ISAs), and improving the notification process to enable swift responses to drug-related incidents.**
- **The subgroup aims to also examine the root causes of deaths linked to long-term addiction rather than acute overdose, paying particular attention to cases involving individuals with complex or multiple needs to streamline support for this population.**



The subgroup has established deep-dive reviews into drug-related deaths to analyse emerging local themes and trends, supported by real-time surveillance that allows for timely interventions.

To support the group's development, access to non-fatal overdose data from local tertiary centres would be invaluable. This data would provide a clearer understanding of local overdose trends and potential risks for future drug-related deaths. However, obtaining this information has proven challenging.

Since its inception, the group has held three initial meetings and is now established to meet quarterly. Membership includes a range of representatives from key agencies, such as Commissioning, local drug services, Humberside Police, local housing authorities, youth services, Criminal Justice, the Department for Work and Pensions (DWP), and the NHS. This multi-agency collaboration ensures a comprehensive approach to addressing drug-related harm across North and North East Lincolnshire.

INTELLIGENCE SUBGROUP

The Intelligence subgroup is made up of members from across a wide spectrum of public sector bodies and service providers, including both North Lincolnshire's and North East Lincolnshire's Councils, Humberside Police, Probation, the Integrated Care Board, and With You and Blue Door and Women's Aid, as the local area's substance use and domestic abuse service providers, respectively. It met for the first time in April 2024 with a primary goal of supporting the CDP's other subgroups and partners with a clear and comprehensive picture of substance use and related issues in the area and by, in effect, tracking the progress of the CDP's objectives locally. It retains that goal. Through it, the other subgroups gain a better understanding of the nature and the scale of these issues and may, in turn, engage with NEL's recovery community and residents more effectively as a result.

The subgroup has answered a range of ad hoc requests, but initially, it prioritised learning lessons from deaths caused by substances, and the reduction of associated harm to lessen the immediate health harms of substances on the people using them and affected others. To this end, the subgroup developed a series of interactive tools in the Power BI software that decision-makers may delve into freely to meet the needs of their CDP role. These dashboards have capacity for deep dives into a range of open questions, such as how admission patterns at hospitals change as the cohort using substances age, and which ward areas experience the highest rate of deaths associated with the use of substances.

Work is now being focussed on, A) the immediate reduction of crime that is motivated by substances to increase the feeling of and the literal safety of residents, and B) supporting both reactive and preventative work with children and young people who are either using substances, or who are at-risk of use, with an aim of reducing future harm.



This has led to the investigation of:

- **Substance-related suspensions and exclusions in our schools.**
- **Substance-related anti-social behaviour committed by youths, facilitated by residents' reports to police.**
- **Children's services' cases where a factor has been the [mis]use of substances. But rather than reviewing individual cases, this took the form of a review of the recent, wider picture of the role of substances in the harm of local children in the home.**
- **The number of crimes committed, the proportion involving substances, and the application of a measure of the severity of those crimes, broken down to ward areas.**
- **A further classification of substance-related crimes at local authority level, showing, for example, the numbers of drug-related homicides, and violence and domestic abuse crimes in which substances were a factor.**
- **Assessments of support needs relating to substances performed by Probation.**

Additionally, the group is continuing to work with the Drug and Alcohol Harm Reduction Subgroups – as well as the Recovery Community subgroup – to design large-scale surveys to engage with and learn from relevant cohorts about current provision, gaps, and what could be effectively built in.

Now in its third quarter, the group is performing tasks exactly as planned, and the prospective goal could only be better achieved through greater capacity and partnership working, particularly with community mental health and ambulance services. These would facilitate additional – much desired – datasets and the resource to analyse them at a level conducive to good insights for subgroup leads and real-terms change for residents.

RECOVERY SUBGROUP

The Recovery Subgroup, chaired by Creative Start Arts in Health CIC, is dedicated to amplifying the voice of recovery among all stakeholders across North and North East Lincolnshire. By prioritising the subject matter expertise of individuals with lived experience, the subgroup aims to ensure that strategic decision-making reflects these perspectives for years to come.



This subgroup comprises representatives from various sectors, including lived experience, drug and alcohol treatment, mental health, carers support, criminal justice, housing, and public health organisations. Meetings are typically to be held quarterly, following the recent agreement of initial aims and objectives.

A significant initiative currently underway is the development of a survey to be distributed across both regions to all relevant and adjacent services. This survey seeks to gather extensive testimonies regarding the current state of addiction recovery from those who are experiencing it. This approach embraces a wide range of perspectives, acknowledging that definitions of recovery may vary significantly among individuals, groups, and services.

Additionally, early-stage work is being conducted to create a survey targeting individuals affected by the substance use of others. This need was identified in discussions with the Angels Group at the NE Lincs Carers Support Service, which will lead this component of the subgroup's efforts. Once developed, this survey will be administered throughout North and North East Lincolnshire.

The launch of the survey is imminent, and upon completion, the subgroup will compile the responses into a report. This report will be shared with all other subgroups to inform and support their work, ensuring that the voice of recovery remains central to the ongoing conversation.

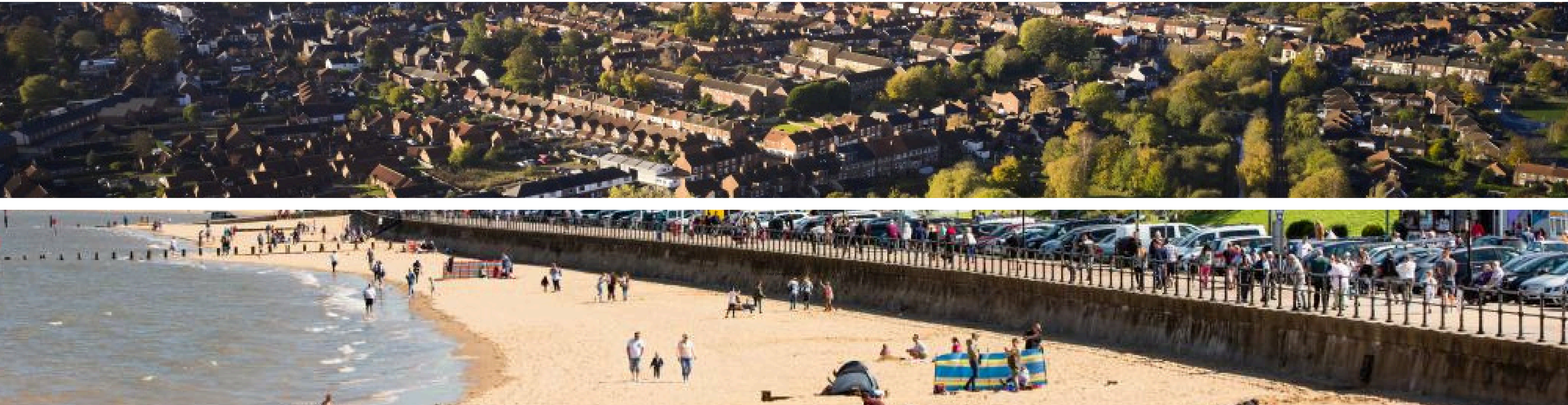


CREATIVE START MEMBERS HAD THE OPPORTUNITY TO WORK WITH ANNABEL MCCOURT, AN ARTIST BASED LOCALLY ON HER RECENT PROJECT 'I'M SORRY' AN INTROSPECTIVE PHOTOGRAPHY PROJECT CONDUCTED IN PARTNERSHIP WITH A RECOVERY GROUP BASED IN BARNSELY. THIS EXHIBITION WAS DISPLAYED WITH THE IMAGES OF THE MEMBERS AT BARNSELY CIVIC CENTRE IN 2023.

REDUCING ALCOHOL RELATED HARM SUBGROUP

The Reducing Alcohol-Related Harm (RARH) subgroup, chaired by a clinician from the local alcohol treatment provider, includes representatives from key agencies such as local alcohol treatment services, Humberside Police, local housing providers, Criminal Justice, the Department for Work and Pensions (DWP), and Primary and Secondary NHS providers. Since its inception, the group has met three times and decided to hold quarterly meetings going forward.

The primary objective of the RARH subgroup is to identify and reduce alcohol-related harm, with a strong focus on early intervention. Through discussions, the group has highlighted several areas of concern for deeper examination:



Alcohol-Related Mortality: The group has reviewed national data showing a rising trend in alcohol-related deaths, which has been increasing year over year. Local data from the Intelligence Subgroup also indicate a similar increase in alcohol-related deaths across Northern Lincolnshire, with certain wards exhibiting significantly higher prevalence.

Impact of Alcohol on Morbidity: While the group is aware of the detrimental effects of alcohol on health, obtaining comprehensive data on this has been challenging. However, by analysing local A&E data, they have identified common issues such as alcohol withdrawal and falls or injuries related to intoxication.

Alcohol-Related Crime: The Intelligence Subgroup has started compiling data from Humberside Police on offences where alcohol was a contributing factor. This includes instances of antisocial behaviour, assault, and domestic abuse.

The group has discussed local strategies to address these issues and agreed to focus on education and early intervention. Discussions revealed that messaging around the harms of alcohol is inconsistent across the region, and that knowledge of available support services is often limited. Alcohol treatment providers confirmed that many individuals only seek help after significant harm has already occurred, making recovery more challenging.

To address this, the group has committed to developing a comprehensive alcohol education and health promotion strategy for Northern Lincolnshire. This will be accessible to all residents, with a focus on increasing access in high-need areas identified by the data. The group also recognized the need to understand current alcohol education efforts across the region. A survey has been created to gather information on existing alcohol education programs and knowledge of support services. The survey results will be shared with the Combatting Drugs Partnership, alongside recommendations for next steps.

In addition, the group expressed interest in examining individual cases of alcohol-related deaths to identify trends and lessons that could guide local initiatives. The Drug-Related Death group is currently developing a pathway for case reviews, and once complete, a similar process will be adapted for alcohol-related deaths.

DRUG HARM REDUCTION SUBGROUP

The Drug Harm Reduction Subgroup, led by We Are With You in North and North East Lincolnshire, is focused on minimising harm among individuals who use substances. The primary aim of the group is to reduce drug-related harm by identifying and implementing harm reduction strategies and promoting these practices across Northern Lincolnshire through structured pathways and educational initiatives.



The group has convened four times since its inception and now meets quarterly. Membership includes representatives from a range of key agencies, including housing, sexual health services, local drug services, Citizens Advice, voluntary sector organizations, Criminal Justice, and the NHS.

FOCUS AREAS:

- Closing Gaps in Harm Reduction Services: The group is addressing existing gaps in harm reduction efforts across Northern Lincolnshire, including expanding Needle Syringe Programs, enhancing Naloxone distribution, and working toward the elimination of Hepatitis C among those in treatment.
- Targeting High-Risk Harms: Prioritising high-risk areas such as synthetic opioids, the subgroup is actively developing strategies to mitigate these specific dangers.
- Strengthening Education and Awareness: The group is evaluating current educational initiatives within the partnership, identifying gaps, and implementing awareness-raising activities to improve harm reduction outreach



CHILDREN AND YOUNG PERSONS SUBGROUP

Since 2012, there has been a notable increase in drug use among 16- to 24-year-olds, with rising reports of cannabis and Class A drug use. Drug use among young people can lead to significant immediate and long-term negative outcomes, impacting health, educational attainment, and involvement in criminal activity. Our aim is to foster a generational shift within the next decade, where fewer people turn to drugs, and today's children grow up in a safer, healthier environment. We are dedicated to protecting vulnerable children and young people, reducing the likelihood of drug initiation, and building their resilience by ensuring they have a strong start in life, quality education, and a safe and supportive environment.

The group is currently focused on the following areas:



EDUCATION

- Teachers: Enhancing awareness and drug education delivery in schools.
- Parents: Providing awareness resources and parental support packs.
- Students: Offering awareness, harm reduction education, and specialized support for students, including those in home or alternative educational settings.
- Exclusion Policy: Examining policies related to substance misuse and identifying potential supportive measures for affected students.



SOCIAL MEDIA

- Trends: Gathering intelligence from young people to understand which substances are present in the local area, with each partnership reporting back on findings.
- Harm Reduction and Social Media Messaging: Sharing local support resources and harm reduction information based on the substance trends identified
- Media Campaigns: Coordinating campaigns around festive seasons and major local events to promote awareness and prevention.

CRIMINAL JUSTICE SUBGROUP

The quarterly meetings chaired by the Commissioner at the Office of the Police and Crime Commissioner (OPCC) bring together key stakeholders, including representatives from probation, local authority public health, police, and drug and alcohol services. These meetings focus on a wide range of critical areas within the criminal justice and substance misuse sectors, with the aim of improving services and outcomes for individuals involved in the system. One of the key areas of focus is Drug Rehabilitation Requirements (DRR) and Alcohol Treatment Requirements (ATR), with efforts to review and improve the effectiveness of these provisions. The group also works to raise awareness of these requirements among stakeholders.

A key component of the group's work involves capturing and analysing data related to drug and alcohol-related crime, with a particular emphasis on serious acquisitive crime. This data helps to identify trends and areas where interventions may be needed, supporting a more targeted approach to service delivery. The inclusion of a representative from Liaison and Diversion services is expected to enhance the group's ability to address the needs of individuals involved in both substance misuse and the criminal justice system.

The group also focuses on improving the use of out-of-court disposals across the region. This initiative aims to provide appropriate treatment and support for individuals involved in low-level offenses related to substance misuse, while diverting them from the criminal justice system where possible. The goal is to reduce reoffending and promote early intervention.

Collaboration with the Office for Health Improvement and Disparities (OHID) plays a vital role in ensuring that data is accurately reported and recorded, particularly in relation to Continuity of Care figures. Accurate data is essential for effective service delivery, and efforts have been made to improve consistency and reliability in reporting across all relevant services.

The group has also worked to strengthen partnerships with local secure establishments, ensuring seamless transitions for individuals moving between secure settings and community services. This includes developing clear pathways into care and treatment for individuals on release, as well as conducting a soft audit of Continuity of Care, focusing on the demographic breakdown of those who do not engage with services following release. This audit aims to identify barriers to access and inform future improvements in service delivery.

In addition, there has been a strong emphasis on improving support for women in the criminal justice system. A key part of this work has involved developing a plan to enhance the diversion scheme, particularly for women who are new to offending. Recognizing the unique challenges faced by women, such as trauma, housing instability, and childcare needs, the group is working to ensure that women are diverted into appropriate services rather than facing incarceration. This effort is aimed at improving outcomes for women and ensuring that they receive the necessary support to address their specific needs.



LOCAL PROGRESS



PRIORITY: ENHANCED SUPPORT FOR FAMILIES AND COMMUNITIES

NOTABLE IMPROVEMENT:

The CDP has successfully brought together multiple partner agencies, fostering a more cohesive, collaborative approach that is improving outcomes for families and communities. Efforts are underway to expand education in schools regarding substance use, with North Lincolnshire Council developing a Healthy Schools pilot set to launch next year. The Children and Young People's subgroup is contributing to this initiative. Additionally, the Carers Support Service in NEL currently provides a dedicated worker for substance use, and following the success of this model, it has been identified as a beneficial service to replicate in NL. Work is ongoing to secure funding for a similar position in NL. Furthermore, the establishment of a new Recovery Service in NL is providing essential support for individuals in recovery and the wider community, while the Recovery Services in NEL continue to grow and offer increasing support.

PRIORITY: BETTER DATA COLLECTION AND ANALYSIS

NOTABLE IMPROVEMENT:

Through use of the CDP as an opportunity to collaborate, multiple, relevant ends have been achieved:

- Additional pathways have been created to share data between partner organisations in the CDP. And relationships have been built between concerned staff in both analytical and operational roles. This has been most visible between Humberside Police and NELC thus far and has – in addition to facilitating more analyses – strengthened the flow of data and insights as well as the trust with which its shared.
- Both Councils have worked on harmonising questions in a central survey-tool used to collect data on local children. Results are imminent and may inform future working, as well as drive similar work with other partners where there is scope to do so.
- An initial review of the analysis and insight function of the CDP has been undertaken, which has highlighted gaps in the CDP's knowledgebase and the preferred opportunities for future development.
- The scope of the analyses on substance use has been multiplied. There are multiple cases where before, a dataset may have had sight outside of this context and only once or within a silo and is now shared beyond the data processor in a format where it can be monitored regularly by CDP leads as an indicator that is vital to performance, e.g., ward-level hospital attendances for drug-related reasons. And since the CDP's inception, one dashboard on the Power BI platform has become four – with two others in scope – to streamline and centralise analyses. These include the titular CDP Performance Monitoring Dashboard, which tracks and spotlights trends in key performance indicators.

PRIORITY: INCREASED PUBLIC SAFETY

NOTABLE IMPROVEMENT:

Data on anti-social behaviour (ASB) is, at present, only available from 2022/23, and shows that ASB which is perceived to be committed by youths is much more prevalent in NL than in NEL. But both areas suffer with this issue. And while there have been notable peaks, drug related crime in NEL has fallen slightly in the last two full [financial] years, although it has increased in NL. Specific figures relating to domestic abuse and violence remain broadly consistent.

PRIORITY: REDUCTION IN DRUG USE AMONG YOUNG PEOPLE

NOTABLE IMPROVEMENT:

The most recent Survey of secondary school children in NEL took place in 2021, so predates the CDP's inception. It showed a rise in the proportion of children offered illegal drugs to 16% overall. Also of note were that more than half of children in year 11 had seen someone use cannabis, while a tenth of year 9-11s had used it themselves. Figures for those using other substances, such as ecstasy and spice, are much smaller. NL's equivalent survey took place in 2022/23 and showed that just under two-in-five-year 11s had been offered illegal drugs, and just under half the same cohort had tried cannabis. Local surveys underscore the fact that drug use is especially prevalent among the older ages, but no data is presently available which might reflect the affect on any CDP intervention.



LOCAL PROGRESS

PRIORITY: REDUCTION IN DRUG USE AMONG YOUNG PEOPLE

NOTABLE IMPROVEMENT:

The most recent Survey of secondary school children in NEL took place in 2021, so predates the CDP's inception. It showed a rise in the proportion of children offered illegal drugs to 16% overall. Also of note were that more than half of children in year 11 had seen someone use cannabis, while a tenth of year 9-11s had used it themselves. Figures for those using other substances, such as ecstasy and spice, are much smaller. NL's equivalent survey took place in 2022/23 and showed that just under two-in-five year 11s had been offered illegal drugs, and just under half the same cohort had tried cannabis. Local surveys underscore the fact that drug use is especially prevalent among the older ages, but no data is presently available which might reflect the affect on any CDP intervention.

PRIORITY: IMPROVED TREATMENT OUTCOMES

NOTABLE IMPROVEMENT:

Based on public data, the most recent trend shows that treatment outcomes are presently stable, with no significant change in successful completions of treatment for opiate, non-opiate, and alcohol users, although both NEL and NL saw a rise in this figure in 2023 for those being treated for opiate and alcohol use, while those treated for use of non-opiates were represented by a fall in successful completions in the same [calendar] year.

In terms of length in treatment, figures seen on NDTMS are relatively stable, but the proportion spending less than a year in treatment rose in both areas in 2023. This was 50% in NEL and 53% in NL – both lower than in England (59%). However, it is of note that the second most populous group in all three footprints is still those spending over 6 years in treatment, and while this remained static in NL and England, it rose between years in NEL.

PRIORITY: REDUCTION IN DRUG RELATED DEATHS

NOTABLE IMPROVEMENT:

Despite the small rise in drug-related deaths across both areas, significant efforts have been made to enhance local pathways and strengthen the initial response to suspected drug-related fatalities. These improvements aim to streamline processes and ensure timely interventions in such cases. It is anticipated that these enhancements will positively impact future data, leading to better outcomes and a reduction in drug-related deaths.

PRIORITY: STRENGTHENED LAW ENFORCEMENT AND COMMUNITY POLICING

NOTABLE IMPROVEMENT:

Humberside Police are represented at the CDP by the force strategic drugs lead and at subgroups by officers working within Northern Lincolnshire.

Joined up partnership approaches are embedded and working. Over the last 12 months Humberside Police have delivered against the key commitments of the partnership as follows:

- Prevention and Early Intervention: Through our Safer School's Partnership providing inputs across the education sector using local officers for the area. Signposting within the community mechanisms for referral through daily engagement activity of the Neighbourhood Policing teams.
- Drug-Related Deaths: Sharing in real time our information on of all sudden deaths involving alcohol and drugs with the partnership to provide shared understanding and partnership action.
- Safeguarding Children and Young People: Ensuring through our safeguarding referral processes all children and vulnerable adults are referred to safeguarding partnerships for review and bespoke intervention plans.
- Mental Health Support: Ensuring appropriate and timely referrals are made and any person entering the Criminal Justice Process in Custody is offered referral pathways.
- Pathways to Treatment: Tracking and ensuring that all individuals with substance misuses are referred for intervention. Whilst in intervention understanding our role and supporting the use of needle exchanges and inhalation kits
- Continuity of Care: Participating as a partnership to safeguard those transitioning back into the community.
- Reducing Supply and Demand: Undertaking intelligence and community lead interventions to prevent harm and disrupt drugs supply across the area



COMMUNITY INVOLVEMENT

As the Combating Drugs Partnership (CDP) focuses on priorities that impact local communities, we encourage engagement from all members of the community. To effectively reduce drug-related crime, harm, substance use, and fatalities, it's essential to consider not only individuals who use substances but also the broader public.

IF YOU WOULD LIKE TO GET INVOLVED WITH YOUR CDP AND MAKE A DIFFERENCE IN YOUR COMMUNITY, YOU CAN FIND OUT HOW TO PARTICIPATE IN THE FOLLOWING WAYS:

1.) Speak with your key worker at We Are With You if you are currently in treatment for drug and/or alcohol use.

2.) Reach out to your local Drug and Alcohol service if you are not in treatment but would like assistance with your drug and/or alcohol use, or if you just want to share your views/become involved with the CDP.

Here are the details of both services:

NORTH LINCOLNSHIRE:

WE ARE WITH YOU
189-195 HIGH STREET
SCUNTHORPE,
DN15 6AE

NORTH EAST LINCOLNSHIRE:

(GRIMSBY OFFICE)
WE ARE WITH YOU
76B CLEETHORPE ROAD
GRIMSBY, DN31 3EF
PHONE: 01472 806890

(CLEETHORPE OFFICE)
WE ARE WITH YOU
13-15 GRIMSBY ROAD
CLEETHORPE, DN35 7AQ
PHONE: 01472 806890

3.) For individuals with lived experience of substance use and recovery, please contact your local Lived Experience Recovery Organisations (LERO's) who will be able to advise you on how to get involved.

Details of which are:

NORTH LINCOLNSHIRE

DOUBLE IMPACT - @: SCUNTHORPE@DOUBLEIMPACT.ORG.UK
T:01724410423

NORTH EAST LINCOLNSHIRE

CREATIVE START - @: HELLO@CREATIVESTARTCIC.ORG
T:07511875707

4.) Anyone else wishing to participate within the Northern Lincolnshire CDP please contact your local authority Public Health team leads.

Details of which are:

NORTH LINCOLNSHIRE

LAURA MCDONOUGH - LAURA.MCDONOUGH@NORTHLINCS.GOV.UK

NORTH EAST LINCOLNSHIRE

SARAH LUMLEY - SARAH.LUMLEY@NELINCS.GOV.UK