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Meeting: EAP Health & Wellbeing and Vulnerable People
Date: Friday 9th December 2022
Time: 10.00 am
Venue: Council Chamber, Corby Cube, George St, Corby, NN17 1QG

To members of the EAP Health & Wellbeing and Vulnerable People

Councillors Harrison (Chair), Harrington, Lawal, McGhee, Roberts, Shacklock and Smith-Haynes

Agenda			
Item	Subject	Presenting Officer	Page no.
01	Chair's Announcements		
02	Apologies for Absence		
03	Members' Declarations of Interest		
04	Minutes from Meeting held on 14 October 2022		3 - 6
05	North Northamptonshire Place Development	Ali Gilbert	7 – 84
06	Spinneyfields (Verbal Update)	David Watts	
07	The Royal Hotel – Contingency Asylum Accomodation (Verbal Update)	Sarah Ward/ Keri Watson	
08	Close of Meeting		

Adele Wylie, Monitoring Officer
North Northamptonshire Council



Proper Officer
2nd December 2022

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5. Better Care Fund

The Panel were briefed on the Better Care Fund. The 2022-23 BCF plan reflected significant changes within the system since the last plan was submitted. The main objective was to build on the transformation work carried out in 2021-22 and progress an integrated out of hospital delivery model. Information on this process was included in the plan which the Panel had received.

Work would continue through the ICAN programme, the purpose of which was to deliver a refreshed focus to improve the quality of care, achieving the best possible health and wellbeing outcomes for older people across North Northamptonshire, supporting independence and resilience for as long as possible.

The Plan also played a fundamental part in delivering the ICS ambitions as set out in the document before the Panel.

Cllr Harrison commended Sam Fitzgerald for the comprehensive report and highlighted how much work had been carried out.

Cllr Roberts agreed great work had been done and this seemed the best chance to achieve results.

Cllr McGhee expressed concerns for those who need care at home, what is being done?

Sam Fitzgerald explained that the primary focus of the team was to think home first and although only a small presence in the Hospital there was significant capacity outside to support people returning home including an Internal Reablement service supporting around 60 people at an one-time to return to independence, the service have also commissioned an independent block short term home care contract that delivers 800 hours per week to support those returning home in the most timely way as well as support commissioned directly for the private home care market. Current performance is that 85% of people leaving acute hospital's and requiring some form of formal care and support are returning home.

Cllr McGhee also asked about data showing progress of the strategy.

Sam Fitzgerald explained that performance data was provide on a quarterly basis to the Health and Wellbeing Board and that this could be provided to the panel. The performance data metrics include admission avoidance, length of stay, people 65+ discharged to their usual place of residence, admissions to residential or care homes, and effectiveness of reablement.

Cllr Roberts commented on the pressures on GPs and primary care.

David Watts reminded the panel that we have to make realistic assumptions around the funding that we will receive and make plans accordingly. Winter planning has been done and there will be an additional 18 beds at Kettering General Hospital, extra care beds and investment has been made to provide extra Domiciliary Care.

6. Transforming NNC Adult Social Care Provider Services – Strategy and Case for Change

The report being presented to the Panel put forward the necessary steps for enabling significant improvement for both the workforce, residents and their families.

Zakia Loughhead outlined the requirements needed to modernise services. Focus was on facilities and three of the regulated services that required improvement.

Changes would need to be made in stages to deliver a long term, sustainable, quality service. The issues that need addressing are buildings that are not fit for purpose and the required investment needed to provide the buildings for the future, staff recruitment and retention with problems with poor pay and training as key challenges, and a change in focus towards reablement and maintaining independence.

Cllr Harrison confirmed that the Case for Change would go out to consultation, she said she was excited about this proposal as this was a once in a generation chance to shape these services and make them fit for the future, investing in our staff, our buildings and our focus. Understanding the existing problems was key to fixing them.

Cllr McGhee said all staff at all levels needed to be advised. He also commented that relationships were built between residents in the care homes so people needed to be kept together.

David Watts outlined that, prior to the publication of the papers, he had spent time in one of the care homes, Beech Close, talking to staff about the Case for Change, followed by an online meeting with the staff at Pine Lodge. This session and literature had been made available to all staff who were unable to attend the online meeting.

Zakia Loughhead assured the panel that if the plans go ahead, friendships between residents would be taken into account and every effort to find placements together would be made. Residents and their families would be involved in these decisions.

Cllr Roberts said it was vital to get a positive message out to press and community that this will make a difference.

David Watts said he would be happy to go to the external press, these chances do not come along very often, it is good to have a strong vision.

7. UK Prosperity Fund

The Head of Development, Infrastructure and Funding gave an overview of the UKSPF explaining that it was part of the UK Government's Levelling Up Agenda.

It was a three-year funding programme with all areas of the UK receiving an allocation of the £2.6 billion of new funding.

North Northamptonshire had been allocated £4,835,332; funding was mainly a mix of revenue funding with an increase of proportional capital spend across the three-year programme.

There were three funding streams; the Core Shared Prosperity Fund, Multiply and the Rural England Fund

There were three priority themes:

- Community & Place
- Support for Business
- People & Skills

The process was explained to the Panel with the Year 1 Delivery Plan in development and waiting for Government approval.

A report would go to the Executive Committee in November to agree the Year 1 Delivery Plan and then delivery would commence.

Cllr McGhee raised concerns about where the money was being spent and felt more should be going directly into the three most left behind communities.

This was discussed and it was pointed out that many of the initiatives, such as the NN Jobs Club, would have an impact in those communities as well as those that were being delivered directly in those communities.

Cllr McGhee also asked about the decision making process and the fact that only two Executive Members would be making the decisions, he considered that this was inappropriate. He asked how would the outcomes be measured at Rushden Lakes?

Ian Achurch informed the panel that all projects would have KPIs and be monitored accordingly.

Where businesses are supported locally, they would be encouraged to take on local people.

Cllr McGhee suggested that the application process for the Community Grant Scheme should be made as easy as possible.

8. Forward Plan of Executive Items

Local Council Tax Support Scheme

Case for Affordable Housing

Family Hubs

Towns Multi Use Building.

9. Close of Meeting

The meeting closed at 12.04 am.

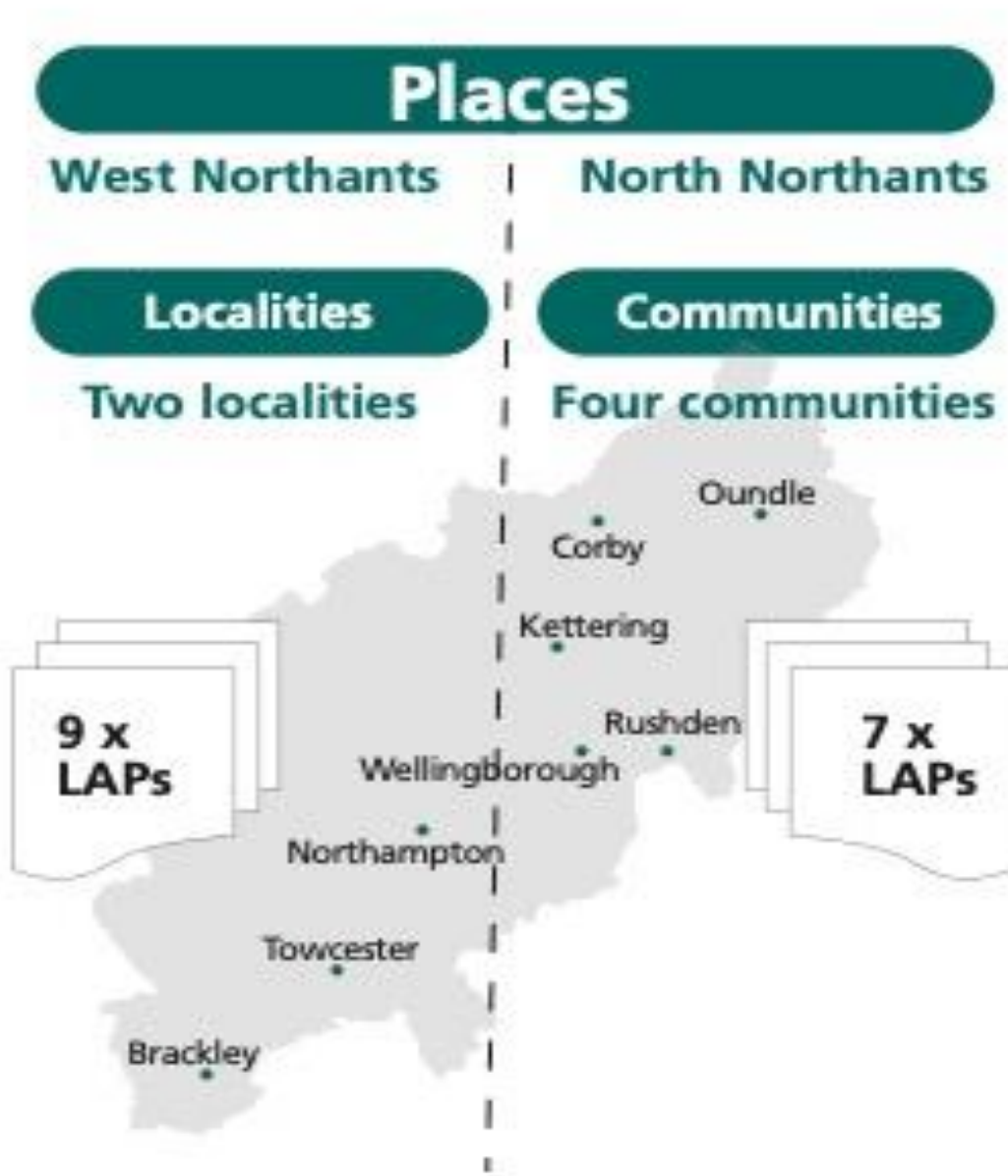


North Northamptonshire Place Development December 2022

Ali Gilbert ICS Place Director North

- Our System now has shared vision, aims and ambitions that underpins our countywide approach to tackling inequalities and improving outcomes – Integrated Care Northamptonshire (ICN) Strategy
- ICN strategy embraces the new Place Operating Model
- Model is now being mobilised in both places
- Intelligence led priority setting – Insights Tool
- Health Equalities Grant (HEG) ~£450k over 3 years to ensure the VCSE is embedded in the development and delivery of the LAPS and Forums at place and VIN
- Health inequalities money – ICB and NNC collaborative working

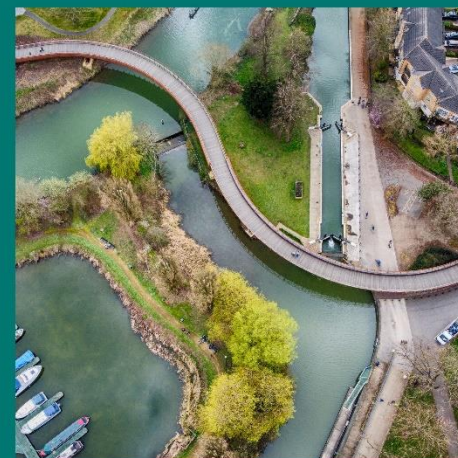
Northamptonshire's Approach to Place Development



COMMUNITY WELLBEING FORUMS

Page 10

Bring together LAP
learning
Community
engagement and
involvement



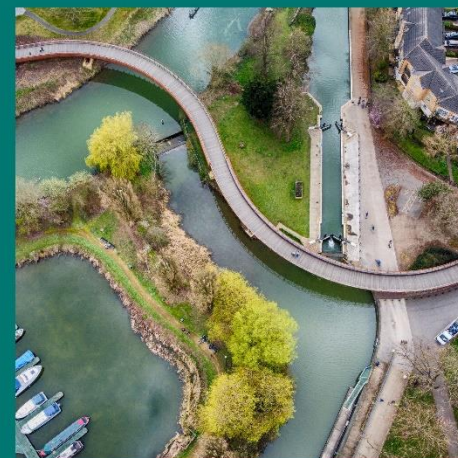
North Community Wellbeing Forums x 4

- ❑ **All four** Community Wellbeing Forums have been **launched** over past 2 weeks - health and wellbeing forums stepped down
- ❑ **200 plus** community, public sector service leaders, local business leaders , elected members council
- ❑ Talking about real issues impacting on communities and where we can make a **collective difference at CWF and LAP levels**
- ❑ **Common problem** identified – no overall understanding of whose engaging and communicating with communities or what they are collectively saying
- ❑ **Collating existing engagement data** and proposing to reset collectively a more consistent engagement
- ❑ **VCSE steering group** – collaboration at place

LOCAL AREA PARTNERSHIPS

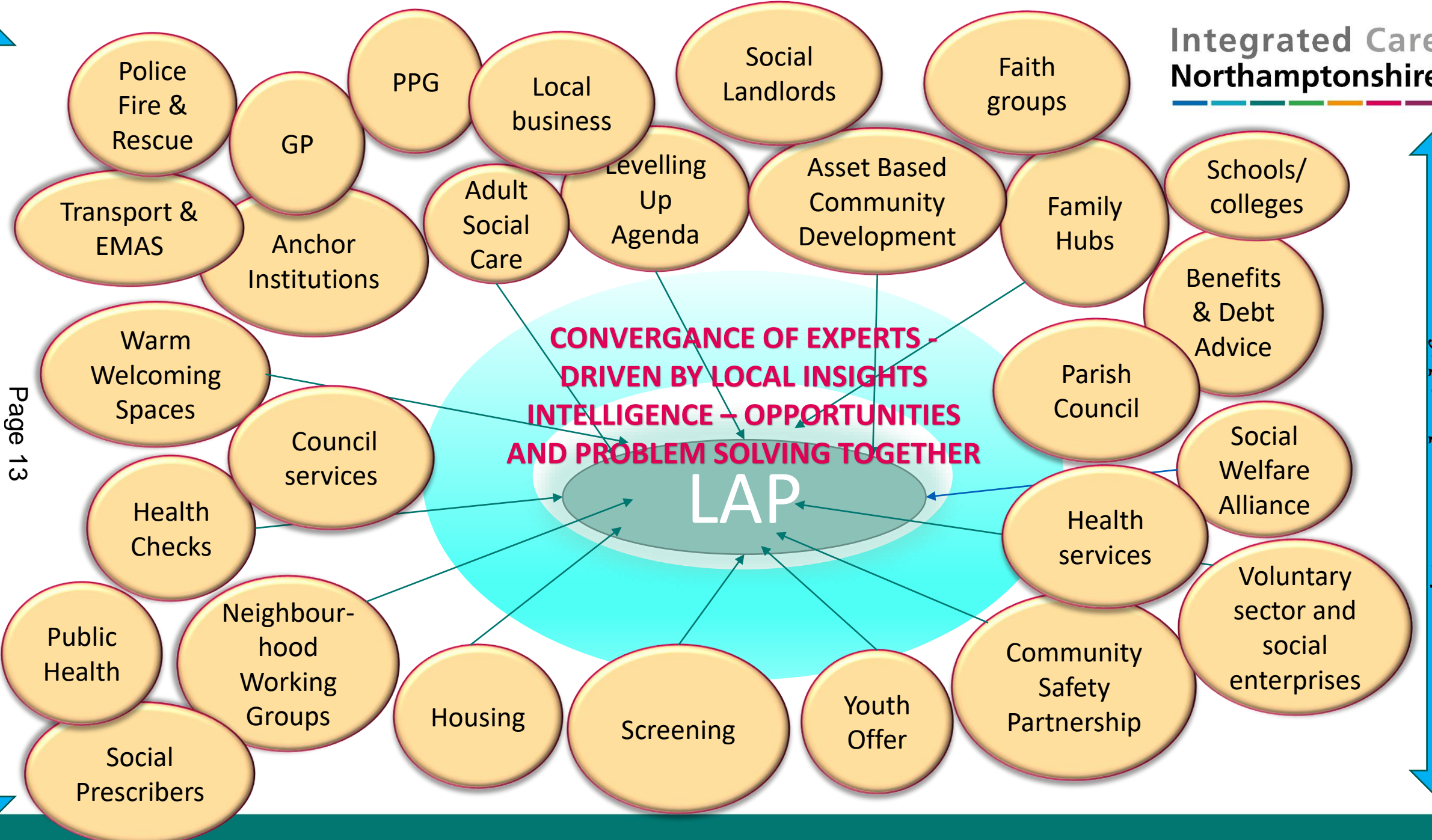
Page 12

LAPS



**CONVERGANCE OF EXPERTS -
DRIVEN BY LOCAL INSIGHTS
INTELLIGENCE – OPPORTUNITIES
AND PROBLEM SOLVING TOGETHER**

LAP



Live your best life

Live your best life

LAP INSIGHTS PROFILE

Shared intelligence, shared problem, shared solutions with our communities

Foundation for identifying opportunities and priorities through an initial framework bringing together collective intelligence.

Page 14

- Population sizes now and future
- Areas of deprivation – employment, education, health, crime , environment
- Mortality, life expectancy, injury,
- Behavioral risk factors eg alcohol, drugs
- Long term conditions
- Education, housing conditions, fuel poverty, energy efficiency
- Economy – employment, income tax
- Environment and crime

North Place Pioneer LAP Development

LAP Membership

VCSE, Town and Parish Councillors, local police and fire, primary care, PH, NNC, youth workers, NCT, NHFT and more.

Wellingborough Rural LAP Emerging Themes

- More people suffer from hypertension, diabetes, depression
- Children start primary school with lower levels of development, attainment later in primary school and less progress is made in secondary school
- Obesity issues in under ten-year-olds
- Higher than average households are suffering from fuel poverty
- People not in paid work has significantly increased post covid
- Significant increase in households claiming assistance with housing costs
- Lower levels of deprivation but pockets of high levels identified
- Crime rates of all crimes are lower

North Place Pioneer LAP Development

LAP Membership

VCSE, Town and Parish Councillors, local police and fire, primary care, PH, NNC, youth workers, NCT, NHFT and more

Corby LAP Emerging Themes

- Higher levels of deprivation particularly high for deprivation related to education and health.
- More people suffer from depression and COPD. Risk factors for poor health including smoking, physical activity and alcohol are also worse.
- Levels of attainment later in primary school are lower and less progress is made in secondary school
- People not in paid work have increased post covid
- Significant increase in households claiming assistance with housing costs post covid
- High rates of violent and sexual crimes, as well as all crimes
- Increase HMO's and their impact
- Transport link problems

Current ideas

- Asset mapping
- Links to the local Neighbourhood Working Groups
- Police, Probation, GPs all dealing with the same families
- Setting up warm spaces
- Plans to link housing and identify housing developments
- Potential to target Health Inequalities
 1. Access to debt and benefits advice
 2. Support for respiratory services
 3. Bringing together schools, education and early years – targeted approach

**Reflections and
Playback**

Page 18
Hopeful we
can do this
together at last

Freedom to
identify shared
opportunities /
priorities and
problem solve
together

Fragmented
engagement
with our public

So this is what
an ICS is all
about - I
understand at
last

As a GP in the
local area I've
never had the
opportunity to
discuss issues
with my local
Councillor

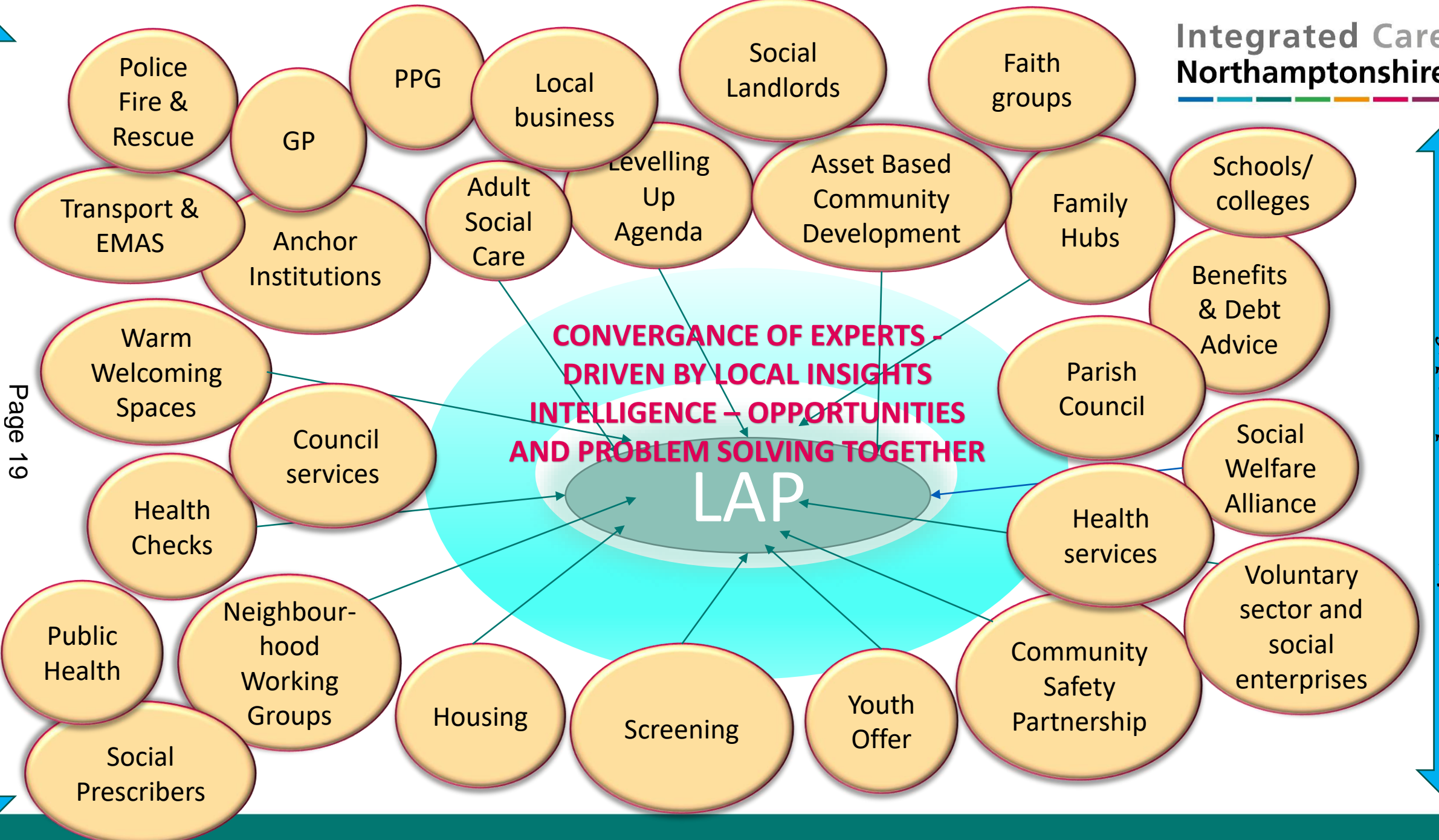
In 20 years of
being a GP I've
never been in a
room with a police
officer having
discussions about
the population

Freedom to
share
intelligence
about
communities

We have been
working in separate
bubbles in
communities and we
thought we knew our
communities, but we
don't really

**CONVERGANCE OF EXPERTS -
DRIVEN BY LOCAL INSIGHTS
INTELLIGENCE – OPPORTUNITIES
AND PROBLEM SOLVING TOGETHER**

LAP



Live your best life

Live your best life

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Corby

Local Area Partnership Profile

2022

Top 10 issues

The residents of Corby LAP in general experience poorer health and wellbeing outcomes compared with North Northamptonshire and England. Factors contributing to these outcomes include education, employment, income, crime, housing and quality of the built and natural environment. For Corby LAP, the following top 10 issues were identified in the profile:

1. There are higher levels of deprivation compared with England. Levels are particularly high for deprivation related to education and health.
2. The health of children and adults is generally poorer than England and life expectancy for both men and women is below both England and North Northamptonshire averages.
3. More people suffer from depression and COPD (a serious respiratory disease) compared with England. Risk factors for poor health including smoking, physical activity and alcohol are also worse.
4. While children start primary school with good levels of development, levels of attainment later in primary school are lower and less progress is made in secondary school compared with England.
5. 13.5% of households are suffering from fuel poverty – unable to heat their home to an adequate temperature – compared with 13.2% in England.
6. Since the start of the COVID-19 pandemic, rates of economic inactivity – people not in paid work and not looking for a job – have increased and are now higher than England (29.8% versus 21.2%).
7. There has been a 19.1% increase in households claiming assistance with housing costs since the start of the COVID-19 pandemic compared with 15.1% in England.
8. 15.4% of children under 16 are living in low income families compared with 18.5% in England.
9. There are higher levels of community need compared with England based on the Community Needs Index which looks at the social and cultural factors that can contribute to poorer life outcomes.
10. Rates of violent and sexual crimes, as well as all crimes, are higher than England and North Northamptonshire.

Community Assets

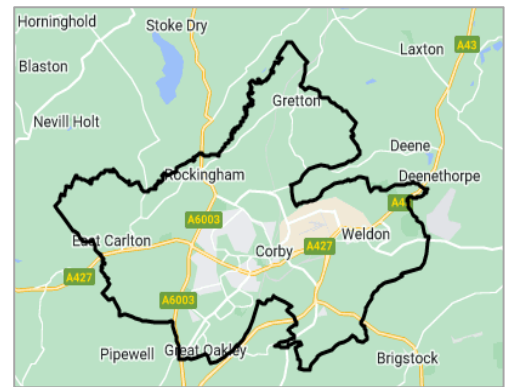
Communities have a range of assets that can support health and wellbeing. This includes local skills, knowledge, community networks, cultural assets, physical assets such as green spaces and buildings, assets of organisations working in an area. Some of these assets in Corby LAP were identified in the profile.

1. The Community Needs Index identified higher levels of community need in regard to Civic Assets, and Active and Engaged Communities compared with England and North Northamptonshire.
2. Residents are closer to the nearest green space compared with England and North Northamptonshire averages. Access to green space can improve physical activity and mental health.
3. There is a good range of physical assets in urban areas. This includes several schools, leisure facilities, GP practices and pharmacies.

Corby LAP Profile

Local Area Partnerships (LAPs) bring together a range of people from statutory, voluntary and community organisations and groups. By working together, LAPs can focus on what matters within their areas, delivering improved outcomes for local people and places. Their role is to improve services, ensure people influence decision-making and to actively engage with and empower communities.

This profile for Corby LAP contains data on a range of indicators and is intended as a conversation starter to help the LAP consider ways of improving health and wellbeing and reducing inequalities.



Source: Local Insight ([Local Insight](#))

Population

Understanding the population profile of an area is important when providing for both current and planning for future services. Different age groups have different health and social care needs and will require and use services in different ways.

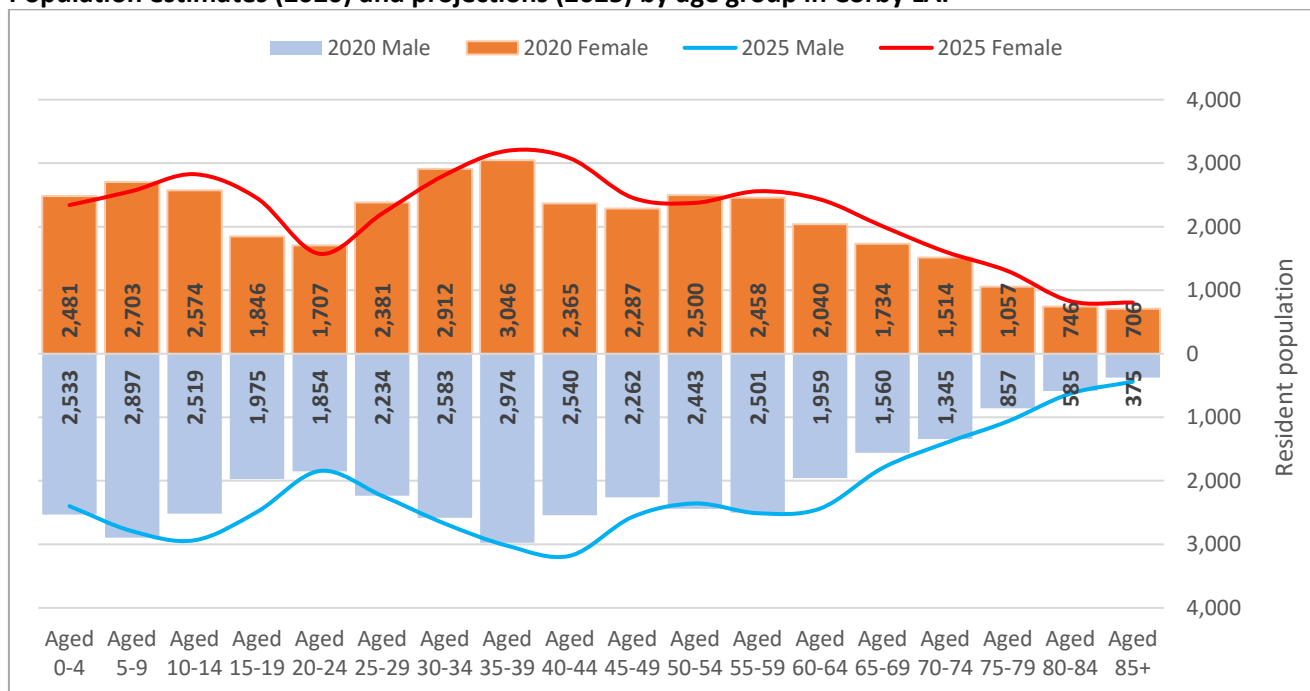
There were an estimated 73,053 people living in Corby LAP in 2020, and this total is projected to increase to 78,202 by 2025 (a rise of 7.0%). Just over one quarter of the population (26.7%) were aged under 20, whilst 14.3% were aged 65 and over.

Population estimates (2020) and projections (2025) in Corby LAP

Indicator	Corby LAP	North Northamptonshire
Population (2020)	73,053	350,448
Projected population (2025)	78,202	368,421
% population aged under 20	26.7%	23.4%
% population aged 65 and over	14.3%	18.7%

Source: Office for National Statistics mid-year population estimates; subnational population projections ([Office for National Statistics](#))

Population estimates (2020) and projections (2025) by age group in Corby LAP



Source: Office for National Statistics mid-year population estimates; subnational population projections ([Office for National Statistics](#))

Health inequalities

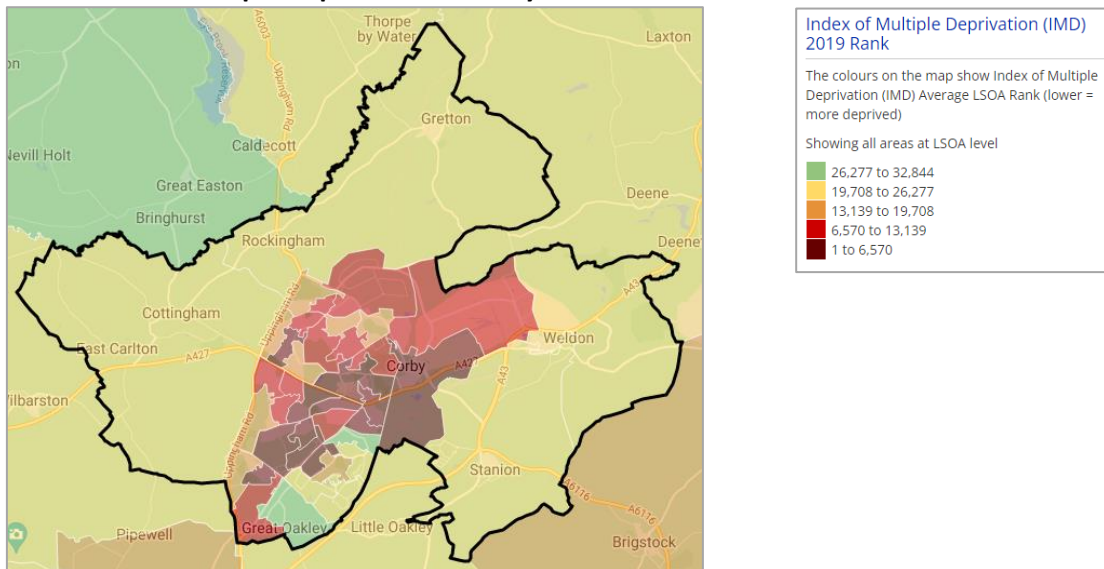
Health inequalities are the preventable, unfair and unjust differences in health between different individuals, groups or populations. Certain groups are known to experience worse health outcomes. These include: minority ethnic groups; physical disability and sensory impairment; learning disability and autism, LGBTQ+; rough sleepers; Gypsy, Roma and Traveller communities; refugees and vulnerable migrants; commercial sex workers; looked after children; care leavers; carers; veterans. Whilst data on these communities is limited at a LAP level, it is important their needs are considered within local areas.

Deprivation

The 2019 Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England and provides a way of comparing deprivation using seven domains: income, employment, education, health and disability, crime, barriers to housing and services, and the living environment. Relative deprivation does not tell us how many people are affected by deprivation, but it shows how deprived an area is relative to other areas. This can be used and is helpful in identifying the most deprived areas within England.

The map shows levels of deprivation in Corby LAP based on national quintiles (fifths) of the 2019 Index of Multiple Deprivation. Areas shaded in darker colours are more deprived.

2019 Index of Multiple Deprivation in Corby LAP



Source: Local Insight ([Local Insight](#))

Nearly 30% of Lower Super Output Areas (LSOAs)* in Corby LAP (29.3%) were classified as being among the top 20% most deprived areas in England (based on the IMD); 4.9% were classified as being among the 20% least deprived areas in England. On the Education Domain of the IMD, 58.5% of LSOAs were among the top 20% most deprived areas in England; on the Health Domain, this was 53.7%.

Proportion of Lower Super Output Areas by quintiles of deprivation in Corby LAP (2019)

Deprivation quintile	IMD	Income	Employment	Education	Health	Crime	Barriers	Living environment
1 (most deprived)	29.3%	17.1%	26.8%	58.5%	53.7%	19.5%	22.0%	0.0%
2	29.3%	39.0%	34.1%	17.1%	22.0%	14.6%	36.6%	0.0%
3	19.5%	17.1%	17.1%	14.6%	19.5%	26.8%	24.4%	17.1%
4	17.1%	22.0%	9.8%	7.3%	4.9%	31.7%	17.1%	24.4%
5 (least deprived)	4.9%	4.9%	12.2%	2.4%	0.0%	7.3%	0.0%	58.5%

* LSOAs are small geographical areas containing around 1,500 residents or 650 households

Source: English Indices of Deprivation 2019 ([ID 2019](#))

Health

The health of people in Corby LAP is generally poorer compared with England. Life expectancy for both men and women are below the England and North Northamptonshire averages.

In Reception (4-5 year olds), nearly one quarter of children (23.8%) are classified as either overweight or obese – this proportion increases to over 1 in 3 (37.1%) among Year 6 pupils aged 10-11. Smoking at time of delivery (for North Northamptonshire) was higher than England, whilst breastfeeding levels (for Northamptonshire) are better than the England average.

Rates of premature mortality under the age of 75 for all causes of death and the two major killers – cancer and circulatory disease – are higher compared with England. Hospital admissions for self-harm, hip fractures and alcohol are higher than England, as is the number of new cancers. Nearly 6 in 10 adults (59.6%) are physically active compared with 64.5% in England, whilst over one quarter (27.0%) are physically inactive (23.5% in England).

The table below shows the health of people in Corby LAP compared with North Northamptonshire and England. The colours in the table are as follows:

	Significantly worse than England average
	Not significantly different from England average
	Significantly better than England average
	Not available

Health domain	Indicator	Period	Corby LAP	North Northants	England
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2015-19	77.6	79.4	79.6
	2 Life expectancy at birth (Female)	2015-19	81.1	82.7	83.5
	3 Under 75 mortality: all causes	2016-20	123.2	100.5	100
	4 Under 75 mortality: cancer	2016-20	118.1	104.2	100
	5 Under 75 mortality: circulatory	2016-20	118.8	98.7	100
Injuries and ill health	6 Admissions for self-harm (all ages)	2016/17-20/21	139.8	137.3	100
	7 Admissions for hip fractures (65+)	2016/17-20/21	127.8	105.5	100
	8 New cancers	2015-19	107.8	102.2	100
	9 Mental Health Index	2019	1.4	1.3	0.7
Behavioural risk factors	10 Admissions for alcohol (narrow)	2016/17-20/21	130.3	114.9	100
	11 Admissions for alcohol (broad)	2016/17-20/21	122.6	105.5	100
	12 Current smokers (18+)	2020	N/A	13.1*	12.1
	13 Physically active (16+)	Nov 2018/19	59.6	62.3	64.5
	14 Physically inactive (16+)	Nov 2018/19	27.0	24.2	23.5
Child health	15 Smoking at time of delivery	2020/21	N/A	12.2	9.6
	16 Breastfeeding initiation	2018/19	N/A	69.0*	67.4
	17 Breastfeeding 6-8 weeks	2020/21	N/A	52.5*	47.6
	18 Overweight or obese children (aged 4-5)	2017/18-19/20	23.8	23.0	22.6
	19 Obese children (aged 4-5)	2017/18-19/20	10.5	9.3	9.7
	20 Overweight or obese children (aged 10-11)	2017/18-19/20	37.1	33.0	34.6
	21 Obese children (aged 10-11)	2017/18-19/20	22.5	18.7	20.4

Indicator notes:

1-2 Life expectancy = years; 3-5 Standardised Mortality Ratio (England value = 100); 6-7 Standardised Admission Ratio (England value = 100); 8 Standardised Incidence Ratio (England value = 100); 9 Small Area Mental Health Index = relative score (the Index is a composite measure of mental health – a higher score indicates that an area is experiencing high levels of mental health need); 10 Standardised Admission Ratio (England value = 100) – a narrow definition is a measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition; 11 Standardised Admission Ratio (England value = 100) – a broad definition is a measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition; 12-21 Proportion (%)

* Northamptonshire proportion (data not available for North Northamptonshire)

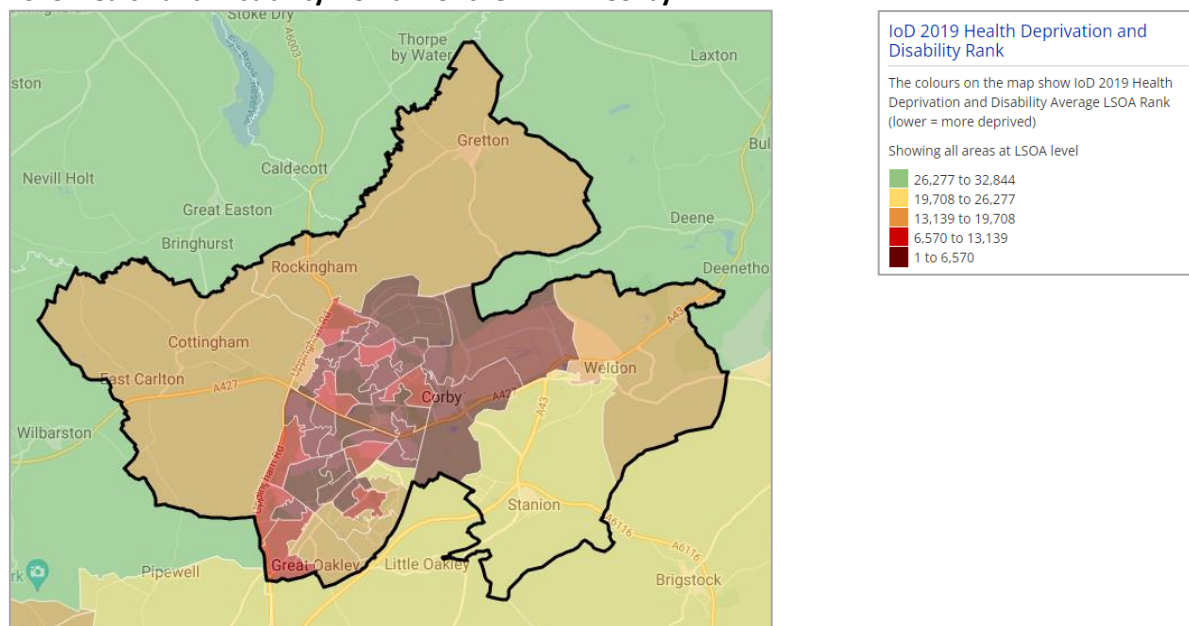
Source: Public Health Profiles ([OHID fingertips](#))

Source: Local Health ([Local Health](#))

Source: Local Insight ([Local Insight](#))

The map shows levels of deprivation in Corby LAP based on national quintiles of the Health and Disability Domain of the IMD. This Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. Areas shaded in darker colours are more deprived on this Domain.

2019 Health and Disability Domain of the IMD in Corby LAP



Source: Local Insight ([Local Insight](#))

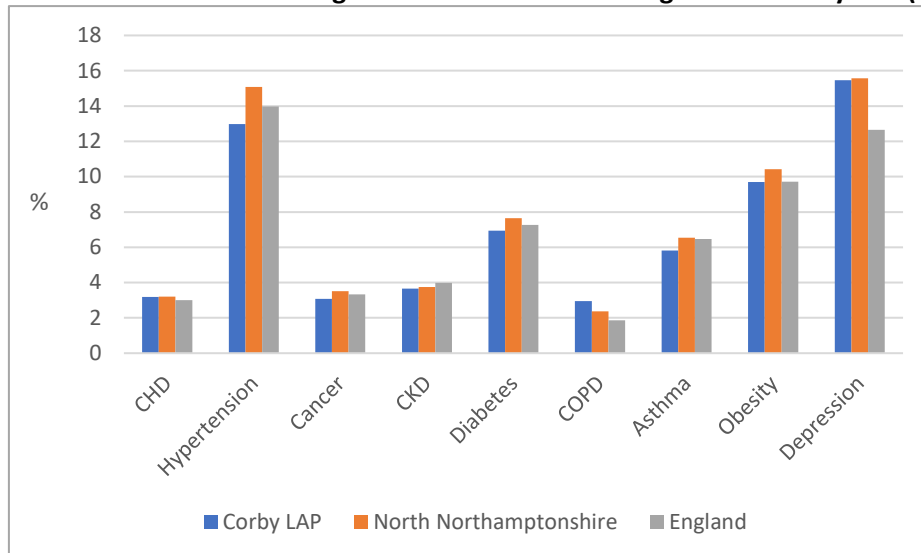
Long-term conditions

Long-term conditions, also known as chronic diseases, are conditions for which there is currently no cure. These conditions are generally managed with drugs, other treatment, and at times, through lifestyle interventions. Supporting people living with long-term conditions can lead to a better quality of life, alongside helping to create a more sustainable health care system. Examples of long-term conditions include diabetes, hypertension, chronic obstructive pulmonary disease (COPD).

Data about long-term conditions is collected and recorded on GP registers. Whilst not all conditions for all patients are recorded, which sometimes results in underestimates, GP data nevertheless provides invaluable insights into how many people are potentially living with a long-term condition.

The proportion of patients recorded with a long-term condition on GP registers in Corby LAP was similar to England averages. The main differences were among patients recorded with a diagnosis of depression (15.5% compared with 12.7% in England), and COPD (2.9% versus 1.9%). In regard to COPD, further data shows that emergency hospital admissions for COPD in Corby LAP were significantly worse than England (273.7 versus 100 (Standardised Admission Ratio), 2016/17 – 2020/21) (Source: [Local Health](#)).

Patients recorded with long-term conditions on GP registers in Corby LAP (2021/22)



Source: Quality and Outcomes Framework ([NHS Digital](#))

CHD = coronary heart disease; CKD = chronic kidney disease; COPD = chronic obstructive pulmonary disease

Education

The provision of good quality education for all, the development of skills, alongside appropriate and widespread training, are essential for improving health and prosperity. They are equally important for creating and sustaining a vibrant local economy with opportunities and jobs for all, especially among those who need them most.

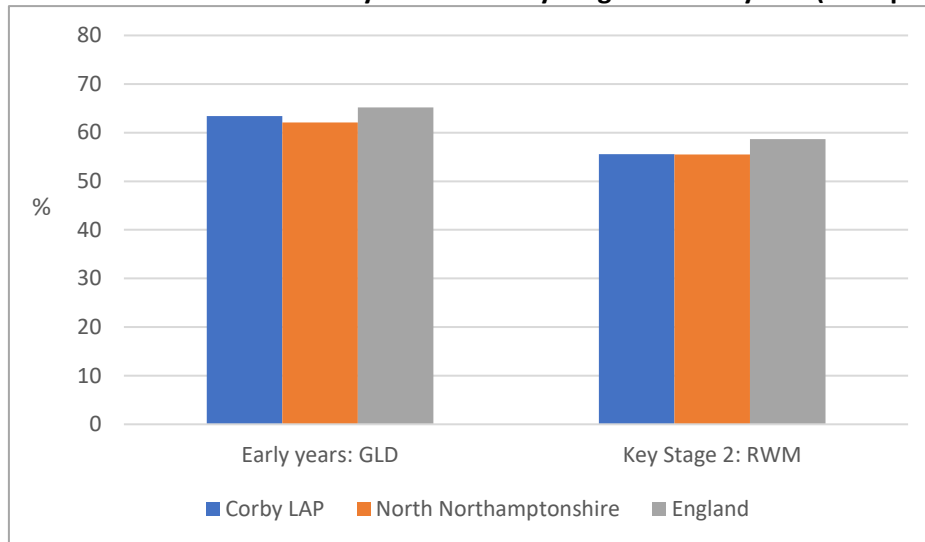
Education has a positive impact on both general health and wider health behaviours such as smoking, drinking, physical activity. It has consistently been identified as the key mechanism for overcoming the never-ending cycle of disadvantage and poverty which follows and blights the lives of so many from generation to generation.

By the end of Reception (4-5 year olds), 63.4% of schoolchildren had achieved a good level of development in Corby LAP, which is higher than the North Northamptonshire average of 62.1% but lower than the England average (65.2%).

By the end of Key Stage 2 (10-11 year olds), 55.6% of schoolchildren had reached their expected levels of attainment compared with 58.7% in England.

Between the end of Key Stage 2 (last year in primary school – Year 6) and the end of secondary school (Key Stage 4 – Year 11), the progress pupils make across eight key subjects is measured. The Progress 8 score shows whether pupils have performed to expectation and gives an indication of whether pupils in a school have made above or below progress compared to similar pupils in other schools. The Progress 8 score for pupils in Corby LAP in 2018/19 was -0.08 which means pupils were making less progress than those in North Northamptonshire (+0.02) and England (-0.02) (Source: [Nexus](#)).

Educational outcomes in Early Years and Key Stage 2 in Corby LAP (2022 provisional data)

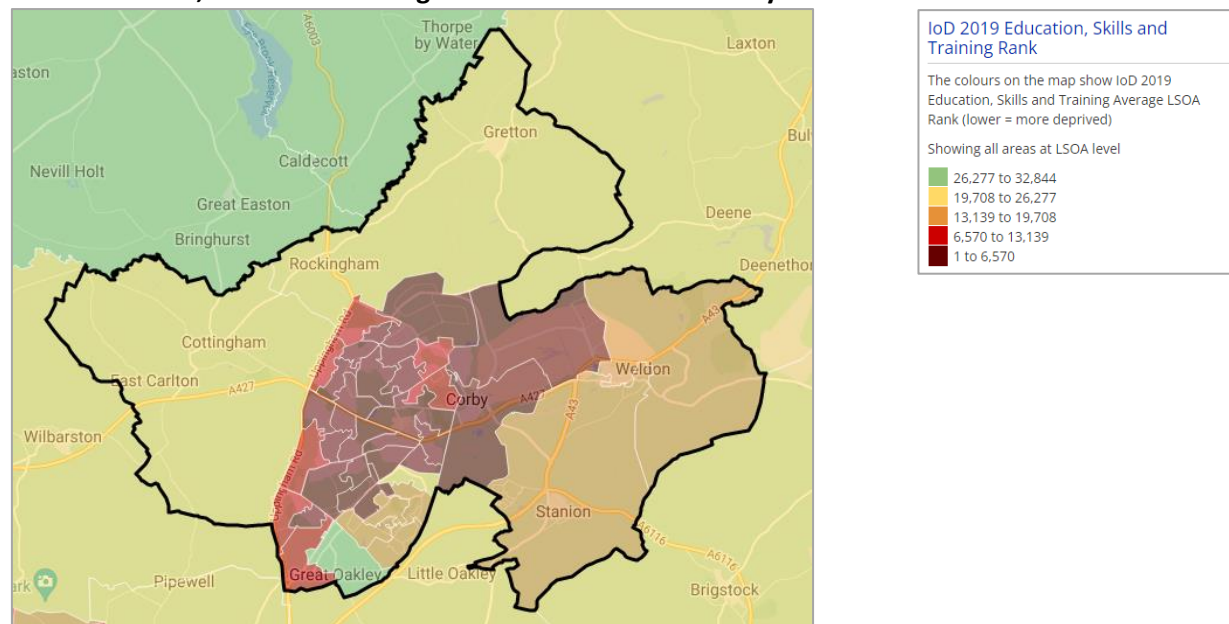


Source: NEXUS ([Nexus](#))

GLD = good level of development; RWM = reading, writing, maths

The map shows levels of deprivation in Corby LAP based on national quintiles of the Education, Skills and Training Domain of the IMD. This Domain measures the lack of attainment and skills in the local population. Areas shaded in darker colours are more deprived on this Domain.

2019 Education, Skills and Training Domain of the IMD in Corby LAP



Source: Local Insight ([Local Insight](#))

Housing

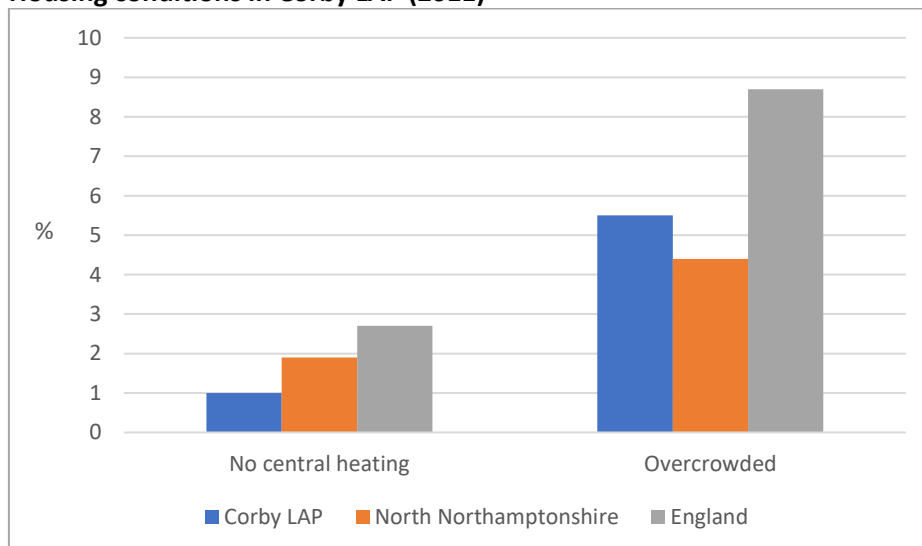
Good quality housing and living conditions can contribute positively to people’s physical and mental health, can prevent disease, increase quality of life, save lives, and reduce poverty. For many, a home is somewhere they can feel safe and comfortable, connect with friends, the community and work. However, for many people this is not the case.

At the time of the 2011 Census, 1.0% of households in Corby LAP were without central heating which was lower than the England average of 2.7% (this data will be updated shortly with the 2021 Census). 5.5% of households were overcrowded, lower than the England average of 8.7%.

Across Corby LAP, 67.2% of housing with an energy efficiency rating are graded as A-C (where A is the most efficient), and 0.9% are graded F-G. The respective figures for England were 47.2% (A-C) and 3.3% (F-G).

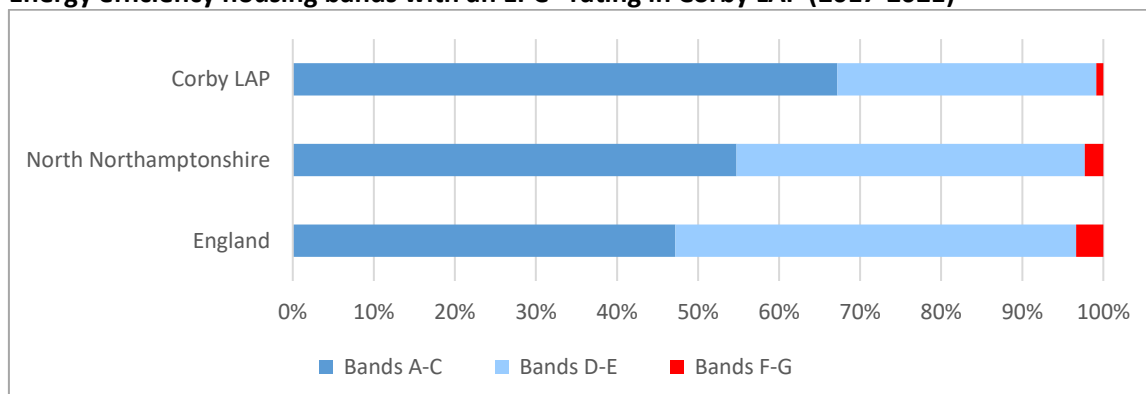
It is estimated that there are 3,670 households in Corby LAP (2020) where residents are living in fuel poverty – unable to heat their home to an adequate temperature. Fuel poverty is said to occur when, in order to heat homes to an adequate standard of warmth, a household needs to spend more than 10% of its income on total fuel use. In Corby LAP, 13.5% of households were estimated to be in fuel poverty compared with 13.2% in England.

Housing conditions in Corby LAP (2011)



Source: Local Insight ([Local Insight](#))

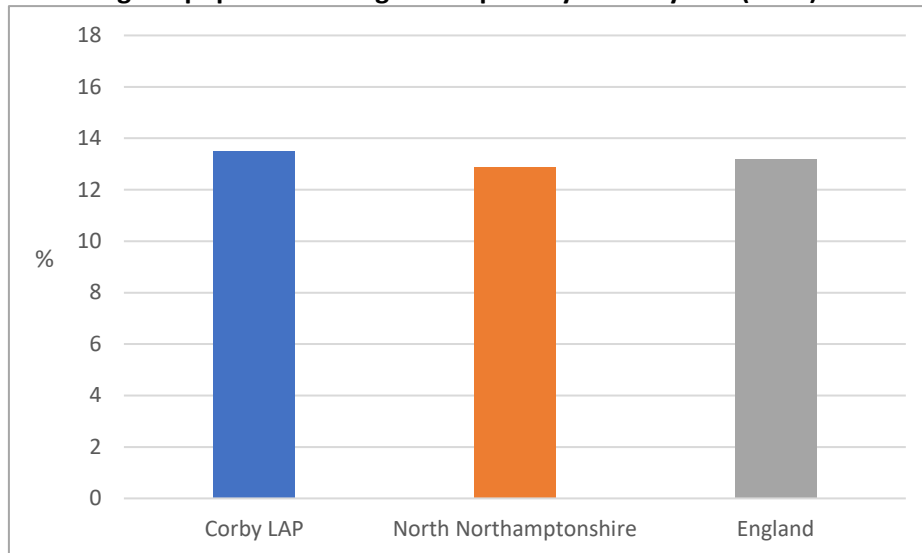
Energy efficiency housing bands with an EPC* rating in Corby LAP (2017-2021)



Source: Local Insight ([Local Insight](#))

* Only homes that have been built, bought, sold or retro-fitted since 2008 have an EPC (Energy Performance Certificate) rating, which represents around 50-60% of homes

Percentage of population living in fuel poverty in Corby LAP (2020)



Source: Local Insight ([Local Insight](#))

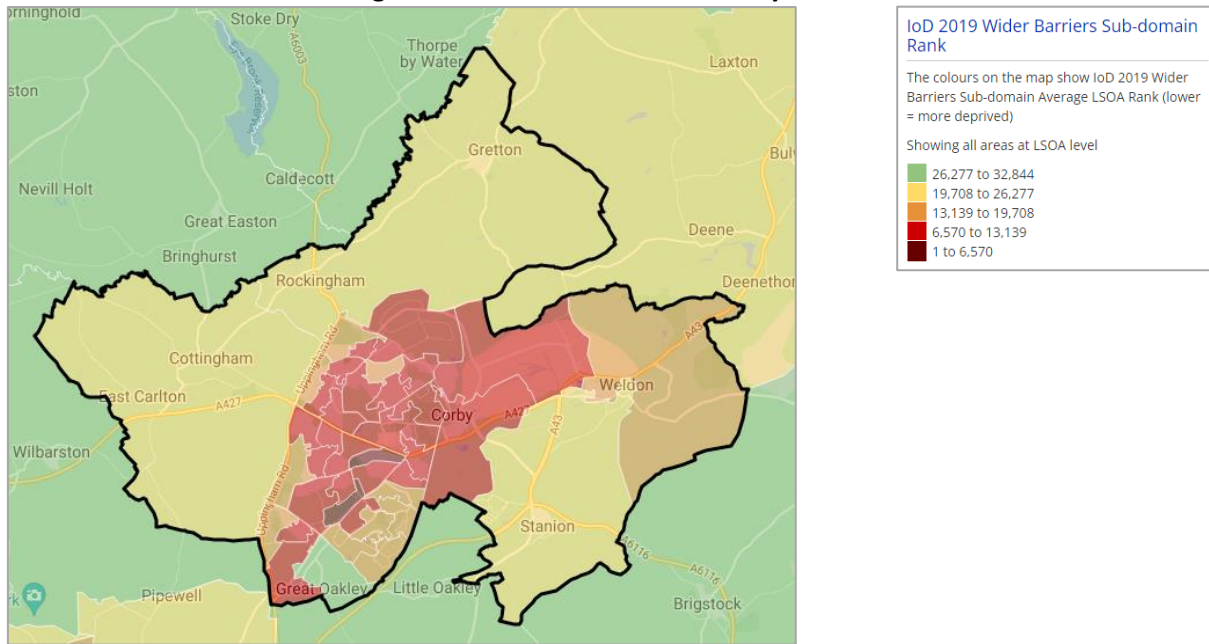
Social housing in North Northamptonshire accounts for 16.0% of the housing market with the private rented sector estimated to be 19.0% of the total stock (2019). North Northamptonshire Council owns approximately 8,200 homes located across the former local authority areas of Corby and Kettering but does not own any properties within the former local authority areas of East Northamptonshire or Wellingborough.

Demand for social housing outstrips supply and the Council's housing register called Keyways currently has over 4,000 households on the register awaiting a suitable property across North Northamptonshire. In November 2022, there were 1,158 households living in the former local authority area of Corby with an active Keyways application and therefore identified as having a housing need. During 2020/21, there were 326 new social housing lettings completed within the former local authority area of Corby with the largest percentage of these lettings (46.0%) being for general needs social rented properties provided by registered providers.

Average house prices are over seven times the average income of residents in North Northamptonshire (2021). In the first half of 2022, the average price of buying a property in Corby LAP was £232,356. For those on low incomes, especially those reliant on benefits, private renting can be expensive. Local Housing Allowance rates do not cover the cost of private rents with an average monthly shortfall of £180 across all property types in the former local authority area of Corby.

The map shows levels of deprivation in Corby LAP based on national quintiles of the Wider Barriers to Housing sub-domain of the IMD. The Wider Barriers sub-domain measures overcrowding, homelessness and affordability. Areas shaded in darker colours are more deprived on this sub-domain.

2019 Wider Barriers to Housing sub-domain of the IMD in Corby LAP



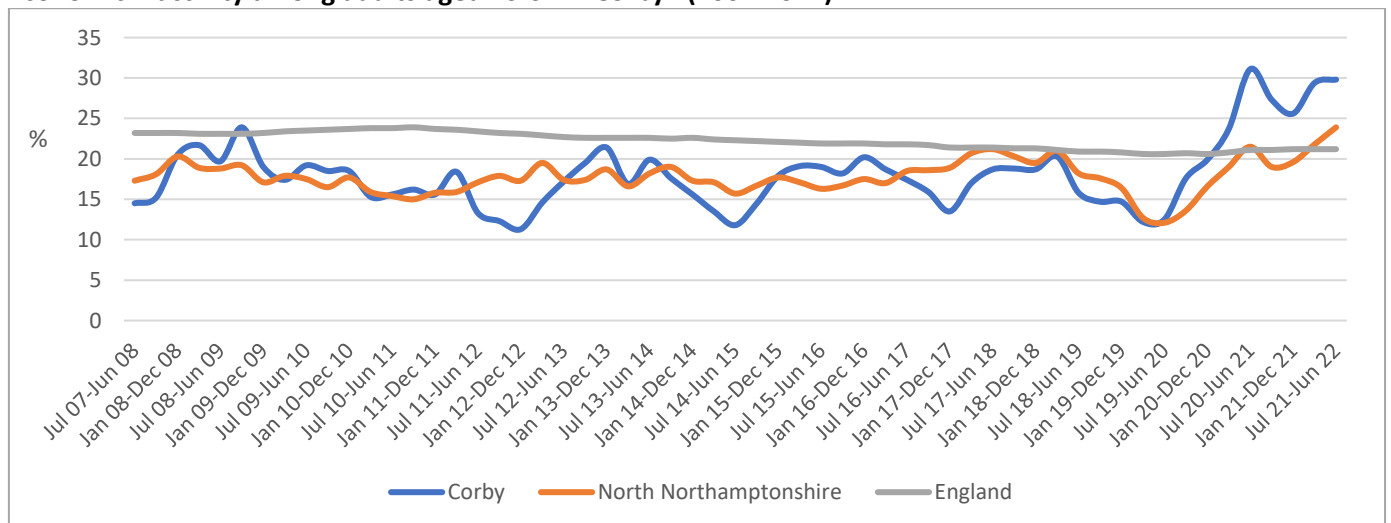
Source: Local Insight ([Local Insight](#))

Economy

Work is good for people’s physical and mental wellbeing, whilst not working is associated with poorer health outcomes. Work can also be therapeutic and reverse the adverse health effects of unemployment. This is true for healthy people of working age, including those with disabilities, common health problems, and those in receipt of welfare benefits.

The economic inactivity rate in the former local authority area of Corby – which looks at people not in paid work and not looking for a job – was consistently below the England average until the start of the COVID-19 pandemic at which point it increased. For the year ending June 2022, the inactivity rate was 29.8% in Corby compared with 21.2% in England. Nearly one-third of people economically inactive (31.6%) want a job which is higher than the England average of 18.4%.

Economic inactivity among adults aged 16-64 in Corby* (2007-2022)

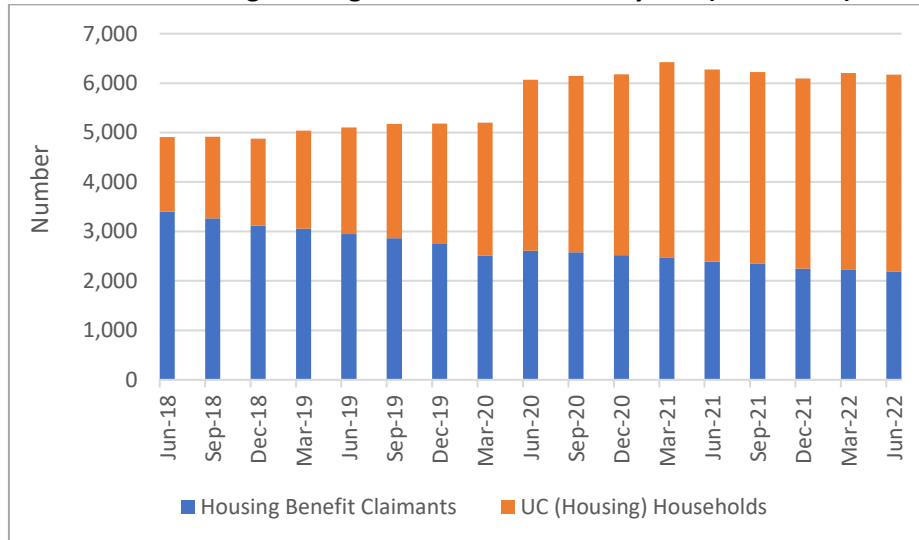


Source: Annual Population Survey ([NOMIS](#))

* Former local authority area of Corby

There were 6,170 households across Corby LAP claiming assistance with housing costs in June 2022. This is an increase of 19.1% since the start of the COVID-19 pandemic (December 2019), which is below the North Northamptonshire average of 21.3% but above the England average of 15.1%. 61.3% of those claiming housing assistance in Corby LAP were living in the social rental sector, and 37.4% in the private rental sector (the respective figures for North Northamptonshire were 64.7% and 33.9%, and 61.9% and 36.9% for England).

Households claiming housing cost benefits* in Corby LAP (2018-2022)



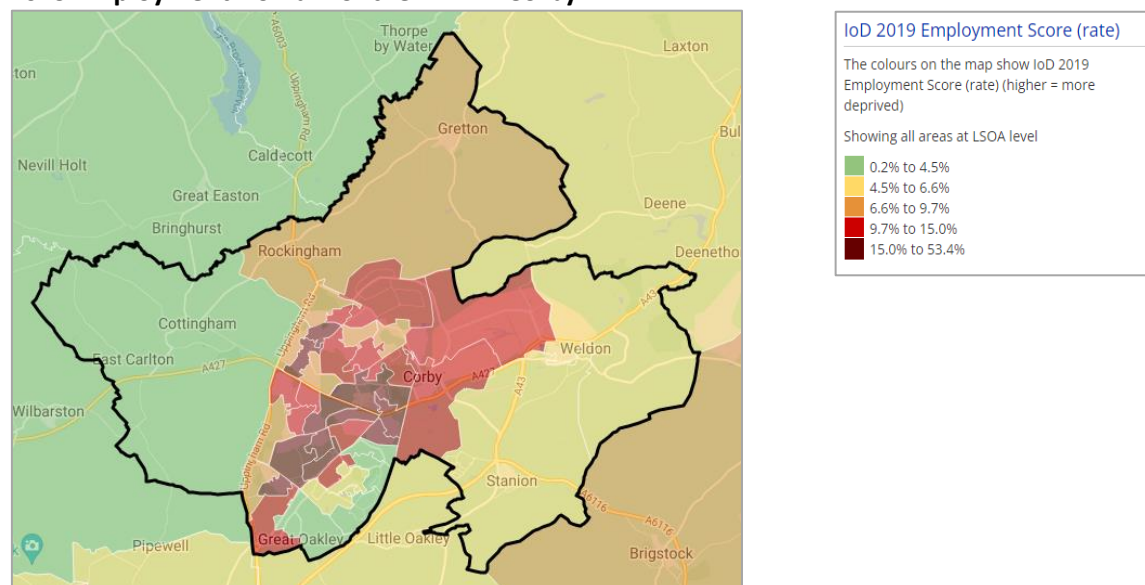
Source: Department for Work and Pensions ([DWP](#))

* Includes Housing Benefit households/claimants and Universal Credit (UC) housing element households (Housing Benefit is being replaced by Universal Credit)

Pension Credit is a benefit for people who are on a low income and have reached pension age and is designed to provide extra money for pensioners to bring their weekly income up to a minimum amount. In Corby LAP there were 1,222 people claiming Pension Credit in May 2022. The number of claimants is declining steadily (Source: [DWP](#)).

The map shows levels of deprivation in Corby LAP based on national quintiles of the Employment Domain of the IMD. The Employment Domain measures the proportion of the working age population who are involuntarily excluded from the labour market. Areas shaded in darker colours are more deprived on this Domain.

2019 Employment Domain of the IMD in Corby LAP



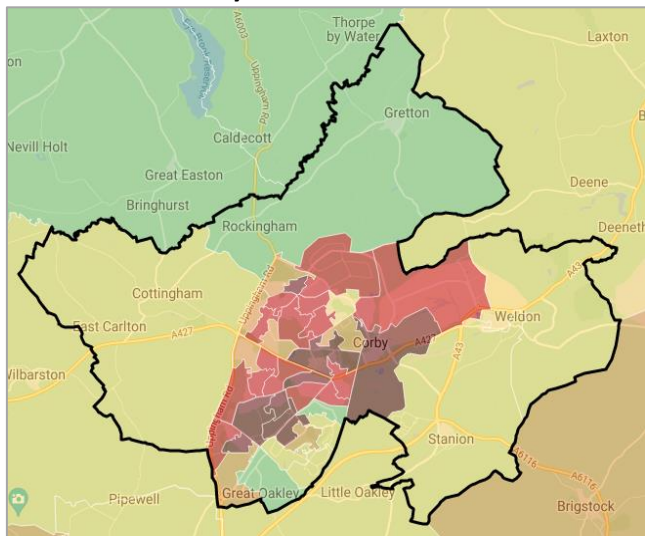
Source: Local Insight ([Local Insight](#))

Over one quarter (26.8%) of LSOAs in Corby LAP were classified as being among the top 20% most deprived areas in England on the Employment Domain; 12.2% were classified as being among the 20% least deprived areas in England.

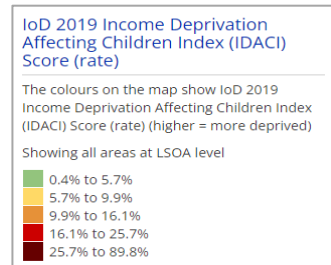
Two supplementary Indices of the IMD explore income deprivation in more detail: the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAPOI). The IDACI measures the proportion of children aged under 16 living in income deprived families, whilst the IDAPOI measures the proportion of people aged 60 and over who experience income deprivation.

The two maps show levels of deprivation in Corby LAP based on national quintiles of the IDACI and IDAPOI. Areas shaded in darker colours are more deprived.

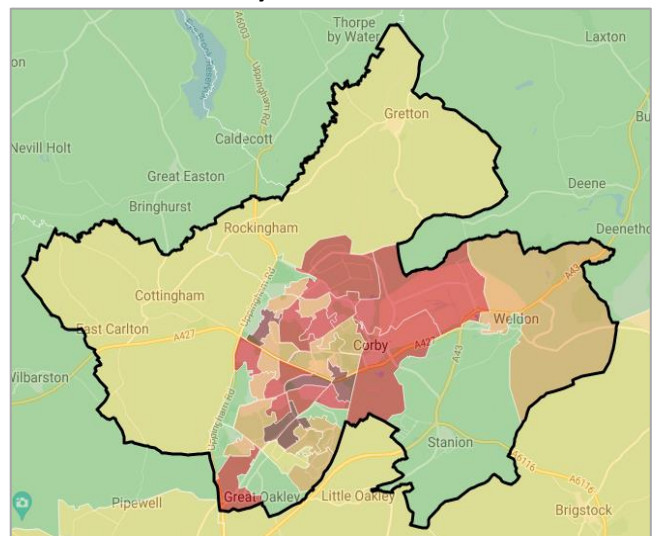
2019 IDACI in Corby LAP



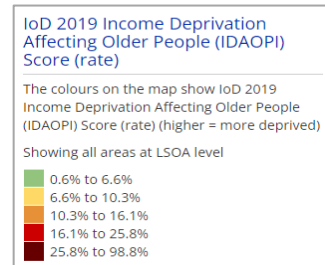
Source: Local Insight ([Local Insight](#))



2019 IDAPOI in Corby LAP

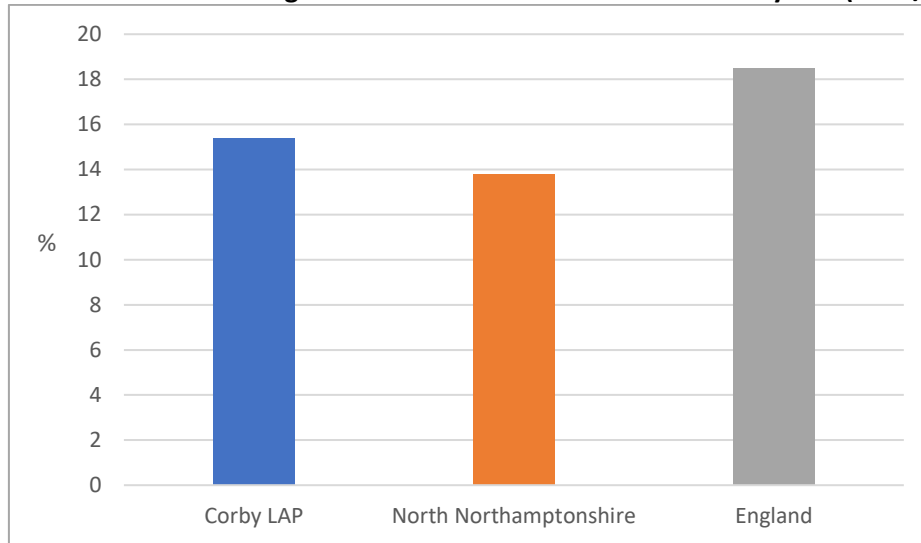


Source: Local Insight ([Local Insight](#))



In 2020/21, 15.4% of children under 16 in Corby LAP were living in relative low income families. This is above the North Northamptonshire average of 13.8% but below the England average of 18.5%.

Children under 16 living in relative low income families in Corby LAP (2020/21)



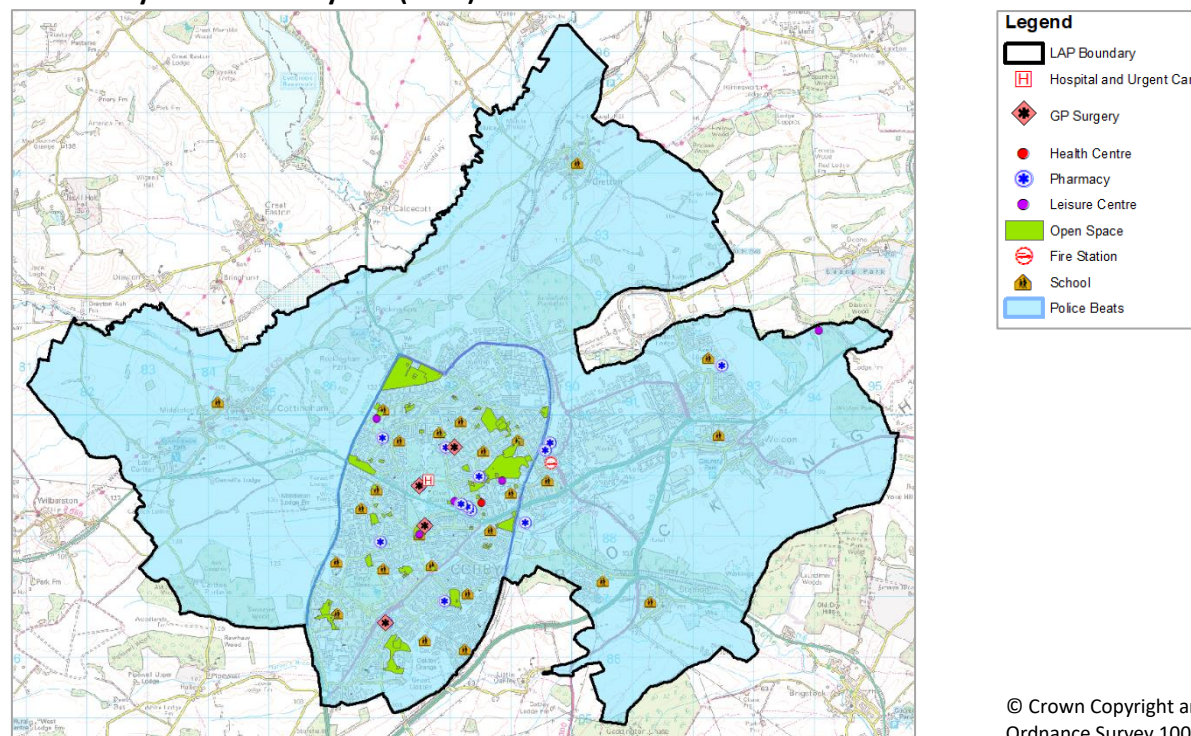
Source: Department for Work and Pensions ([DWP](#)); Office for National Statistics mid-year population estimates ([Office for National Statistics](#))

Environment and Crime

The environments in which people live and work impact their physical and mental wellbeing in both positive and negative ways. Our environments can facilitate or discourage how we interact with other people, influence people’s behaviour and motivation to act, as well as influencing our moods.

A list of key community assets in Corby LAP are shown in the map below.

Community assets in Corby LAP (2022)

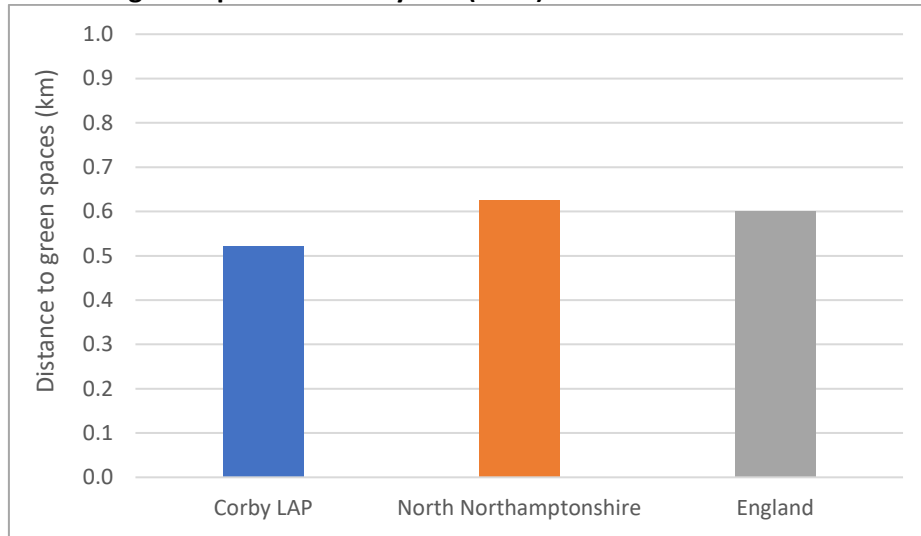


Source: North Northamptonshire Council

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Ordnance Survey 100063687

The distance (in kilometres) people had to travel to their nearest green space to undertake some physical activity was less in Corby LAP compared with both North Northamptonshire and England averages.

Access to green spaces* in Corby LAP (2017)



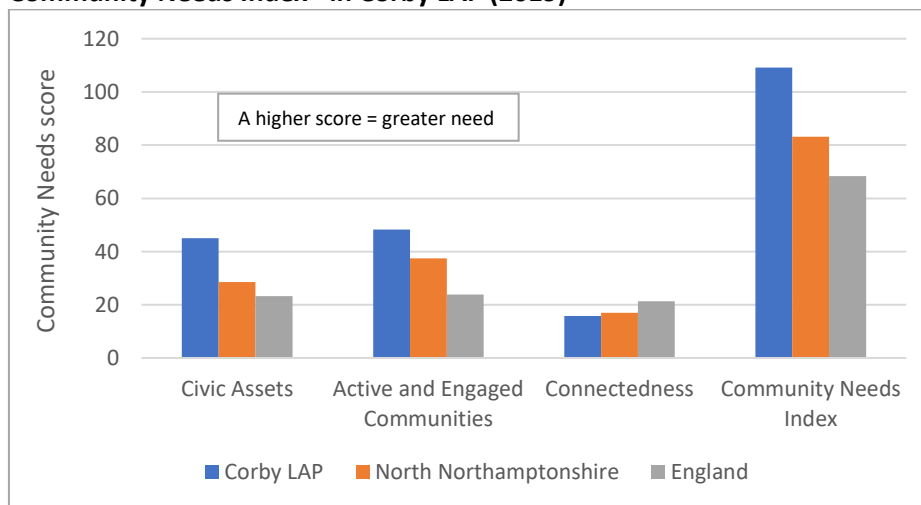
Source: Local Insight ([Local Insight](#))

* This indicator is based on the distance (km) people have to travel to their nearest green space access point conducive to physical activity, and includes the following categories: public park or garden, play space, playing field, tennis court

Data from the Local Insight Tool shows that, in regard to air quality, Corby LAP had a better health-related environment compared with the England average (Source: [Local Insight](#)).

The Community Needs Index was developed to help identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. The Index was created by combining 19 indicators, split across three Domains: Civic Assets, Active and Engaged Communities, Connectedness. On the Civic Assets and Active and Engaged Communities Domains, along with the overall Community Needs Index, there were higher levels of community need reported in Corby LAP compared with North Northamptonshire and England.

Community Needs Index* in Corby LAP (2019)

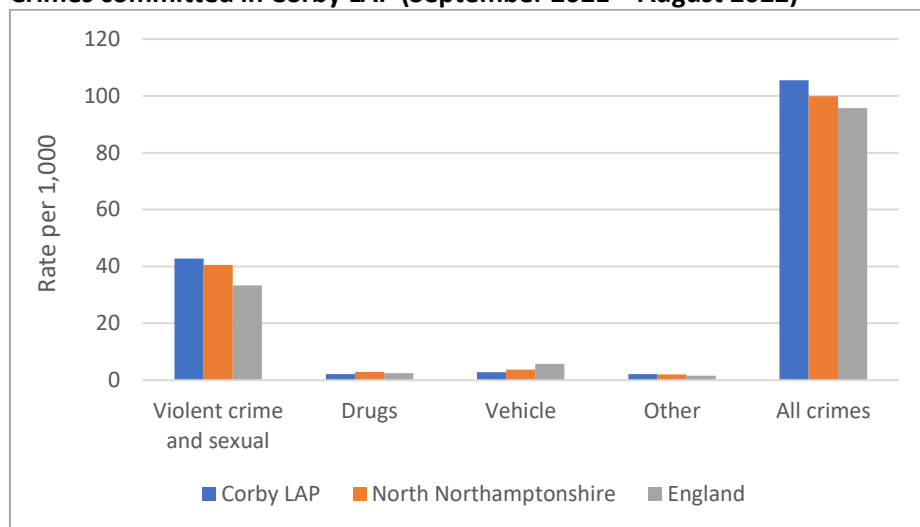


Source: Local Insight ([Local Insight](#))

* Civic Assets measure the presence of key community, civic, educational and cultural assets in close proximity to an area
 Active and Engaged Communities measure the levels of third sector civic and community activity and barriers to participation and engagement
 Connectedness measures the connectivity to key services, digital infrastructure, isolation and strength of the local jobs market

The rate of violent crime and sexual offences (September 2021 to August 2022) was higher in Corby LAP compared with England – 42.8 per 1,000 versus 33.3. The rate for all crimes was also higher in Corby LAP (105.5) compared with England (95.7).

Crimes committed in Corby LAP (September 2021 – August 2022)



Source: Local Insight ([Local Insight](#))



Integrated Care Northamptonshire Strategy

live your best life

A 10 year strategy 2022-2032

Please Note

This draft strategy still requires further accessibility checks.

Version control: V4 22/2022

Contents

Contents	02
Foreword	03
Executive summary	04
Introduction	07
Partners working together	09
Shared vision, aims and ambitions	13
Our case for change	16
What we plan to do together	22
Outcomes Framework	24
Our ten ambitions	25
Community Engagement Framework	35
Our delivery approach	36
Northamptonshire's future	44

Foreword

Live Your Best Life

We are pleased to introduce our Integrated Care Northamptonshire Strategy: Live Your Best Life. This 10-year strategy sets out our plan to help people benefit from equitable opportunities to live their best life, wherever they are and wherever they live in Northamptonshire.

Our ambition is for residents to 'live their best life' in all aspects: health and wellbeing, education, housing and employment. It sets out a collaborative direction of travel for the people of Northamptonshire to achieve our shared vision and ambitions to deliver better outcomes.

We know the impact partnership working can have and the positive difference it can make for both communities and service delivery. We saw this from the county's response to COVID-19. This strategy aims to continue to build on this work, ensuring joined up working at county-wide and local level.

Having a shared strategy that sets out our direction for the next 10 years can make a positive difference to people's lives. It can bring better outcomes throughout their lifetime; from pregnancy to newborns, to improved education and employment opportunities, to social connection and better access to health and care services.

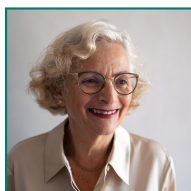
Like many areas, Northamptonshire faces a number of challenges that continue to place pressure on our county's local authorities, health and care services. We face significant demand from our growing older population and working age adults, as well as our children population. These are happening at a time when operating cost pressures are high, with utility costs rising and people feeling the impact of the rising cost of living. It is clear that organisations, and their services, must adapt to ensure that they meet the challenges ahead. We know that through shared working and community involvement, we have the best opportunity to respond to these challenges.

We hope that by reading our strategy, you feel better informed and assured about the work that is being carried out to help everyone live their best life wherever they are and wherever they live in Northamptonshire. As joint signatories we are committed to ensuring that all partner organisations play their full part in realising the ambitions set out in this strategy.

We very much welcome your feedback.



Councilor Matt Golby
Cabinet Member for Adult Social Care and Public Health,
West Northamptonshire Council



Naomi Eisenstadt
Chair of Northamptonshire Integrated Care Board



Councilor Helen Harrison
Executive Member for Adults, Health and Wellbeing,
North Northamptonshire Council

Executive summary

On the 1st July 2022 our new Integrated Care System (ICS) was created across Northamptonshire. Our name is Integrated Care Northamptonshire (ICN) and brings together health, care and wellbeing organisations from across the county to deliver and commission services in partnership, ensuring our communities are involved and at the heart of all we do. Historically, we have been striving to work better together to improve outcomes and reduce inequalities for people. However, now through our long term ICN strategy we have the ideal opportunity to build, expand and deliver our ambitions over the next five to ten years. You will see the wide range of organisations, structures and partners who are involved and committed to working together to make a real difference to people.

This strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will realise these ambitions. These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.

We are committed to working together through our shared vision: We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident, and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if, and when they need help.

We have a set of shared aims that will:

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

Our shared vision and aims will be delivered through our ambitions which are underpinned by:

The Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

The Community Engagement Framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see.

The Integrated Care System Operating Model shows where and how we will work in partnership to deliver the aspirations and outcomes through a new way of working together.



Executive Summary

We are collectively committed to delivering our shared ten ambitions and outcomes:

Ambition

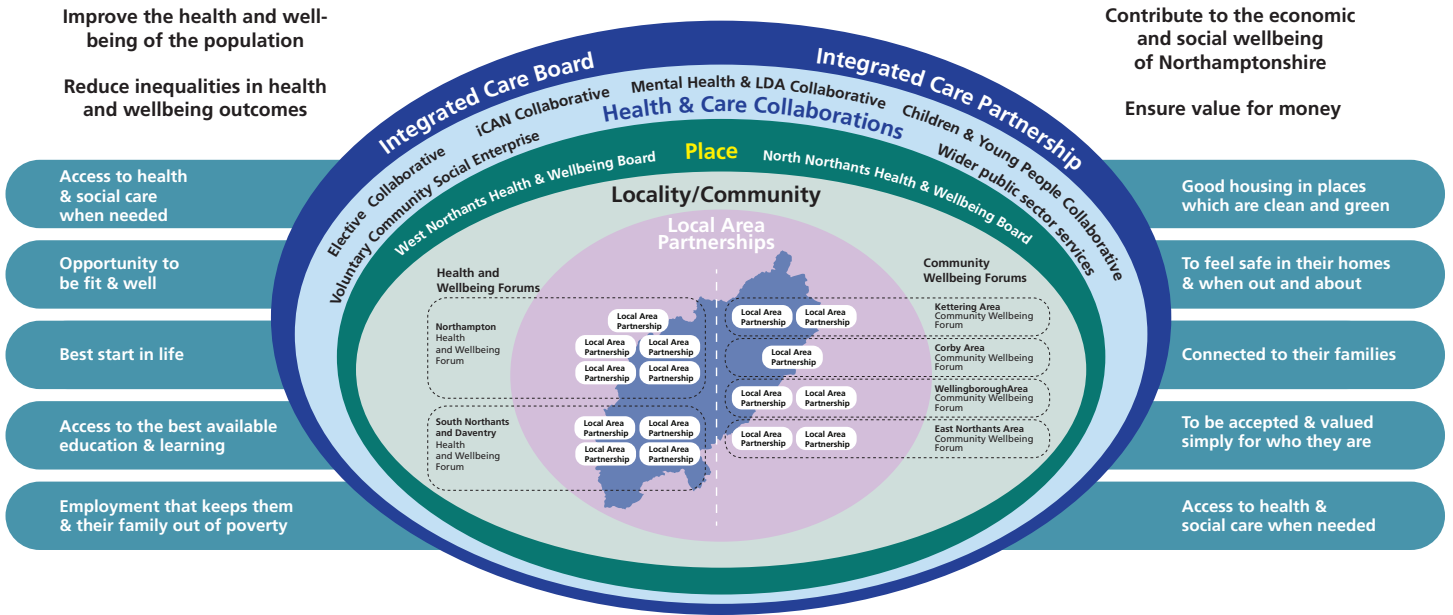
Outcome

The best start in life		Women are healthy and well during and after pregnancy. All children grow and develop well so they are ready and equipped to start school.
Access to the best available education and learning		Education settings are good and inclusive and children and young people, including those with special needs perform well. Adults have access to learning opportunities which support them with work and life skills.
Opportunity to be fit, well and independent		Children and adults are healthy and active and enjoy good mental health. People experience less ill-health and disability due to lung and heart diseases.
Employment that keeps them and their families out of poverty		More adults are employed and receive a 'living wage'. Adults and families take up benefits they are entitled to.
Good housing in places which are clean and green		Good access to affordable, safe, quality accommodation and security of tenure. The local environment is clean and green with lower carbon emissions.
To feel safe in their homes and when out and about		People are safe in their homes, on public transport and in public places. Children and young people are safe and protected from harm.
Connected to their families and friends		People feel well connected to family, friends and their community. Connections are helped by public transport and technology.
The chance for a fresh start, when things go wrong		Ex-offenders and homeless people are helped back into society. People have good access to support for addictive behaviour and take it up.
Access to health and social care when they need it		People can access NHS services and personal and social care when they need to. People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs. Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.
To be accepted and valued simply for who they are		People are treated with dignity and respect, especially at times of greatest need like at the end of their lives. Diversity is celebrated. People feel they are a valued part of their community and are not isolated or lonely.

Executive summary

To enable us to achieve our collective ambitions and outcomes we are committed to working together through our new delivery approach:

Northamptonshire Integrated Care System



Systemwide:

- Integrated Care Partnership
- Integrated Care Board

Collaboratives:

- Mental Health, Learning Disabilities and Autism
- Children and Young People
- Integrated Care Across Northamptonshire for people over 65 years old
- Elective Care

Health and Care Collaborations:

- **West Northamptonshire**
2 Health and Wellbeing Forums
9 Local Area Partnerships
- **North Northamptonshire**
4 Community Wellbeing Forums
7 Local Area Partnerships

To support people with our ten ambitions we must collaborate, not just with our partners and local business, but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

Introduction

We are delighted to launch our 10 year Live Your Best Life Strategy for the people and communities of Northamptonshire.

Our strategy for us means people have equity of opportunity to be the best version of themselves and the best outcomes for everyone. We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone.

Our strategy outlines ten core ambitions key for the people of Northamptonshire to live their best life.

These are:

- **The best start in life**
- **Access to the best available education and learning**
- **Opportunity to be fit, well and independent**
- **Employment that keeps people and families out of poverty**
- **Good housing in places which are clean and green**
- **Feel safe in homes and when out and about**
- **Connected to family and friends**
- **Chance for a fresh start**
- **Access to health and social care when they need it**
- **Valued for who they are.**



Our strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will meet these ambitions.

These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.



This diagram shows:

Source: Dahlgren and Whitehead (1991)

Personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors. Individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity. Social and community networks include family and wider social

circles. Living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services. General socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work.

It is only by working together with our communities across Northamptonshire, whilst recognising their distinct characteristics - that we can make a real and lasting difference to the health, care and wellbeing of over 800,000 people that we serve, who face different challenges and have different opportunities.

Our shared vision and aims will be delivered through our ambitions and strategic outcomes framework. As we deliver our 10 ambitions we will need to focus on prevention and wellbeing if we are to reduce inequalities and boost the economic and social wellbeing of Northamptonshire.

This builds upon the aims and priorities set out in many local health, wellbeing and care strategies already in existence across Northamptonshire providers and commissioners and outlines our intentions as an Integrated Care System moving forward. It is based on the available data and evidence locally, nationally, and internationally. We have taken into consideration our refreshed Joint

Strategic Needs Assessment, and health and wellbeing trends in Northamptonshire.

We recognise that the health, care and wellbeing of our population is proportionally impacted by the following estimates:

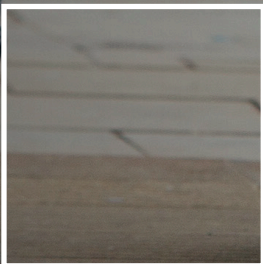
- The health and care received 20%
- Lifestyle choice 30%
- Population genetics and wider economic, physical and social environments 50%.

Although estimates vary, it is the wider determinants of health that have the largest impact.

To enable our communities and residents to truly flourish, we need to understand what drives our health and wellbeing. The circumstances in which people are born, grow, live, work and age provide the foundations for people to live healthy.



Partners working together



In partnership with all our voluntary sector and social enterprises



Northampton General Practices

Partners working together



Who we are

We're working together. An Integrated Care System is where community, local government, VCSE, universities, anchor institutions and NHS organisations work together to improve your health and wellbeing. You've told us how important this is and we are now committed to work together in this way.

Why we need to work together

We've been listening and will continue to do so. A variety of different engagement exercises have taken place over the recent past by a range of public services. We have used all the data from these engagements to build a picture of your views. You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. You have also told us that you want access to local activities and tidier green spaces. However, the biggest message by far was easy access to information about services, support and community activity.

We will continue to listen to your views with an ongoing programme of community engagement to make sure we are responding to the issues which matter most to you.

This is OUR strategy. Every area in the country now has a strategy and ours is AMBITIOUS. We want to support you to live your best life by having the best health and care system in the country. We will do this by helping you to avoid ill health whilst also having access to excellent care when you need it.

Our local population is changing. We are increasingly affected by significant population growth. Clearly, it's a good thing that we're all living longer – however more of us are living with multiple long-term conditions and dementia. We are also increasingly affected by deprivation.

We're 'Thinking Differently'. New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We will focus on research, development, innovation and evaluation so we can also make a difference by building better networks and relationships, opening access to services and information, and developing the potential in our local communities.



Anchor institutions

We have already said that socio-economic factors play a huge role in determining people's long-term health, and contribute significantly to health inequalities. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in our local area. They have sizeable assets that can be used to potentially support our local communities health and wellbeing and tackle health inequalities, for example, through training, employment, professional development, buildings and land use.

Anchor institutions are defined more by their link to a place than their sector. We will continue to explore the opportunities with the many private and voluntary sector organisations across Northamptonshire that hold a significant interest in the long-term development and health of our local areas.

Northamptonshire Anchor Network bringing communities, businesses and public sector together to commit to the following:

- Empowering the next generation
- Employment opportunities
- Social value gained from local investment
- Improving health and wellbeing outcomes for our local communities.

Health protection

Our local authorities, Public Health and UKHSA will work closely together as a single public health system through joint working, with clarity on roles and responsibilities, which is crucial for the safe delivery of health protection. The DPH will work with local NHS and non-NHS partners to ensure that threats to health are understood and appropriately addressed.

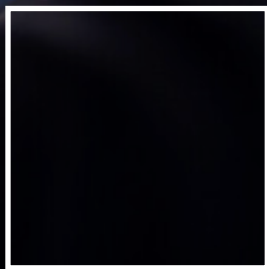
ICN research

Research and innovation are central to improving the delivery of health and care services and interventions in community settings and, informing future delivery of health and care. Our approach to research and innovation is underpinned by effective research governance, strong leadership and partnerships with academia and industry across the healthcare and wider system. We will include research in commissioning and contracting discussions and embed evaluation of new and existing services and interventions so we can be assured they deliver the benefits and outcomes we desire for the population of Northamptonshire.

Strong patient and public involvement and engagement is central to our approach to research. We will ensure that we will work proactively to ensure participation reflects the diversity of our population and includes the individuals and communities most at risk of poor health outcomes.



Shared vision, aims and ambitions





Our shared vision and aims will be delivered through our ambitions which are underpinned by the:

- a. Outcomes Framework**
- b. Community Engagement Framework**
- c. Integrated Care System Operating Model**



Shared vision, aims and ambitions

Shared vision

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

Shared aims

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire.

Shared ambitions

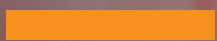
We want the people of Northamptonshire to have:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- Safety in their homes and when out and about
- Feel connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are.

Each ambition is further explained from page 25 of this document and sets out what good looks like for our population.



Our case for change





Our case for change

Population growth

Northamptonshire's location and setting makes it an attractive county to settle in. Over the last decade our population has grown at a faster rate than most local authorities, not just in the region but in England.

While the population that has grown the most over that time is those aged over 70, we have also locally seen a big increase in the numbers of children aged 5 to 15. Conversely, the numbers of babies born in the county has been slowly decreasing over the last ten years.

This change in population presents real challenges for our integrated care system in terms of the likely continuing increase in demand for public services, at the same time as a pull in our workforce being attracted to nearby commutable cities of London, Leicester and Birmingham.

If we are to meet these needs, we need to change how we work as a system.

In 2021 the population of West Northamptonshire was 425,700 and North Northamptonshire 359,500.

In the last 10 years the population has increased by over 42,000 in North Northamptonshire and over 50,000 in West Northamptonshire (an increase of 13.5%).

This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million and is among the highest population growth in the region.

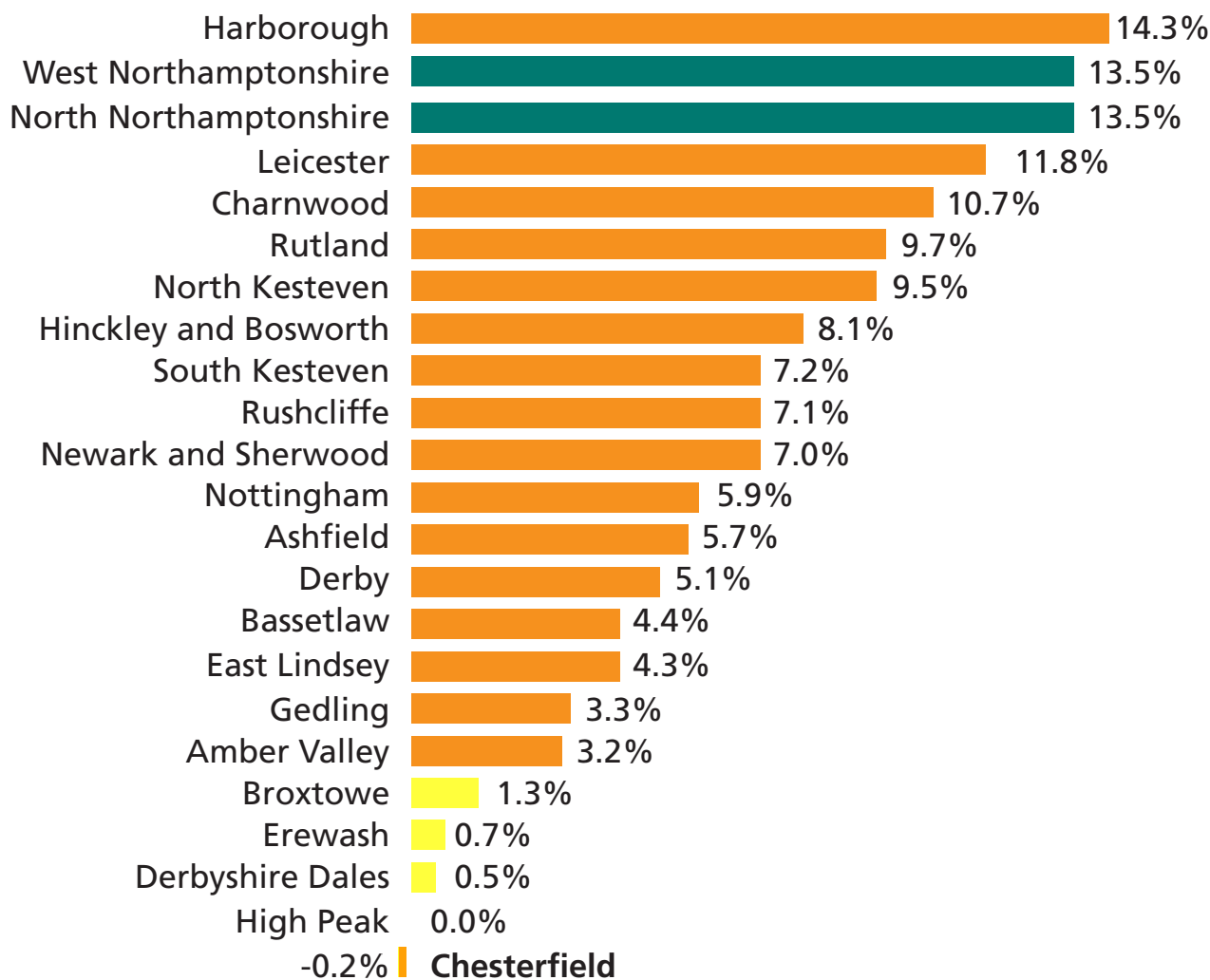
West Northamptonshire is now the 13th and North Northamptonshire the 21st largest local authority, out of 128 local authorities in England.

Economic environment

To create a Northamptonshire where everybody's health and wellbeing can thrive we need all of the right building blocks in place including stable jobs, good pay, and quality housing. Right now, in too many of our communities, the national economic downturn means that these building blocks are not in place. There is strong evidence that economic crises have a significant impact on population mental health. As was the case during the COVID pandemic, those most vulnerable residents in our county are likely to be hit hardest by this – thereby widening the health gap.

In response to this situation, we are likely to see continued real-terms reduction in public sector funding meaning that we will again have to do more with less. The power of working together as an Integrated Care System is that resources can be pooled to be used more efficiently and effectively.

Population change of local authorities in the East Midlands between 2011 and 2021 (Percentage change)

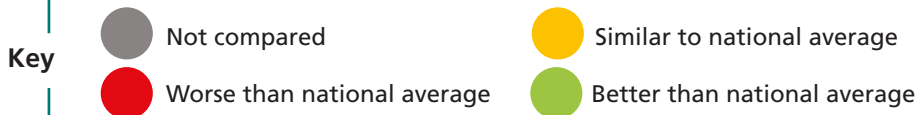


Demographics

We know that while the county as a whole is less diverse than the England population, there is huge variation in the shapes of our communities. This can very broadly be divided into much less diverse rural communities and much more diverse towns and urban areas. Understanding our communities better and how they differ will be key to ensuring that our integrated care system delivers better outcomes for all.

Health and Wellbeing in North Northamptonshire

August 2022



Start Well

- 3,789 babies were born in 2021.
- 12.2% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
- The population of North Northamptonshire was 359,500 in 2021.
- 70% of children achieved a good level of development at the end of reception class in 2019.
- 14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
- 24% of children in reception class were overweight or obese in 2019/20. This is similar to the England average.*
- 34% of children in Year 6 were overweight or obese in 2019/20. This is similar to the England average.*
- 69% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
- The Chlamydia detection rate was 1,330 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
- There were 14 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17 in 2020. This is similar to the England average.

Live Well

- A 2018 based projection estimated there were 150,136 households in North Northamptonshire in 2021.
- The average salary (persons) in 2020 was £30,189. This was an increase of 9% compared to 2019.
- 79.6% of adults were employed in 2020/21. This is better than the England average.
- 10% of households experienced fuel poverty in 2018.
- There were 323 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
- 62.6% of adults were physically active in 2020/21. This is worse than the England average.
- 53% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
- 70% of adults were overweight or obese in 2020/21. This is worse than the England average.
- There were 431 alcohol related hospital admissions per 100,000 population in 2020/21. This is better than the England average.
- 18% of adults smoked in 2019. This is worse than the England average.
- There were 11 suicides per 100,000 population in 2018-2020. This is similar to the England average.

- There were 196 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
- There were 4 deaths from drug misuse per 100,000 population in 2018-2020. This is similar to the England average.
- 38 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is better than the England average.
- There were 28 deaths in under 75s from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
- There were 24 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is worse than the England average.
- There were 60 deaths from preventable cancers per 100,000 population in 2017-2019. This is worse than the England average.

Age Well

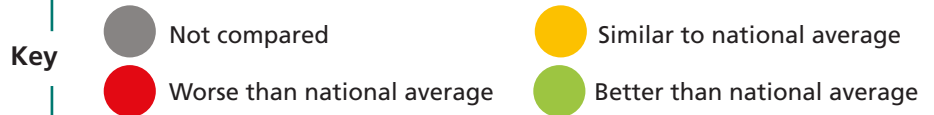
- There were 1,893 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is better than the England average.
- The average male life expectancy was 79.2 in 2018-2020. This is similar to the England average.
- The average female life expectancy was 82.4 in 2018-2020. This is worse than the England average.

* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Produced by Public Health Intelligence, North Northamptonshire Council. All figures have been calculated using the latest district level data available in August 2022 and rounded to whole numbers. Icons by Freepik from flaticon.com.

Health and Wellbeing in West Northamptonshire

August 2022



Start Well

- 4,647 babies were born in 2021.
- 12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
- The population of West Northamptonshire was 425,700 in 2021.
- 72% of children achieved a good level of development at the end of reception class in 2019.
- 14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
- 21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.*
- 30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.*
- 73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
- The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
- There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

Live Well

- A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.
- The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.
- 78% of adults were employed in 2020/21. This is similar to the England average.
- 9% of households experienced fuel poverty in 2018.
- There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
- 63% of adults were physically active in 2020/21. This is worse than the England average.
- 52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
- 69% of adults were overweight or obese in 2020/21. This is worse than the England average.
- There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.
- 15% of adults smoked in 2019. This is similar to the England average.
- There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.

- There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
- There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.
- 42 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is similar to the England average.
- There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
- There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.
- There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

Age Well

- There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.
- The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.
- The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Case for change

Starting Well

It is in early childhood (and even earlier during pregnancy) that the foundations for future health and wellbeing are built. While for many of our children in Northamptonshire there are good opportunities for healthy development, for some more vulnerable, particularly those children who need support from health and care services (including looked after children, children with disabilities), those building blocks for healthy development (such as access to play and leisure activities, a supportive education environment) might be harder to come by. It is only by working together as a system that we can make sure all children in Northamptonshire have all they need to thrive.

Living Well

Our living and working conditions, the environment we live in and our relationships and social networks continue to shape our health and wellbeing through adulthood. The diseases that are responsible for most of the ill health and early deaths in Northamptonshire - cancers, heart disease, chronic lung disease, musculoskeletal diseases and poor mental health – are all hugely shaped by these social, economic and environmental factors. While rate of death and disability due to these conditions may be similar in scale to the national average in Northamptonshire, the volume of hospital care required is significantly higher than the national average suggesting that the county is much better at treating these conditions when they cause problems, than preventing them.

Ageing Well

In Northamptonshire, too many older people get admitted to hospital and stay too long, resulting in a greater chance of them losing their independence and not being able to return to their home or needing long term care and support. While the foundations for healthy ageing are laid in middle age, there are things that we can continue to do throughout older age to stay fit, well and resilient. There are huge opportunities in working together as an integrated care system to ensure that Northamptonshire provide the right condition for older people to avoid having to stay in hospital and leave their homes.

Resource utilisation

We recognise as a system that the way we utilise our collective resources and assets needs to change and this is our opportunity to do that more effectively to support delivering our ambitions. We are committed to working together to understand how we can further consolidate and strengthen the way we deliver financial sustainability and value for money for Northamptonshire.

Inequalities

Northamptonshire benefits from high employment levels and a beautiful rural setting. However, many in our communities face the same challenges affecting people nationally around poverty (including food and fuel poverty), a lack of affordable housing, crime and safety in our neighbourhoods as well as issues such as a lack of access to green space. These all have a significant impact on the health of our children, young people and adults alike and affect our ability to be able to engage in healthy behaviours like eating well, moving more, sleeping well, drinking less alcohol and stopping smoking.



Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions.

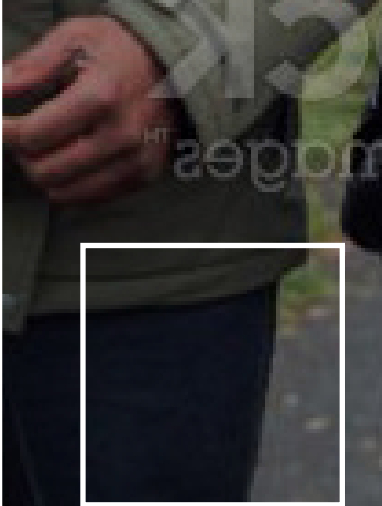
Some of our local communities and specific groups for example; travellers, migrants, carers are among the most disadvantaged in England. It is unacceptable that life expectancy on average can be as much as 8.25 years less depending on where you live. The top 3 broad causes of death that contribute the most to the gap in life expectancy between the most and least deprived areas in Northamptonshire are Cardiovascular disease, Cancer and Respiratory disease. This is why we are committed to working together to tackle the health inequalities caused by deprivation.

You can find the strategy here:

www.icnorthamptonshire.org.uk/health-inequalities



What we plan to do together





Our strategy is focused on

- Our ten ambitions that all partners across our system have collectively committed to delivering over the next 5 to 10 years.
- Our ten ambitions are underpinned by our Strategic Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

To support our residents with these ten ambitions we have to collaborate, not just with our partners and local business but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

Our shared vision and aims will be delivered through our ambitions which are underpinned by the:

- a. **Outcomes Framework**
- b. **Community Engagement Framework**
- c. **Integrated Care System Operating Model**

Our ten ambitions

- Best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- To feel safe in their homes and when out and about
- Connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are

Outcomes Framework

We have developed the Outcomes Framework and its purpose is to outline priority outcomes, based on the needs identified in the joint strategic needs assessments (JSNA). The Outcomes Framework provides a mechanism by which we can measure joint efforts in driving progress on the most important outcomes for our local population.

The Outcomes Framework has been shaped around the ten "Live Your Best Life" ambitions and fundamentally underpins this strategy. It sets out the short, medium and long term outcomes ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing.

We will be developing measures throughout our new operating model described in the next section. These will be at System, Place and Local Area Partnership (LAP) levels based on JSNA data, local insights data and what local people agree are priorities. This will allow us to measure and report whether we are successfully delivering our outcomes or whether we need to reorganise and refocus our resources.

Through this framework we will show:

- How outcomes for residents are being achieved across the system
- Focus plans and inform priorities on an annual basis through clearly articulated measures; and
- Support organisations to work as one system to deliver impact and continually improve.

The framework describes for each of our ambitions:

- Where we are now
- Our approach to achieving our ambition
- The outcomes we want to achieve.

The best start in life

Where we are now

Our population aged 5-15 has grown by nearly 20% in the last 10 years but this is likely to slow in future as birth rates fall.

Risks of birth complications and poor health in newborns is higher than it ought to be due to high levels of smoking and obesity in pregnancy.

Looked After Children (LAC) in Northamptonshire get poorer access to regular health and dental checks than LAC in other areas.

Not enough children are starting school with the skills they need to succeed.

Organisational boundaries continues to be a barrier to better care for children and young people.

Our approach

Everyone will recognise their role in our collective responsibility to improve children and young people's health and wellbeing, including parents, families, friends and schools.

Our communities will raise children to become healthy adults, who themselves raise healthy families and are net contributors to a healthy society.

Young people want to make healthy choices and will seek support for their needs before they reach crisis.

Our children and young people will have a voice in the decisions that affect them, supporting them to be involved in the identification of problems and creation of positive solutions.

The services and support systems available to children and young people will be consistent and stable.



Outcomes we want to achieve

Women are healthy and well during and after pregnancy.

All children grow and develop well so they are ready and equipped to start school.

You've said...

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

Advice and care should be provided as close to home as possible and for care to be received at the right place, at the right time.

Waiting times need to be reduced and for services to be equitable for all who access them.

Access to the best available education and learning

Where we are now

Too many young people are not reaching their educational potential, which limits their future options.

We have an increasing gap in attainment between the least and most disadvantaged children.

Northamptonshire has a higher rate of permanent exclusions from school than the England rate.

There are a large number of children in county electively home educated.

Too many children with special educational needs or disabilities are being educated outside of the county or at home.

Our approach

Schools in the county will be places that encourage not just academic achievement for all but also healthy social and emotional development.

Families of all children, regardless of need, will be confident in the quality of the education they receive at schools within the county.

Education settings will be trauma-informed environments so that those with challenging home lives and histories will not have their trauma compounded by school exclusions.

Further and higher education settings will provide the skills training that local employers are looking for in employees.



Outcomes we want to achieve

Education settings are good and inclusive and children and young people, including those with special needs perform well.

Adults have access to learning opportunities which support them with work and life skills.

You've said...

Access to special educational needs (SEN) support and education needs to improve.

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

Opportunity to be fit, well and independent

Where we are now

Over one in four adults in the county are classified as physically inactive and almost two thirds are classified as overweight or obese.

Smoking is the single greatest risk factor for death and disability in the county with 16.4% of adults in the county being current smokers.

Around 90,000 adults in the county are estimated to be experiencing a common mental health disorder.

Too many young people have poor mental wellbeing and this is increasing.

The severity of poor mental health in adolescence is also increasing resulting in high rates of admission to hospital for self-harm and eating disorders.

Our approach

The county's built environment and infrastructure will support people to be more active and make healthier food choices easier to make.

Taking up smoking will not be an easy or attractive choice for young people and adults who smoke will be supported with treatment to help overcome the addiction.

Long term conditions and their risk-factors will be spotted early and treated appropriately.

People recognise and have opportunities for all of the factors that promote mental wellbeing including: parenting and early years support, good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities.



Outcomes we want to achieve

Children and adults are healthy and active and enjoy good mental health.

People experience less ill-health and disability due to lung and heart diseases.

You've said...

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

The opportunity to receive care in your own homes to support independence is something that is important to you.

You would like to see better communication, so you can stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

Employment that keeps people and families out of poverty

Where we are now

We have relatively high rates of employment in the county but a large proportion of work available is very low paid.

Many people and families are not claiming financial support they are eligible for.

There are large gaps in employment for vulnerable communities such as those with serious and enduring mental illness and those with learning disabilities.

Our approach

Training and education settings, employers and recruiters as well as the job centres will work more effectively in collaboration to ensure that skills match.

The economy of Northamptonshire grows in a way that is sustainable not just environmentally, but also socially; meaning that the increase in the county's revenue doesn't increase inequalities or create more environmental damage.

The right support will be given for those in groups who are under-employed to access jobs and remain in employment.

People, especially in under-served communities, get good information and advice on financial and other support available to them.



Outcomes we want to achieve

More adults are employed and receive a 'living wage'.

Adults and families take up benefits they are entitled to.

You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

Good housing in places that are clean and green

Where we are now

The population of Northamptonshire has grown by over 13% in the last decade which represents among the highest growth in the country.

We have among the least affordable housing in the East Midlands with over 9,000 people on a waiting list for social housing in the county.

While the county is largely green and rural, with much of land usage in the county agricultural, access to green spaces for people who live in our urban centres is poor.

Air quality in our largest towns is particularly poor and contributing to poor heart and lung health.

Our approach

Our built environment will support and encourage more people to walk and cycle.

As well as more active travel, more transport via electric vehicles will ensure that air quality, particularly in our urban areas, is improved.

Our local housing market and social housing offer will ensure that all people and their families (but in particular vulnerable groups such as care leavers) have access to affordable safe and good quality accommodation.

While new homes are being built across the county, priority will be given to ensuring that these new developments are green, with plenty of access to open green spaces, urban trees and other green and blue infrastructure.



Outcomes we want to achieve

Good access to affordable, safe, quality, accommodation and security of tenure.

The local environment is clean and green with lower carbon emissions.

You've said...

Investment is needed in local public green spaces as well as a focus on reducing litter and fly tipping to increase civic pride in residential areas.

Feel safe in their homes and when out and about

Where we are now

Though the rate has been gradually reducing over the past ten years there are still over 130 young people (under 17) entering the youth justice system each year.

Twice as many entrants to the criminal justice system in the most deprived communities compared with the least deprived communities.

The rate of violent offences is higher than the national average, and has increased significantly in recent years; A significant proportion of violent crime in Northamptonshire is domestic abuse and the rate of incidents is increasing year on year.

Too many young people are ending up in hospital due to injuries including deliberate injuries; the rate is increasing in contrast with national patterns.

Our approach

People will feel safer walking around their communities and feel confident in being out and about in their local neighbourhoods.

Young people will grow up in families, communities and environments that are supported to be safe and nurturing, with plenty of opportunities for personal development and to have fun and enjoy.

Organisations will work together more effectively to ensure children and young people at risk of harm are identified at the earliest opportunity and protected.

Those who experience abuse at home and in their intimate relationships will be supported to have stability in their lives while being protected from perpetrators.



Outcomes we want to achieve

People are safe in their homes, on public transport and in public places.

Children and young people are safe and protected from harm.

You've said...

That community safety needs to be a focus and this includes improving the quality and safety of public spaces with improved safer footpaths, reducing anti-social behaviour as well as preventing gangs and grooming.

Connected to family and friends

Where we are now

Many of our neighbourhoods score poorly compared with the national average in measures of connectivity to key services, digital infrastructure and isolation.

There is huge variation in digital exclusion across the county with high rates of exclusion both in our most deprived communities as well as less deprived rural communities.

While lots of learning and positive action has been taken from the COVID-19 pandemic, social isolation remains an issue including for younger people in deprived urban centres.

Our approach

Not only will digital infrastructure and technology be available to the most vulnerable groups, people will have the knowledge and skills to be able to confidently use it.

As well as being better connected digitally, transport will be sustainable and affordable to connect those at greatest need.

People who care for friends and family will be connected so that they have social contact as well as access to support and services for their own mental and physical health.

People will have stronger relationship networks within their communities so that they can share knowledge, experience and give each other support.



Outcomes we want to achieve

People feel well connected to family, friends and their community

Connections are helped by public transport and technology

You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as have a clear understanding of where to go for support on grants, benefits and opportunities.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

Chance for a fresh start

Where we are now

To many people in the county have experiences associated with 'deep social exclusion' – namely, homelessness, substance misuse, history of offending and 'street culture' activities (such as begging and street drinking).

Too many preventable and early deaths happen due to drug use or in people experiencing rough sleeping.

Our approach

Rough sleeping in the county is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

People with addictions have access not only to effective treatment and support but also stable accommodation and environments that support recovery.

Employers, landlords and community groups are inclusive so that people with experience of any features of social exclusion may be offered opportunities to thrive.



Outcomes we want to achieve

Ex-offenders and homeless people are helped back into society.

People have good access to support for addictive behaviour and take it up.

You've said...

We know we need to talk to you more about areas of focus to improve the 'chance for a fresh start'. We look forward to talking to you and hearing your feedback about this soon.

Access to health and social care when they need it

Where we are now

We are missing opportunities to prevent disability and early deaths through screening and vaccination.

Groups such as adults with serious and enduring mental illness, adults with a learning disability and looked after children are missing out on opportunities for more focused preventative health and care services through regular health checks.

The demand for some services (e.g. adolescent mental health services) is such that there are long waiting times.

Older and frail people are staying longer in hospital than necessary and as a result are leaving in poorer physical condition.



Our approach

Organisations will be more health literate and recognise and address the barriers that people face in accessing preventative health services.

We will prevent chronic mental and physical conditions but also support those already diagnosed to have the skills and confidence to manage their own conditions.

People will be confident in managing minor illness at home but when acute care is needed, appropriate services will be staffed at a level to allow timely response.

Hospital stays will be avoided where possible for those who are frail and be as short as possible for those who cannot avoid it.

Outcomes we want to achieve

People can access NHS services, personal and social care when they need to.

People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.

Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

You've said...

Communications with patients' needs to be improved to enable an open dialogue about care available.

The opportunity to receive care in your own homes to support independence is something that is important to you.

Improving access to services including GP's, mental health support services for children and young people, bereavement support and those with dementia is needed.

Waiting times for services needs to be reduced.

Valued for who they are

Where we are now

Early conversations with people about what it means to them, to “be valued”, tells us that:

- **Belonging**
People talked about wanting to feel connected, to feel like they had roots and a network in their community.
- **Being yourself**
People talked about being respectful and celebrating differences and being comfortable to just “be who you are.”
- **Being considered**
People talked about wanting their voice to be heard and to know that they are “thought of” in every decision.
- **Being needed**
People talked about wanting to help and support each other and feel helpful and needed.

Our approach

People living and working in Northamptonshire will feel connected to their communities, respected and considered in decisions.

Stronger networks and relationships within our communities will mean that people are in a better position to be able to support each other.



Outcomes we want to achieve

People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.

Diversity is celebrated.

People feel they are a valued part of their community and are not isolated or lonely.

You've said...

Services need to be equitable for all who access them.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

Working together to include the voice of people and communities in all we do

Collaborating as Integrated Care Northamptonshire (ICN) offers a great opportunity for health and care to work together more effectively.

- We have developed a Community Engagement Framework to shape our shared approaches for involving and working with people and communities.
- Our framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see. Through having a framework, we have clarity on our direction of travel, accountability for our actions and agreement on our communication and engagement priorities.
- Shaped together through co-design, and in the true essence of co-production we will continue to shape and evolve our approach. It is ambitious, but together so are we.
- It sets out our expected ways of working, our shared vision and our highest priority projects to help us to work together with people and communities, not just in pockets or on an ad-hoc basis, but across all we do in better and more authentic ways.

This framework and our approach was developed by and for members of Integrated Care Northamptonshire, in partnership with Traverse – an independent social purpose consultancy – and with a wide range of local partners and people through a co-design and co-production process. We co-produced our vision, ambitions and values for working together with people and communities below:

Community Engagement Framework Our co-produced vision, ambitions and values

Our vision	Our ambitions	Our values
<p>“We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them. Everyone will know how their contribution has made a difference.”</p>	We build trusting relationships and effective partnerships by embedding as consistent approach to co-production	Trusted
	We are all committed to genuinely hearing what people say, and feeding back the influence on our decisions and actions	Transparent
	We have genuine diversity and inclusion at all levels in the system, involving people according to their needs and preferences	Authentic
	We prioritise the needs and issues that are important to people in communities	Accountable
	We evaluate what we do, share learning and celebrate our successes	Accessible

You can read and find out more about the full Community Engagement Framework here: icnorthamptonshire.org.uk/involvement

Our delivery approach

We will work in partnership to deliver the aspirations and outcomes through a new way of working together. As Integrated Care Northamptonshire we have new opportunities to bring together services and staff on a systemwide, place and local community level relating to the needs of the population.

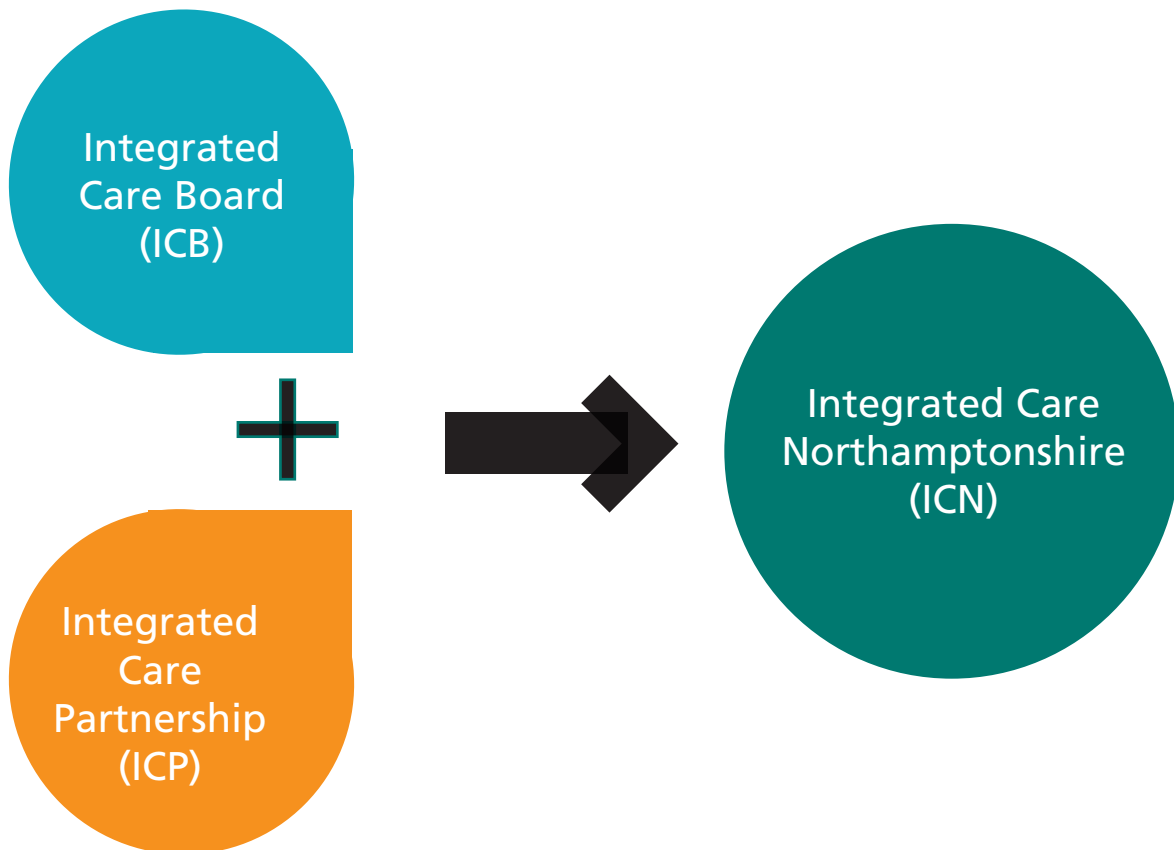
We will combine skills, knowledge and expertise from across communities, commissioners and providers and based on intelligence and insights will identify where resources should be focused to deliver our ambitions and reduce inequalities. We will deliver improved outcomes by ensuring services are integrated at the right place that make sense to our population.

Our Integrated Care System is in a privileged position in that we had the launch of our two new Unitary Authorities in 2021. In addition we had the introduction of the new Integrated Care Board and Integrated Care Partnership in 2022 providing us with opportunities to work together differently and focus on improving outcomes for the population we serve.

Our Integrated Care Northamptonshire high level structure is illustrated below

The diagram below shows:

The Integrated Care Board works together with the Integrated Care partnership to make up Integrated Care Northamptonshire, which is also known as the ICN.



You can read and find out more about the full Community Engagement Framework here: icnorthamptonshire.org.uk/involvement

Our delivery approach

Our System Operating Model consists of the following components:

An Integrated Care Partnership (ICP)

- Members of the ICP include a wide range of key players from the two local authorities, the voluntary sector, the NHS, and other public bodies that are key to delivering our aims.
- The partnership is responsible for agreeing this strategy to improve health and wellbeing across the whole of Northamptonshire. It will use the best insights from data available, built bottom-up from local assessments of needs and assets identified at place level and Local Area Partnership level.
- Our Health and Wellbeing Boards will also use this strategy as the basis of their Health and Wellbeing strategy and delivery planning.

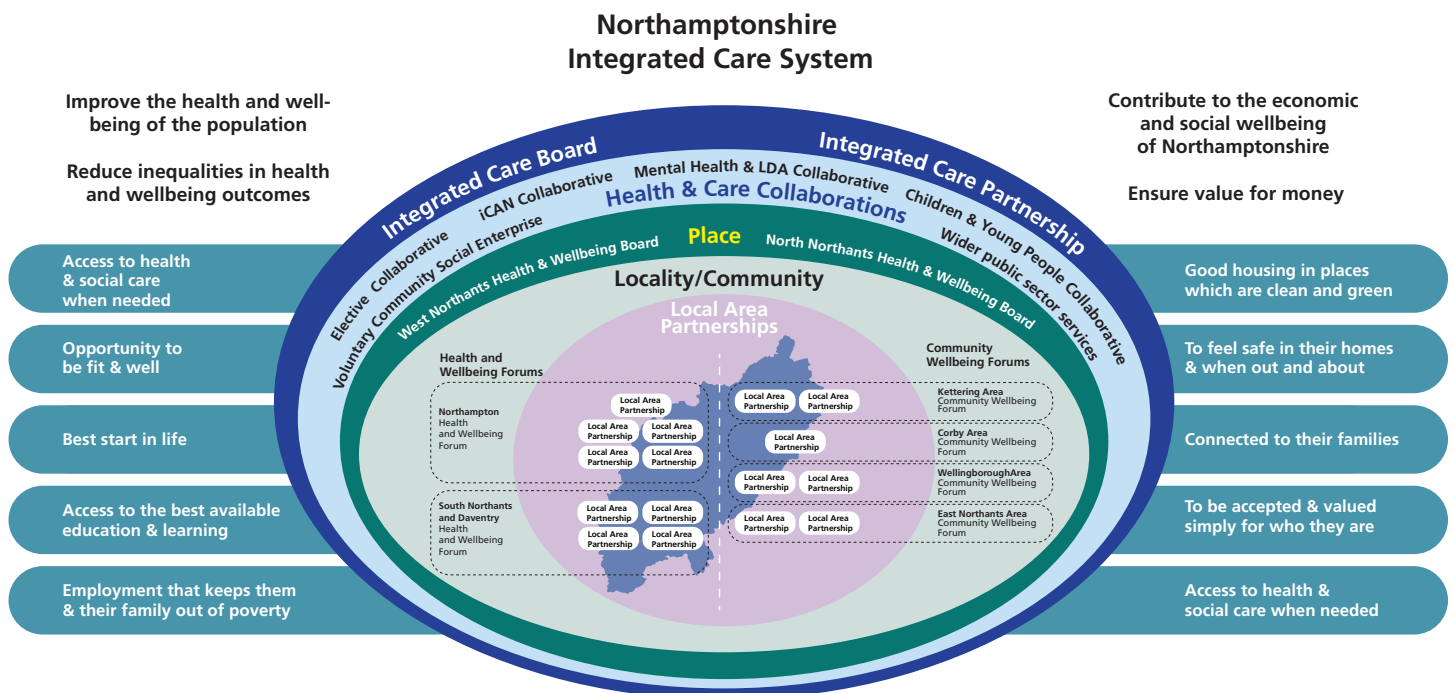
An Integrated Care Board (ICB)

- Members of the ICB include a Chief Executive and Chair, senior representation from each local authority, senior representation from NHS provider organisations (the Hospital Group, Northants Healthcare NHS Foundation Trust, and primary care) and four non-executive directors.
- The ICB is responsible for commissioning healthcare services for the population. This includes hospitals, GP practices and wider primary care, mental health, community services, ambulance services and some specialised services.
- As our system further matures the functions and budgets associated with commissioning healthcare services could be delegated to our Collaboratives and Places. As we integrate services and blur organisational boundaries, we will ensure we will use pooled budgets under s75 agreements where it seems sensible and where evidence shows it provides additional benefit.

Both the ICP and the ICB work together to:

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

Service design and delivery is organised across the geography of the county:



Our delivery approach

Through our places

Two places - North and West Northamptonshire

- Six communities / localities: geographically smaller than the places, but are larger than the Local Area Partnerships (LAPs)
- Sixteen Local Area Partnerships.

We aim to deliver our ten ambitions through a joined-up approach across all the organisations and services involved in supporting our population and communities.

This will be through a new very local approach with our communities central to our operating model – our Local Area Partnerships (LAPs).

Local Area Partnerships:

- They represent local areas and give a voice to residents, translating strategy into local action.
- They empower residents to co-produce new services and solutions for their local area.
- They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
- They empower local leaders to take accountability for local action.

Localities/Communities:

- They consolidate the views of residents, local providers and local area partnerships.
- They unblock challenges and identify at scale opportunities for their areas.
- Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
- Local leaders influence policy to access the right resource and capabilities to deliver their functions.
- They support our collaboratives by identifying and co-ordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design.

Places:

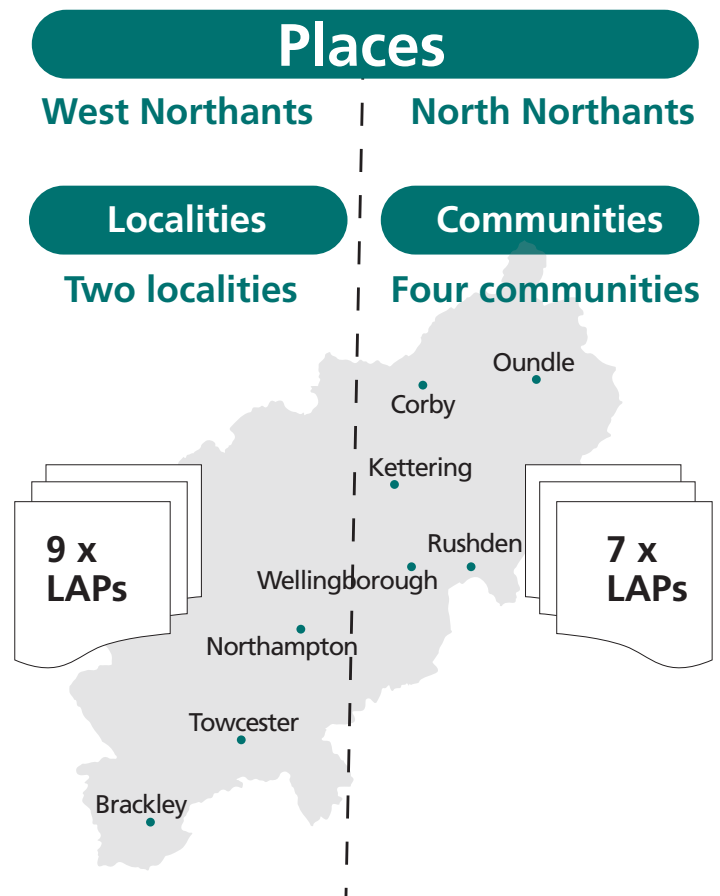
- The North and West Places in Northamptonshire mirror the two unitary population footprints and boundaries.

Our Places:

- Initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities such as housing, policing, education, leisure, planning, community activities.
- Understand and work with communities by joining up and coordinating services around the needs of people.

We will actively and collectively engage, involve and co-produce with local people and communities to understand needs and priorities. This will be supported by local intelligence and local profiles to assist with identifying needs, priorities and actions.

Northamptonshire’s approach to place development



- Our two Health and Wellbeing Boards enable key leaders from across North and West Northamptonshire to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.

Our delivery approach

Through our collaboratives that operate countywide

Collaboratives are partnerships of organisations working together to plan and deliver services for the people of Northamptonshire. They bring together, voluntary and community organisations, the NHS, local authorities and other organisations. Through partnerships, collaboratives will join up services. Connected care, delivered in partnership will improve the delivery of the ten core ambitions for people living in Northamptonshire.

There is recognition that each of our four collaboratives; Children’s and Young People, Elective Care, iCan (Integrated Care Across Northamptonshire) and Mental Health, Learning Disability and Autism are at different stages of maturity and there are different planned approaches to delivery. However, their visions clearly demonstrate how, by working in collaboration across identified populations they align and contribute to the delivery of our ten ambitions and underpinning outcomes framework.

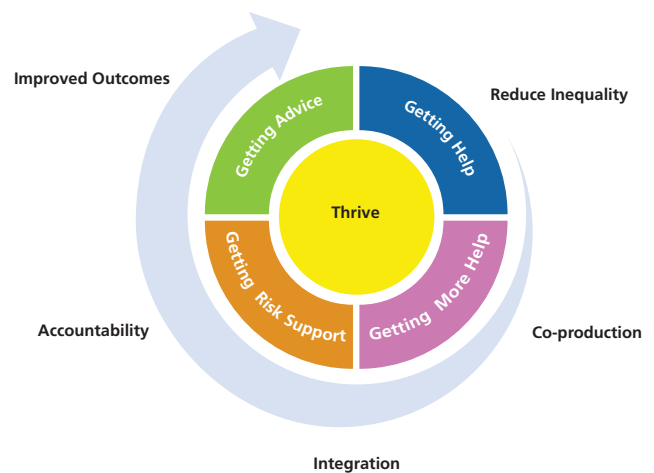
Mental Health, Learning Disabilities and Autism vision

Mental Health, Learning Disabilities and Autism (MHLDA) have re-structured their governance, leadership, commissioning and coproduction processes in order to scope and plan improved pathways for individuals that feel:

- meaningful
- person-centred
- agile/ responsive
- integrated
- intelligent

In doing so, the MHLDA collaborative seeks to ensure improved outcomes for patients, service users, carers, and residents of Northamptonshire. Secondly, the collaborative seeks to ensure the delivery of both known and emerging requirements (including the NHS Long-Term Plan, our Outcomes Framework, responsibilities under the Care Act, as well as the 35 Service User generated ‘I’ Statements). We also seek to use collaborative structures to make the best use of limited resources, by addressing duplications and gaps within pathways and reinvesting savings into preventative initiatives. We seek to enable longer term transformation, via cross-system partnerships and integrated commissioning principles that resolve long-standing barriers to good health and care. Lastly, the collaborative allows us to reframe relationships in support of Integrated Care System aspirations, as well as place-based aspirations, to drive service user satisfaction, sustainability, transparency, and accountability.

Children and Young People Transformation Programme Vision;



The Children and Young People collaboration has been set up to bring our organisations together to collaborate and work together to improve outcomes for children and the wider population of Northamptonshire.

Our vision is that:

Together we will help and support children, young people and their families.

We will do this through our THRIVE framework. The framework ensures that all needs for children and young people are considered at every level of the program and throughout the decision making process which may affect them. The THRIVE framework is an evidence-based approach that is used globally across sectors working with children and young people and their families and was chosen as a check and balance system to ensure that the child remains at the centre of everything we do.



Our delivery approach



Through our collaboratives that operate countywide

iCAN (Integrated Care Across Northamptonshire) vision:

Integrated Care Across Northamptonshire (iCAN) is about improving the quality of care on offer for older people in our county. We want to achieve the best possible health and wellbeing outcomes for older people and support them to stay independent for as long as possible.

To meet the needs of adults over the age of 65, the elderly and those who are frail, the three core aims of the iCAN programme are to:

- ensure we choose well: no one is in hospital without a need to be there
- ensure people can stay well
- ensure people can live well: by staying at home if that is right for them.

The three key areas that make up the iCAN programme are:

- Community resilience: be fully supported to live independently within my community as an older person.
- Frailty escalation and front door: be assessed swiftly and treated effectively when I need to be so I can remain independent.
- Flow and grip: be fully aware of when I will leave hospital and what support will be given to me once I'm back home.



Elective Care vision:

Elective care is care that is planned in advance. It involves specialist clinical care or surgery, generally following a referral from a GP or community health professional.

We recognise that we have the opportunity to make the experience of care better for our population by supporting communities to stay well, reducing duplication and fragmentation in delivery of care and reducing inefficiencies of working as separate organisations.

The vision:

To improve health outcomes, inequalities and quality of life through all partners working together in a patient-centred approach, across the whole elective pathway. We will do this by transforming delivery of services to enable patients to be supported to keep well, but where required to ensure equitable access to timely treatment for patients across the county.

The collaborative will need to include places and local government to ensure services are designed to meet the needs of the different communities across Northamptonshire and achieve our vision.



Our workforce

National approach

PP pillars	People functions	Intended outcomes
Looking after our people	1. Supporting the health and wellbeing of all our people	People working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and therefore are better able to provide high-quality, compassionate care to patients.
Growing for the future	2. Growing the workforce for the future and enabling adequate workforce supply	The system is retaining, recruiting and where required, growing its workforce to meet future need. The 'one workforce' across the ICS is representative of the local communities served.
Belonging in the NHS	3. Supporting inclusion and belonging for all, and creating a great experience for our people	People working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.
	4. Valuing and supporting leadership at all levels, and lifelong learning	Leaders at every level live the behaviours and values set out in the People, and make strides so that this is the experience of work for all of their 'one workforce'.
New ways of working	5. Leading workforce transformation and new ways of working	Service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation – to both meet population health needs and drive efficiencies and value for money.
Growing for the future	6. Educating, training and developing our people and managing talent	Education and training plans and opportunities are aligned and fit for the needs of our people, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.
Cross cutting	7. Driving and supporting broader social and economic development	Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.
	8. Transforming people services and supporting our people profession	High-quality people services are delivery by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
	9. Leading coordinated workforce planning and using actionable intelligence and analysis	Integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.
	10. Supporting system design and development	The system uses organisational and cultural system design and development principals to support the establishment and development of the ICB, and the ICP. The organisational development approach creates a system-wide culture that is; driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

Our workforce

Local approach



System workforce responsibilities to be considered in the future operating model

- System-wide workforce strategy as a guiding framework support transformation.
- System wide organisational development.
- Investment and funding.
- Single and consistent employment approach.
- Development of leadership.
- Greater ownership of education and training and partnerships with Universities.
- Developing new roles and ways of working aligned to local models of care.
- Detailed workforce planning to establish local capacity requirements.
- Enabling staff to work across organisational boundaries.
- Implementation of new roles and ways of working.
- Alignment and co-location of staff.
- Multi professional working.
- Closer links with voluntary sector.
- Northamptonshire Training Hub.

Digital transformation across Northamptonshire

Our vision for digital transformation across Northamptonshire is to:

- Empower: our population and workforce with access to digital solutions that are inclusive, integrated and high quality to revolutionise overall health, wellbeing and care.
- Inclusive: access to digital services that are easy to use and understand; supporting active management of health, care and wellbeing across diverse communities.
- Integrated: access to digital tools that provide joined up health and care details; facilitating access to holistic information across care pathways.
- High Quality: access to digital tools that are safe, reliable and efficient; enabling enhanced health, care and wellbeing experiences across our communities.

We have developed a digital transformation strategy to deliver our vision and meet digitisation requirements over the next three years and enable the effective delivery of integrated care.

For Northamptonshire, these ambitions were also considered in the context of:

- The 800,000 people that live in our county, all with different and distinct health and care needs.
- High level and complexity of demands on our services that we are currently challenged to meet.
- The desire to provide our population and workforce with the tools to proactively prevent and manage ill health.
- The ability for digital solutions to enable a collaborative and seamless health and care experience.
- How data can be utilised to best assess and identify ways to improve health and care outcomes.
- The digital transformation programmes that have been implemented to date across ICS organisations.



There are a number of core health, care and social drivers that have informed the need for transformation. These drivers reflect the key reasons why we need to transform and become more digital in order to provide the right care in the right setting across our communities and improve health and care outcomes for all. These transformation drivers include:

- Joining up health and care data.
- Addressing impacts of Covid-19.
- Connecting health and care pathways.
- Developing local insights to transform care.

With the possibilities of digital transformation in mind, it is the improved health, care and wellbeing outcomes for our population and workforce that remain at the heart of our continued transformation.



Northamptonshire's future


Over the next to five to ten years we want children, young people and adults

live your best life

We have ambitions to empower and support healthy local communities, so that local people have the best start in life and can live and age well and we will do that because:

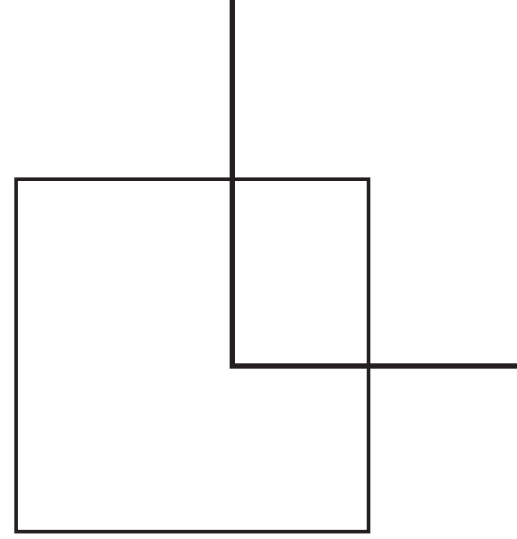
- We are focussing on factors that really matter to people
- We have aligned our shared vision, aims, ambitions and outcomes for the first time
- We are collectively responsible for the delivery of these ambitions and outcomes
- We know that we can only make a positive difference by aligning our commitment, our resources and our strengths.

We have far reaching and ambitious plans and a clear focus on where we will start. We have a relentless focus on tackling inequalities and improving outcomes and together we will deliver positive change.



We hope that by reading this strategy you feel our commitment and excitement about our approach to make sure that people in Northamptonshire have the best possible health, care and wellbeing outcomes. We recognise the challenges ahead and we are working together with our partners, anchor institutions and VCSE colleagues in a way that's different to ever before to achieve these outcomes, to help people of Northamptonshire 'live their best life' like everyone deserves.

A huge thank you to those involved in creating this strategy and to those who have helped shaped our areas of focus and we look forward to working with you as we move into how we deliver our strategy together.



**A signatory sign off page
will be included here
before final submission**



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