Democratic Services
The Corby Cube,
George Street,
Corby,
Northants,
NN17 1QG

North Northamptonshire Council

**Meeting:** North Northamptonshire Health and Wellbeing Board

**Date:** 26 September 2023

**Time:** 2:00 pm

**Venue:** Council Chamber, Corby

To members of the North Northamptonshire Health and Wellbeing Board

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| Cllr Helen Harrison Chair | Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council |
| David Watts | Director of Adults, Communities and Wellbeing, North Northamptonshire Council |
| Susan Hamilton | Director of Public Health, North Northamptonshire Council |
| Toby Sanders | Chief Executive NHS Northamptonshire Integrated Care Board |
| Dr Jonathan Cox | Chair Local Medical Committee |
| Ann Marie Dodds | Director for Childrens Services, North Northamptonshire Council |
| Cllr Scott Edwards | Portfolio Holder Childrens, Families, Education and Skills, North Northamptonshire Council |
| Sarah Stansfield | Chief Finance Officer, Integrated Care Board |
| Colin Foster | Chief Executive, Northamptonshire Childrens Trust |
| Rob Porter | Assistant Chief Fire Officer, Northamptonshire Fire and Rescue |
| Michael Jones | Divisional Director, EMAS |
| David Maher | Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust |
| Cllr Macaulay Nichol | Vice Chair, North Northamptonshire Council |
| Deborah Needham | University Group Hospitals Northamptonshire |
| Dr Steve O'Brien | University of Northampton |
| Dr Raf Poggi | Primary Care Network Representative |
| Andrew Hammond | Deputy Chair/NED, Integrated Care Board |
| Chief Superintendent Steve Freeman | Northamptonshire Police |
| David Peet | Interim Chief Executive , Office of POLICE Fire Crime Commissioner |
| Sheila White | Northamptonshire Healthwatch |
| Pratima Dattani | Chair of the Wellingborough Community Wellbeing Forum |
| Lyn Horwood | East Northamptonshire Community Wellbeing Forum |
| Naomi Eisenstadt | Chair, Northamptonshire Integrated Care Board |
| Kate Williams | Chair Corby Community Wellbeing Forum |
| Jo Moore | Chair Kettering Community Wellbeing Forum |
| Jess Slater | Chair East Northants Community Wellbeing Forum |

| Item | Subject | Lead Officer | Report/ Verbal Presentation | Time | Page no |
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| 01 | Apologies for non-attendance | Chair | Verbal | 2.00 pm | - - |
| 02 | Notification of requests to address the meeting | Chair | Verbal | 2:02 pm | - - |
| 03 | Members' Declarations of Interests | Chair | Verbal | 2:05 pm | - - |
| 04 | Minutes from previous meeting | Chair | Paper | 2:07 pm | 5-12 |
| 05 | Action Log | Chair | Verbal | 2:10 pm | - - |
| 06 | Chair's Introduction | Chair | Verbal | 2.20 pm | - - |
| 07 | Director of Public Health's Annual Report | Susan Hamilton | Report | 2.30 pm | 13-66 |
| 08 | Better Care Fund update 2023 - 2025 | Samantha Fitzgerald | Presentation | 2.50 pm | 67-110 |
| 09 | Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA)<br>Sexual Health Needs Assessment | Patsy Richards | Report | 3.10 pm | 111-124 |
| 10 | Health Protection Annual Report | Dr Annapurna Sen | Report | 3.30 pm | 125-130 |
| 11 | North PLACE development<br>- A New Sense of Place<br>- Support North Northamptonshire (SNN)<br>- North Northamptonshire Health and Wellbeing Strategy | Ali Gilbert | Report | 3.30 pm | 131-210 |
| 12 | AOB | Chair | Discussion | 4.20 pm | - - |

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**Health and Wellbeing Board**
At 2pm on Tuesday 20 June 2023
Held at North Northamptonshire Council Offices, The Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 9SA.

**Present:-**

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| Councillor Helen Harrison (Chair) | North Northamptonshire Council |
| Councillor Macauley Nichol (Vice-Chair) | North Northamptonshire Council |
| Councillor Scott Edwards | Executive Member Children's, Services, North Northamptonshire Council |
| Martin Claydon | East Midlands Ambulance Service (EMAS) |
| Pratima Dattani | Chair, Wellingborough Community Wellbeing Forum |
| Ann Marie Dodds | Executive Director of Children's Services |
| Colin Foster | Chief Executive, Northamptonshire Children's Trust |
| Susan Hamilton | Director of Public Health, North Northamptonshire Council |
| Andrew Hammond | Deputy Chair/NED, Integrated Care Board |
| Debbie Healey | Voluntary Sector Board Representative |
| Lyn Horwood | East Northamptonshire Community Wellbeing Forum |
| Michael Jones | Divisional Director, East Midlands Ambulance Service (EMAS) |
| David Maher | Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust |
| Deborah Needham | University Group Hospitals Northamptonshire |
| Dr Steve O'Brien | University of Northampton |
| Dr Raf Poggi | Primary Care Network |
| Rob Porter | Assistant Chief Fire Officer, Northamptonshire Police and Fire Service |
| Jess Slater | Chair of the East Northants Community Wellbeing Forum |
| Sarah Stansfield | Chief Finance Officer, Integrated Care Board |
| David Watts | Director of Adults, Health Partnerships and Housing, North Northants Council |
| Sheila White | Healthwatch Northamptonshire |
| Kate Williams | Chair, Corby Community Wellbeing Forum |

<u>Officers</u>

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| Nicki Adams | Integrated Care Board Winter Director |
| Mike Bridges | Consultant in Public Heath - Drugs and Alcohol |
| Jenny Daniels | Democracy Officer (Democratic Services) (Minutes) |
| Sam Fitzgerald | Assistant Director of Adult Social Services, North Northamptonshire Council |
| Alison Gilbert | Director of PLACE, North Northamptonshire Council |
| Susan Hamilton | Consultant in Public Health |
| Michelle Mealor | Interim Business Manager, North Northants Health and Wellbeing Board |

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| Amy Plank | Strategic Lead for Private Sector Housing, North Northants Council |
| Patsy Richards | Public Health Principal |
| Karen Spellman | Director of Strategy and Planning Northamptonshire Integrated Care Board |
| Sarah Stansfield | Chief Finance Officer Northamptonshire Integrated Care Board |

**14. Apologies for non-attendance**

Apologies were received from Toby Sanders, Chief Executive, NHS Northamptonshire Integrated Care Board; Nicci Marzec, Director of Prevention, Office of Police, Fire and Crime Commissioner; Naomi Eisenstadt, Chair, NHS Northamptonshire Integrated Care Board; Chief Superintendent Steve Freeman, Northamptonshire Police; Jo Moore, Chair of Kettering Community Wellbeing Forum and Jess Slater, Chair of East Northants Community Wellbeing Forum.

**15. Chair's Announcements**

The Chair thanked the previous Chair for all his assistance during his term of office.

The Chair introduced the Assistant Chief Fire Officer, Mr Rob Porter as a new member of the Board.

The Chair also thanked Dr Shaun Hallam for his service.

**15. Notification of requests to address the meeting**

None received.

**16. Members' Declaration of Interests**

The Chair invited those who wished to do so to declare interests in respect of items on the agenda.

The Voluntary Sector Representative, Debbie Healey declared she was the Chair of the Mental Health Foundation.

**17. Minutes of the Meeting Held on 21 March 2023**

**RESOLVED that**: the Health and Wellbeing Board approved the minutes of the meeting held on 21 March 2023,

**18. Action Log**

The Chair introduced this item (copies of which had been previously circulated) which gave details of actions that had been and were yet to happen as follows:

- The briefing on health inequalities allocation had been circulated and there would be an update at this meeting.
- Shirley Plenderleith's name had been amended.
- Papers had also been circulated by the Director of Adults, Health Partnerships and Housing, North Northants Council on 19 April 2023.

**RESOLVED that:** The Health and Wellbeing Board notes the Action Log

## 19. To propose and Elect a New Vice-Chairman

The Chair announced that no nominations had been received. She asked Councillor Macauley Nichol if he was prepared to continue in his role as Vice-Chairman. He confirmed that he was.

**RESOLVED that:** Councillor Macauley Nichol be Vice-Chairman for the forthcoming year.

## 20. Disabled Facilities Grant 2022-2023 Full Year Review

At the Chair's invitation the Strategic Lead for Private Sector Housing, North Northants Council introduced the report (copies of which had been previously circulated) which provided details of the total spend on the Disabled Facilities Grant (DFG) for 2022-2023. A change was made to the agenda with this report being presented earlier than previously agreed at the request of the presenter. The Chair confirmed these were mandatory grants and could be utilised for a variety of adaptations from minor adjustments to major works such as extensions The maximum grant was £40,000.00.

During the COVID-19 crisis many contractors were not able to attend properties. The department had now reduced the waiting list to 12 weeks and 6 families and they were working with the occupational therapy team to clear their lists. The team would continue to make efforts to improve this.

In answer to queries on the report the following was confirmed:

- Two local MPs were assisting by lobbying government to receive more funding.
- Provision had been made for residents who had received grant funding in excess of £6000 to refund the grant in the event the property is sold. (There was also an opportunity to work with social services to receive some funding from them.
- Means tested thresholds could not be changed. The majority of applications were for amounts under £40,000. Extensions could exceed this and if money was spent in-year it could provide some evidence to look at funding streams elsewhere to make up for any shortfall.
- There was a need to increase the discretionary amount because there were a small number of cases where applicants did not qualify but could not fund the adaptations themselves.
- More complex cases were coming through from families where there was a need to keep their children with them by providing an adaptation in the home.
- Work was being undertaken with social landlords with the potential for a home improvement agency where some of these cases could be combined.
- The majority of private landlords were unwilling to provide funding for adaptations in the home. Disabled Facilities Grants (DFG) could be provided for council tenants but not housing associations.

**RESOLVED that**: The Health and Wellbeing Board notes the update on the DFG allocation and spend across North Northamptonshire Council for 2022-2023 full year.

(The Strategic Lead for Private Sector Housing, North Northamptonshire Council left the meeting at 2.25pm)

**21. NHS Northamptonshire Integrated Care Board Summary (ICB) 5-year Joint Forward Plan**

At the Chair's invitation the Chief Finance Officer Northamptonshire Integrated Care Board presented the NHS Northamptonshire Integrated Care Board 5-year joint forward plan (copies of which had been previously circulated) which provided an overview of the Joint Forward Plan, national and local priorities, key multiple impact interventions and their prioritisation and how the approach to creating conditions for success was developed.

Members of the Board also noted the following:

- The Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust stated he had been working on this for some time. The alignment part of the forward plan was critical so that people could work their way through it. The Joint Strategic Needs Assessment (JSNA) would also be refreshed so that the assumptions made in it could be reviewed.
- Data was now required to evaluate the effectiveness of the plan.
- The Chief Finance Officer Northamptonshire Integrated Care Board stated they would make the plan a live document which would be refreshed annually. Several delivery plans fed into the document which included metrics to demonstrate the KPIs were being met.

**RESOLVED that:** The Health and Wellbeing Board noted the Summary of the Integrated Care Board 5-year Joint Forward Plan.

**22. North Northamptonshire PLACE development**

At the Chair's invitation the Director of North PLACE Development introduced this report (copies of which had been previously circulated) which gave an overview of the development of North Northamptonshire PLACE through an oversight of a New Sense of PLACE model, Support North Northamptonshire (SNN) – Voluntary and Community Sector Collaborative approach and the North Health and Wellbeing Strategy development.

In answer to queries on the report the following was confirmed:

- It was recognised that there is a need for a cohesive, coherent and integrated message to be communicated to all the residents of North Northants.
- There is a need for the local authority to own the concept of PLACE, CREST values and Live Your Best Life to be integrated into all our interactions with the public .
- It was also noted that where short-term care of up to one month was required, employers could be encouraged to allow flexibility for family members to fulfil this role.
- The chairs of the Community Wellbeing Forums were thanked for their continued work and were encouraged to seek support from Board members to assist them to overcome any obstacles. Subject leads should also be nominated within each Forum
- The Chief Finance Officer Northamptonshire Integrated Care Board stated the majority of the system work was being undertaken in addition to people's substantive roles. Their enthusiasm was appreciated, really important and should be maintained. The work behind the scenes results in residents receiving the services they need.

**RESOLVED that**: the Health and Wellbeing Board noted the overview on the development of North Northamptonshire Place.

**23. Financial Year 2023/2024 Health Inequalities Update (Health Inequality Additional Allocation Funding)**

At the Chair's invitation, the Director of Public Health, North Northamptonshire Council introduced the report (copies of which had been previously circulated) which provided a breakdown of the allocation of North Northants Council Health Inequality Additional Allocation (HIAA) funding to improve health inequalities across the local system, how the one-off funding allocation had been spread across a range of projects that supported early intervention and prevention across North Northants, the extent to which Trauma In Practice activity would be developed and led by the Project manager once they were in post, an update on the programme which was initially planned for delivery over a three-year period and how work was ongoing to identify potential future funding for routes for this beyond year one.

In answer to queries on the report the following was confirmed:

- Funding was from the previous financial year. Work will be carried out to bid for additional future funding
- Due to changes in funding, prioritisation of funds for next year cannot be finalised. The funding process is currently in pilot form.
- Evaluating the effectiveness of the use of funds and provision of data to support this will assist in securing future funding. The Director of Public Health confirmed that the 5 year strategy focusses on making health inequalities part of every decision made.
- The Integrated Care System is still in its infancy and clarity in decision making was still needed. As it matures, open communication will ensure it improves.
- The importance of ongoing evaluation was noted as opposed to evaluating on an annual basis.

**RESOLVED that:** the Health and Wellbeing Board noted the update on the use of the Health Inequalities (HIAA) funding allocation across North Northants Council.

**24. Winter 22/23 - A Stocktake**

At the Chair's invitation the Integrated Care Board Winter Director provided a presentation (copies of which were previously circulated) which gave details of winter issues, demand trends, getting people out of hospital, mental health issues, bed flow and out of area placements, Kettering General Hospital discharge flow and North Northants Council pathways.

In answer to queries on the presentation the following was confirmed:

- Both Northamptonshire Trusts experienced critical incidents on different days. Both had difficulties arising from operating at a higher frequency level and utilised all the tools available to them. Whilst acknowledged as not ideal, sot purchases were used to good effect to add flexibility.
- Access to improved data would improve the process of evidencing what is working well.
- Strikes did result in the unavoidable and reluctant cancellation of some elective surgery and cancer appointments.

- Patient discharge was an issue both for freeing-up beds and also the potential detrimental effects of staying in hospital when it was not medically necessary.
- They spot purchased in the Pathway 1 and 2 capacity which enabled people to have a lesser reliance on beds.
- Evaluation of the effectiveness of the services purchased took place. Providers were also asked to advise the benefits to front line staff.
- General Practice surgeries were able to take some people out of the urgent care system. Their service is key to the future in the creation of a stable primary care centre
- The Primary sector want to take on the redesign of care with the involvement of GPs.
- The previous years', funding was strictly for discharge and could not be used for general practice.

The following was also noted:

- Staff would also need to be included in discussions for the following year.
- The Corby Wellbeing forum noted that people who wanted to connect with their GPs had been unable to do so and ended up presenting at A&E Departments.
- The approach of winter will put pressure on GP surgeries despite the available funding. Not all practices have the capacity to implement requirements at short notice, making the early involvement of the primary care network important along with the forums that could be informed now of who the navigators are and how to access them.
- It was noted the vaccination process was equally important as it enabled parents to be at work and children at school.

The Integrated Care Board Winter Director noted the funding was received with non-negotiable caveats that linked to the 5-year plan. The overall strategy included navigating care at a micro level. There was a need to educate residents around the resources that are available to them at a local level.

**RESOLVED that:** the Health and Wellbeing Board noted the update on the Winter Stocktake 2022/23.

**25. Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA)**

At the Chair's invitation the Public Health Principal introduced the report (copies of which were previously circulated) which provided the Board with details on the progress of the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA) for North Northamptonshire.

In answer to queries on the report the following was confirmed:

- There would be a JSNA product which would be owned by the Health and Wellbeing Board.
- A deeper dive would be undertaken into the breakdown of the groups that had responded.
- A JSNA for Special Educational Needs (SEN) was to be commissioned.
- The JSNA would be connected to Local Area Partnerships (LAPs) and they would undertake some focus groups around the LAPs to gain an understanding of their needs by canvassing the views of those engaged with the LAPs and using that to inform future plans.

**RESOLVED that:** The Health and Wellbeing Board noted the update on the progress of the CYP JSNA for North Northamptonshire.

**26. Northamptonshire Combatting Drugs Partnership**

At the Chair's invitation, the Consultant in Public Heath - Drugs and Alcohol introduced the report (copies of which had been previously circulated) which provided an update on the newly formed Northamptonshire Combatting Drugs Partnership. It set out the action plan and new 10-year drug and alcohol strategy 'From Harm to Hope'. The National Strategy recognised the importance of a system-wide approach.

In answer to queries on the report the following was confirmed:

- West and North Northants Councils are looking at tobacco control as it is an aspiration to have a joint strategy for Northants. This was currently in development and the paper would go to the Director of Public Health.
- The involvement of a clinician from Kettering General Hospital would support the aim of the partnership to address issues around substance misuse.
- The Consultant in Public Health would take away the suggestion that Solve It be included.
- It was noted that as part of the needs assessment they had mapped all organisations directly working with and contributing to the issue. The action plan identified the organisations that would be consulted.

**RESOLVED that:** The Health and Wellbeing Board noted the update on the Northamptonshire Combatting Drugs Partnership.

**26. Better Care Fund End of Year Performance Report.**

At the Chair's invitation the Assistant Director for Adult Services introduced this report (copies of which had been previously circulated) which detailed the End of Year performance against the metrics in the Better Care fund Plan for 2022 – 2023.

She highlighted that they had not been able to disaggregate the data between North and West Northants Council but they were hoping to be able to do so for the following year.

The Health and Wellbeing Board wished to pass on its thanks to the teams and colleagues in the Trusts for all their hard work and noted that to be achieving on all the indicators was a sign of the good work of social care and acute hospitals.

In answer to queries on the report the following was confirmed:

- The planning document would be brought to the next Board meeting.
- It was important the Board reviewed the documents to ensure they received the scrutiny they deserved.
- It was also noted members of the Board would like to have the papers in time to be sent out prior to the next meeting if they were to be adequately scrutinised.
- How to use the Better Care Fund moving forward was something they wished to review.
- There would not be a quick fix. They committed to review how they had invested in some of the iCAN items
- There was a challenging forum that would bring everything together but this was emerging. Key priorities that required delivery were identified and they would need to robustly review the manner of that delivery.

**RESOLVED that:** the Health and Wellbeing Board:

1) Noted the information on the 2022/23 Better Care fund End of Year performance including performance against the metrics in the Better Care Fund plan for 2022 – 2023; and
2) The Health and Wellbeing Board signed off the Better Care Fund (BCF) 2022/2023 performance template submitted to NHSE.

There being no further business the meeting closed at 4.40pm.

North Northamptonshire Council

| Item No: 7 |
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# North Northamptonshire Health and Wellbeing Board
# 29th September 2023

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| **Report Title** | **Director of Public Health Report 2022-23.** |
| **Report Author** | **Susan Hamilton, Interim Director of Public Health** |
| **Executive Member** | **Cllr Helen Harrison, Executive Member for Adults, Health and Wellbeing** |

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| **Key Decision** | ☐ Yes ☒ No |
| **Is the decision eligible for call-in by Scrutiny?** | ☐ Yes ☒ No |
| **Are there public sector equality duty implications?** | ☐ Yes ☒ No |
| **Does the report contain confidential or exempt information (whether in appendices or not)?** | ☐ Yes ☒ No |
| **Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972** | |

**List of Appendices**

**Appendix A –** Public Health in North Northamptonshire - Our Ambitions, Our Journey. North Northamptonshire Director of Public Health Report 2022/23.

## 1. Purpose of Report

1.1. To note the content of the annual Director of Public Health (DPH) statutory report for Northamptonshire.

1.2. To note the key recommendations made in the DPH annual report.

## 2. Executive Summary

2.1. The contents of the Annual Director of Public Health Report focus on the ambitions of the Public Health team in North Northamptonshire which was established in 2022-23. This is the first Director of Public Health report for North Northamptonshire, and it details the vision and priorities for improving public health in North Northamptonshire over the next few years. Ambitions for the key areas of public health are outlined Informed by an assessment of the

health of the North Northamptonshire population, by lessons from the history of public health, and also current best practice.

2.2. The importance of using an evidence-based approach to decision making, working with communities using an asset-based approach, maintaining a relentless focus on reducing inequalities, and working in partnership with others in the council as well as with wider stakeholders is recognised. The report outlines how public health will work, both within the department, and also with others in the council and wider stakeholders to achieve the stated ambitions.

## 3. Recommendations

3.1. It is recommended that the Board note the contents of the Director of Public Health Annual Report 2022- 2023 and the recommendations made within it.

3.2. Reason for Recommendations – To accord with legislation or the policy of the council. This is a statutory requirement of the Director of Public Health role.

3.3. Alternative Options Considered – None as this is a statutory requirement of the Director of Public Health role. The North Northamptonshire Public Health team was formed during the period covered by this report. Establishing the priorities for improving public health in North Northamptonshire was a key focus of 2022-23 and provides the focus of this report.

## 4. Report Background

4.1. The core purpose of the Director of Public Health (DPH) is to be an independent advocate for the health of the population and system leader for its improvement and protection. DPH's across the country are required to produce an annual report and distribute this to key partners and the wider public. The DPH annual report provides an opportunity to:

- Raise awareness and understanding of the wellbeing of the area
- Identify key issues and challenges relating to the wellbeing of the local population
- Provide added value over and above intelligence and information routinely available
- Reflect on work already undertaken, and the continued impact
- Identify recommendations for future courses of action to improve health and wellbeing locally.

## 5. Issues and Choices

5.1. Each year the Director of Public Health (DPH) must decide on a topic that the annual report will cover for that period. At the time of making this decision, the

Public Health team in North Northamptonshire was in the process of being formed following the disaggregation of the Northamptonshire Public Health team into North and West Northamptonshire Councils. The formation of the team provided the opportunity to review the public health priorities for North Northamptonshire and identify the key priorities for the next few years. The culmination of this work is set out in the first DPH report for North Northamptonshire.

5.2. The report reflects on the history of public health in local authorities, detailing the 175-year-old journey of the development of public health legislation and practice in local authorities. Summaries of the Medical Director of Health reports from Wellingborough in 1894 and Kettering in 1918 are included and illustrate the need for preventative partnership working across the council directorates to address the causes of ill health such as poor housing, spread of infectious diseases, and working conditions. These issues are relevant to North Northamptonshire today and are reflected in the priorities in this report.

5.3. The creation of the North Northamptonshire Public Health team provided the opportunity to set out a vision for the team and establish ambitions for the next few years. The commitment of the Public Health team is detailed:

- To develop and support population level interventions to protect and improve health that are based on high quality intelligence and evidence to inform best practice.

- To take a Place and asset-based approach to working with local communities and develop a Community Orientated Health and Social Care System, building on existing strengths to create a sustainable future.

- To maintain a relentless focus on reducing health inequalities

- To work in partnership with all those who value the health and wellbeing of the people of North Northamptonshire

- To commission and deliver evidence-based, high quality, value for money public health services.

5.4. Ambitions for improving public health in the different areas of public health - health protection, health improvement and healthcare public health, are detailed in the report, informed by an assessment of where we are in relation to public health outcomes for North Northamptonshire. Achieving these ambitions relies on strong enabling functions and capabilities - including commissioning; research, evidence and intelligence and communications; as well as developing a skilled and diverse workforce and building a strong department.

5.5. Overarching priorities are outlined in the report. These include a focus on the early years, recognising the importance of the first 1000 days on lifelong health; working with communities; strong partnership working to embed the

public health approach across the council; evidence-based decisions and communications; and delivering high quality public health services.

## 6. Next Steps

6.1. Not applicable.

## 7. Implications (including financial implications)

### 7.1. Resources and Financial

7.1.1. The production of an Annual Report is a statutory function that should be executed by the Director of Public Health. A budget is therefore put aside for this annually and comes from the Public Health Grant. There are no additional financial implications or council resources required because of this paper.

### 7.2. Legal and Governance

7.2.1. There are no legal implications arising from the proposals.

### 7.3. Relevant Policies and Plans

7.3.1. The priorities identified in this annual report will assist in delivery of the Corporate Plan and the Integrated Care Northamptonshire 10-year strategy. The emerging North Joint Health and Wellbeing strategy provides an opportunity to address the issues raised in this report.

### 7.4. Risk

7.4.1. There are no significant risks arising from the proposed recommendations in this report.

### 7.5. Consultation

7.5.1. The priorities identified in this report were informed by discussions with public health staff.

### 7.6. Consideration by Executive Advisory Panel

7.6.1. The report has not been considered by an Executive Advisory Panel.

### 7.7. Consideration by Scrutiny

7.7.1. This report has not been considered by the Scrutiny Committee.

### 7.8. Equality Implications

7.8.1. Public Health activities seek to identify and address inequalities in health.

### 7.9. Climate Impact

7.9.1. This report recognises the importance of addressing climate change to improve public health outcomes.

### 7.10. Community Impact

7.10.1. A better understanding of the issues identified by the DPH will enable the Council to make better decisions on how to support local communities.

### 7.11. Crime and Disorder Impact

7.11.1. This report recognises the importance of prevention of serious violence and addressing risk factors to reduce crime and disorder.

## 8. Background Papers

8.1. None

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Public Health in North Northamptonshire

# Our Ambitions, Our Journey

North Northamptonshire Director of Public Health Report **2022/23**

North Northamptonshire Council

# Foreword

**This year has been another busy year for our Public Health Team.**

Having to deal with local government reorganisation and then the COVID-19 pandemic in previous years, this year the focus has been on forming two separate Public Health Teams: one for North Northamptonshire and one for West Northamptonshire.

We were fortunate to have John Ashton as our Director of Public Health (DPH) to guide the team and I through this tumultuous time, whilst keeping our core services running and COVID-19 under surveillance.

Whilst the process of splitting (disaggregation) continues, we do now have our own North Northamptonshire Public Health Team.

I would like to take this opportunity to acknowledge that this has been a difficult time for the team, with stress and uncertainty along the way, and to thank them all for the professional and positive way in which they have undertaken those changes.

For me, this is where things start to get exciting! North Northamptonshire Council is now two years old, and I have had the privilege of being the Executive Member for Adults, Health and Wellbeing throughout that time. From the start, I have been a huge advocate for public health, and it is my ambition that North Northamptonshire Council should be a Public Health Council.

# What does that mean, a Public Health Council?

Public health is about supporting people to stay well, helping to improve the health of the population and reducing health inequalities, through prevention rather than treatment. Often, when people talk about health, their thoughts immediately turn to healthcare. However, the factors that have the biggest impact on our overall health sit largely outside of healthcare. Some examples would be good quality housing, clean air, access to green spaces and leisure facilities, good educational opportunities, safe streets and so on.

Responsibility for many of those things sit with the council, and we can exert influence on those things that are not our direct responsibility. A Public Health Council would look at every opportunity to use this responsibility and influence to improve health and wellbeing and reduce health inequalities, with the Public Health Team at the centre of that approach, advising, influencing and providing the crucial data upon which to make our policy decisions.

Let me give you an example: public transport policy could just be about connecting up areas of greatest population size as that would potentially maximise the number of people using it. However, if your starting point was to investigate areas of greatest social isolation and loneliness, areas of greatest need for public transport to get to work or school, areas that are disconnected from the public services that they need, then you are likely to develop a very different public transport plan.

That is the vision that I have for North Northamptonshire Council. A council with Public Health outcomes at its heart and the Public Health Team embedded into the centre of all that we do.

As I look ahead, and we say thank you and goodbye to John Ashton, and the baton is passed to Susan Hamilton, our new interim Director of Public Health, I feel confident that we can achieve this vision together.

## Cllr Helen Harrison

North Northamptonshire Council's Executive Member for Adults, Health and Wellbeing

# Foreword by the Director of Public Health

This is the first Annual Public Health Report focusing exclusively on the health of the people living and working in the new unitary council area of North Northamptonshire. It is in a long tradition of such reports that began in 1847, with those of the country's first Medical Officer of Health, William Henry Duncan, in Liverpool. Historically, these reports have been the independent observations, formerly by the local Medical Officer of Health, and since 1988, the Director of Public Health. They are on a par with external financial audits but take stock of population health and the challenges it faces from all quarters. Duncan, and later his colleagues around the country, came to establish a tradition of independence, with reports being presented to the annual public meetings of town and city councils. Medical Officers of Health, and their successors, could not be sacked for drawing attention to unpalatable truths, but only for incompetence. (1)

This report covers the period from the previous one by my predecessor, Lucy Wightman, in 2022, which was the last for the whole county of Northamptonshire. As such, it captures the later stages of the pandemic of COVID-19. This was the greatest threat to public health for 100 years, with its dreadful toll of death, enduring ill health and stress on all aspects of health and social care, daily life and business continuity. During this, hopefully, end stage of the pandemic, it was necessary to remain vigilant against further serious waves of the virus by maintaining active and robust surveillance of the virus across the county and its communities.

The separation of the previous Public Health Team into two, for the new unitary councils of North and West Northamptonshire, has had to be managed with care to avoid taking an eye off the ball during this critical phase. With pandemics, as with aeroplane flight, the most dangerous times are during take-off and landing.

Having acquitted themselves well throughout the pandemic, in terms of the pandemic impact on the county, all those involved across the council can be proud of how they pulled together at this time. This partnership of public health with many other individuals and agencies extended beyond North and West Northamptonshire and its communities to include collaboration with the NHS locally, regionally and nationally, including regular liaison with the UK Chief Medical Officer, Sir Chris Whitty. (2)

Using the health protection arrangements that had been put into place during the pandemic, the new Public Health Team has had particular responsibilities for testing and tracing for the virus; the implementation of the COVID-19 vaccination programme at the local level with special emphasis on hard-to-reach groups; and advice to the public through communication and engagement by

working closely with colleagues across the council.

Although by the Spring of 2022 it began to seem that the worst of the pandemic had passed, with regard to serious illness, hospital admissions, intensive care pressures and deaths, together with the impact on the social care sector, there were still concerns about the emergence of new, potentially serious strains of the virus; the impact on school attendances; difficulties in reaching adequate levels of vaccination in particular groups and the potential impact of Long COVID in the future.

As the government changed its position to 'Living with COVID-19', it was possible to take stock and conclude that, while the situation locally seemed to be under control, it would be necessary to maintain a robust health protection function for at least a further twelve-month period as an insurance against further waves of infection. It had also become apparent that the former Northamptonshire County Council had failed to invest adequately in this area of public health and that the relevant functions, including environmental health, health emergency planning, trading standards, and intelligence and communications, had been fragmented prior to the pandemic. Bringing this together coherently for the future is seen as an important challenge.

Handling the remaining pandemic issues during the period from 2022 has been but one strand of work for the Public Health Team since it was having to do this whilst navigating the disaggregation of the team into two for the new unitary councils.

The timescale adopted for the safe separation of the teams was given until the end of September 2022, at which point it was necessary to review the strengths and weaknesses of the new smaller North Northamptonshire Public Health Team, to take stock and to begin to rebuild capacity and capability to ensure that there is an effective public health function for the future. A consensus has emerged at both a political and officer level that the vision for this function should be one in which the Public Health Team should not be seen as an isolated group within the council but should provide system leadership for public health in partnership with the council's Corporate Leadership Team and beyond, with full community engagement. An outstanding issue has been that during the recent period of uncertainty it had been difficult to recruit permanent staff members.

This agenda was complicated by the new national requirement to collaborate with the NHS in the establishment of an Integrated Care System (ICS) and partnership for the whole of Northamptonshire, together with a countywide strategy for tackling health inequalities with specific defined outcomes. These imperatives involve the consolidation of existing effective working relationships with strategic county level organisations, including Northamptonshire Fire and Rescue, Northamptonshire Police, the Northamptonshire Children's Trust, together with other existing collaboratives, and the NHS itself, among others. Each of these relationships is important to the work of public health and tackling health inequalities and the integration of services are vital priorities. Nevertheless, the imposition of these new tasks on the back of disaggregation to a coherent unitary council poses a burden in the form of bureaucratic processes.

There is a danger, which must be avoided, of creating not only further layers of administration with their inherent burden of workload but also a risk of creating two parallel public health systems: one addressing the wider determinants of health from a local authority base on the one hand, and a re-medicalised public health system in the NHS on the other. Integration must apply to prevention as well as to treatment and care.

The large number of legacy, often overlapping, commissioning contracts inherited by the Public Health Team in North Northamptonshire Council, together with the pressing end dates of existing contracts, has posed a challenge to maintaining

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safe and effective services especially with regard to the public health aspects of services for those aged 0-19 years. In addition, the future of some services that have been jointly managed across the county area continues to be problematic. There can be a tension between each of the new unitary council's desires for its own functions and the need for critical mass at a county level to deliver quality services effectively.

The third major strand of work during 2022-23 has been the imperative to return to some semblance of 'business as usual' after the pandemic, during which so much of the routine but important work of public health was put on hold. Particular concerns have included the virtual abandonment of the important Health Checks programme since 2020, slippage in screening programmes and the adverse impact of subversive, 'anti-science' opposition to the COVID-19 vaccination programme. These have also had a significant adverse impact on childhood and other systematic vaccination programmes.

All in all, as we face the future in 2023, it is apparent that 'business as usual' will not be 'business as usual'. The convergence of three major factors: the rapid ageing of the population with the multiple medical conditions that come with a long life; technological advances bringing welcome but expensive therapeutic possibilities coupled with increased public expectations; and poor economic prospects for the foreseeable future means that we will have to do different things, do things differently, and embrace a major shift of emphasis to public health measures, prevention, self and primary health care. There is good reason to believe that North Northamptonshire is well placed to make this transformation.

Despite the unprecedented challenges that we have faced in recent times, the last twelve months has seen progress and real achievements while laying the foundations for a successful future. During this time the Public Health Team has been stabilised and morale restored; a shared sense of purpose has been developed and strong working relationships established across the council and with Corporate Leadership Team colleagues, not least with the Executive Member for Adults, Health and Wellbeing, Cllr Helen Harrison. Champions for public health are now beginning to appear in many quarters and significant achievements and green shoots can also be recorded. These include:

**Community Engagement:**

The Public Health Team has been supporting the development of the Local Area Partnerships (LAPs), part of the Integrated Care Strategy (ICS) place-based agenda.

A consistent theme within the community has been supporting the vulnerable and those who are sometimes left behind. Data analysis has been used to identify gaps and create pathways to provision by targeting previously overlooked or hard to reach residents, supporting them through the Household Support Fund (HSF).

The administration of HSF for North Northamptonshire Council has enabled many vulnerable residents to be supported during the cost of living crisis.

Partnership with the Voluntary Charitable and Social Enterprise sector (VCSE) has been vital in getting funding for heating and/or food shortages out to our most vulnerable residents, as well as practical support (e.g. providing household goods).

**Health Protection and Wider Health Protection:**

While health protection has had less of a focus on COVID-19 as in previous years, support has still been available in the form of advice and guidance during outbreak situations, particularly focused on settings with more vulnerable residents. This management and support also extended to other infectious diseases as most of our population mixed freely with each other.

There has been continued support for the COVID-19 vaccination programme for the two booster programmes in Spring and Autumn during the past year. Flu vaccinations were also a focus during the Autumn and Winter ensuring as many eligible as possible had theirs.

Support and advice has also been provided during times of extreme weather that we have experienced in the past year.

**Smoking Cessation:**

Since the service disaggregated on 1 October, the North team has set 759 quit dates and achieved a 61% success rate. The team has also provided Brief Intervention training, which teaches organisations how to discuss the topic of smoking cessation, to a variety of partners that operate in North Northamptonshire including: Orbit Housing, Milk&You Breastfeeding Peer Support and the local Health Visitor team. In addition to this, the service is proactively tackling inequalities through its regular outreach work with the Bridge Substance Misuse Programme.

**Children and Young People:**

The theme for the Children and Young People's team this year has been working collaboratively. Partners included the Northamptonshire Children's Trust, Children's Services, NHS Integrated Care Board (ICB) and NHS England. We enhanced the youth counselling provision by opening these up to primary school aged children.

Safeguarding children and young people is essential. The Safer Sleep campaign was updated and shared by partners during December to promote safe sleeping practices with the aim of preventing avoidable child deaths.

The Healthy Schools Team has strengthened its delivery and engagement with schools and school aged children not in school, including carrying out a health education survey with primary and secondary school age students.

The Healthy Schools Team have been active partners in the review and development of the mental health digital offer for young people, through the Talk Out Loud programme. This year they have implemented their local Healthy Schools Award programme, which has been tailored to improve the health and wellbeing of school communities.

**Sexual Health:**

This has been a busy year in the Sexual Health Team. The team has worked collaboratively with the NHS and the providers to further develop and increase access to residents through digital appointments, locker collection for online Sexual Transmitted Infection (STI) testing, the introduction of opportunistic cervical screening and the offer of pre exposure prophylaxis (PrEP).

Sexual health improvement action by the team:

- Extended the integrated sexual health service for a further two years.
- Set-up a sexual health network bringing together all the relevant stakeholders working to an agreed programme.

**Health Improvement:**

The primary aim of the Health Improvement Team is to address health inequalities and improve the health and wellbeing of the local population to live healthier for longer.

To achieve this, the team worked collaboratively with the Integrated Care Partnership (ICP), Local Area Partnerships and communities to develop an asset-based approach to community development that is focused on creating the best possible environment for positive health and wellbeing.

Notable highlights of the last year include the launch of a grants programme to fund VCSE organisations to deliver weight management programmes that target key groups. These included people living with mental ill health and learning disabilities as well as low income groups.

North Northamptonshire Council has ambitions of being a leading local authority in effective community development and collaboration. Last year saw the launch of the Well Northants programme with community development workers engaging with communities in Corby, Kettering and Wellingborough to better understand what makes a healthier community and to co-produce actions together. This has led to the funding of community developed initiatives that will improve local health.

Making best use of our local neighbourhoods is important. The team funded Active Parks, an initiative to increase health and wellbeing options available to the community in their local area.

**Adult Learning:**

The Adult Learning Service aims to ensure that every adult should have the opportunity to gain the skills they need to progress in the world of work, support their children to have the best start in life and improve their own confidence and wellbeing. The Adult Learning Service operates across a number of different streams, mainly funded by the Education and Skills Funding Agency, which cover Adult Community Learning, Adult Skills and 16-19 education opportunities. Within the academic year 2021/22 the total learners reached across all provisions was 3,598 equating to individual enrolments of 6,559.

**Substance Misuse:**

There has been significant work done on drug and alcohol abuse over the past year in response to the new national Drug and Alcohol strategy. The Public Health Team has:

- Completed a drug and alcohol needs assessment and identified a new set of strategic priorities.
- Worked with West Northamptonshire Council to set up a Northamptonshire Combating Drugs Partnership which involves a wide range of partners from across the system.
- Successfully submitted funding applications to the Office for Health Improvement and Disparities for two drug and alcohol grants, generating over £2.5m of investment in North Northamptonshire between 2022/23 and 2024/25.

**Suicide Prevention:**

A refreshed all-age county-wide Suicide Prevention Strategy and Action Plan was launched in September 2022. This strategy and action plan is being delivered with the aim to reduce suicide and self-harm in Northamptonshire.

Many areas of work have begun and will be reported on in the annual review of the strategy in September 2023. This includes the recent launch of a support package for all educational establishments in Northamptonshire in the event of a suspected death by suicide in a school community. This package will help to support the school community in effective postvention and prevention in the short and longer term.

**Workplace Health:**

The Workplace Health Team launched The Road to Wellbeing in March 2022 in partnership with Northamptonshire Sport. This helps businesses to understand why workplace wellbeing is important and supports them to make improvements to their approach or initiatives.

The team worked with, and through, the University of Northampton Business Hub to engage and work with businesses on workplace wellbeing while raising awareness of wider public health work.

They also revived the delivery of health MOTs that had been slowed down by COVID-19 including sessions for Travis Perkins and Waitrose.

**Population Healthcare:**

The Public Health Team works closely with the Integrated Care Board to maximise the opportunities the NHS to prevent ill health and reduce inequalities. The team has been working with the ICB on several areas. This includes targeting NHS health inequalities funding of programmes to identify people with undiagnosed hypertension in high-risk groups and addressing the priorities identified within Local Area Partnerships. This year we have developed a joint work plan to continue strengthening our collaborative approach to areas including health protection and joint improving our use of intelligence.

**Public Health Research and Intelligence:**

The Public Health Intelligence Team is working to modernise our way of working to support not only the wider Public Health directorate, but also partner organisations. Using current and emerging technologies, we look for new ways to collect, analyse and present data, and to ensure it reaches the widest audience, as well as delivering the biggest impact.

**Communications:**

We have definitely benefitted from warm relationships with local and regional media fostered in the earlier parts of the pandemic.

Since we have moved to the 'Living with COVID-19' stage the focus has shifted to respiratory infections and handwashing due to public fatigue with COVID-19 messaging.

The media, particularly radio, has continued to engage with us for health messaging for our residents.

Social media remains an important, and free, way of reaching our local population: health messaging put out during the Summer was especially welcomed. Social media posts put out in this time were shared widely, with one reaching an incredible 108,870 people on Facebook.

The scope of work to protect and improve the health of the people we serve is broad and goes well beyond the narrow range of personal health and social care services. In particular, the location of the public health function within North Northamptonshire Council provides the opportunity to move upstream towards action on the determinants of health and the maintenance of a full life by working at a place level, mobilising community assets with the support of statutory agencies, and working with colleagues to support the reorientation of the NHS towards a health service rooted in public health principles and grounded in population based primary health care. The social goal is for all to 'die young as old as possible' while reducing the prevalence of long-term conditions and maintaining independent living.

It has been an immense privilege to act as the Interim Director of Public Health for North Northamptonshire for the past year and to work with such dedicated and committed colleagues. I am very proud of the members of the Public Health Team and their collaborators who have given so much of themselves, not only in 2022/23 but throughout the pandemic. I would like to thank them for the support they have given to a peripatetic, serially retired practitioner whose motivation every morning in common with colleagues has been to make a difference. (3)

**Acknowledgements**

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And a very special thank you to our wider Public Health Team who are helping to build a strong and resilient Public Health Team for North Northamptonshire, working alongside all our partners to ensure that we join forces to protect and improve the health and wellbeing of our residents.

Lastly, and very importantly, thank you to Cllr Helen Harrison in her role as the Portfolio Holder for Public Health. She is a strong advocate of the service and supports the vision of North Northamptonshire Council as a public health organisation, which can only be to the benefit of local residents, particularly those facing inequality.

## Professor John R Ashton C.B.E.

# Introduction: Public Health Comes Home

The creation of the new unitary council for North Northamptonshire two years ago is a landmark on a journey that began 175 years ago in British towns and cities. This journey had its roots in the face of radical changes in agriculture, industrialisation, the mass movement of people from the countryside to the towns and cities, and the appearance of a series of pandemics of cholera spreading from Asia in 1836,1849,1854 and 1866 that decimated populations, not least in the urban slums. Until that time, the role of local councils was a limited one, extending mostly to guaranteeing the security of residents and facilitating trade through the issuing of market licences and engagement with the business community. The organised response of people to the threat of cholera at the local level, focused on local councils, was to lead to the extensive range of responsibilities that we associate with modern local government today.

The threat posed by the pandemics galvanised local action, not least through the development of a broad-based public health movement, a partnership of local politicians, businessmen (sic), the churches, and the local press, together with enlightened medical practitioners who were interested in preventing disease. In the vanguard of this movement was the Health of Towns Association, which sprang up following the publication of Edwin Chadwick's Report on 'The Sanitary Conditions of the Labouring Classes', in 1842, and which drew attention to the high death rates in the nation's slums. Until that time, it had been assumed that because the urban economy was booming, as a result of industrialisation, life was better for everybody in the towns compared with the countryside.

The Health of Towns Association was formed at an inaugural meeting at Exeter Hall on the Strand in London, on 11 December 1844, described as being "an avowedly propagandist organisation, of capital importance." (1)

The Association was formed with the purpose of sharing information gained from recent enquiries into the terrible living conditions of much of the population and campaigning for legal changes that would empower local government to take action on the causes. Following that first meeting, local branches were rapidly formed around the country; the nearest to Northamptonshire was in Rugby. Prominent among the activists campaigning for sanitary reform was the business community including the Society for the Promotion of Trade that was fearful of the impact of epidemic disease on the willingness of businesses to invest in local areas.

This early example of an evidence-based campaign to address the root causes of avoidable death, that fell disproportionately on the poor, was the beginning of a tradition that has extended down the years via the Quaker Rowntree family reports on poverty, to the Marmot reports on Inequality in Health today. (1) In the case of the work of the Health of Towns Association, its emphasis on disseminating facts and figures drawn from official reports; organising public lectures on the subject; reporting on the sanitary problems of their district; providing instruction on the principles of ventilation, drainage, and civic and domestic cleanliness whilst campaigning for parliamentary action to give powers of intervention to local authorities, led to the passing of the first Public Health Act in 1848.

This Act built on the innovative action of Liverpool in passing its own parliamentary 'Sanatory (sic) Act' in 1846 which enabled the town to appoint the country's first full time Medical Officer of Health. The 1848 enabling Act extended this power to the many other towns and cities that followed suit over the next 20 or so years, until this became a requirement in the later Public Health Act of 1875. (4) These reports represent not only a snapshot of population health in a moment in time, and a reference point for action, but also are documents of record for the future, of value to policy makers, practitioners and the public, that enable us to learn from the past, to see how far we have come, and, hopefully, avoid repeating previous mistakes.

## Kettering MOH Report 1918

An influenza epidemic in 1918 provides another sense of the familiar. Medical Officer for Health in Kettering, Leslie W Dryland, reported a "small, but severe, epidemic arose in June" followed by a "very serious one in late Autumn, which taxed the profession almost to breaking point". Dryland estimated approximately one third of the Kettering population was affected with 38 deaths, indicating a low case-mortality rate. The second wave of 1918 was thought to entail a certain level of immunity and it was rare for individuals to experience cases in both. However, a chief new symptom of the second wave was a larger number of children who were affected, forcing school closures across the district in an echo of recent times. For a marker of how far we have come, Dryland's advice from 1918, that the cases who went to bed as soon as symptoms developed "fared best" may ring true, but readers will be glad to know that significant progress has been made in public health advice since!

## Wellingborough MOH Report 1894

These themes can be seen throughout the reports of North Northamptonshire's medical officers from over 100 years ago. In 1894, Wellingborough's Rural District Council heard the Annual Medical Report of Dr. FH Morris who sought to draw attention to the inefficient water supply throughout the district and the exposure of its shallow wells to pollution. To prevent exposure of its residents, Morris prescribed "peat moss" for the district's pail system and a more regular cycle of emptying. Morris' role was concerned with the "sanitary condition" of the rural district, and other aspects of his report highlighted cases of homes "found to be too filthy for human occupation", overcrowding, the seizure of "unsound meat", and ventilation of workshops and factories of the district's boot and shoe industry.

This is a reminder that Public Health still has a vital role to play today in preventative partnership working across our council, underpinning, and informing, the work of Housing, Social Care, Environmental Health, Regulatory Standards and beyond.

The work of the early pioneers of public health from the 1840s onwards was organised around the principle that came to be known as 'The Sanitary Idea' and focused on the separation of human, animal, and vegetable waste from food and water. Twenty years before the discovery of the germ theory of disease by Louis Pasteur in Paris, this led to concerted action on sanitation, cleanliness, scavenging, street paving, safe municipal water supplies, street washing and slum improvement. Over time, with the increased credibility of local government resulting from its effective action in tackling epidemic disease through these measures, other programmes of work became possible, including the creation of municipal parks as lungs of towns and cities giving access to fresh air and exercise for industrial workers on their day of rest; municipal bath and washhouses; early examples of municipal housing; and other infrastructure initiatives such as gasworks and hygienic slaughterhouses.

The advent of safe household water supplies and mains sewerage systems together with the mass manufacture of soap by Lever Brothers on Merseyside, together with the new insights into the germ causation of infectious disease, paved the way for a shift from the sanitary focus of the early years to one on hygiene from the 1870s onwards. At the same time, personal health and social services such as health visitors, social workers, and community nurses began to emerge from their environmental roots in household inspection, based yet again in local government. Examples of specific initiatives included the health visitor movement that began in Salford in 1862; the first Society for the Prevention of Cruelty to Children, in Liverpool in 1883; and the first depot to provide milk to nursing mothers, in St Helens, in 1899. Innovation and rollout by local councils came thick and fast.

- Despite this, an event of particular importance in the evolution of British public health came as a result of the Boer war from 1899 to 1902 when 40% of men who had volunteered for military service were deemed to be unfit to serve and concerns were expressed about how the nation would deal with the increasing military threat posed by Germany. An interdepartmental government enquiry into the "physical deterioration" of the nation led to a comprehensive programme of action; A continuing anthropometric survey:
- Registration of stillbirths
- Studies of infant mortality
- Centres for maternal instruction
- Day nurseries
- Registration and supervision of working pregnant women
- Free school meals and medical inspection of children
- Physical training for children, training in hygiene and mother craft
- Prohibition of tobacco sales to children
- Education on the evils of drink
- Medicals on entry to work
- Studies of the prevalence and effects of syphilis
- Extension of the Health Visiting Service.

At the time, there were arguments over community versus family responsibilities for health and wellbeing, an echo of the contemporary debates about the so-called 'nanny state', but the interests of the nation prevailed and, with them, the establishment of the School Meal and School Health Services. Over 100 years on the range of local government initiatives looks impressive and comprehensive. Sadly, it was not to endure in the face of scientific medical advances and the increasing domination of hospital medicine as the therapeutic era based on pharmaceutical and other technical interventions took centre stage.

The widely accepted definition of public health as first coined by Charles Winslow, Dean of Public Health at Yale School of Public Health, in 1920, is that "Public Health is the science and art of preventing disease, prolonging life and promoting physical health and efficiency through

organised community efforts for the sanitation of the environment, the education of the individual in principles of personal hygiene, the organisation of medical and nursing service for the early diagnosis and treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health". (5)

This comprehensive approach attracted widespread support after World War 1, building on the Boer War report but being extended to include Prime Minister Lloyd George's major programme of 'Homes Fit for Heroes'. When the Poor Law was abolished in 1929 and its responsibilities, including for the relief of poverty and for the workhouse hospitals, passed to local government, the era of local government public health reached a peak. At this point, the Medical Officer of Health was responsible for the traditional environmental services of water supply, sewage disposal, food control and hygiene; for the public health aspects of housing; for the control and prevention of infectious disease; for the maternity and child welfare clicks, health visitors, community nurses and midwives. He (sic), was also responsible for the tuberculosis (TB) dispensary and venereal disease (VD) clinic. Under his other hat he was in charge of school health, to which was added the responsibility for the administration of the local hospital. (6) Some of the larger public health teams consisted of thousands of staff. What could possibly go wrong?

What happened next was in fact the advent of the new, therapeutic era, in public health with major scientific advances beginning with the discovery of insulin and the early antibiotics. Until this time, medical interventions made precious little difference to life expectancy and chronic ill health. Rather, the major improvements that had taken place and had led to dramatic falls in mortality from childhood and water and food-borne infections had come about as a result of improved living and working conditions; safe water and sanitation; increased agricultural productivity that had made cheap food abundantly available for the poor; the adoption of birth control leading to smaller families competing for scarce family resources and the beginnings of vaccination for a range of infections. These included the later BCG vaccination together with medication to control tuberculosis, one of the "captains of the men of death", along with epidemic pneumonia.

The coming of the NHS in 1948 marked a dramatic change in emphasis with a widespread belief that public health had completed its historic task. It came to be believed that the future would be largely based around hospital medicine with a pill for every ill and extended possibilities for surgery posed by antibiotics preventing wound infections. This also marked the point at which medical careers in general practice sharply divided and both public health and general practice went into a sharp decline.

By the time of the major local government reorganisation in 1974, the public health workforce was demoralised and struggling to recruit. Other professional groups such as social work,

environmental health, and community nursing, were vying for their own professional space, away from the hierarchical leadership by the Medical Officer of Health, and the role was abandoned and reinvented as an administrative one in the NHS, that of Community Physician, one that was to be short lived.

If Humpty Dumpty fell off the wall in 1974, it was not long before it became clear that a major mistake had been made. The void created by the movement out of local government was brought to sharp attention in 1986 by a salmonella outbreak at the Stanley Royd psychogeriatric hospital in Wakefield, with 19 deaths, and an outbreak of Legionnaires' disease at Stafford Hospital with 22 deaths. The creation of new joint posts in the control of communicable disease between the NHS and local government marked the beginning of the slow transfer back of public health to its proper home in local government. It was to take 27 years, until 2013, before this was implemented in full.

In the meantime, beginning in the 1970s there had been an increasing recognition internationally that countries may be on the wrong path with their infatuation with hospitals at the expense of public health and primary care, and that a rebalancing was necessary. The publication of the Alma Ata Declaration by the World Health Organisation in 1978 had called for a reorientation of health systems towards primary health care grounded in a public health framework which emphasised public participation and extensive partnership working, taking this thinking further with a focus on the need for cross-cutting policies that promote and improve health.

At the heart of these initiatives was the implication that our approach to health had been distorted not only on the undue emphasis on the role of hospitals in improving health but also the over-professionalisation of everyday maladies and the management of long-term conditions. This extended to the neglect of support for the overwhelming contributions of lay and self-care by individuals, family, friends and communities.

In addition, the limitations of the original 'sanitary idea' that drove public health in the nineteenth century have become apparent. Dumping sewage and chemical waste into the rivers and building tall chimneys to move air pollution beyond the city limits may solve problems in the short term but over time have led to our soiling our own planetary nest and contributed to global warming.

The New Public Health that has emerged during the past thirty years puts emphasis on the ecological nature of the challenge and stresses the need for us to live in a sustainable way in the habitats that nurture and protect us. This thinking has led to the reconnection of public health to town planning to which it was akin to a Siamese twin in previous times. Four principles of ecological town planning have been identified:

1. Minimum intrusion into the natural state with new developments and restructuring reflecting and respecting the topographic, hydrographic, vegetal, and climatic environment in which it occurs, rather than imposing itself mechanically on locations.
2. Maximum variety in the physical, social and economic structure and land use, through which comes resilience.
3. As closed a system as possible based on renewable energy, recycling and the ecological management of green space.
4. An optimal balance between population and resources to reflect the fragile nature of natural systems and the environments that support them. Balance is required at both administrative district and neighbourhood levels to provide high quality and supportive physical environments as well as economic and cultural opportunities. (1)

This understanding has informed the development and adoption of the United Nations' Sustainable Development Goals to be attained by the year 2030 and to which the British government is a signatory. Although government endorsement is necessary for progress to be made with these ambitions, it is not sufficient, and it is likely that the concerted action of local authorities globally will be essential. (1)

# Table 1
# The United Nations Sustainable Development Goals

1. No poverty
2. Zero hunger
3. Good health and wellbeing
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure
10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Life below water
14. Life on land
15. Peace, justice, and strong institutions
16. Partnerships to achieve the goals.

The lack of sustainability of the current path being followed in health and public health with regard to rapidly increasing demand in an ageing population was recognised in the UK in 2002. At that time, the then Chancellor of the Exchequer, Gordon Brown, invited banker, Derek Wanless, to review the case for bringing NHS funding up to the level of comparable European countries. In supporting the case for increased funds, Wanless and his team examined three scenarios based on: the status quo; the implementation of evidence based best practice universally across the present system; and the complete transformation of the NHS into one grounded in public health and full public engagement.

Only under the last scenario could he justify increased funding; with both scenarios one and two the NHS was predicted to fall over either in 20 years or more slowly. Sadly, the significant increase in funds subsequently made available those 20 years ago was appropriated into a new hospital building programme together with large pay increases for NHS staff without the transformation envisaged. Now in 2023, a combination of these flawed decisions with the aftermath of the pandemic have brought the situation to a head. Time is short and the need for real change urgent. However, the experience of the COVID-19 pandemic has resonances with the cholera pandemics of the nineteenth century in that we have an opportunity to learn from that experience and build on the responses that were made.

The Health and Social Care Act of 2012 resulted in the transfer of public health from the NHS back to local authorities. (7) In the case of Northamptonshire that initially meant that the public health function was based at the county level in a two-tier structure of a county and districts with different responsibilities. The creation of two unitary councils in 2021 is a major step in the direction of bringing coherence to the complex task of improving public health locally. The work of North Northamptonshire Council since coming into existence, with its focus on Place, Local Area Partnerships, and a whole system approach to public health and integrated care puts us in a good place to give it our best shot.

# The Organised Efforts of Society for Public Health in North Northamptonshire

In October 2022, the former Northamptonshire County Council Public Health Team was disaggregated into one each for North and West Northamptonshire.

As interim Director of Public Health for North Northamptonshire, it has been my responsibility to work with colleagues to create a common understanding of the public health challenges that face the new organisation, establish our priorities and develop a strategic plan for the years ahead. This report presents the output of the work to date in laying the foundations for an imaginative, resilient and effective public health effort for local people.

The report has been informed by that timeless basis of effective public health action: sound intelligence on the health of the population together with the evidence for what makes a difference in policies, programmes and other interventions.

In recent years the World Health Organisation has advocated a comprehensive set of 10 functions seen to be necessary to deliver a robust public health response:

1. Surveillance of population health and wellbeing (intelligence)
2. Monitoring and response to health hazards and emergencies (health emergency planning)
3. Health protection, including environmental, occupational, food safety and other threats
4. Health promotion including action to address social determinants of health and health equity
5. Disease prevention including the early detection of illness
6. Assuring governance for health and wellbeing
7. Assuring a sufficient and competent public health workforce
8. Assuring sustainable organisational structures and finance
9. Advocacy, communication, and social mobilisation
10. Advancing public health research to inform effective intervention.

Under the Health and Social Care Act of 2012, the Director of Public Health (DPH) is accountable for the delivery of their authority's public health duties and is an independent advocate for the health of the population, providing leadership for its improvement and protection.

The Director of Public Health is a statutory officer of their authority and the principal adviser on all health matters to elected members and officers, with a leadership role spanning the three domains of public health; health improvement, health protection, and population healthcare and, therefore, holders of politically restricted posts by section 2 (6) of the Local Government and Housing Act 1989, inserted by schedule 5 of the 2012 Act.

The statutory functions of the DPH include a number of specific responsibilities and duties arising directly from Acts of Parliament - mainly the

NHS Act 2006 and the Health and Care Act 2012 - and related regulations. Some of these duties are closely defined but most allow for local discretion in how they are delivered.

The most fundamental health protection duties of a DPH are set out in law and are described below. How these statutory functions translate into everyday practice depends on a range of factors that are shaped by local needs and priorities from area to area and over time.

Section 73A (1) of the 2006, inserted by section 30 of the 2012 Act gives the DPH responsibility for:

- All of their local authority's duties to take steps to improve the health of the people of their area.
- Any of the Secretary of State's public health and health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations; these include services mandated under regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act.

Health protection mandated functions include:

- DsPH exercising their local authority's functions in risk assessing, planning for, and responding to, emergencies that present a threat to their area's public health.
- Preventing and controlling incidents and infectious disease outbreaks to protect their population.
- Carrying out public health aspects of the promotion of community safety.
- Taking local initiatives that reduce the public health impact of environmental and communicable disease risk.

The Director of Public Health has an overarching duty to ensure that the health protection system works effectively to the benefit of its local population.

At the moment some aspects of the core functions and responsibilities of the Director of Public Health in North Northamptonshire including Environmental Health, Health Emergency Planning, Trading Standards, and aspects of Community Safety (Violence Prevention), are not sitting within the remit of the Office of the DPH. It is intended that stronger functional links will be developed with these areas of work in the coming year. Responsibility for Community and Leisure Services are currently being migrated into the Public Health Team.

In many local authority areas, the Director of Public Health has, since 2013, been line-managed by the Director of Adult Social Care, a situation which has also been the case in Northamptonshire. This will no longer be the case in North Northamptonshire for the future and the DPH will account directly to the Chief Executive. This reflects the recognition of the pan-corporate role and the important responsibility for providing whole system leadership for public health both within and beyond the local authority. This includes commitments both in relation to North Northamptonshire Council's Corporate Plan and the 10-year strategy for implementing integrated care in Northamptonshire.

From time-to-time other responsibilities are placed upon the public health function within the local authority, including those directed in relation to the deployment of the centrally provided public health grant. At the moment, one such responsibility is that of collaborating with the NHS England and NHS Improvement approach to support the reduction of health inequalities. Core 20 Plus 5 identifies the most deprived 20% of the population as the focus for action together with five clinical priority areas:

1. Maternity
2. Severe Mental Illness
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case finding.

# Where are we now?

**'Statistics are patients with the tears wiped off'**

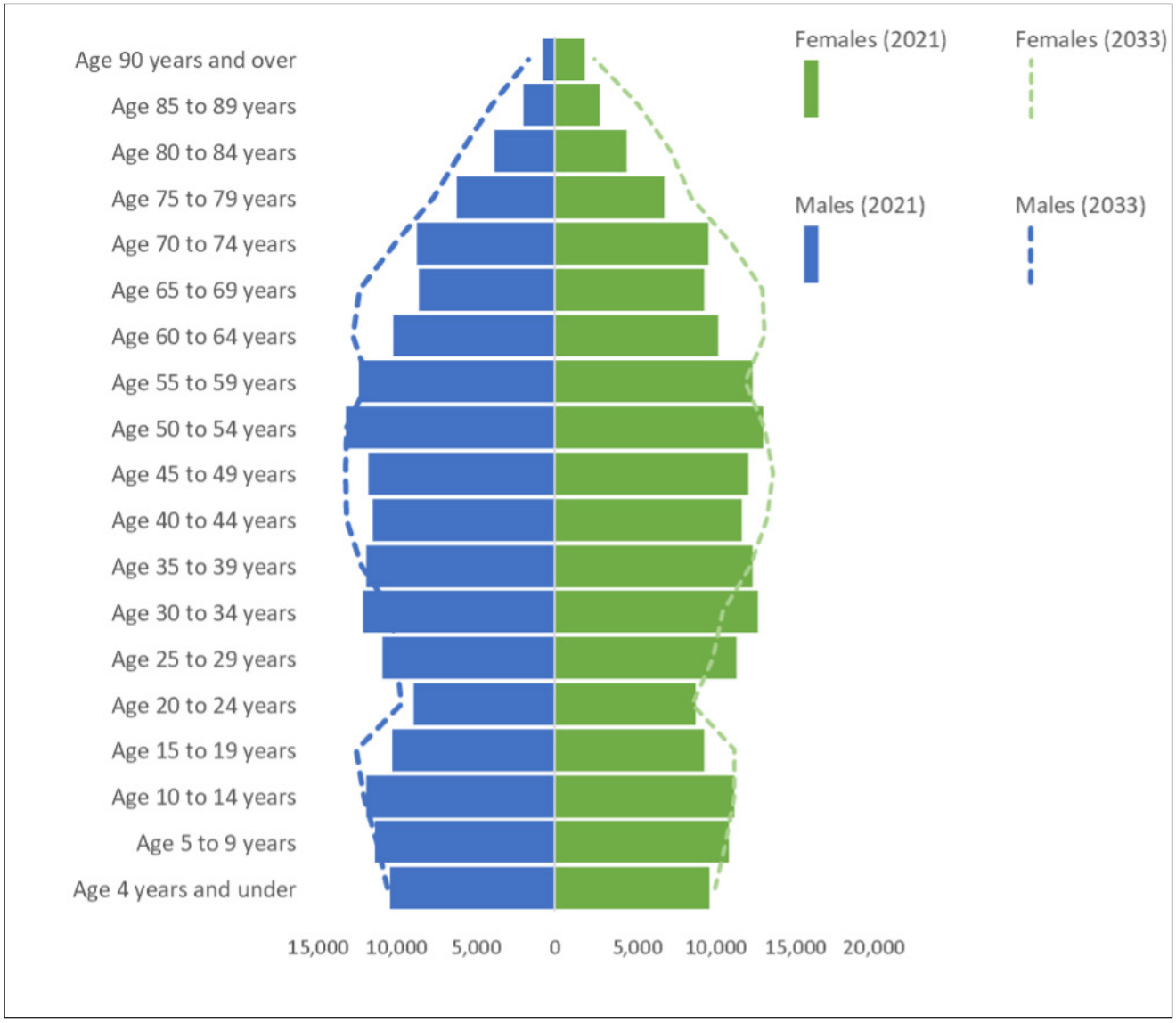


*Figure 1: 2021 Mid-year population estimates and 2033 projected population in North Northamptonshire, by age group*

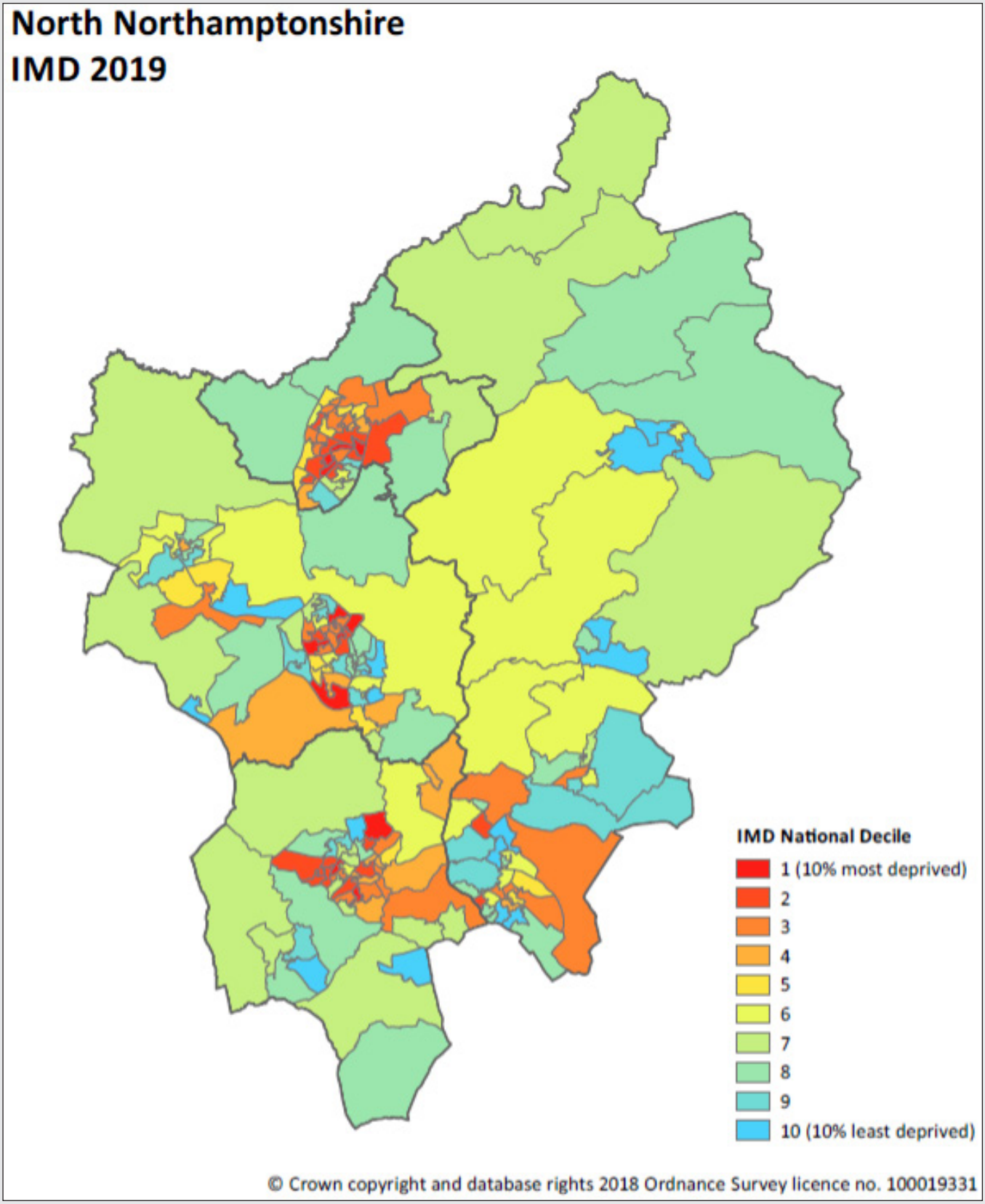


*Figure 2: Overall deprivation in North Northamptonshire*

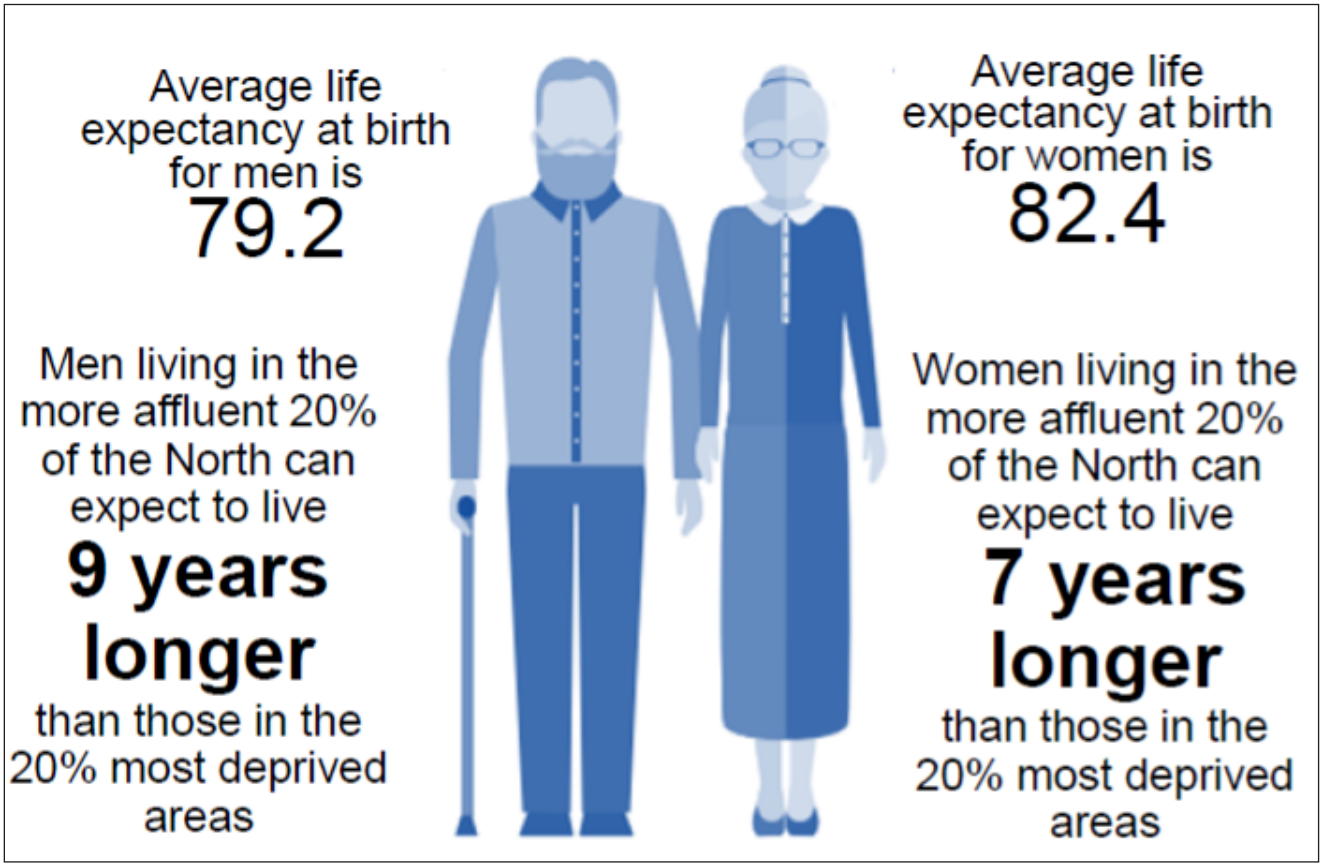


*Figure 3: Average life expectancy at birth, by gender, in North Northamptonshire*

## Where are we now? The population of North Northamptonshire

- Based on the 2021 Census, the population size of North Northamptonshire has increased by 13.5% from 316,000 in 2011 to 359,000 in 2021. This is higher than the 6.6% increase in England over the same period.
- There has been a 10.9% increase in children and young people aged under 15 compared with a 5.0% increase in England over the same period; a 10.3% increase in adults aged 15-64 compared with a 3.6% increase; and a 30.4% increase in people aged 65 years and over compared with a 20.1% increase in England. There are now 85,659 people aged 0-19 and 65,361 people aged 65 and over. Among those aged 65 and over, 28,952 were aged 75 and over and 7,625 were aged 85 and over. By 2033, the number of people aged 85 and over is projected to increase to around 13,500.
- The number of households has increased by 12.3% from 132,600 in 2011 to 148,900 in 2021, an increase of 16,300 households. This compares to an increase of 6.2% in England.
- In 2021 27.3% (40,715) of households were one person households; this compares with 30.1% in England. Of those with more than one person 66.5% were single family households compared with 63.0% in England. The remainder (6.2%) were a variety of household types including multiple person households (6.9% in England).
- 90.3% of people in North Northamptonshire were classified as white in the 2021 census compared with 81.0% in England. (8.9% Asian, Black, or Mixed Minority ethnic group compared with 16.8% in England). The proportion of Asian, Black, or Mixed Minority ethnic groups has increased by 2.6% since 2011 (3.2% in England).
- 90.5% of people in North Northamptonshire specified English as their main language in 2021 (90.8% England); 1.8% (6,163 people) could not speak English or speak English well (1.9% England).
- 90.5% of people aged 16 and over in the 2021 Census identified themselves as heterosexual (89.4% England), 2.5% as non-heterosexual (3.2% England).
- 17.3% of people in 2021 were classified as disabled under the Equality Act, which is 62,313 people. This compares with 54,407 in 2011.
- 34.0% of households in 2021 were classified as deprived on one dimension of deprivation (education, employment, health, or housing), compared with 33.5% in England; 13.7% were deprived on two dimensions (14.2% England); 3.3% were deprived on three dimensions (3.7% England); and 0.2% were deprived on all four dimensions, the same as England.
- In total, 25,522 households (17.1%) were experiencing multiple deprivation (deprived on two or more dimensions), similar to the England average of 18.1%.
- The most deprived areas of North Northamptonshire were located around the three main urban centres of Corby, Kettering and Wellingborough, as well as in areas around Desborough, Rothwell, Pytchley, and Burton Latimer in the west, and Finedon, Irthlingborough, and Caldecott in the east.
- Life expectancy for males in 2018-20 was 79.2 years, which is comparable to England at 79.3 years, and for females it was 82.4 years, which is lower than England at 83.1 years. Male life expectancy in the most deprived areas was 9 years lower than in the least deprived areas (England 9.7); female life expectancy differed by 7.4 years compared with 7.9 years in England.

This pen picture gives a sense of the challenge facing us if we are to reduce the profound inequalities in health that face us and require us to address both risk factors and risk conditions to support healthy, long lives.

# The Public Health Vision for North Northamptonshire

The North Northamptonshire corporate vision is of **'A place where everyone has the best opportunities and quality of life'**. Sitting behind this, action through the organised efforts of the council and the local population supported by the expertise of the Public Health Team is essential if the ambitions are to be achieved. Health itself is a resource for everyday life and the foundations for personal and community achievement and progress; good population health is also a prerequisite for a dynamic and successful economy. The Public Health Team contribution is to help make this vision a reality.

**The commitment of the Public Health Team in North Northamptonshire is:**

- To develop and support population level interventions to protect and improve health that are based on high quality intelligence and evidence to inform best practice.
- To take a Place and Asset-based approach to working with local communities and develop a Community Orientated Health and Social Care System building on existing strengths to create a sustainable future.
- To maintain a relentless focus on reducing health inequalities.
- To work in partnership with all those who value the health and wellbeing of the people of North Northamptonshire.
- To commission and deliver evidence based, high quality, value for money, public health services.

**The Strategic Context: Contributing to the North Northamptonshire Council Strategic Plan**

The Public Health Team programme of work contributes to each of the key objectives of the North Northamptonshire Council's Corporate Plan and supports the ten ambitions of Integrated Care in Northamptonshire:

**Active Fulfilled Lives:**

- Provide system leadership to support and protect children and young people and reduce inequalities.
- Provide a coordinated approach to changing adverse lifestyles and reducing addictive behaviours.
- Supporting and funding a range of programmes and projects in leisure services to deliver increased levels of physical activity and wellbeing - 'More People, More active, More Often'.
- Continuing to develop and implement the Suicide Prevention Strategy.

**Better, Brighter Futures:**

- A healthy start to life through a focus on planned parenthood; the first 1,000 days of life; parenting support; the avoidance of Early Childhood Events (ACES); school readiness; prevention of school exclusion; preparation for the world of work and adult life.
- Supporting healthy, safe and sustainable places and settings for everyday life: home, school, neighbourhood, the natural and built environment, access to leisure and cultural activities.
- Developing and implementing a partnership model for the prevention of violence using the World Health Organisation Public Health Framework for Violence Prevention.
- Working with Anchor Institutions to influence and shape the conditions that protect and improve life chances and address the challenge of global warming through concerted local action.

**Safe and Thriving Places:**

- Implementing a comprehensive approach to health protection and wider health protection by anticipating, planning for and responding to external threats to health, whether through infectious disease, disasters and other environmental emergencies, road traffic and other transporting incidents or human behaviour including individual and organised violence.
- Collaborative working on spatial planning, the natural and built environment, workplaces and the other settings for everyday life.
- Working closely and supportively with the NHS and Social Care agencies to provide an evidence-based population-based perspective on the delivery of effective and efficient services to the whole population and tackle inequalities.
- Commissioning high quality sexual health, drug and alcohol, screening, and other public health services.

**Green, Sustainable Environment:**

- Aligning agendas that jointly address health, environment, sustainability and social equity agendas and the climate emergency.

**Connected Communities:**

- Working at the neighbourhood, community and Local Area Partnership level to mobilise and connect community assets for health and wellbeing, with voluntary organisations and the statutory sector.
- Developing trust, open dialogue and good communication with citizens and communities.
- Contributing to the Place development agenda, identifying priorities and supporting the implementation of solutions through Local Area Partnerships (LAPs).
- Delivering the Well Northants programme through the work of Public Health Community Development Workers.

**Modern Public Services:**

- Investing in our and other council staff, and in community members, partner groups, associations and agencies to build capacity and capability for public health improvement and protection.
- Embracing diversity and sustainability in our workforce and services.
- Supporting decision-making that is evidence-based and assesses economic impact.
- Commissioning services to reflect social value.

**The Way Ahead**

Our strategic intentions as set out in this year's Public Health Report are the basis for our delivery plans and work with other council directorates and external bodies over the next three years. It is not possible for them to be set in stone as they will need to change and evolve in response the threats to health and the changing health needs of the population, changes in national policy and local priorities.

# Health Protection

At a local level the work of Health Protection aims to anticipate, prevent, respond to, and mitigate risks and threats to health arising from communicable diseases and exposure to environmental hazards including chemicals and radiation. However, the broader health protection extends to a wide range of additional external threats including those from commercial activities, whether legal or otherwise, and behaviours that involve aggression. Everybody has a right to be protected from both infectious and non-infectious environmental hazards to health and it has long been a primary duty of government at different levels to safeguard the public in this respect.

The effective delivery of local health protection requires close partnership working between North and West Northamptonshire councils, the UK Health Security Agency (UKHSA), together with other local, regional, and national agencies and bodies, including the NHS. Over the past three years the national and local health protection response has been in the spotlight throughout the COVID-19 pandemic. During this period, we have built up expertise, developed relationships and established systems to ensure an effective response to COVID-19 and other health protection threats. Building trust with our communities has been essential to providing an effective response.

COVID-19 is still circulating in the community, albeit in a more controlled manner, and the resurgence of other viral and respiratory illnesses, including influenza, is putting pressure on health and healthcare systems. Other risks and hazards are currently present and the circulation of Avian flu among the national poultry flock and wild birds is a warning of what could be possible should another novel virus migrate from livestock and become responsible for person-to-person spread. Additionally, the climate emergency is galvanising local authorities to ensure that they play their part in the sustained long-term threat to human populations and our ecosphere.

**We will:**

- Continuously strengthen our preparedness against future health protection threats and improve the quality of our services to protect health.
- Fulfil the assurance role of ensuring that appropriate health protection arrangements are in place to protect the health and wellbeing of the residents of North Northamptonshire.
- Ensure that organisational and system level governance arrangements are in place across North Northamptonshire through the Northamptonshire Health Protection Board.
- Ensure that the North Northamptonshire Health Protection Board can respond promptly and flexibly to any health protection incident, emergency, or emerging priority across North Northamptonshire.
- Ensure that environmental, biological, chemical, radiological, and nuclear threats and hazards are understood, and that health protection issues are addressed through close collaboration with Emergency Planning Teams, Environmental Health and other appropriate colleagues.
- Work proactively with Environmental Health, Emergency Planning, Trading Standards and the Communications Team on incident and outbreak investigation, response and management.
- Proactively work to reduce the risk of and respond to, infection in high-risk settings, in particular those involving health and social care.

## Where are we now? Health Protection: Infectious Diseases

- In North Northamptonshire, 94.8% of babies aged one year were vaccinated against a range of diseases including diphtheria, whooping cough, polio, meningitis, and pneumonia in 2021/22. This was higher than the England average of 91.8%. Among two-year-olds vaccination uptake was higher at 95.9% compared to 93% in England.
- In 2021/22, 92.6% of two-year-olds in North Northamptonshire were vaccinated against measles, mumps and rubella (MMR, one dose), compared to the England average of 89.2%. At five years of age, uptake for one dose was 95.3%, and 89.8% for two doses compared with 93.4% and 85.7% for England.
- In Northamptonshire, 74.7% of girls aged 12-13 had received the HPV (Human Papillomavirus) vaccination (one dose) in 2020/21, which helps protect against cervical and some other cancers including throat and anus, in both men and women and cancer of the penis in males. This compared with an uptake of 76.7% in England. Among girls aged 13-14, 79.0% received two doses compared with 60.6% in England. 71.7% of boys aged 12-13 in Northamptonshire received the HPV vaccination (one dose) in 2020/21 compared with 71.0% in England.
- In 2020/21, 91.9% of boys and girls aged 14-15 in Northamptonshire had received the MenACWY (meningococcal bacteria strains A, C, W and Y) vaccination, which helps protect against meningococcal meningitis, compared with 80.9% in England.
- 67.7% of adults aged 65 and over in Northamptonshire in 2020/21 had received the PPV Pneumococcal Polysaccharide Vaccine (PPV), which helps protect older people against diseases including bronchitis, pneumonia, and septicaemia (blood poisoning). This is lower than the England rate of 70.6%.
- In 2020/21, 54.4% of those considered to be at clinical risk under age 65 in Northamptonshire were vaccinated against influenza; this was higher than the England average of 52.9%. Among the population of all those aged 65 band over the Northamptonshire coverage was 83.3% compared with England at 82.3%.
- The rate of new all age STI (Sexually Transmitted Infections) diagnoses (excluding chlamydia aged under 25) in North Northamptonshire in 2021 was 182 per 100,000 population (637 diagnoses from a population of 350,448), which is significantly lower than the England rate of 394 per 100,000 population.
- Within this overall figure for sexual infection the diagnostic rates of syphilis (3.7 per 100,000) and gonorrhoea (29 per 100,000) were lower than the England rates of 13.3 and 90.0 in 2021; the chlamydia detection rate among young people aged 15-24 in 2021 was 1,231 per 100,000, similar to the England rate of 1,334 per 100,000.
- There were 20 new cases of HIV diagnosed in 2021 – the diagnosis rate (5.7 per 100,000 population) was similar to England (4.8); in 2021, there were 400 people aged 15-59 living with HIV – the diagnosed prevalence rate (2.03 per 1,000 population) was lower than England (2.34) .
- In 2019-21, 59.1% of people aged 15 and over with HIV were diagnosed late, higher than the England average of 43.4%; the proportion diagnosed late was higher than the maximum recommended national target of 50%.
- In 2021, 38.8% of eligible people were tested for HIV, lower than the England average of 45.8%.

## Human Papilloma Vaccine: An Extraordinary Contribution to Public Health from the Field of Science and Immunology

The recent introduction of a programme of vaccination against infection by Human Papilloma Virus (HPV) is an example of the benefits to public health from population-based vaccination programmes.

This vaccine is completely safe, with millions of doses having been used around the world with no side effects. It provides high levels of protection against the long-term effects of infection with the virus for those whose natural immune system is insufficient.

Since 2012 a vaccine that contains the four most dangerous virus types (HPV types 6,11,16 and 18), together with type 9, from 2023, has enabled us to protect future generations against 95% of cancers of the cervix of the womb. These high-risk HPV types also cause cancers of the vagina, vulva, penis, anus, and head and neck.

The vaccine is now given to all 12 to 13-year-old girls and boys. The programme begins at this age as the immune system is at its peak and responds extremely well to vaccines. The vaccines are also more effective if given before any sexual contact that may transmit the virus. Two doses are now sufficient to provide long lasting protection.

Since the programme began in the United Kingdom there has already been a dramatic reduction in the incidence of papilloma genital warts, abnormal cervical smears and cervical cancer in the young. We now have the potential to eliminate not only cervical cancer but also types of vaginal, vulval, penile, anal, and head and neck cancers that are spread by this virus. It is unthinkable that any parent would deny their children protection against these common cancers.

The HPV vaccine is a triumph of science over cancer which the North Northamptonshire Public Health Team is committed to ensuring reaches every one of our teenagers.

*With acknowledgement to Dr Colm O'Mahoney, Consultant in Sexual Health, Chester.*

# Wider Health Protection

An important part of the health protection function is that of protecting the population against a range of external threats and hazards that go well beyond those of infectious disease and are not intrinsically related to biology. Rather they are those that arise from the social, physical and economic environment and include those are commercially influenced and determined.

Most recently the World Health Organisation has begun to focus attention on what have come to be known as the commercial determinants of health. (8) This includes an emphasis on industries such as those promoting alcohol, tobacco, gambling and online media that play on inherent weaknesses and influence behaviour in ways that is often detrimental to mental and physical health and wellbeing.

Existing public health programmes including smoking cessation and the provision of substance misuse (drug and alcohol) services have addressed some of these threats but there is more that needs to be done. The recent appearance of the major problem of teenagers inhaling nitrous oxide from balloons and using cheap, disposable, flavoured vapes creating a new generation of nicotine addicts bring potential threats to physical health including neurological and heart disease problems in the future. In a situation like this downstream intervention with treatment services is necessary but insufficient to get to grips with a problem that requires national action as well as intervention locally for example through the work of Trading Standards bringing enforcement to bear on rogue retailers.

Other external challenges are a consequence of the way we plan and design housing and our local neighbourhoods to be fit for purpose for everyday living in ways that are supportive, safe and sustainable. The COVID-19 pandemic revealed how inadequate much of the housing stock is when coping with infectious disease and the trials of a lockdown in which many families had no access even to a balcony for fresh air let alone access to green space. The cumulative impact of these external hazards, combined with social and economic factors, means that the most vulnerable in society are at greatest risk of ill health.

Good practice on how we plan healthy and sustainable communities continues to grow, and through working with colleagues we can use this knowledge in the design of local neighbourhoods.

**We will:**

- Work with planners and the public to design safe, supportive, and sustainable housing, neighbourhoods and communities.
- Address the commercial determinants of health by working with Development Control, Planning, Licensing and Trading Standards, and Environmental Health to reduce externally driven harms to the vulnerable.
- Develop a public health approach to violence prevention, using an evidence base to understand populations at risk and the impact of interventions.
- Work with local communities in the Local Area Partnerships, Community and Family Hubs to identify problems and mobilise and support community assets in the battle against anti-health influences.
- Work with organisations across North Northamptonshire to develop a strategic approach to combat the threat of addiction whether by alcohol, tobacco, drugs and other harmful substances, risky sexual activity, or gambling, supported by high quality, evidence-based services to reduce harm.
- Work with other bodies, organisations, and interested parties to reduce the hazards that increase the risk of falls in the vulnerable and the elderly.

## Where are we now? Wider Health Protection

- 16.6% of adults aged 18 and over in North Northamptonshire were current smokers in 2021, similar to the England average of 13.0%.
- 593 people died from lung cancer in 2017-19. The mortality rate (61.7 per 100,000) was higher than England (53.0 per 100,000).
- There were 133 alcohol-related deaths in 2020. The mortality rate (39.1 per 100,000) was similar to England (37.8 per 100,000).
- There were 49 deaths from drug misuse in 2019-21. The mortality rate (4.8 per 100,000) was similar to England (5.1 per 100,000).
- The rate of domestic abuse related incidents and crimes in adults aged 16 and over in 2021/22 was 28.7 per 1,000, lower than the England average of 30.8 per 1,000.
- There were 12,524 violent crime offences in 2021/22 – the rate of offences (35.7 per 1,000) was higher than England rate of 34.9 per 1,000.
- There were 1,225 violent sexual offences in 2021/22 – the rate of offences (3.5 per 1,000) was higher than England (3.0 per 1,000).

# Health Improvement – Children and Young People

Working with children and young people is the most effective and cost-effective way of preventing ill health in later life. In public health terms, this is where primary prevention, or preventing the causes of ill health in later life, has its best chance of success for the whole population. The COVID-19 pandemic has been particularly detrimental to children and young people and has widened inequalities. Many have lost opportunities for early development, experienced mental ill health, and current outbreaks with scarlet fever highlight the impact of lower levels of immunity to common infections. Mitigating the impact of the COVID-19 pandemic in children and young people will be critical over the next few years.

**The broad aims for this stage of life have already been identified:**

- Planned parenthood
- The first 1,000 days of life beginning with conception
- Support for parenting
- Prevention of Adverse Childhood Experiences (ACEs)
- School readiness
- Prevention of school exclusions
- Readiness for the world of work and adult life.

Adverse Childhood Experiences (ACEs) are linked to long-term impacts on an individual's health, wellbeing and life chances. Research is revealing the extent to which experiences and events during childhood, such as abuse, neglect and dysfunctional home environments, are associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. Adverse childhood experiences aren't just about children; they affect people of all ages, they aren't just about people living in poverty; they cross every social boundary. However, research shows that those living in areas of deprivation are at greater risk of experiencing multiple ACEs.

**The ten adverse childhood experiences include five direct ACEs:**

- Sexual abuse by parent/caregiver
- Emotional abuse by parent/caregiver
- Physical abuse by parent/caregiver
- Emotional neglect by parent/caregiver
- Physical neglect by parent/caregiver

**and five indirect ACEs:**

- Parent/caregiver addicted to alcohol/other drugs
- Witnessed abuse in the household
- Family member in prison
- Family member with a mental illness
- Parent/caregiver disappeared through abandoning family/divorce.

To realise these goals requires the concerted efforts of families, communities, civic society, the private sector and statutory bodies. Success in these efforts will impact on both mental and physical health and wellbeing throughout life and will also reduce levels of violence in the community.

The North Northamptonshire Public Health directorate commissions and provides programmes and services to address the needs of children and young people (from 0-19 up to 25 with special educational needs and disabilities (SEND). This includes supporting the early years through our health visiting and school nursing services, providing opportunities to improve nutrition and maintain a healthy weight. We work with schools through the Healthy Schools programme and School Health Service by developing approaches that improve health and wellbeing, and work with other organisations on targeted approaches to support children and young people most in need.

While our sexual health and substance misuse services support all ages, young people are often those most at greatest risk.

North Northamptonshire Council was successful in achieving £1.9m of Multiply funding across the next three years to directly impact the numeracy skills of residents. Working with partners, a range of innovative options will be offered to residents, including targeted provision for those in the highest areas of need and those requiring improved numeracy skills for increased employment opportunities. In addition, the Multiply grant will directly support those in need through the current cost of living crisis by offering courses and intervention on budgeting, financial management and healthy lifestyles.

**We will**

- Work in partnership with maternity services and early years settings and with others to influence childhood conditions and commission and provide services that give children the best start in life.
- Work with the Family Hubs team to improve access to parenting support and parent relationship services as, many families are struggling to access, especially families with non-clinical diagnosis.
- Work to engage young people and ensure service provisions are appropriate to support young people who have ACE experiences.
- Work with others to better support those staff in contact with parents in the early years, providing consistent public health messaging and support for action.
- Work strategically with schools and other stakeholders on the Healthy Schools programme, developing networks to build momentum and a consistent approach.
- Develop targeted programmes to address the priority issues identified in the recent schools survey including tackling healthy weight, nutrition and physical activity.
- Strengthen the voices of children and young people in decision-making.
- Develop a coordinated response to working with young people on building resilience, emotional health and wellbeing.
- Strengthen the approach to addressing the interrelated risky behaviours of violence, substance misuse, smoking and risky sexual behavior.
- Continue to promote good oral health to children and young people.
- Continue to commission high quality sexual health services that are accessible and acceptable to young people and high-risk populations.

## Where are we now? Children and Young People

- 3,789 babies were born in North Northamptonshire in 2021.
- 11.2% of mothers smoked during pregnancy in 2021/22. This was higher than the England average of 9.1%.
- 2.4% of babies born in 2021 had a low birth weight (under 2,500 grams), similar to the England average of 2.8%.
- There were 45 infant deaths under one year of age in 2019-21. The infant mortality rate of 3.9 (per 1,000) was the same as the England rate.
- 46.6% of babies were breastfed 6-8 weeks after birth in 2021/22, lower than the England average of 49.3%.
- 22,100 children aged 0-4 attended A&E in 2021/22 – the hospital attendance rate (1,097.8 per 1,000) was higher than the England rate (762.8 per 1,000).
- 240 children aged 0-5 were admitted to hospital for tooth decay in 2018/19-2020/21 – the hospital admission rate (309 per 100,000) was higher than the England rate (221 per 100,000).
- 22.0% of Reception year children (aged 4-5 years) in 2021/22 were overweight or obese, similar to the England average of 22.3%; this proportion increased to 39.1% among Year 6 children (aged 10-11 years), similar to 37.8% in England.
- 48.5% of children and young people aged 5-16 were classified as being physically active in 2021/22, similar to the England average of 47.2%.
- There were 83 pregnancies in girls aged under 18 in 2020 – the conception rate (13.7 per 1,000 females aged 15-17) was similar to the England rate (13.0).
- In 2020, 42 under 18 pregnancies (51.8%) led to abortions (53.0% England). Among girls aged under 16, there were six pregnancies in 2020, and the conception rate (0.9 per 1,000 females aged 13-15) was lower than the England rate (2.0).
- The hospital admission rate for alcohol-specific conditions among children under 18 was 27.2 per 100,000 in 2018/19-2020/21, similar to the England rate of 29.3 per 100,000.
- The hospital admission rate for substance misuse among young people aged 15-24 was 100.3 per 100,000 in 2018/19-2020/21, higher than the England rate of 81.2 per 100,000.
- 835 children and young people were admitted to hospital due to unintentional and deliberate injuries in 2020/21. The admission rates (per 10,000) were lower among children aged 0-14 compared with England (58.3 versus 75.7), and higher for young people aged 15-24 (123.4 versus 112.4).
- The hospital admission rate for self-harm among children aged 10-14 was 236.3 (per 100,000), similar to the England rate of 213.0, whilst for young people aged 15-19 (883.5 versus 652.6) and those aged 20-24 (639.9 versus 401.8), rates were higher in 2020/21.

# Health Improvement – Adults

By their mid-twenties, people are mostly fully grown, and the trajectory of physical and mental health is well established. If the period of childhood, adolescence and young adulthood is that in which the healthy foundations for the years have been laid in terms of the conditions which have been experienced and behaviours adopted, the next period, that of working age adult life, is one in which the potential for primary prevention is lessened. Rather modifying behaviour, reducing risk and harm, and the early identification of health problems focused on self- and primary health care becomes the main focus. In public health this is referred to as secondary prevention.

Improving health and wellbeing in adulthood is dependent on a wider range of factors, including those opportunities for behavioural change, through optimising the natural and built environment; by ensuring the prospects for personal development and work opportunities; and through the support of social networks and communities, backed up by accessible, high quality clinical and social care. Actions in these areas can reduce the risk of the major groups of non-communicable disease such as cancer, heart disease, stroke, depression, respiratory illness and diabetes which can afflict humans over time but may be prevented from becoming established or getting worse.

The public health aim for adult life is to prevent and defer decline in health and promote wellbeing in adults by supporting individuals in behaviour change that promotes health. Achieving good mental and physical health in working age adults provides benefits in older age, promoting independence and reducing the demand on health and social care services.

Public health has a range of programmes and services designed to support adults. This includes individual support through services including the NHS Health Checks programme, smoking cessation and weight management. The approach in North Northamptonshire is to work with local communities and settings such as workplaces to achieve these ambitions. In addition to the corporate commitment to work with local neighbourhoods and areas, a new stream of work is being developed in collaboration with so-called Anchor institutions. Anchor institutions are those larger organisations, such as hospitals, universities and councils, private companies and social organisations, which have the potential, through their policies, practices and and procurement, to reshape the health prospects of their workforces, clients, customers and contractors and their communities and, at the same time, contribute to the challenge of the climate crisis and environmental sustainability.

Supporting others in the council, NHS and partner organisations to use their activities to improve health will be an important element of our future work. Working with those involved in clinical and social work to continue to develop evidence-based programmes such as Making Every Contact Count (MEEC) and trauma informed practice, will be developed as an opportunity to use the daily contact of professional encounters to provide evidence-based motivation and support for the adoption of healthier lifestyles.

**We will:**

- Work with the newly established Integrated Care Partnership (ICP) and the Local Area Partnerships (LAPs) to develop an asset-based approach to community development with a focus on health and wellbeing.
- Work with Anchor institutions, employers, schools and colleges, leisure and recreation centres and other community settings to deliver peer to peer programmes addressing a range of health and wellbeing outcomes.
- Contribute to the levelling up agenda, ensuring that all our programmes of work address health inequalities and the needs of marginal and hard to reach groups, are designed to be sustainable and value for money.
- Support the training of professionals across the NHS, council and wider system to improve mental and physical outcomes, including use of MECC, motivational interviewing and trauma informed practice.
- Work with partners to develop and deliver a mental health promotion programme and implement our suicide prevention strategy.
- Strengthen the delivery of an effective NHS Health Checks programme focusing on the most vulnerable groups and building on the emerging evidence base for digital delivery.
- Explore the potential for digital health support for individuals, families and communities while ensuring that programmes reach out to those who are digitally excluded.
- Implement a whole systems approach to lifestyle aspects of food and nutrition; healthy weight.

## Where are we now? Health Improvement Adults

- 4.9% of people (17,549) in North Northamptonshire described their general health as 'bad' or 'very bad' according to the 2021 Census which is lower than the England average of 5.2%.
- In 2021/22, 5.4% of adults aged 16 and over reported low levels of life satisfaction (England 5.0%), 2.6% reported low levels of worthwhile (England 4.0%), 8.2% reported low levels of happiness (England 8.4%), and 18.2% reported high levels of anxiety (England 22.6%) – all wellbeing outcomes were similar to England.
- 62.6% of adults over 19 years of age were found to be physically active in 2020/21, lower than the England average of 65.9%; 26.4% were defined as inactive, higher than the England average of 23.4%.
- In 2019/20 52.7% of adults aged 16 and over were eating the recommended '5-a-day' portions of fruit and vegetables, lower than the England average of 55.4%.
- In 2020/21, 69.6% of adults aged 18 and over were classified as overweight or obese, higher than in England (63.5%); 9.6% of these adults were obese compared with 25.3% in England.
- 15.6% of adults in North Northamptonshire were recorded with depression on GP registers in 2021/22 (12.7% England), 15.1% had hypertension (14.0% England), 7.7% had diabetes (7.3% England) – these were the three highest recorded long-term conditions.
- There were 535 emergency hospital admissions for intentional self-harm in 2021/22 in North Northamptonshire – the hospital admission rate (151.9 per 100,000) was similar to the England rate (163.9 per 100,000).
- In 2019-21 there were 96 suicides among people aged 10 years old and over in North Northamptonshire, a rate of 10.8 per 100,000, similar to the England rate of 10.4 per 100,000.
- There were 4,912 hospital admissions for alcohol-related conditions in 2020/21 – this admission rate (1,440 per 100,000) was lower than the England rate (1,500 per 100,000).
- There were 562 deaths in under 75s from cancers considered preventable in 2017-19. The mortality rate (59.6 per 100,000) was higher than England (54.1 per 100,000).
- In the under 75s, there were 268 deaths from cardiovascular diseases considered preventable in 2017-19. The mortality rate (28.3 per 100,000) was similar to England (28.1 per 100,000).
- There were 226 deaths in under 75s from respiratory diseases considered preventable in 2017-19. The mortality rate (23.8 per 100,000) was higher than England (20.2 per 100,000).
- 19.1% of adults reported a long-term musculoskeletal problem in 2021, higher than the England average of 17.0%.
- There were 1,180 emergency hospital admissions due to falls in people aged 65 and over in 2020/2. The admission rate (1,893 per 100,000) was lower than England (2,023 per 100,000).
- There were 310 hip fractures in people aged 65 and over in 2020/21 – 90 were among those aged 65-79, 220 in those aged 80 and over; the hip fracture rate in people aged 65 and over (500 per 100,000) was similar to England (529 per 100,000).

# Healthcare Public Health

Healthcare Public Health or Population Based Health Management is the application of public health principles, including epidemiological methods, to the planning, provision and evaluation of healthcare in a defined population. Working with the NHS and providing specialist public health advice and leadership is a core part of the public health function in a local authority bringing to bear the tools of public health practice on the provision of health and care.

Intrinsic to these tools is the epidemiological method with its basis in both quantitative and qualitative assessment and surveillance that had its origins in the registration of births and deaths, official notification of cases of infectious disease and decennial household censuses that date from the earliest days of public health in the nineteenth century. The work of the early Medical Officers of Health was based on these systems of registration and notification to advise the local authorities of their day.

In more recent times, the importance of qualitative perspectives including the lived experience of individuals, families, and communities has been recognised as being as important as a purely numerical understanding, as have anthropological, sociological and other insights from social psychology and communication science in producing a full picture; commissioned and pure research are also important in answering specific questions and informing practical advances based on theoretical exploration. The limitations of a narrow, biological and quantitative perspective were shown up vividly both in the Ebola epidemic of 2014 and the recent COVID-19 pandemic when a failure to understand the spread of infection from a broader public point of view led to delays in effective action and avoidable deaths.

The application of epidemiology in its various forms has a number of valuable applications including in the understanding of the priorities, working and effectiveness of health and social care. The public health perspective involves segmenting the way we look at populations into three: the whole population; populations at risk; and populations suffering from defined medical conditions where medical and social care can make a difference.

In general, the contribution from local government and its partners can be seen as its role in assuring the protection of the population's health by tackling the upstream determinants of health and disease by primary prevention while the contribution of the National Health Service hospitals and specialist clinics is largely one of tertiary prevention. That is to say through providing specialist treatment to save life or mitigate the impact of ill health on everyday living. Where the work of local government meets that of the NHS is in the secondary prevention work of primary health care through vaccination and screening programmes, and early intervention to prevent disease progression or to support rehabilitation in the community.

The NHS Long Term Plan highlights the opportunities for prevention at an earlier stage, supporting those at an early stage of illness from progressing and from systematically identifying opportunities to prevent ill health occurring. Public Health Teams in councils have continued working closely with the NHS on shared priorities, including prevention, addressing inequalities and health protection. This will continue to be an important part of our workstream.

The NHS organisational landscape has changed considerably over the last couple of years with the formation of the NHS Integrated Care Board (ICB) and the formation of the Integrated Care System (ICS) and the Integrated Care Partnership (ICP). (9) These new organisations provide opportunities for organisations to work more closely together to collectively improve the health of the local population and reduce inequalities. Public health expertise in these organisations is important to ensure services are designed to improve public health outcomes and reduce inequalities.

**We will:**

- Provide strong, visible public health leadership within the Northamptonshire healthcare system to protect and promote health.
- Develop an integrated approach to generating and using public health evidence and intelligence in decision making within the NHS and across the ICP.
- Promote a focus on prevention and inequalities in the commissioning and delivery of NHS functions, including strong links with the factors influencing health outcomes such as employment, education, housing and the environment.
- Work with the NHS to ensure good knowledge, systems and processes are in place for responding to health protection threats.
- Ensure that the Northamptonshire system provides high quality training in relation to healthcare public health, supporting NHS training programmes and professional development in developing public health skills.
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# Commissioning

Over half of the North Northamptonshire Public Health grant is spent on externally commissioned services delivered by organisations outside of the council. The role of Public Health as the commissioner of services is to design the requirements of the service, find suitable organisations to deliver the service, monitor performance and work with those providing services on continuous improvement.

Externally commissioned services cover children's services, including health visiting, school nursing and specialist sexual health services and NHS Health Checks. The external environment is rapidly changing with rising inflation, workforce challenges, and increased competition for organisations to deliver services. Our approach to commissioning must respond to these issues, and to use all the elements of the commissioning process to maximise public health outcomes.

Most of the services that we need to provide as a condition of the Public Health grant funding are delivered and will require recommissioning within the next three years. This includes contracts related to substance misuse, the children's 0-19s service, sexual health and NHS Health Checks.

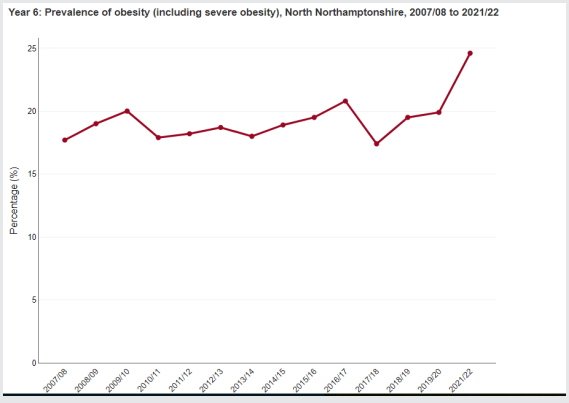
**We will:**

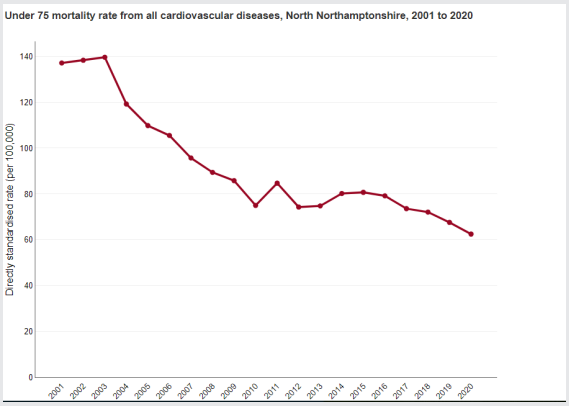
- Develop the North Northamptonshire Council Public Health commissioning function with the capacity to support all areas of public health, and technical skills and agility to address the external challenges.
- Use our commissioning powers to embed the public health priorities, with a focus on reducing health inequalities, co-production, sustainability, and strengthening work on communities and place.
- Develop use of digital and technology in our commissioning and delivery of services.
- Work collaboratively with colleagues across the council and ICS on approaches to social value and to co-commissioning to address common strategic issues.
- Provide a robust approach to contract, risk, and performance management, and to monitoring and evaluating internally and externally commissioned public health programmes, while maintaining our work on quality assurance.

# Research, evidence and intelligence

Evidence and intelligence constitute the cornerstone and one of the bookends of public health. What we do is driven by understanding patterns of health and disease, identifying needs of our local population and prescribing those interventions that are most effective in improving health and wellbeing. We must also monitor and evaluate the performance of our local services while understanding the economic impact of our decisions. Evidence gained from qualitative methods such as interviews and focus groups are just as important as analysis of quantitative data. We need to be using intelligence from those with the lived experience to inform the design of services and public health programmes.

There will always be gaps in understanding, and strong links with academic institutions, especially our local University of Northampton. Such links have important benefits including the provision of educational and career opportunities for local people, providing a sustainable local pipeline of staff for local health, social care, and wellbeing services, and having ready access to appropriate research expertise to throw light on pressing issues.




**We will:**

- Work with partners across and beyond the council to develop a joined-up, evidence and intelligence function to support commissioning decisions.
- Build on new tools and techniques for data linkage, enabling measurement of the impact of a change in one part of the system on other parts.
- Work with stakeholders to develop the Joint Strategic Needs Assessment and Asset mapping, reflecting the priorities of the Integrated Care Partnership and Health and Wellbeing Board.
- Strengthen the evaluation of public health interventions delivered across the council and wider system, providing clarity on health and economic impact.
- Improve the experience of the public users of public health services, with clear service offers the increased ability of managers to be self-sufficient in access to intelligence resources through the use of tools such as Microsoft Power BI.
- Build relationships with academic institutions and research networks within the ICS to ensure development of a public health research programme within the council.
- Improve how we use information from those with lived experience to develop services and further embed the use of citizen science and understanding of the lived experience of local people.

# Communications

Good communications are the other bookend of a robust and effective public health function, the other being sound intelligence. Clear messaging and information are central to any modern public health services. We need to be visible in and trusted by our communities to achieve our objectives. It is important that the tone and content are right to ensure that the desired outcomes are achieved, whether this is informing, warning or advising. The use of multimedia was critical during the COVID-19 pandemic and its value should not be underestimated, nor conversely overused. Effective campaigns will help people better manage their own health.

**We will:**

- Continue to provide expert advice, underpinned by data and evidence and informed by behavioural insights.
- Use our learning from the COVID-19 pandemic of those approaches that work best with different groups in our local community.
- Maximise low-cost, effective messaging channels.
- Deliver a planned programme of awareness raising and information to the public to support the delivery of all our public health programmes.
- Strengthen our internal communication so other teams in the council understand the work of public health and opportunities for engagement.


# A Diverse and Skilled Workforce

The skills and capacity of the North Northamptonshire Public Health Team and wider workforce are essential to the improvement of population health and delivery of all those programmes that protect and improve health.

Within the Public Health Team itself we are fortunate to have a highly skilled and motivated workforce. We have expertise drawn from a range of professional, including clinical and non-clinical backgrounds, highly motivated staff many of whom are involved in professional public health training.

Reflecting the wider market, recruitment of public health staff at all levels remains challenging and the disaggregation has created skills gaps in some areas and impacted on wider training programmes. Our aim is to provide an escalator of opportunity, providing the environment and resources for individuals to develop skills, be inspired and realise their aspirations. We intend to build capacity and capability for public health both within the Public Health directorate itself and across the council with a programme of developmental opportunities and through the development of an apprentice programme.

**We will:**

- Develop a workforce strategy for the Public Health Team and beyond that meets the needs of teams and supports delivery of the strategic plan.
- Broaden our public health training offer, building up expertise to deliver high quality public health training across the council and external stakeholders.
- Support all career stages, including developing an apprenticeship programme for those early in their career and providing specialist training for aspiring consultants.
- Ensure that our ways of working create a diverse workforce, where staff from all backgrounds feel equally valued and accepted.
- Develop innovative approaches to our training and development, so we are seen as leaders across the system and as an employer of choice.
- Provide the required training and support to ensure strong leadership at all levels.
- Continue to work closely with the Adult Learning Team on the development of opportunities to improve life chances and reduce inequalities.
- Explore the use of digital platforms for personal and popular public health education.

# Building and Maintaining a Strong Directorate

Strong foundations that enable both the public health function and specific public health services to be delivered effectively and efficiently are essential for the future. Following the impact of the COVID-19 pandemic and the disaggregation of the countywide service there are opportunities for North Northamptonshire to develop in line with modern public health values and aspirations and local need. These include opportunities for new ways of working in new partnerships. All are contingent on delivering support and back-office services well and ensuring that governance and accountability lines are clear.

Effective processes will lead to efficiencies and ensure that we are focused on delivering an excellent function and public health services in line with statutory requirements and grant conditions. To ensure that we have the best opportunity to deliver excellent public health services, we will invest in short term capacity to support the establishment and delivery of a highly effective service.

**We will:**

- Complete a team restructure to ensure that we have sufficient capacity and capability to deliver the public health functions and strategy following the disaggregation.
- Develop clear governance and processes for key activities:
    - Corporate governance including executive and committee deadlines
    - Communication
    - Budget management processes
    - Workforce development
    - Human Resources
    - Complaints and freedom of information requests
    - Staff training
    - Business continuity
    - Risk registers.

# Conclusion

The creation of the new unitary council for North Northamptonshire has brought together many of the key local government functions that can address the determinants of health and health inequalities both through areas that are under its own direct control and through partnership working, for the first time.

This report sets out the ambitions for Public Health in North Northamptonshire and outlines how we will work to improve the health and wellbeing of the local population and reduce health inequalities over the next three years. The new Public Health Team is being established at a challenging time. The long-term impact of the COVID-19 pandemic on physical and mental health is becoming apparent, affecting all age groups and disproportionately impacting those who are most deprived. Simultaneously, many are struggling with the cost of living crisis.

# Our Priorities

Moving forward, we will take a balanced approach to improving public health in North Northamptonshire, recognising that action is needed at three levels: interventions that impact the whole population; targeted intervention for groups at risk of ill health; and support for those with established disease to prevent further ill health and enable people to live well and independently with established medical conditions.

# Focus on the Early Years

We will prioritise our resources in certain areas. Investing in planned parenthood and support for the early years. Investment in the first 1,000 days provides the greatest opportunity for lifelong health outcomes. Providing support to parents and children at this stage reduces the risk of adverse childhood experiences (ACEs), traumatic events such as violence, abuse and neglect that have a lifelong and often intergenerational impact on health. (10) Preventing ACEs improves a wide range of outcomes including school readiness, educational outcomes, employment and earning potential, and reduces the risk of violence, substance misuse, mental ill health and chronic physical health conditions.

# Working with Communities

Working with local communities to identify opportunities to influence those conditions that increase the burden of ill health, especially on the most vulnerable and disadvantaged, and strengthening support to those with established ill health is further priority.

The new Northamptonshire Integrated Care Partnership provides a focus for this place-based work. Local Area Partnerships, local communities with around 30,000 to 50,000 people, are a vital part of the ICP and provide the structure for this work. LAPs are bringing together local communities to identify their priorities and to identify solutions.

We have begun to work closely with communities and intend to build on this using Asset Based Community Development (ABCD) approaches. ABCD starts from a position of identifying assets, or strengths, in the community as the basis for developing solutions. Assets can be the knowledge, skills and resources of individuals, associations and institutions, physical assets such as buildings and green spaces or local networks. Starting from a position of individuals and communities being half full rather than half empty, that it truly does "take a village or neighbourhood, to raise a child", and what can be done by and with, as opposed to, with its emphasis on weaknesses rather than strengths, has been shown to be a more effective approach that is more sustainable in the long term.

# Embedding the Public Health Approach

Throughout this report we highlight the importance of working in partnership with other teams in North Northamptonshire Council and with other individuals, groups, bodies, and organisations outside it ('The Organised Efforts Of Society') to achieve public health outcomes.

Taking this approach means that we can reach many more people than the Public Health Team can reach alone, and which statutory services may only scratch the surface of. It also provides the opportunity to influence the wider determinants of health – factors such as education, housing, employment, the built and natural environment, our social and community networks, and the roots of crime and violence - all of which are strongly linked to health outcomes. This is where there is a significant opportunity to influence health and wellbeing outcomes and reduce health inequalities.

# Evidence–based Decisions and Communications

We have also focused on high quality evidence-based decision making and strong communication - the bookends of public health. Evidence and intelligence underpin everything we do in public health and require a wide-ranging approach. We need to ensure we have this range, from generating new knowledge from research; to using new techniques to turn data from multiple sources into intelligence; to working with individual and local communities to understand their experience and use this to design services. Strong communications with our local communities have been vital in our response to the COVID-19 pandemic and we will continue to build on this experience.

# High Quality Public Health Services

We will continue to commission and deliver public health services to our local communities, and this remains a vital part of our service delivery. Services include public health services such as health visiting, NHS health checks, specialist sexual health services, substance misuse services, smoking cessation and weight management services. Our workforce is key; building the skills and capacity of the Public Health Team and wider workforce is central to delivering our ambitions.

**The North Northamptonshire Public Health Team welcomes the challenge of protecting and improving the health of our local people in the years ahead. We stand ready to serve.**

**John Ashton**

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North Northamptonshire Council

**Item no: 9**

# North Northamptonshire Health and Wellbeing Board
# 26th September 2023

| | | |
|---|---|---|
| **Report Title** | **Better Care Fund update 2023 -2025.** | |
| **Report Author** | **Samantha Fitzgerald – Assistant Director Adult Services**<br><br>**Samantha.fitzgerald@northnorthants.gov.uk** | |
| **Contributors/Checkers/Approvers** | | |
| **Other Director/SME** | | |

**List of Appendices**

Appendix 1: North Northamptonshire BCF Narrative Plan 2022/23
Appendix 2: North Northamptonshire BCF Planning template 2023-25

## 1. Purpose of Report

1.1. To request that the Health and Wellbeing Board approve the Better Care Fund (BCF) for 2023/ 2025, for submission to NHSE including:

- North Northamptonshire BCF Narrative Plan 2022/23
- North Northamptonshire BCF Planning Template 2023-25

## 1. Executive Summary

1.1 Since 2015, the BCF has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place, at the right time

The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB), governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

1.2 The Health and Wellbeing Board have a duty to monitor the performance against the Better Care Fund plan.

1.3 The Health and Wellbeing Board are required to approve the 2023-25 End of Year Performance Template submitted to NHSE.

## 2. Recommendations

It is recommended that the North Health and Wellbeing Board:

2.1 Approve the Better Care Fund (BCF) schemes and performance template for 2023-2025 prior to them being submitted to NHSE.

2.2 Note the Better Care Fund 2023-2025 proposed timelines.

## 3. Report Background

3.1 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Systems (ICS) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

3.2 Better Care Fund plan for 2023 to 2025 sets out the ambitions on how the spending will improve performance against the following BCF 2023 to 2025 metrics:

- Avoidable admissions to hospital
- People discharged to their usual place of residence
- Admissions to residential and care homes
- Effectiveness of reablement

The approach to delivering these locally is set out in BCF Narrative Plan for 2023-25.

3.3 **BCF National conditions and metrics for 2023-25**

The national conditions for the BCF in 2023-25 were:

1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
2. NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
3. Invest in NHS-commissioned out-of-hospital services.
4. A plan for improving outcomes for people being discharged from hospital.

## 4. Issues and Choices

None.

## 5. Implications (including financial implications)

5.1 Resources and Financial

Please see Appendix 2 for financial details.

## 6. Legal

None.

## 7. Risk

None.

## 8. Consultation

No consultation was required.

## 9. Consideration by scrutiny

This report has not been considered by scrutiny.

## 10. Climate impact

There are no known direct impacts on the climate because of the matters referenced in this report.

## 11. Community Impact

There are no distinct populations that are affected because of the matters discussed in this report, however those that access care and health services more frequently than the general population will be impacted more by any improvements associated with activity undertaken.

## 12. Background Papers

None.

# Appendix 1: North Northamptonshire BCF Narrative Plan 2022/23

## BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).
There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Integration and Better Care Fund

**Cover**

### 1. Health and Wellbeing Board(s)

North Northamptonshire Council, and North Health and Wellbeing Board

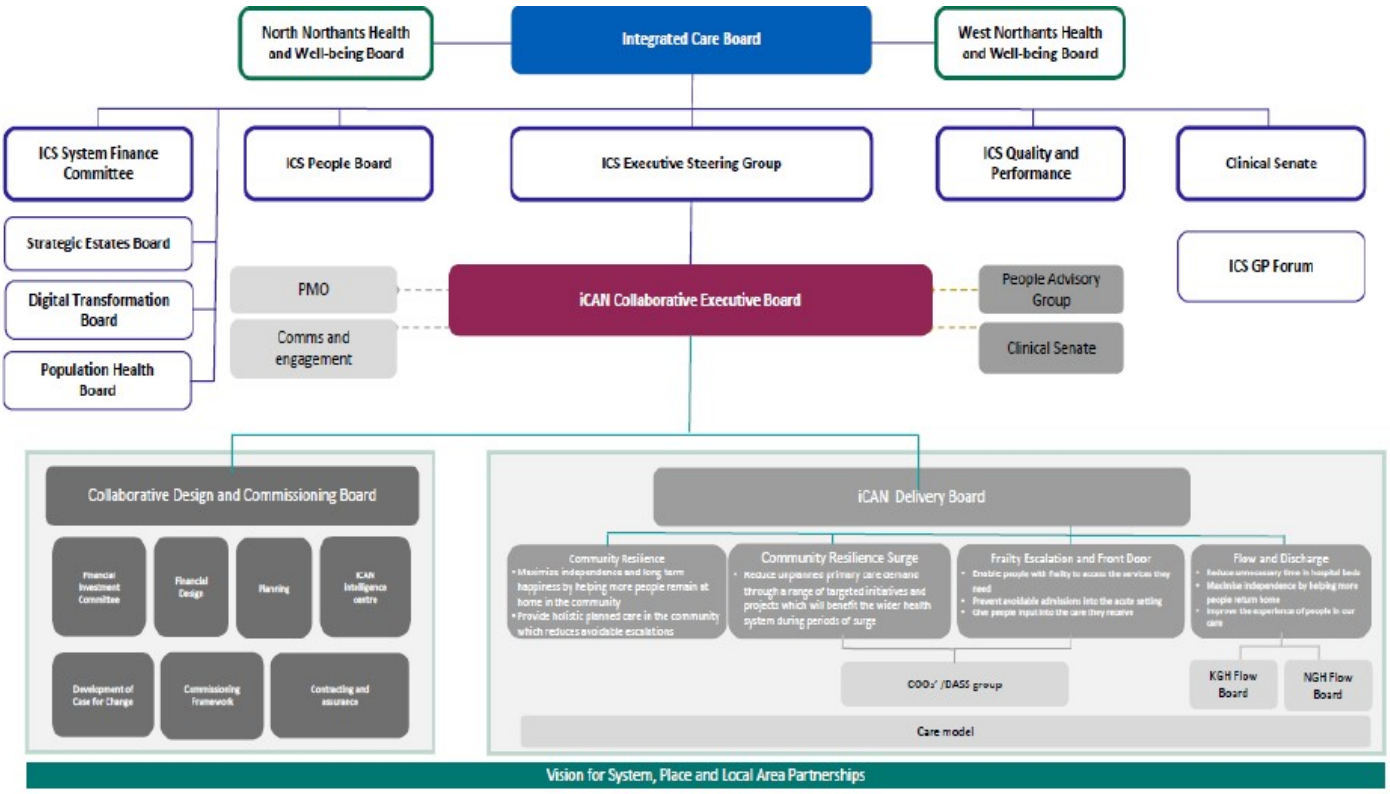
Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

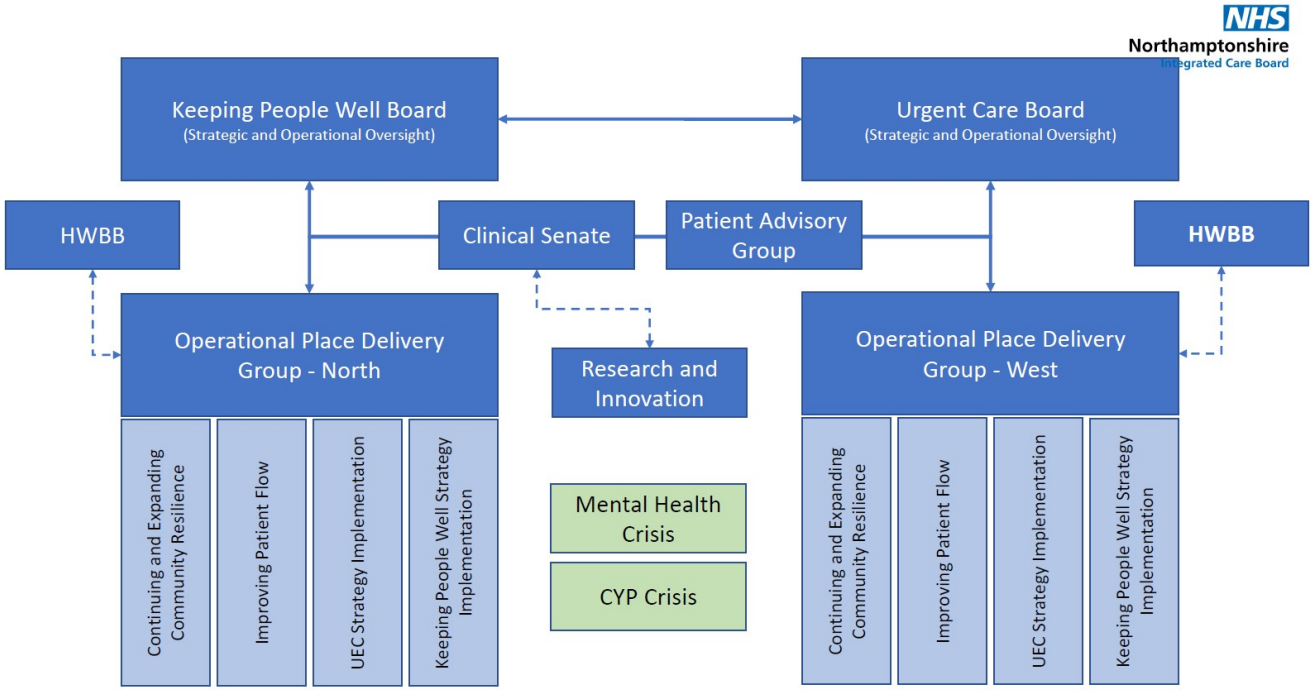
| Organisation | Areas Engaged |
|---|---|
| North Northamptonshire Council | Adults, Health Partnerships & Housing |
| Northamptonshire Integrated Care Board | Commissioning<br>Transformation and Strategy<br>Finance |
| North Northamptonshire Health and Wellbeing<br>Board | Public sector leaders |
| Northamptonshire Health Foundation Trust<br>(NHFT) | Transformation and Strategy<br>Community Services operations<br>Finance |
| Northamptonshire Group Hospital | Kettering General Hospital (KGH)<br>Transformation and Strategy<br>Acute SRO – Clinical Lead |
| General Practice | PCNs and Practices in North Northants<br>GP SRO –<br>Practice lead |
| Voluntary sector representatives | Healthwatch Northamptonshire<br>Place-based version of ICAN<br>Patient Advisory Group Age UK<br>Alzheimer Society |
| Community Groups | Various representatives including those from town and parish councils |

## 2. Governance

To deliver our ambitions, we have put in place the governance structure below that helps us oversee the Place-based version of Integrated Care Across Northamptonshire (ICAN) performance metrics and deliverables, while also helping us transition from a transformation programme to an integrated service delivery model within a collaborative.

This governance forms part of the ICB governance structure and ensures that the BCF performance is monitored via the ICS planning and resources committee (for BCF finances), and through the delivery and performance committee (in terms of service delivery for BCF metrics).




## 3. Executive Summary

Our 2023-24 BCF plan reflects some significant changes in our system since the last plan was submitted. We have the one Hospital Group Trust sitting across our two acutes in Northamptonshire. This forms part of the overarching Integrated Care System (ICS) operating model, with collaborative development and place development integral to this. An Integrated Care Partnership across

Northamptonshire has also been established and has developed the ten-year strategy focussed on improving the health and care of the population, supported by population health management approaches.

We will continue to shape our North Northants Place-Based Strategy throughout 2023-24 to ensure local services are targeted at a local need, by local health inequalities (using a North Northants JSNA, council intelligence and population health data) and delivered within local North Northants communities. In the meantime, our North Northamptonshire Health and Wellbeing Board have supported the schemes set out in this plan which will lay the foundation for the future strategy.

We will continue to build on the transformation work done in 2022-23 as our main objective for this year; we will also progress our integrated out of hospital delivery model, described later in this plan. The main difference this year is that the delivery model will be more aligned to each of the two places by continuing to bring together place based health and care and voluntary services, resources, assets, and BCF and other funding sources through our place-based version of ICAN. Its purpose is to deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible by:

- Ensuring we choose well – no one is in hospital without a need to be there.
- Ensuring people can stay well.
- Ensuring people can live well – by staying at home if that is right for them.
- Targeting key improvement and transformation, as well as formalising collaborative arrangements with delegated commissioning responsibility and single outcomes contract for delivery, with delegation coming from the ICB and HWBB utilising the BCF as a key enabler in this to deliver:
- Reduction in unplanned hospital admissions.
- Reduction in escalations to Acute Care.
- Reduction in length of stay in acute hospitals including reductions in patients with no reason to reside and stranded patients.
- Reduction in the length of stay in community hospitals and rehab.
- Improvements in our community offer & intermediate care.
- Reduction in the reliance on and use of long-term care.
- Significant finance benefits to the system.

## 4. Background to North Northants

Our North Northants Place-based delivery model has been designed and is now live. We will continue to shape it over 2023/24 to ensure local services are targeted at a local need, by health inequalities (using a North Northants JSNA, council intelligence and population health data) and delivered within local North Northants communities. In the meantime, our North Northamptonshire Health and Wellbeing Board have supported the schemes set out in this plan which will lay the foundation for the future strategy.

North Northamptonshire residents have a strong association with the previous sovereign council geographical areas and we see differing demographics and challenges across those areas. ONS (2021) found that in North Northamptonshire, the population size has increased by 13.5%, from around 316,900 in 2011 to 359,500 in 2021. This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800.

There are three main urban conurbations of Corby, Kettering, and Wellingborough but also several smaller market towns. The demographics across the three main conurbations still show very different challenges and very different demographics. Similarly, within the rural areas, there are differences in demographics that again mean different rural communities with both market towns and smaller villages that will require local approaches.

Applying a place-based lens and focus to integration of health, care and other services that impact on wellbeing and wider determinants is vital if we are to reduce inequalities in care and health.

Each locality has been subdivided into seven Local Area Partnerships (LAPs) which provide a more detailed, and accurate, understanding of the communities within.

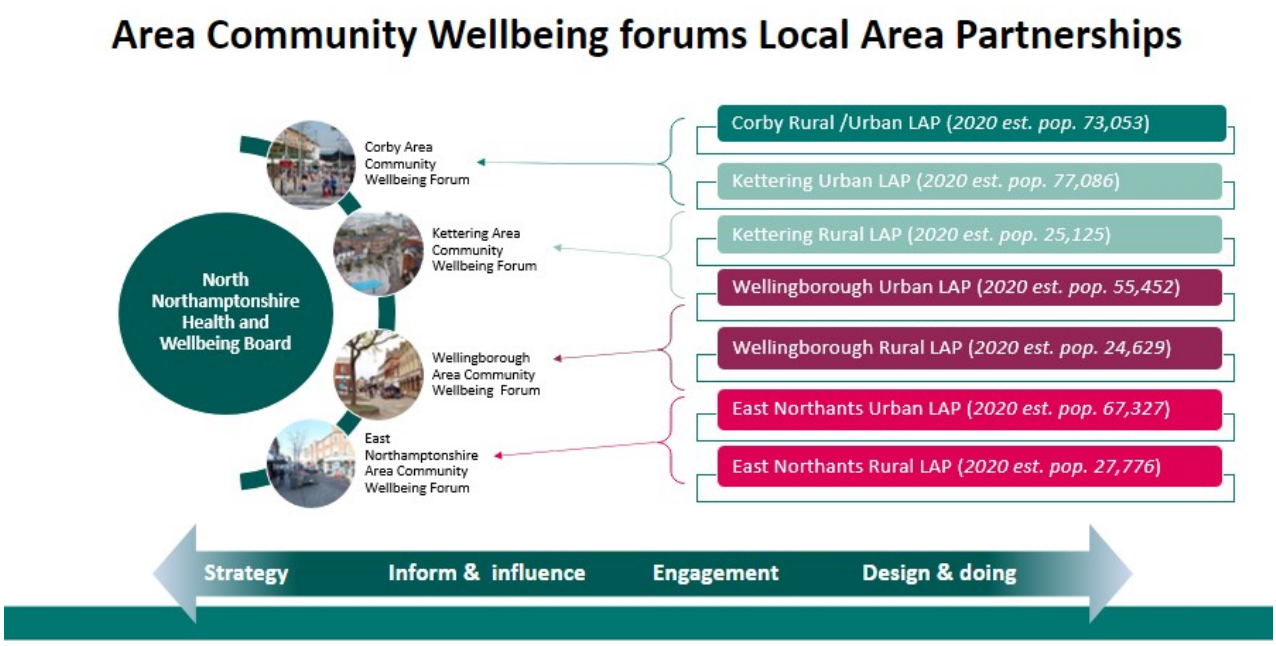
These LAPs mirror the electoral ward geographical footprints across Corby, Wellingborough, Kettering, and East Northants
It is the purview of the LAPs to provide local intelligence and data reflecting the needs of the population. Their function is to identify the priorities emanating from their communities and to support collaborative delivery with the public and workforce, bringing in the wider determinants of health and prevention approach.

On this basis LAP arrangements and boundaries are used for tailoring services and preventative measures to local needs and delivering them and will therefore align closely to the BCF plan.

The LAPs report into one of four Community Wellbeing Forums (CWFs). The CWFs hold oversight of the seven LAPs and are the mechanisms for influencing and informing the North Northamptonshire health and wellbeing ambitions and driving forward the priorities of the North Northamptonshire's Joint Health & Wellbeing Strategy. The CWFs have a seat of influence on the local Health and Wellbeing Board.

It is our plan to develop and link more focused LAPs for 30 to 50,000 population sizes as part of the wider ICS emerging operating model.

We will delegate more commissioning responsibility from the ICB and councils into the North to support the defined scope of the services being developed as part of the transformation work underway. The case for change on the table currently includes potential elements of the BCF, the scope of which has yet to be worked through.




## 5. Stakeholder Engagement

North Northamptonshire Council is a key stakeholder in the Northamptonshire Integrated Care System (ICS). The Northamptonshire Integrated Care Partnership (Integrated Care Northamptonshire - ICN) has developed a ten-year strategy – Live Your Best Life - which states the strategic alignment of all partners to improve the health and wellbeing of the population with a clear outcomes framework integral to this.

North Northamptonshire Council will continue to work on developing strong relationships with all strategic partners. In addition, we will develop the organisational culture as a new unitary authority via internal development within the council to align the vision, corporate plan, and service plans, alongside that of the Live Your Best Life strategy.

The new council has remained committed to continuing to support an integrated wider health and care approach. Both North and West Northamptonshire Councils are key stakeholders of the ICS covering Northamptonshire. Significant collaboration has been required to maintain existing arrangements and bring them forward in developing new BCF plans for both areas, with oversight being held by the two existing place-based Health and Wellbeing Boards; one for the North and one for the West, both aligned to the ICP.

Our ICS county-wide and Integrated Care Partnerships (ICPs) arrangements have been agreed. The ICP will play a crucial role in influencing the North Northants Health and Wellbeing Board strategy. The statutory responsibilities of the Health and Wellbeing Board will also influence the Integrated Care System strategy delivery, ensuring that where appropriate the nuances that set North Northamptonshire apart from West Northamptonshire are considered. This is reflected in the development of the North and West places as an integral element of the ICS operating model and new way of working, outlined in the Live Your Best Life Strategy.

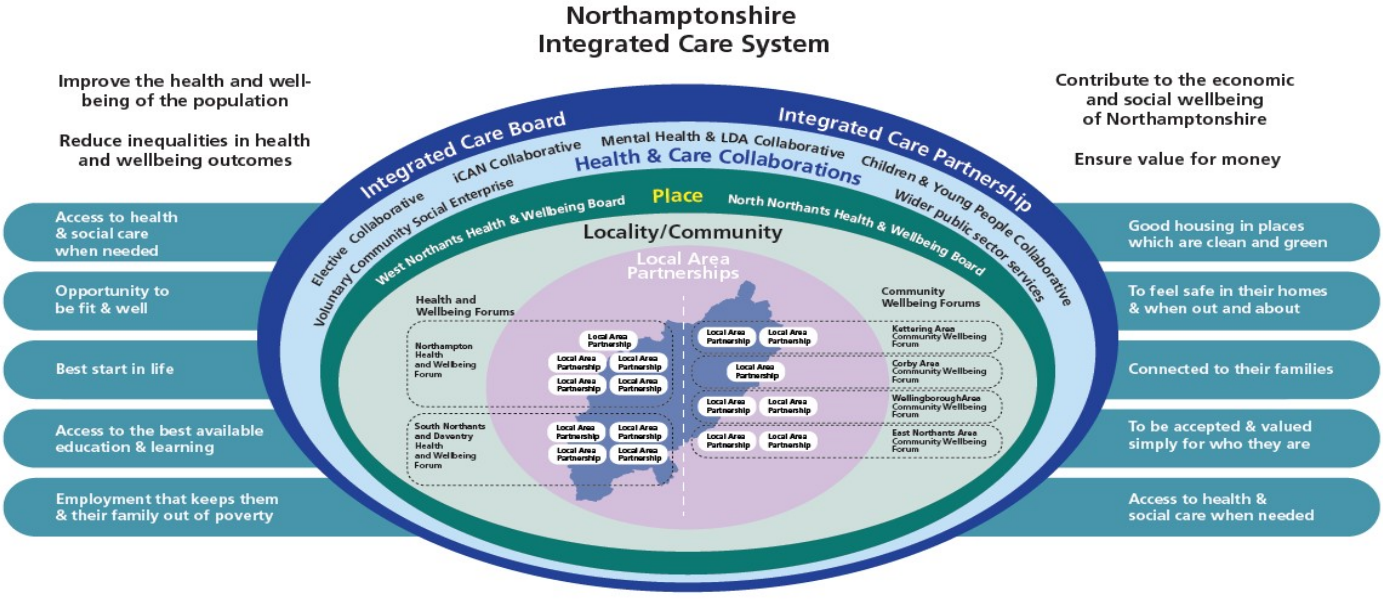
The BCF plan plays a fundamental part in delivering our ICS vision which sets out that:

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.

**Live Your Best Life Shared Ambitions.**

- 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.

To support our people with these 10 ambitions means that we have to collaborate through the four system collaboratives. We collaborate, in particular, with Integrated Care across Northamptonshire (ICAN), local businesses, but also with local people to ensure we understand the uniqueness of each of our Local Area Partnerships and the people who live in them. Understanding this uniqueness enables us to ensure the right support, environment and interventions are in place to support people to live their best life.



## 6. National Condition 1 – Overall BCF plan & Approach to Integration

### 6.1 Joint priorities for **2023-24**

We will continue with the place-based version of ICAN as our transformation programme; the majority of this year's BCF plan continues to link to ICAN services and schemes. We envisage the services within our place-based version of ICAN and the BCF will form the basis of a future collaborative and integrated service delivery at a local level.

While ICAN is a five-year programme to deliver our shared vision for the frail and elderly, this cohort of residents drives significant demand in North Northamptonshire. Our population is forecast to grow 20.5% by 2041 and by 24.26% in the over 65s across the county, with a forecasted 25.58% increase in the 65+ age group predicted by 2029. Over 65s also account for 90 admissions a day, driving further focus on this cohort across the BCF, IBCF and transformation.

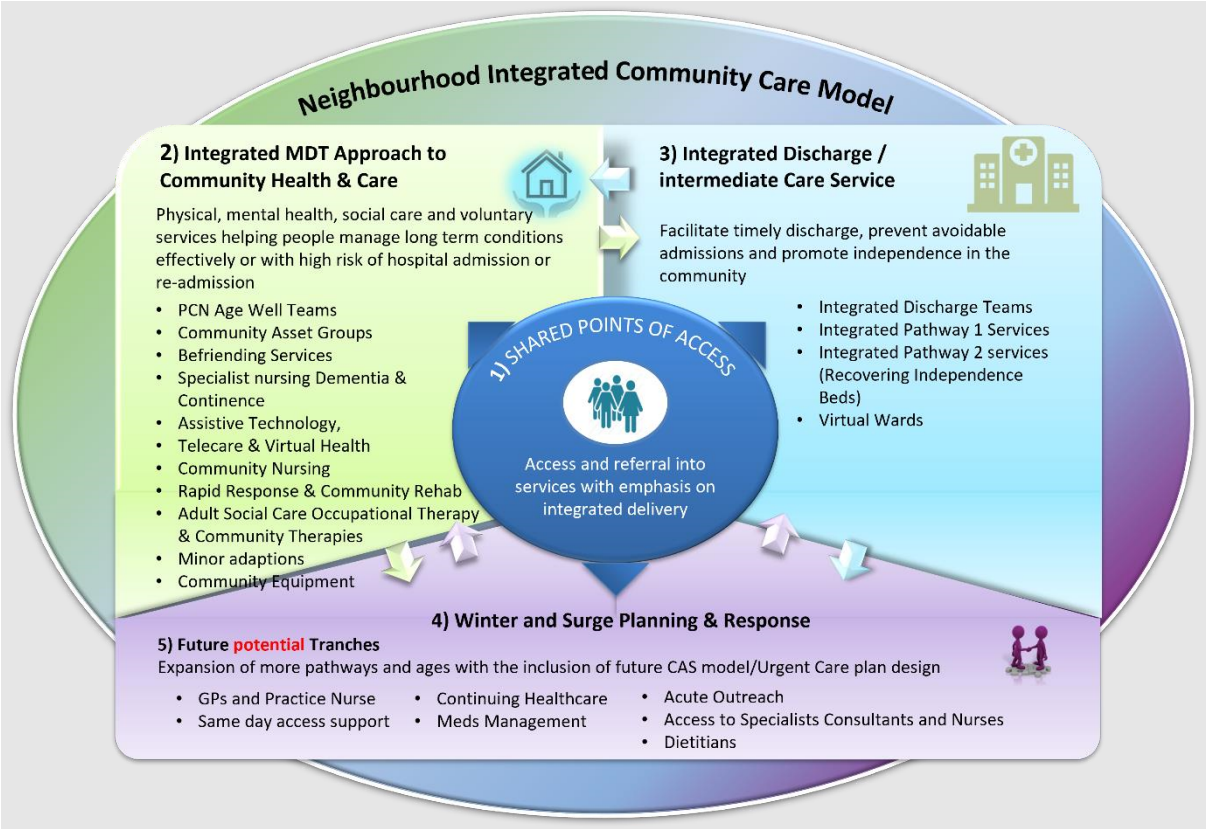
In 2023-24 we plan to continue building on the transformation work done in 2022-23 and progress our integrated out of hospital delivery model, described later in this plan.

We will bring together health and care, voluntary services, resources, assets, the BCF and other funding sources into a single collaborative, working within a single integrated delivery structure. We will continue to work towards this design through our place programme which is targeting key improvement and transformation as well as formalising collaborative arrangements.

### Approaches to joint/collaborative commissioning

Our BCF plan has been agreed in principle by the ICB and North Northants Council. Its content and scope, including all the Discharge To Assess (DTA) schemes, the place-based version of ICAN and the additional investment made by partners have also been agreed by the ICB, Northamptonshire Group Hospitals (Acute Hospitals), Community Health Trust and North Northants Council, as well as the Directors of Finance for the System.

Our BCF plans are set to deliver a new model of integrated care; keeping more people well at home, supporting earlier discharge and return to home, and keeping people well in the community moving away from acute based care. This is better for people, better for our finances and sustainable.




We plan to utilise the operating model to build on our work including all the services from the BCF detailed in sections 1 to 4 in the diagram to:

- Create formal structures and shared ownership of pathways,
- Develop more trusted assessor approaches with shared referral points in hospitals and from the community,
- Operate integrated Pathway 1 and Pathway 2 models with shared SLAs, shared outcomes, and fewer hand-offs,
- Increase avoided escalations to hospitals with step up services to be developed working with GPs,
- Develop a flexible shared workforce that can respond to surges/winter using data to inform joint interventions,
- Expand pilots and integrate more prevention and wellbeing services that can help avoid escalation for e.g., falls, supporting independence,
- Work within the Neighbourhoods and interact with the emerging Local Area Partnerships and wider services that effect wider determinants of health.

In 2023-24 we will continue to maintain many of our previous schemes for delivering good quality integrated care with a strong focus on community and out of hospital care. This is designed to transform our elderly and frail pathways across organisations, and embed best practice (like Discharge to Assess, HICM and Ageing Well principles) across the system in an integrated programme. The leadership for this programme is distributed across partners and settings with Senior Responsible Officers (SROs) and staff from social care, acute hospitals, GP practice, community health and the voluntary sector coming together to create joined up care.

**Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support improvement of outcomes for people with care and support needs?**

Our BCF plan is comprehensive and wide reaching and contains both short term improvements in performance and longer changes to deliver joined up working and improved outcomes. It meets the require grant conditions as set out below:

| Requirement | How it's being met |
|---|---|
| IBCF - Meeting adult social care needs | The Improved Better Care Fund (IBCF) funding includes funding towards additional home care, market capacity to meet increased demand including increased hours of care and complexity coming from hospital discharges |
| IBCF - Reducing pressures on the NHS, including seasonal winter pressures | Our placed based version of ICAN programme funded within the BCF is delivering several key winter schemes including:<br>• D2A process improvement - implementing best practice model & live data to drive effective process.<br>• Multi-Disciplinary Teams (MDTs) in acute frailty hubs - Enabling effective decision making & reduce frailty admissions.<br>• Ensuring EMAS conveyances are aligned with the frailty processes / reduce avoidable acute attendances.<br>• Home monitoring/ equipment - left shift care into community<br>• 2hr Integrated ICT / Rapid Response service<br>• Supported by revised onward referral procedures (such as direct referral to reablement)<br>• Frequent flyer care management to reduce unnecessary attendance and readmission |
| IBCF - supporting more people to be discharged from hospital when they are ready | We have maintained our reablement capacity and increased the packages of referrals in Social Care. Further private sector and voluntary sector commissioned services are also being commissioned including the overnight sitting service, Hospital at Home, and the use of welfare checks for recently discharged patients to ensure they are safe and recovering. |
| IBCF - ensuring that the social care provider market is supported | Ongoing underlying care cost pressures (volume, complexity, and cost increases to meet needs) from sustained and increased demand, discharges, and long-term costs of care in care home placements. |

| Requirement | How it's being met |
|---|---|
| Health funding for Care Act duties | The funding supports the care act safeguarding assurance teams and requirements for carers assessments for support. |
| Health funding for carer specific support | The plan includes investment in Northamptonshire carers services. |
| Health funding for reablement | The plan includes investment in health and social care, reablement and specialist dementia reablement services, and admission avoidance reablement capacity |
| Additional discharge funding | Expansion of remote monitoring in care homes<br>Block Reablement Partner including Admission Avoidance (TuVida)<br>Digital companion<br>DTA Brokerage Capacity<br>Intermediate Care bed-based centre for reablement excellence<br>(Thackley Green) |

## 7. National Condition 2 – Enabling people to stay well, safe and independent at home for longer

The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home.

Plans for supporting people to remain independent at home for longer.

**Community Resilience / Keeping people Well**

We will continue to expand our work within the community with community MDTs. These combine community health, social care, the voluntary sector, and GP Age Well teams to help people manage long term conditions and reduce the risks associated with frailty (for example falls).

We now have frailty leads in all PCNs and are undertaking comprehensive care plan reviews using the MDTs and working with patients, carers, and professionals to proactively prevent and mitigate the risks of frailty.

Our work includes befriending services to reduce isolation, memory clinics, and preventative support like balance classes (see further detail below). Multi-disciplinary and voluntary sector welfare teams are also in place to support people to stay well or follow up after a crisis or hospital visit and avoid readmissions.

**Remote Monitoring**

Remote monitoring will enable earlier identification of changes in presentation which could indicate an emerging issue. Work has begun on this workstream which we will continue through 2023/24.

We have increased the level of remote monitoring instances both through the Virtual Ward programme for respiratory illness, but also in peoples own homes. We have put in place the first large scale joint remote monitoring hub with combined council and nursing staff using an array of equipment to keep people safe. This project has introduced equipment to do the monitoring of patients' clinical observations and well-being remotely by a team of senior clinicians; they then monitor and respond to the data that the equipment is feeding back.

The Virtual Clinical Care Team is operating from 8am to 8pm daily and has the ability to respond within two hours to any significant abnormal data the system receives, giving clinical advice and guidance to manage the situation within the community.

**Emergency Community Response**

The Rapid Response pathways seek to increase the number of people using Rapid Response rather than attending hospital. In addition to the success we have had in the community we are also now taking calls from the EMAS stack directly and from 111 more recently.

An example of our success is that 90% of long-wait fallers have already been supported to stay at home; the new pathway has saved an estimated 8.5 days of time where people would have been waiting on the floor.

Reablement North shall continue to work closely with NHFT Rapid response on Emergency Community response (2-day access to Reablement standard). Currently 30% plus of all monthly capacity in Reablement north is working with Urgent community response and A&E departments to support rapid access to reablement; we are achieving the 2-day access to Reablement Target.

Reablement North has focused on training to support falls in the last 2 months, upskilling key staff to be able to work with the Northamptonshire Falls model with the use of ‘Raizer’ Emergency Lifting Chairs. The system wide Northamptonshire Falls service is trialling and expanding the use of ‘Raizer’ Emergency Lifting chairs in care homes to reduce demand on Ambulance services.

Having completed the training Reablement North will continue to use ‘Raizer’ Emergency Lifting chairs to support people who have fallen within the service; this has now become normal practice for the service for fallers within Reablement North service.

We plan to roll out wider training and working with NHFT Urgent Community Response, who already respond to falls, to develop a joint health and social care reablement urgent community response model. This will support Reablement North to use 'Raizer’ Emergency Lifting chairs to lift non-injury falls and for Urgent

community response staff to be freed to support more injury falls this coming winter (23/24).

**Steps to personalise care and deliver asset-based approaches**

In Northamptonshire we have implemented a holistic, strengths-based approach to creating care and support plans. These are centred on a 'what matters to me' principle rather than a traditional, often health led, 'what is the matter with me' desktop MDT approach.

By placing the person at the centre, goals are created which are meaningful and achievable for the individual and their support network. We have adopted the 'no discussion or decision about me without me' core value from mental health and have embedded this into all our Ageing Well work.

The power of social inclusion and peer support, especially amongst those with shared lived experiences (person and carer), is recognised in Northamptonshire. Using our community asset programmes for people with COPD, Heart Failure, Diabetes and Dementia.

These are all facilitated and run by our Voluntary Sector partners with specialist input, and masterclasses, provided on a rolling basis by a range of professional health, care and specialist advisors, e.g., Financial Advisors, Bereavement Counsellors etc. Feedback from those attending, and the staff delivering, continues to be excellent reinforcing the oft heard view that small things make a massive difference to a person's wellbeing. "*It's great to feel I am not alone and there are others just like me*". We have supplemented this with targeted strength and balance, fitness classes for those with frailty and / or cognitive impairment, identifying a gap in provision. These operate on a 'screen-in' rather than 'screen-out' attendance approach.

**Implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches.**

Whilst the themes we hear through co-production are consistent around what good looks and feels like to age well, we know that the bespoke solutions are required to meet the diverse spread of the people we serve. Asset groups in town centre venues, well serviced by public and voluntary transport, are great but do not provide a viable option for the many older persons living in our rural areas where pop-up or rotating session programmes work better. We also ensure a choice in mix of face to face and on-line group support.

We work with our partners across all our BAME and Protected Characteristic groups to ensure that solutions are meaningful. This can be fostering wider community integration, e.g., by having an older person fitness class for all, delivered from a local Hindu Association Temple complex. This could also be by employing, through partnership with our Black Communities Together Group, staff who are recognised by communities and able to engage in their first language, where this isn't English, as we are currently doing with our pathfinder work to support our older Asian communities in Northampton and in Wellingborough.

We will continue to review all of our activity data to test whether the use of our new solutions is reflective of the population served. For example, are we seeing an expected share of persons from BAME communities in our GP Led Extended Review Clinics and our Group programmes and is their experience and outcomes comparable.  Using our GP list demographic, we can triangulate and, where a shortfall is identified, work with community groups and leaders to coproduce solutions.

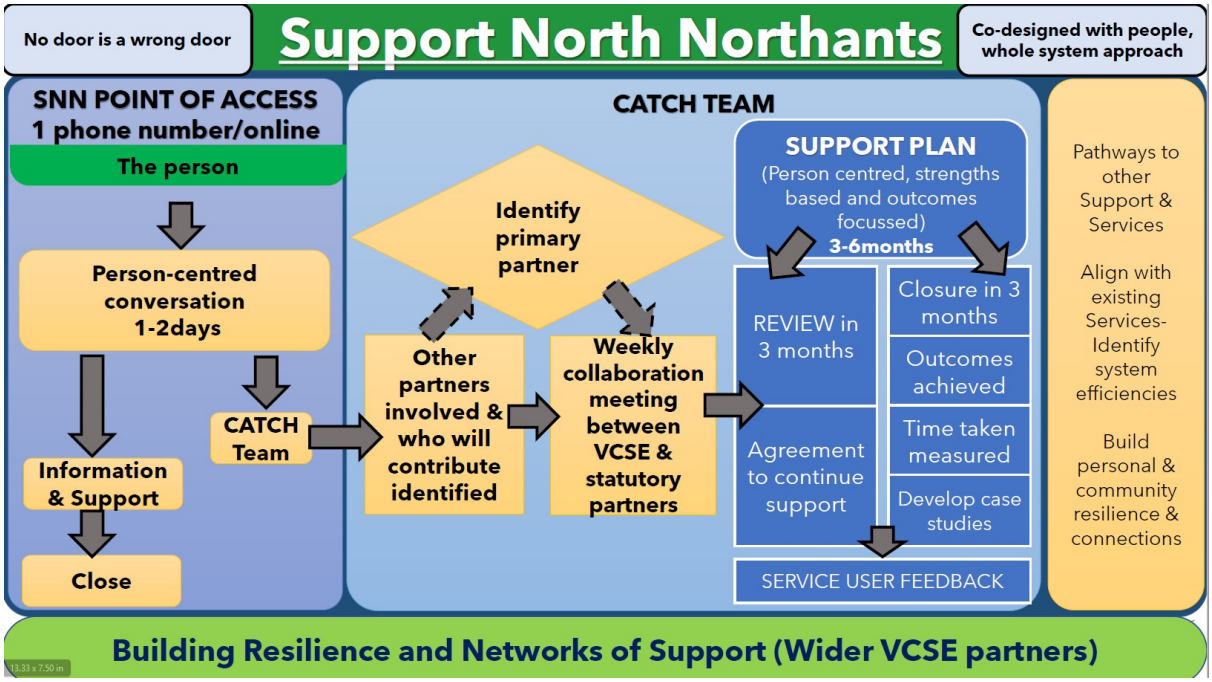
Throughout 2023/2024 we plan to prioritise a focus on our partnerships with Alzheimer's Society and Dementia UK to develop our support offer for persons with cognitive impairment associated with age, recognising the lower volume of persons from minority communities seeking timely help.

We will work with families to change our dialogue and our content, where Dementia is not a recognised term or condition. Helping to remove stigma will be essential as we know that early support can massively improve outcomes for many years, significantly reducing demand for long term care services.

We will continue to work closely with partners to develop the new community-based Support North Northants (SNN) Service. The service is a co-produced venture to encourage voluntary partners to work with statutory services to offer wrap around, holistic, care for the people of North Northants. It aims to promote greater relationships between partners, as well as reducing people's wait times to receive a service as the responsibility for delivery is shared among delivery partners.

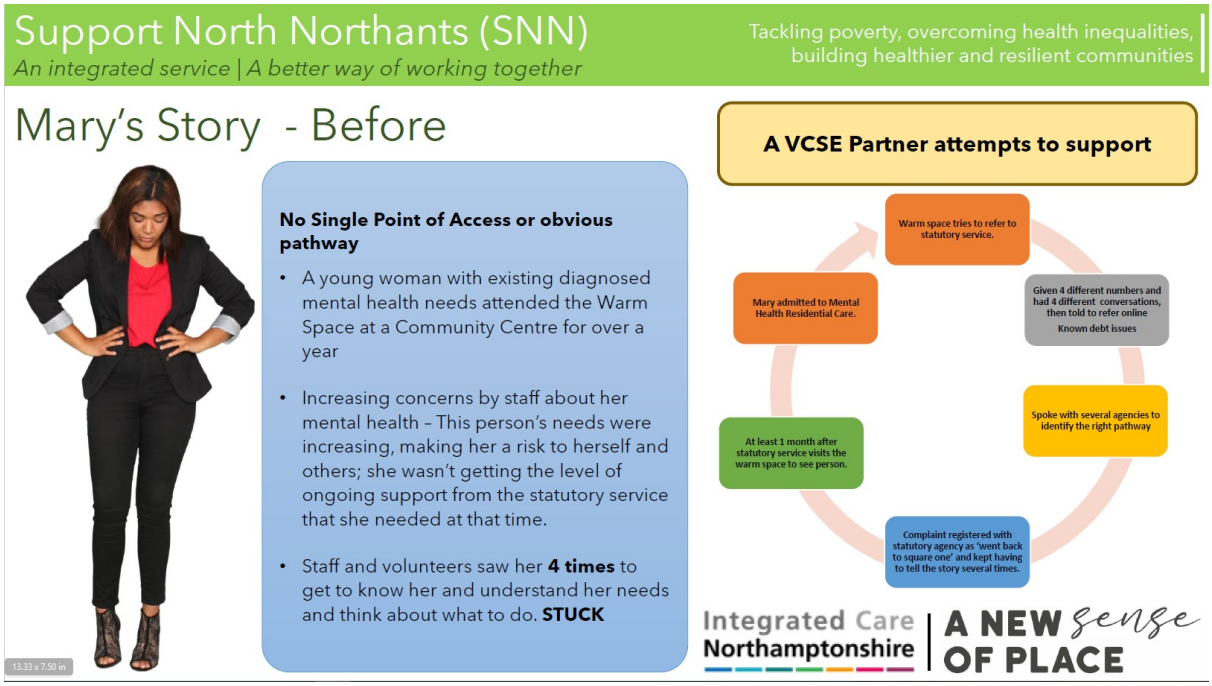

SNN aims to offer an environment where partners come together to contribute toward a support plan and delivery. This will ensure partners with capacity are utilised efficiently and those struggling with capacity see some of the delivery responsibility shared.

The service is not designed to replace anyone's responsibilities and is not designed to encourage handoffs between partners. It is a service supported by LAP priorities to help delivery partners identify support within the county and bring those bodies together more efficiently to support the community.




The existing system can unfortunately mean people are left behind as those referring do not know where to go to. Due to capacity within certain sectors, it is oftentimes that people are only seen when they reach a level of crisis, and not at a stage of early intervention.

It is the ambition of SNN to bring partners together, to discuss the presenting issues and act together to provide early intervention and retain people's independence and dignity.



**Multidisciplinary teams at place or neighbourhood level.**

In 2018 we created our first PCN Integrated Age Well Team comprising team members from the voluntary sector (Northants Carers, Age UK, Alzheimer's Society), Adult Social Care, Community Health and Primary Care.

All staff, regardless of which organisation they are employed by work under the day-to-day leadership of their team lead employed by the PCN and have same core training and skills development.

For example, all can take basic patient observations, assess for, order and supply low level equipment, complete mental health assessments, provide advice on benefits, attendance allowance etc.

Most importantly all have been empowered to work with the individual person to sort what matters to them at that moment. The teams are able to fulfil the tasks that often fall between the gaps in the established responsibilities of others, reducing the need for back and forths.

We have expanded to create eleven PCN Age Well Teams covering all sixteen of our PCNs. Age Well Teams cover circa 70,000 GP list size which is around 14,000 persons over 65 for each team.

Every Age Well Team has dedicated Frailty GP Lead(s) who, supported by the PCN Pharmacist, Advanced Nurse Practitioner, and other specialists as needed, are able to provide extended GP led reviews; the majority of these take pace in a person's own home through Microsoft TEAMs call with the Age Well Coordinator being with the individual. Our learning to date is that around 25% of new referrals require the extended clinical team input. Our Adult Social Care Assessment and Enablement Team members are linked to their locality Social Care Teams and are able to identify, from duty lists and low-level safeguarding concerns received, persons who would benefit from the Age Well Team input.

The Age Well Team approach adopted is of warm transfer, and never cold onward referrals to another service which avoids leaving the person confused on what will happen next and unsupported.

All Age Well staff are trained and provided with NHS laptops and smartphones, enabling them to directly update the person's health record. This provides the GP and primary care team with much greater awareness of the person holistically, their living circumstances, areas of confidence, and causes of concern. It also ensures, through our digital interoperability solutions, that this same level of information is visible to those responding to the person at point of crisis or escalation.

We plan to extend the capacity of the team in 2023/24. At present there is limited resilience as there is no cover for leave or unplanned sickness. The volume of referrals is increasing, and we need to further embed remote monitoring and assistive technology as core tools to aid independence and confidence of the person/carer.

We are already seeing several of our PCNs moving to the next level of integration with their Care Home Coordinators, attending shared team meetings with the Age Well staff and in some cases, people with dual roles supporting people in their own home and a care home in their area.

By having Age Well staff it has supported the PCNs to focus their Social Prescriber capacity onto those persons under 65.

Our learning has been shared with the NHSE/I team nationally leading on Anticipatory Care and has helped to inform the scope and ambition of the eagerly awaited Anticipatory Care Specification.

We have also engaged in developing a strategic and joined up plan for DFG spending and housing as a solution.

## 8. National Condition 2 – Enabling people to stay well, safe and independent at home for longer.

Significant work has been taken within Northamptonshire looking at demand and capacity. Using tools such as our interactive Pathways dashboards enables us to have a live picture of demand as well as queue sizes, timescales, and trends to discharge once a person becomes 'No reason to reside'. This enables us to monitor against our predicted versus actual demand across pathways and has informed how we have invested the additional funds.

An example of this is the investment in Pathway 2, and our remodelling of Thackley Green Intermediate care centre. Our shift to increased volumes through Pathway 1 has driven increased levels of acuity in those people on Pathway 2 What we saw over the winter period was due to these increased levels of acuity; our traditional Pathway 2 was not sufficiently equipped / staffed to accept the level of presenting need and therefore people were moved to less ideal provision.

We have sought to address this with additional investment which will not only increase capacity but the levels of incoming need and opportunities for increased independence for those accessing the centre.

We have taken the learning from our performance over winter and the introduction of our Block Reablement Partner and used the evidence to run the service at enhanced winter levels throughout the year. The Block Reablement Partner has significantly improved not only our capacity on Pathway 1 and Admission Avoidance, but the outcomes we are achieving for people via increased independence.

Enablers, such as increased brokerage capacity and digital champions, will ensure that our capacity is protected, ensuring timely step off the service and reducing levels of ongoing need.

## National Condition 2 – Enabling people to stay well, safe and independent at home for longer

**Frailty Units and Same Day Emergency Care**
We aim to create a high performing and specialised team at the front door of our hospitals to support frail people to go home rather than be admitted into hospital.

Both hospitals now have frailty units in place with skilled teams who seek to screen, assess and then discharge (with support if needed) and reduce the need to admit unnecessarily. It aims to discharge home 78% of patients referred. Despite a slow start with COVID the scheme is now meeting its target for referrals.

**Emergency hospital admissions following a fall for people over the age of 65**

**Emergency Community Response**
The Rapid Response pathways seek to increase the number of people using Rapid Response rather than attending hospital. As well as the success we have had in the community, we are also now taking calls from the EMAS stack directly and from 111 more recently.

At maximum throughput, this trajectory expects 6 additional EMAS referrals per day, and 2 additional 111 referrals per day. One example of our successes is that 90% of long-wait fallers have already been supported to stay at home and the new pathway has saved an estimated 8.5 days of time where people would have been waiting on the floor.

Reablement North shall continue to work closely with NHFT Rapid response on Emergency Community response (2-day access to Reablement standard). Currently 30% plus of all monthly capacity in Reablement north is working with Urgent community response and A&E departments to support rapid access to reablement; we are achieving the 2-day access to Reablement Target.

Reablement North has focused on training to support falls in the last 2 months, upskilling key staff to be able to work with the Northamptonshire Falls model with the use of ‘Raizer’ Emergency Lifting Chairs. The system wide Northamptonshire Falls service is trialling and expanding the use of ‘Raizer’ Emergency Lifting chairs in care homes to reduce demand on Ambulance services.

Having completed the training Reablement North will continue to use ‘Raizer’ Emergency Lifting chairs to support people who have fallen within the service; this has now become normal practice for the service for fallers within Reablement North service.

We plan to use the BCF this year to expand Reablement North’s role in Urgent community response, working with NHFT Urgent Rapid response (who already respond to falls) to develop and embed a joint health and social care reablement urgent community response model. This will support Reablement North to be the first point of call for non-injury fallers in their own home, using 'Raizer’ Emergency Lifting chairs to lift non injury falls freeing our health Rapid response colleagues and EMAS to support injury falls this coming winter.

## 9. National Condition 3 - Provide the right care in the right place at the right time.

**Reducing Length of Stay In hospital**
This includes elements of our continued improvement around supported discharge, such as:

- Identifying the needs of complex discharge support early, via our multidisciplinary transfer of care hubs,
- The active dashboards that enable us to see live data, enabling us to work flexibly within surges of demand while maintaining positive outcomes for our people.

**Board Rounds & Timely discharges**
Adopting new processes, such as board rounds, based on discharge best practice to enable a smooth and speedy flow through the hospital for our people. The work here includes the continued development of an integrated Discharge Hub, improved early discharge expectations and a sustained focus on home first pathways.

**Improved timeliness of diagnostics and use of community IV solutions**
Past assessments have shown we over-use some diagnostic tests. Delays occur when people wait for tests and during that time they decondition.

We are now maximising the utilisation of all diagnostic systems and are now sending more people home with oral antibiotics or community IV rather than relying, as we have in the past, on hospital based IV solutions.

**Trusted Assessments**
New forms are now being used in all wards, replacing our Patient Discharge Needs Assessment (PDNA) forms that were over prescriptive and did not always represent the patient; these were causing issues with trusted assessments. The new 'What Matters to Me' focus creates a strength based, home first focus on all patients so they don't stay in hospitals when they no longer need acute care.

**How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds and implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring sustained improvements in outcomes for people discharged from hospital and wider system flow.**

**Pathway 1** We have commissioned 966 hours per week through TuVida, our short-term home care service. TuVida supports complex Pathway 1 cases with a reablement focus and working in partnership with our inhouse Reablement team and our single-handed care Occupational therapists.

We will use these hours to ensure we are maximising our Reablement capacity, whilst also ensuring that we maintain the think home first approach and getting the most independent outcome for our people.

**Pathway 2** We will invest in our Pathway 2 capacity through our Intermediate Care, bed-based centre for 'reablement excellence' which holds 51 Beds. We will ensure that we are reducing the number of permanent admissions to residential and nursing placements and maximise all opportunities for independence. This will include an integrated approach between health and social care ensuring right place, right care at the right time.

**Flow enablers** We have invested additional capacity into our out of hospital brokerage service, ensuring that we are reducing length of stay within all DTA capacity, which will in turn create sustainable capacity for timely discharge. This team will work alongside the strength based social care team ensuring the focus is on maximising outcomes and choice, while also controlling any longer-term prevision of care.

**Assistive technology** We have invested in assistive technology and will continue to promote independence, reducing reliance on formal care and support, in the way of digital companions to be piloted within our reablement service. The benefits are anticipated to be:

- Provide remote care and support using digital technology, reducing the possibility of readmission to hospital.
- Monitor and support wellbeing, reducing loneliness by remotely connecting to family, friends and carers.
- Supporting remote monitoring of health and wellbeing through the introduction of a hybrid care model.

Extension to remote monitoring in Care homes will enable us to use a proactive, preventative, approach to assistive technology; this will make the hubs the beating heart, joining services across Health, Social Care and Housing. They will be enabled to provide an early response to support people to live where they want to be, stay connected to their local communities, stay fitter and active for longer, and will provide hubs the ability to trigger rapid support at times of rapid deterioration or crisis.

## 10. National Condition 3 - Provide the right care in the right place at the right time

**Set out how BCF funded activity will support delivery of this objective, with reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics**

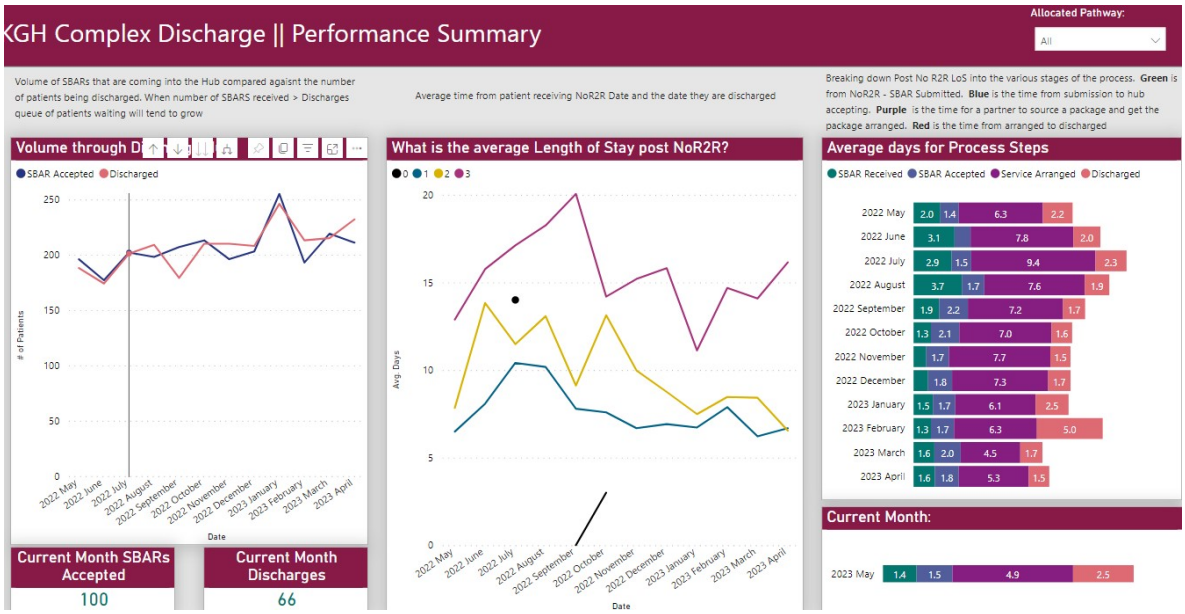
### Discharge to usual place of residence

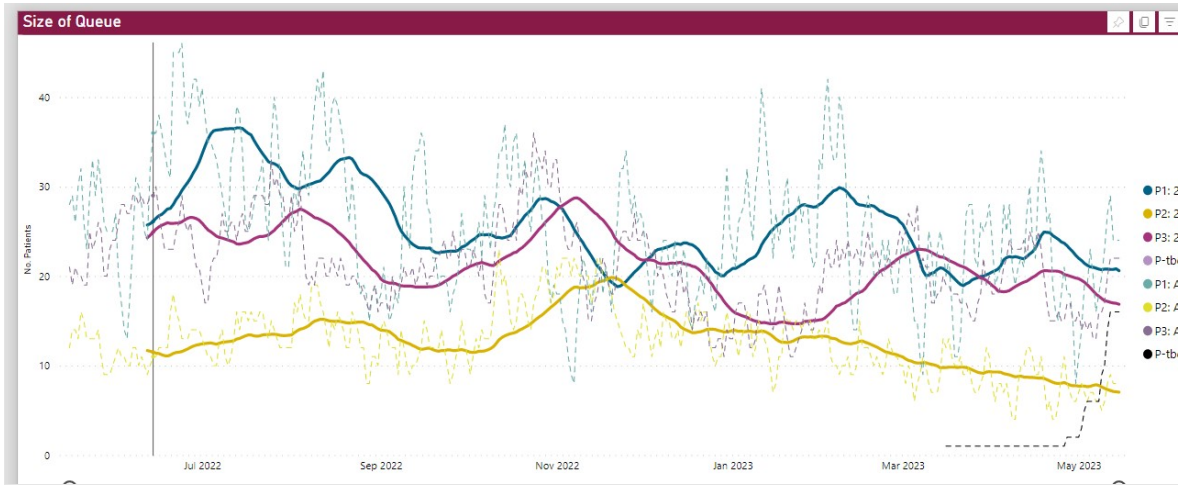
We have made and will continue to make, improvements in the ward referral and transfer of care hub processes to improve the speed of the discharge decision making processes. We have seen a reduction in our delays in discharge queues for both bedded and home-based intermediate care when delays are present. They are either when people are waiting for capacity to become available, or when a patient becomes not medically fit, but the referral process is kept open.

We have improved the visibility of queues and wait times for each pathway via our jointly owned dashboard, using data from both Transfer of Care Hubs and the Pathway Services. This has enabled targeted continuous improvement and data-

led decisions on capacity and when to use spot purchase or alternative pathways as the best option to maintain hospital flow, for example. We will continue to try to improve referral to discharge time, which will be most impacted by capacity improvements in services.

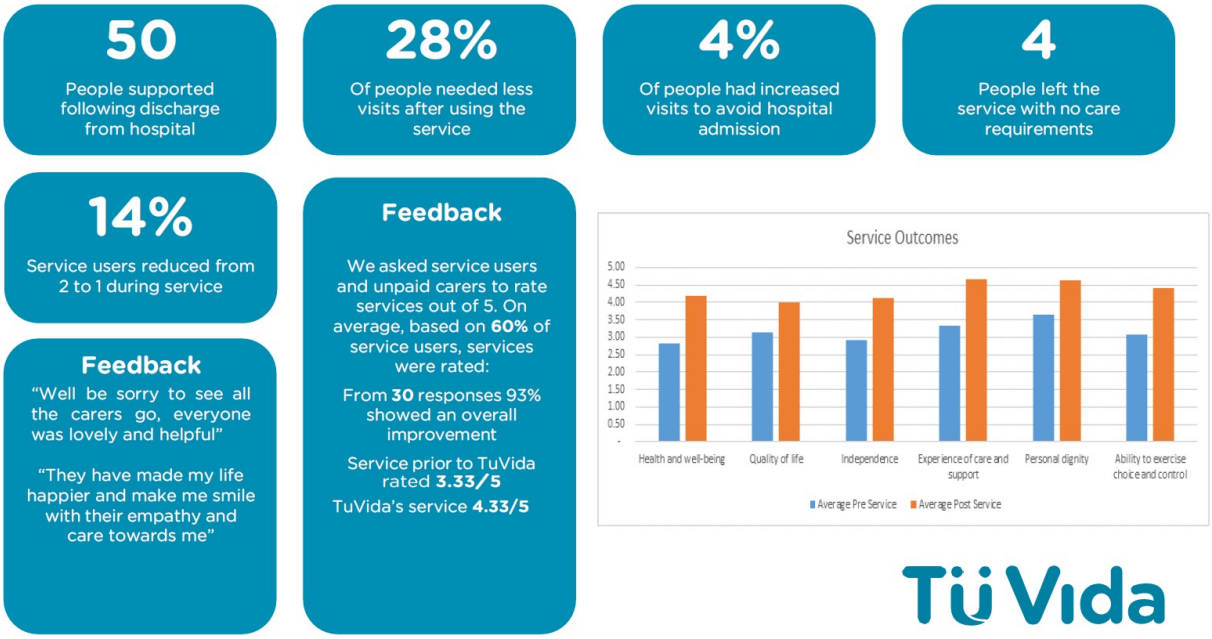
We will continue to work in a collaborative Health, Housing and Social care model within the discharge cell for North place, utilising multidisciplinary decision making from all parties including dedicated Housing posts supporting Pathway 0 and pathway 1 flow.




In 2022/23 we invested winter funding into additional capacity for Pathway 1 across North Northants via our new short-term home care service. Based on the benefits seen in 22/23 around flow on Pathway 1, we will extend the contract with the provider, via the BCF and continue to develop the integrated model and length of stay (LOS) through close working between health, inhouse reablement and the short-term homecare provider. The service protects the flow through the in-house reablement service for those with reablement potential. It does this by working with our more complex Pathway 1's, which predominantly have needs indicative of two carer visits, but with a dedicated reablement ethos and working closely with single handed care, supporting our development and delivery of KLOE PR4. We have seen

positive results and outcome on this pathway with people being supported to stay at home with higher levels of independence.




This has seen the length of stay in reablement service decrease, allowing more starts and supporting more people to be discharged home overall. As well as increased hospital flow and a reduction in delays.

We can confirm that our approach addresses all the key criteria set out in the High Impact Change Model. The one area of the model where we require further work and workforce development is the seven-day working. Weekend working and extended hours for services across health and social care can deliver improved flow of people through the system.

## 11. National Condition 3 - Provide the right care in the right place at the right time

**Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas of improvement identified and planned work to address these.**

We have an established North Placed Discharge Cell that is an MDT of KGH Hospital staff, community health staff, North Northants Council, Adult Social Care (ASC) and housing staff, Continuing Health Care (CHC) and Voluntary Community and Social Enterprises (VCSE.) The discharge cell has been operational since 2020 and has been working across all partners to deliver the high impact change model.

The discharge cell has leadership from hospital Head of Capacity and from the Service Manager for NNC Adult Social Care, who together deliver functionality of SRO for discharge. They hold joint responsibility on delivery, utilising the hospital complex discharge dashboard to monitor internal hospital performance. They also monitor performance externally, looking at discharge flow, the effectiveness of the integrated discharge pathways and the delivery of aims from our contracts with market providers.

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 1: early discharge planning | Hospital Discharge and Frailty teams in A&E to identify and start complex discharge planning at admission.<br><br>Identification and monitoring of admission avoidance from A&E/SDEC/Frailty direct to pathway 1 and 2 services. Facilitated early discharge for therapy and IV fluid programmes in place.<br><br>ASC feed direct into Discharge hub on complex community cases at point of admission (e.g., bariatric admissions from community) Discharge Harm Review Panel commenced to monitor and understand learning around harm from delayed discharges. | KGH have internal dashboard “patient time matters” to enable senior staff in capacity and partners, to look at and drill down into ward-based data to identify blocks in delivering productive ward / criteria led discharge / red green actions.<br><br>Now dashboard is functional development of using data to inform decision making and develop KGH Action plans to address blocks and increase roll out of criteria-based discharge. | Active monitoring and development actions to address across Q2 and 3 of 2023<br><br>Targeted workstream on criteria led discharge in KGH | Improved performance on patient time matters and complex discharge dashboards by Q3 – Maintenance of improvement and fast recovery to that position across times of pressure in Q4 winter pressures. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 2 – Monitoring and responding to System demand and capacity | 1. Variety of tools/ dashboards at hand that Discharge Cell utilises throughout the day to monitor demand and capacity<br><br>2. SHREWD to enable whole system visibility of live data issues.<br><br>3. Operational Pressures Escalation Levels (OPEL) escalation process and support system escalation calls to monitor on the day demand<br><br>4. Second year of using prediction and past performance data to model demand and capacity to identify gaps – this year gap in Pathway 2 identified hence action plan to invest BCP funding to develop capacity and complexity | 1. Discharge dashboards are used to model flow on all pathways and used to monitor trends and pressures to inform both flexible response to demand as well as commissioning decisions. It was monitoring of demand on Pathway 1 that led to successful commissioning of additional Pathway 1 reablement capacity in 22/23 with TuVida which has been highly successful in getting people to right place first time and hence continued investment in BCF 23/24.<br><br>4. Development of Thackley Green Pathway 2 – based on data monitoring of demand outstripping | **1/2/3** Ongoing<br><br>**4.** Commenced Q3 2022, development and expansion of model stage 1 for October 2023, | 1. Maintenance of improvement in Discharge Dashboard and fast recovery to that position across times of pressure in Q4 winter pressures<br><br>2. Reduction in demand on pathway 3 non ideal pathways.<br><br>4. Increased capacity and capability of bed availability for Pathway 2<br>Monitoring of quantitative and qualitative outcomes and LOS for Pathway against baseline data in place. Workstreams kicked off May/June 2023 to review data and describe improvement required. Task and Finish groups to deliver |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| | of pathway 2 service in Thackley Green. | capacity and complexity of existing Pathway 2 service using BCF funds to develop and expand Thackley green service.<br><br>Further ICB wide Urgent care strategic programmes on Pathway 1, 2 Single point of access for Urgent care, Pathway 2 integrated brokerage and “Dementia and Delirium” to test assumptions and model changes in approach needed to deliver better integration releasing capacity. | | cross-organisation outcomes in year for Q4 Winter. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 3 Multidisciplinary working. | **1.** The North Place discharge cell is an MDT of health (hospital and community intermediate care), social care and VCSE to coordinate and plan discharge.<br><br>**2.** Area of lacking support in MDT decision making is primary care in Discharge cell and mental health services. Mental health particularly of working age adults with enduring mental health presentations plus older people with acute confusion (delirium) remain a group of people who do not fit within standard pathway 1-3 services and needs often fall between commissioned services leading them | **4.** North Place we are commencing a pilot of community place based greater integration with VCSE in SNN (Support North Northants) to support demand for community demand management to support people to access support earlier in community avoiding crisis and admissions. | **4.** Soft launch of SNN in June 2023 with gradual expansion across communities across Q2 to Q4 of 2023/4<br><br>**1/2/3** Urgent care strategic programmes on specific known gap in Pathway 2 provision for people with delirium and dementia. | **4.** Good will be based on the outcome framework (e.g., outcomes on health and social wellbeing/ economic wellbeing and personal resilience, etc obtained directly from person/ service user feedback. Monitoring of SNN effect on system partners capacity.<br><br>**1/2/3** Identification and multiagency solution finding using existing resources and some BCF funds to identify wrap around support on Pathway 2 and potentially Pathway 1 for this specific cohort of people and implement ahead of Q4 23/24. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| | to have protracted length of stay beyond no reason to reside.<br><br>**3.** Discharge Harm Review Panel commenced to monitor and understanding learning around harm from delayed discharges. | | | |
| Change 4 – Home First, discharge to assess | **1.** This is fully embedded in North Northants. Additional capacity was invested with BCF 22/23 and social care discharge fund to support additional support on this pathway. We successfully avoided any Pathway 1 ideal discharge being discharged to a non-ideal pathway in 22/23 and as such the successful use of TuVida and Reablement North is continued model BCF investment for 23/24 | **2** Commissioning utilising BCF digital companion from BCF funds to pilot effectiveness reduction in calls needed. | **2** Contracting process Q3 and mobilisation Q3/4.<br><br>**1.** Short term homecare reablement partner contract extension complete – ongoing monitoring of performance and engagement of provider in wider Pathway 1 developments | **2:** Digital companion reducing care calls particularly for social isolation and calls for dementia to “prompt” self-care<br><br>**1/ 2:** Maintain and see improvements in outcomes of enabling more people to independence and able to live at home. Monitoring via contract monitoring and effectiveness outcome dashboard, and short and long term (SALT) returns on effectiveness of reablement |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 5 – Flexible working patterns. | **1.** We have dedicated 7-day working on pathway 1 with both Reablement North and TuVida operating 7-day discharge and admission avoidance access into pathway 1.<br><br>KGH discharge Cell has a 7 day presence with KGH employed discharge staff presence at weekends to support and ensure planned discharges at weekend go ahead. | **3.** Thackley Green model of development is focused on improving access to bedded reablement to avoid unnecessary admissions to acre homes on pathway 3, this service is in its infancy and currently accepts admissions 7 days a week and will be developed in the Thackley Green development to embed 7 day admission process.<br><br>**4.** The decision-making cell is 5 days a week at present due to both staffing capacity across all partners and complex HR requirements that would be needed to workforce | **3.** Q3 2023/24 to have functioning new service with Extension of Number available beds from 25 to 35 by Q4 2023/24 with 7-day admissions as normal<br><br>**4.** Not planned for commencement of delivery this financial year | **1/2/3** Aiming to deliver centre of excellence for reablement – able to achieve CQC rating of outstanding. Long term delivery programme over the 3-5 year Adult social care strategy. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 6 – Trusted assessment | 1. Trusted assessment has been key focus of North Place Discharge Cell for several years. We have ward staff trusted to complete discharge paperwork and two-way communication between discharge cell and ward to enable decision making. Timeliness of decision making is monitored in Dashboard to ensure we have continued trust of assessments by ward staff.<br><br>2. An Independent care home trusted assessor service is commissioned and in place supporting both care homes and discharge to assess into care homes.<br><br>3. Trusted assessment has been key focus of | 1. Continue to monitor effectiveness of process and challenge delays on processing in discharge cell to identify training and constructive challenge to Discharge Cell MDT on quality of trusted assessment enabling effective discharge planning.<br><br>2. Independent provider of care home trusted assessor is in place as a previously funded pilot. Due for evaluation and recommissioning Q4 2023/4.<br><br>3. Continue to monitor effectiveness of process and challenge delays on processing in discharge cell to identify training and constructive challenge to Discharge Cell MDT on quality of trusted assessment | 1. Ongoing<br><br>2. Review of pilot and identifying funding streams for permanent contracting of role, and recommissioning by Q4 2022/23<br><br>3. Ongoing<br><br>4. Review of pilot and identifying funding streams for permanent contracting of role, and recommissioning by Q4 2022/23. | **1/2** Reduction of delay and maintenance of performance across times of pressure of stranded/super stranded data, and complex discharge dashboard performance data for people who are residents of care homes or being discharged under discharge to assess processes on Pathway 3 to a care home for the first time.<br><br>**1/2** Reduction of delay and maintenance of performance across times of pressure of stranded/super stranded data, and complex discharge dashboard performance data for people who are residents of care homes or being discharged under discharge to assess processes on Pathway 3 to a care home for the first time. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| | North Place Discharge Cell for several years. We have ward staff trusted to complete discharge paperwork and two-way communication between discharge cell and ward to enable decision making. Timeliness of decision making is monitored in Dashboard to ensure we have continued trust of assessments by ward staff.<br><br>**4.** An Independent care home trusted assessor service is commissioned and in place supporting both care homes and discharge to assess into care homes | enabling effective discharge planning.<br><br>**4.** Independent provider of care home trusted assessor is in place as a previously funded pilot. Due for evaluation and recommissioning Q4 2023/4 | | |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 7 – Improved discharge to Care homes | **1.** We have embedded D2A in Pathway 3 and have established assessment processes for Care Act / CHC and finance assessments to be conducted after discharge in temporary care home placements.<br><br>Independent care home trusted assessor in place. | **3.** Deficiency is access to reablement in some care homes and wanting to reduce unnecessary pathway 3 discharges to care homes and increase pathway 2 discharges to enable more patients to access bed based reablement. BCF 23/24 is aimed at development of Thackley Green to expand both bed base numbers based on trend data and also to develop skill set of staff to manage higher complexity to enable reduction of Pathway 3 and increase in Pathway. | **3.** Development and expansion of Pathway 2 Thackley Green in Q3/4 2022/23<br><br>**2.** Review of pilot and identifying funding streams for permanent contracting of role and recommissioning by Q4 2022/23. | **3.** Aiming to deliver centre of excellence for reablement able to achieve CQC rating of outstanding. Long term delivery programme over the 3-5 year Adult social care strategy.<br><br>**2.** Review to identify effectiveness and long-term plan to commission independent care home trusted assessor from pooled budget source ongoing. |

| Impact Change | Where we are now | Plans to develop | Timeline to deliver | What success looks like |
|---|---|---|---|---|
| Change 8 – Housing and related services | **1.** We have dedicated housing officer in North Place discharge cell. Have VCSE who support with lower-level housing issues such as house cleans. We have had links with Adult Safeguarding Board and North Northants Council Safeguarding team on training across Housing/ KGH/ ASC regarding SAR learning around younger adults presenting in hospital as multi-exclusion Homelessness.<br><br>**2.** Support North Northants (SNN) developing community based support of VCSE which will include housing needs such as white goods / deep cleans etc. | **3.** We continue to have identified lack of capacity of short-term and long-term housing solutions for people with physical care needs that cannot be met within standard temporary housing stock (hotel accommodation) such as wheelchair users and people requiring equipment such as Hospital beds. NNC ASC and Housing within one directorate in NNC looking at development opportunities and strategy 3-5 for ASC and housing and accessible housing. | **2.** Soft launch of SNN June 2023/24 for roll out to all communities by Q4 2023/24. | **2/ 3** Good will be based on the outcome framework (e.g., outcomes on health and social wellbeing/ economic wellbeing and personal resilience, etc obtained directly from person/ service user feedback. Monitoring of SNN effect on system partners capacity. |

## 12. Supporting Unpaid Carers

**Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.**

**Northamptonshire Carers Service**

Unpaid carers are the largest source of care and support within North Northamptonshire. They provide a vitally important contribution to the health and social care economy and it is in everyone's interests that they are supported to help manage their individual and changing needs. In North Northamptonshire there are an estimated 35,250 unpaid carers.
Evidence suggests that unpaid carers can be at greater risk of negative outcomes, such as limiting or giving up paid work, poorer physical and mental health, and social isolation. However, early intervention and prevention has been proved to have a positive impact on these outcomes.

Over 85% of carers in North Northamptonshire are either retired or not in paid work. The most common activities provided by unpaid carers are practical assistance such as dealing with paperwork, finances and benefits, emotional support, keeping them company and taking them out; in almost 92% of cases it is just keeping an eye on the person they care for. Over a third of unpaid carers in North Northamptonshire are giving more than 100 hours of care a week. 56% are giving more hours than could be considered a full-time job (35 hours or more). A quarter of all carers are over 65. More than half of North Northamptonshire's unpaid carers have been providing care for more than 5 years, almost a third have been doing so for 10 years or more.

Northamptonshire has a very successful history of multi-agency work to support unpaid carers in particular through the Carers Partnership. This consists of a range of partners including Age UK, Alzheimer's Society, Nene Valley Community Action, Family Support Link, Serve, NCC, NHS and hospital representation, and NHFT. A comprehensive carers JSNA chapter was developed two years ago, which helps to guide the commissioning activities for the future carer's services. As a system, Health and Care invest over £1m of our BCF funding

annually in Northamptonshire carers as the main provider of Care Act Carers assessments, support and advice for carers, respite breaks for both adult and child carers and wider services to help support unpaid carers in their key role. We have commissioned services that seek to ensure carers are recognised and valued and that they can access the right support/advice/information at the right time, that they can enjoy a life outside their caring role and that carers own health and wellbeing is a priority.

We will continue to work with Northamptonshire Carers who have been commissioned by the North Northamptonshire and West Northamptonshire Council to deliver carers' services and to engage with the wider Carer's agenda, delivering the statutory duties outlined towards Carers under the Care Act 2014. The specific requirements of the Council had been separated into two lots; Lot 1, which focusses on the delivery of statutory carers assessments and Lot 2, which focuses on creating community resilience.







## 13. Disabled Facilities Grant (DFG) and wider services

**What is your approach to bringing together health, social care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?**

**What is your strategic approach to using housing support including DFG funding, that supports people staying at home?**

- **have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a proportion of your DFG funding for discretionary services? 9Y/N)**

- **if so, what is the amount of funding that is allocated for these discretionary uses?**

The DFG plans and approaches within the plan has been agreed by North Northamptonshire Council as a Housing Authority and takes advantage of the change to a single tier council. We will work to ensure housing, DFGs, occupational therapy and social care come together so that DFG funding is used effectively to help people stay in their own homes longer.

From a housing and accommodation perspective as a unitary council, the housing function is part of the Executive Director for Adults, Health Partnerships, and Housing who is also responsible for adult social care and health integration. Our health, care and housing leads have worked together to increase the capacity we have across the county that can support independent living through several lenses and will continue to do so.

Our occupational therapy teams will continue to work alongside the housing DFG teams as part of plans to invest in improving accommodation earlier, removing waiting lists, and considering more significant conversions that can support complex care and be used by future residents. We have also engaged officers in supporting discharges at KGH where housing issues are a potential cause for delay. Therapy is working in collaboration with our housing colleagues through monthly meetings to understand our social housing stock (void properties), identify complex housing needs, and support matching people to accommodation that will support and maximise independence and wellbeing.

Private sector housing (PSH) is exploring discretionary grants which increase the scope for utilisation of DFG funds, particularly when more complex solutions are required. PSH continue to support Therapy, funding short term locums to manage demand into the service and reduce waiting times and improve response times moving to a more proactive & preventative approach.

Average minor request for Council owned properties submitted by Therapy: 30-40 per month
Number of DFG recommendations made: Approx 25 per month

**Telecare and Telehealth** – As well as a significant assistive technology presence across 5000 residents, we are also now developing several pilots to monitor residents out of hospital, and we will be looking at schemes to support care homes to monitor residents of concern. This will avoid unnecessary conveyances, when hospitals are not the best place for an elderly person, but give confidence to homes to manage health with clinician support and through end of life care, meeting the grant conditions**.**

## 14. Equalities and Health Inequalities

**How will the plan contribute to reducing health inequalities and disparities in the local population taking account of people with protected characteristics? This should include**

- **Changes from previous BCF plan**

- **How equalities impacts of the local BCF plan have been considered? and how they are being addressed through the plan and BCF funded services**
- **changes to local priorities related to health inequality and equality and how activities in this plan address these**
- **any actions moving forward that can contribute to reducing the differences in these outcomes**
- **how priorities and operational; guidelines regarding health inequalities as well as local authority priorities under the equality act and NHS actions in line with Core20PLUS**

Our BCF plan encompassing both our placed based version of ICAN and DTA improvements is ambitious and aims to address some long-term issues and inequalities in our health and care system. We are working in a more joined-up way by delivering the health and care services people need via collaborative partnerships across organisations. We will aim to deliver care and join up services, staff, and activities in a way that makes sense for North Northamptonshire residents and the wider county where collaborating at ICS level delivers shared benefits.

This is alongside, and a part of, our North Northants Place Based Strategy that we will continue to shape to ensure local services are targeted at local need and by local health inequalities. This will be done using North Northants JSNA, council intelligence, and population health data and delivered within local North Northants communities.

The Integrated Care Partnership (ICP) will set the system-wide strategic priorities using the Core 20 +5 approach to drive targeted action in health inequalities. We will implement this through the ICS transformation priority programmes and at place, neighbourhood, and Primary Care Network (PCN) levels, with a focus on ensuring needs are understood and addressed at the most appropriate local level.

Place-based approaches recognise the importance of addressing the wider determinants of health (the conditions under which people are born, live and work) across all stages of life. It is an approach which considers critical stages, changes, and settings where large differences can be made in population health, rather than focusing on individual conditions at a single stage in life.

Under the place-based version of ICAN transformation programme, and supported by the BCF, we will be able to ensure that residents can access health and wellbeing services to promote good health, while also preventing ill health.
Place-based version of ICAN is also to striving to make health and social care services accessible to all and targeted to those with the most need or at risk of poor outcomes.
As an example, the community resilience pillar, as part of the place-based version of ICAN, is leading the expansion of personalised approaches giving individuals more choice and control over the way their care is planned and delivered.

## Glossary of Terms

| Term | Definition |
|---|---|
| ASC | Adult Social Care |
| BAME | Black, Asian, Minority Ethnicities |
| BCF | Better Care Fund |
| COPD | Chronic Obstructive Pulmonary Disease |
| DFG | Disabled Facilities Grant |
| DTA | Discharge To Assess |
| EMAS | East Midlands Ambulance Service |
| HICM | High Impact Change Model |
| HWB (sometimes HWBB) | Health and Wellbeing Board |
| IBCF | Improved Better Care Fund |
| iCAN | Integrated Care Across Northamptonshire |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care System |
| ICT | Intermediate Care Team |
| JSNA | Joint Strategic Needs Assessment |
| KGH | Kettering General Hospital – The local Acute Hospital to North Northamptonshire |
| LAPS | Local Area Partnerships |
| MDT | Multi-Disciplinary Team |

| | |
|---|---|
| NHFT | Northamptonshire Health Foundation Trust |
| NHSE/I | National Health Service England / Improvement |
| NNC | North Northamptonshire Council (One of two Unitary Authority Councils in Northamptonshire) |
| ONS | Office for National Statistics |
| PCN | Primary Care Network |
| SNN | Support North Northamptonshire – A new service that fosters integrated working between the Voluntary Sector and statutory services |
| WNC | West Northamptonshire Council (One of two Unitary Authority Councils in Northamptonshire) |
| Left Shift | This refers to moving toward working closer with the community to co-produce services rather than services being dictated by the system |
| Warm Transfer | Involving the individual in any ‘handover’ of their care so they are aware at all times what is to happen and who will be involved. This is opposed to cold transfer which is when it is passed on to someone but the individual is none the wiser |
| Cold Onwards Referral | This refers to when a worker passes on an element of care to another professional without informing the individual it is intended for. Often this leads to confusion and sometimes professionals duplicating efforts where it’s not needed. |

# Better Care Fund 2023-25 Template

**5. Expenditure**

Selected Health and Wellbeing Board: North Northamptonshire

<< Link to summary sheet

| Running Balances | 2023-24 Income | 2023-24 Expenditure | 2023-24 Balance | 2024-25 Income | 2024-25 Expenditure | 2024-25 Balance |
|---|---|---|---|---|---|---|
| DFG | £2,561,759 | £2,561,759 | £0 | £2,561,759 | £2,561,759 | £0 |
| Minimum NHS Contribution | £26,657,250 | £26,657,250 | £0 | £28,166,051 | £28,166,051 | £0 |
| iBCF | £11,523,432 | £11,523,432 | £0 | £11,523,432 | £11,523,432 | £0 |
| Additional LA Contribution | £128,000 | £128,000 | £0 | £128,000 | £128,000 | £0 |
| Additional NHS Contribution | £2,661,114 | £2,661,114 | £0 | £2,661,114 | £2,661,114 | £0 |
| Local Authority Discharge Funding | £1,615,567 | £1,615,567 | £0 | £1,615,567 | £1,615,567 | £0 |
| ICB Discharge Funding | £1,908,708 | £1,908,708 | | £1,908,708 | £1,908,708 | £0 |
| **Total** | **£47,055,831** | **£47,055,830** | **£1** | **£48,564,631** | **£48,564,631** | **£0** |

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

| | 2023-24 Minimum Required Spend | 2023-24 Planned Spend | 2023-24 Under Spend | 2024-25 Minimum Required Spend | 2024-25 Planned Spend | 2024-25 Under Spend |
|---|---|---|---|---|---|---|
| NHS Commissioned Out of Hospital spend from the minimum ICB allocation | £7,575,377 | £16,728,244 | £0 | £8,004,143 | £17,641,926 | £0 |
| Adult Social Care services spend from the minimum ICB allocations | £6,607,058 | £8,659,477 | £0 | £6,981,017 | £9,185,288 | £0 |

| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Expected outputs 2023-24 | Expected outputs 2024-25 | Units | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | New/ Existing Scheme | Expenditure 23/24 (£) | Expenditure 24/25 (£) | % of Overall Spend (Average) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Carers Support Services (CCG Contract) | This Service provides Carers health support ensuring that they can continue to | Carers Services | Respite services | | 786 | 955 | Beneficiaries | Other | Northamptonshire Carers | NHS | | | Private Sector | Minimum NHS Contribution | Existing | £327,629 | £346,173 | |
| 2 | Carers Support Services NNC Contract | Council Contracted Service hosted by North Northants on behalf of both Councils - | Carers Services | Other | Assessment & Advice services | 1625 | 1950 | Beneficiaries | Other | Northamptonshire Carers | LA | | | Private Sector | Minimum NHS Contribution | Existing | £436,080 | £460,762 | |
| 3 | Continuing Healthcare | LD Health care at home/CHC/domiciliary care | Community Based Schemes | Multidisciplinary teams that are supporting independence, such as | | | | | Continuing Care | | NHS | | | Private Sector | Minimum NHS Contribution | Existing | £8,491,603 | £8,972,228 | |
| 4 | LD Service Delivery | LD service delivery- community based health support | Community Based Schemes | Integrated neighbourhood services | | | | | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | Existing | £3,464,905 | £3,661,019 | |
| 5 | Integrated Discharge Teams | Social Care Hospital assessment staff to support discharge/D2A processes, | High Impact Change Model for Managing Transfer of Care | Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge | | | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £591,919 | £625,422 | |
| 6 | Integrated Discharge Teams | Social Care Hospital assessment staff to support discharge/D2A processes, | High Impact Change Model for Managing Transfer of Care | Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £572,632 | £572,632 | |
| 7 | Telecare and Assistive technology | Assistive technology and call lifelines designed to help keep people safe in their | Assistive Technologies and Equipment | Community based equipment | | 2000 | 2000 | Number of beneficiaries | Social Care | | LA | | | Local Authority | iBCF | Existing | £200,000 | £200,000 | |
| 8 | Intermediate Care Teams (ICT) | Intermediate Care Teams (ICT) | Home-based intermediate care services | Reablement at home (to support discharge) | | 1326 | 1326 | Packages | Community Health | | NHS | | | NHS Community Provider | Minimum NHS Contribution | Existing | £4,379,334 | £4,627,204 | |
| 9 | Community Equipment (Health) | provision of universally available equipment and minor adaptions to support | Assistive Technologies and Equipment | Community based equipment | | 650 | 650 | Number of beneficiaries | Social Care | | LA | | | Private Sector | Minimum NHS Contribution | Existing | £901,019 | £952,017 | |
| 10 | Community Reablement Team | Reablement Team - managing hospital discharges home with support and short term reablement and community based reablement episodes for those recovering from hospital stay or crisis and needing support to return to independence | Home-based intermediate care services | Joint reablement and rehabilitation service (to support discharge) | | 1775 | 1775 | Packages | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £4,691,441 | £4,956,977 | |
| 11 | Community Occupational Therapy | Community Occupational Therapy Teams - The occupational therapy team provide post hospital recovery support, rehabilitation, adaptions assessment. They also respond to community referrals from GPs and | Home-based intermediate care services | Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) | | 3350 | 3450 | Packages | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £1,714,588 | £1,847,317 | |
| 12 | Safeguarding (Assurance) Teams | quality and safeguarding team responsible for monitoring the quality of | Care Act Implementation Related Duties | Other | Provider Quality, Advice and improvement | | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £346,706 | £366,330 | |
| 13 | Acute Psychiatric Liaison | Multi-disciplinary psychiatric liaison - service operating 24/7 at both acute | Community Based Schemes | Integrated neighbourhood services | | | | | Community Health | | LA | | | NHS Community Provider | Minimum NHS Contribution | Existing | £300,155 | £317,144 | |
| 14 | Commissioning & Intelligence Capacity | Provision of commissioning capacity and expertise to support accelerated market | Enablers for Integration | Joint commissioning infrastructure | | | | | Social Care | | LA | | | Local Authority | Minimum NHS Contribution | Existing | £313,804 | £331,565 | |

| Scheme ID | Scheme Name | Brief Description of Scheme | Scheme Type | Sub Types | Please specify if 'Scheme Type' is 'Other' | Expected outputs 2023-24 | Expected outputs 2024-25 | Units | Area of Spend | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider | Source of Funding | New/ Existing Scheme | Expenditure 23/24 (£) | Expenditure 24/25 (£) | % of Overall Spend (Average) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | Demographic and care cost pressures | Demographic and care cost pressures | Residential Placements | Care home | | | | Number of beds/Placements | Social Care | | LA | | | Local Authority | iBCF | Existing | £7,043,715 | £7,043,715 | |
| 16 | Domiciliary Care | underlying pressure and provision for additional Dom care provision covering the | Community Based Schemes | Low level support for simple hospital discharges (Discharge to Assess | | | | | Social Care | | LA | | | Local Authority | iBCF | Existing | £3,707,085 | £3,707,085 | |
| 17 | Additional Reablement Capacity Tuvida | Tuvida | Home-based intermediate care services | Reablement at home (to support discharge) | | 396 | 475 | Packages | Social Care | | | | | Local Authority | Local Authority Discharge Funding | New | £1,615,567 | £1,615,567 | |
| 18 | Remote monitoring in Care Homes | Remote monitoring | Assistive Technologies and Equipment | Assistive technologies including telecare | | 650 | | Number of beneficiaries | Community Health | | LA | | | Local Authority | Minimum NHS Contribution | New | £84,720 | £89,515 | |
| 19 | Digital Campanion | Digital Companion | Assistive Technologies and Equipment | Digital participation services | | 40 | 40 | Number of beneficiaries | Social Care | | | | | Local Authority | Minimum NHS Contribution | New | £100,000 | £105,660 | |
| 20 | Thackley Green | Thackley Green | Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery) | Bed-based intermediate care with reablement (to support discharge) | | 432 | 432 | Number of Placements | Social Care | | | | | Local Authority | ICB Discharge Funding | New | £1,760,789 | £1,760,789 | |
| 21 | Commissioning & Intelligence Capacity | Additional provision of commissioning capacity and expertise to support | Enablers for Integration | Joint commissioning infrastructure | | | | | Social Care | | LA | | | Local Authority | ICB Discharge Funding | New | £147,919 | £147,919 | |
| 22 | Residential Short Breaks | Residential Short Breaks for Children | Carers Services | Respite services | | | | Beneficiaries | Other | NHS | LA | | | NHS Community Provider | Minimum NHS Contribution | New | £403,574 | £426,416 | |
| 23 | Contingency | Unallocated | Other | | | | | | Other | NHS | NHS | | | NHS | Minimum NHS Contribution | Existing | £64,773 | £35,302 | |
| 24 | Disabled Facilities Grants | The DFG provides funding through local councils to make adaptations to a | DFG Related Schemes | Adaptations, including statutory DFG grants | | | | Number of adaptations funded/people | Social Care | | LA | | | Local Authority | DFG | Existing | £2,561,759 | £2,561,759 | 100% |
| 25 | Age Well | | | | | | | | | | | | | Local Authority | Additional LA Contribution | New | £128,000 | £128,000 | 5% |
| 26 | Age Well | | | | | | | | | | | | | NHS | Additional NHS Contribution | New | £2,661,114 | £2,661,114 | 95% |
| 27 | Commissioning & Intelligence Capacity | Additional provision of commissioning capacity and expertise to support | Enablers for Integration | Joint commissioning infrastructure | | | | | | | | | | NHS | Minimum NHS Contribution | New | £45,000 | £45,000 | |

# Sexual Health Needs Assessment (SHNA) update

September 2023



**Patsy Richards**
**Public Health Principal**

North Northamptonshire Council

# SHNA introduction

The SHNA aims to gain full understanding of the needs, demands and gaps, including service users' and providers' perspectives.



It will inform the future commissioning of sexual health service across both unitary councils.

Overseen by a multi-agency steering group comprised of Health, Local Authority, Education, Social Care, Children Trust, ICB and Healthwatch/Voluntary Sector stakeholders.

North Northamptonshire Council

# SHNA Methods

Best practice review

Demography, epidemiology

Quantitative service activity data

- Service activity data
- Short online survey

Qualitative (engagement)

- Interviews
- Focus groups

Final draft report due in October 23



North Northamptonshire Council

# Demography

NNC has a total population of 359,525 (2021 Census), a 13.5% increase since 2011.

NNC's population has become increasingly diverse, with White British falling from 88% of the total population in 2011, to 80% in 2021.

Within the Black/African/Caribbean/Black British subgroup, NNC has seen a 153.7% increase in the Black African background population and a 118% increase in the Black Caribbean background population.

# Engagement and survey work to support the SHNA

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# Sexual Health in North Northants

The rate of new Sexually Transmitted Infections (STIs) diagnosed among NNC residents was 351.8 per 100,000. This is lower than East Midlands' and England's rate.

Of those diagnosed with a new STI, 39% were men and 52% were women.

Chlamydia remains the most commonly diagnosed STI with a rate of 232.8 per 100,000.

Young people aged 15 to 24 years remain at the highest risk of the most common STIs.

Genital warts diagnostic rate continues to be on a downward decline and better than regional and national rates.



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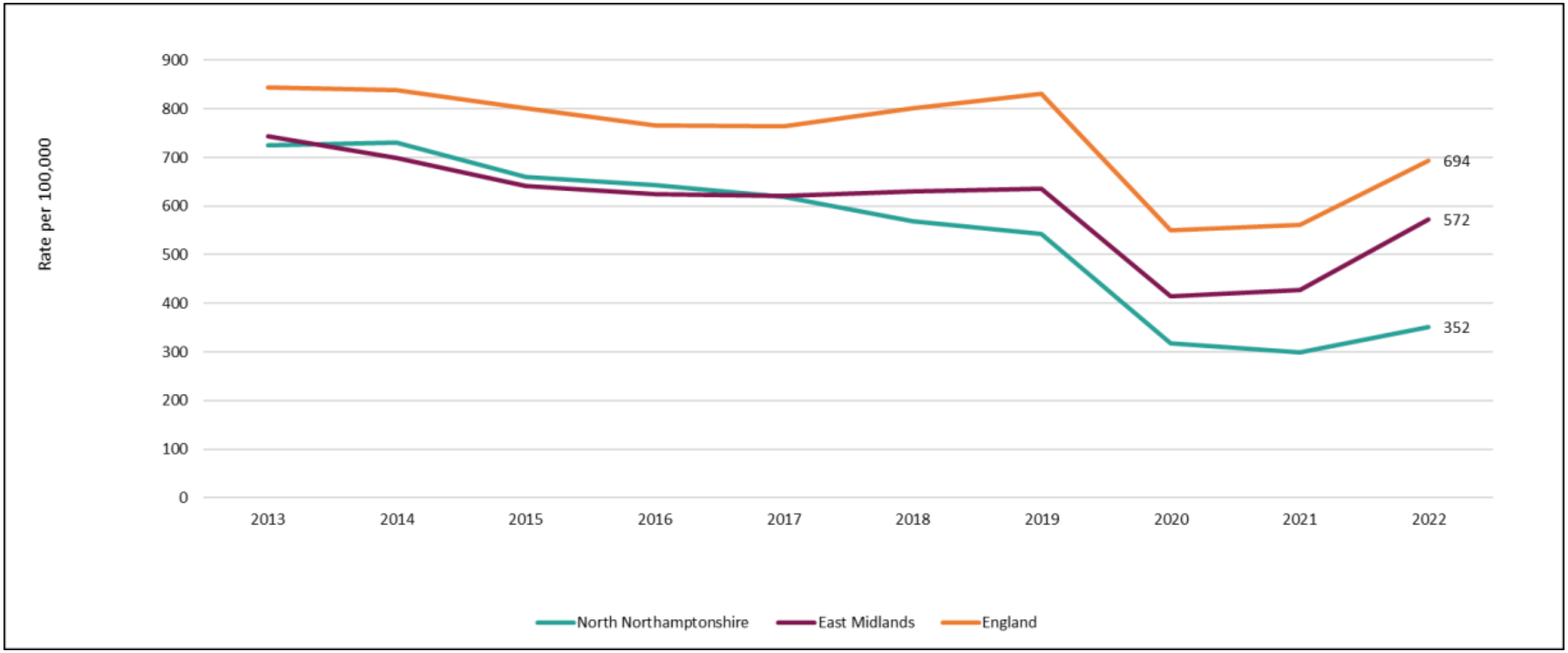
# *New STI diagnostic rate per 100,000 population in North Northamptonshire with East Midlands and England comparisons, 2013 - 2022.*



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# Sexual and Reproductive Health

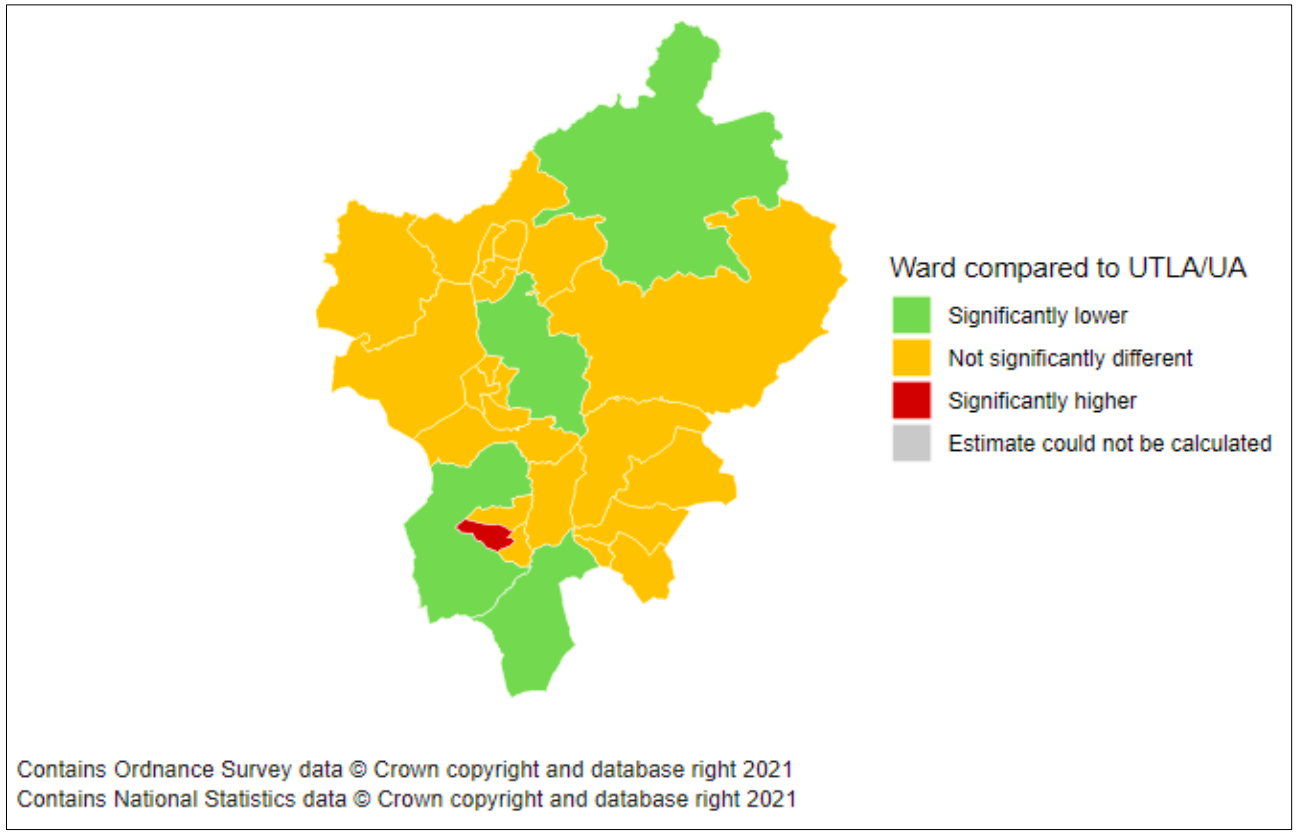
In 2021, NNC's total prescribed Long Acting Reversible Contraception(LARC) rate (excluding injections) was significantly higher than England's and East Midlands's rate, and most were prescribed by GPs.

Between 2020 - 2021, there was a greater decrease in teenage pregnancy rates compared to pre-pandemic rates - believed to be linked to the nationwide lockdown restrictions.

49% of under 18s conceptions in North Northamptonshire led to an abortion.

In 2021, the abortion rate in females aged 15 to 44 was 21.1 per 1,000 - worse than East Midlands' and England's rates.

# Under-18s conception in NNC by ward, compared to the rate for North Northamptonshire: three-year period between 2018 and 2020



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# Sexual Offences

The rate of sexual offences has increased since 2015/16.

There were 300 sexual assault offences on females aged 13 and over in the financial year 2022-23.

There were 289 rape offences among females aged over 16 (includes attempts to rape).

111 police reported sexual activities involving a child under 13.

47 police reported sexual grooming activities in 2022-23 – a 62% increase.



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# People living with HIV

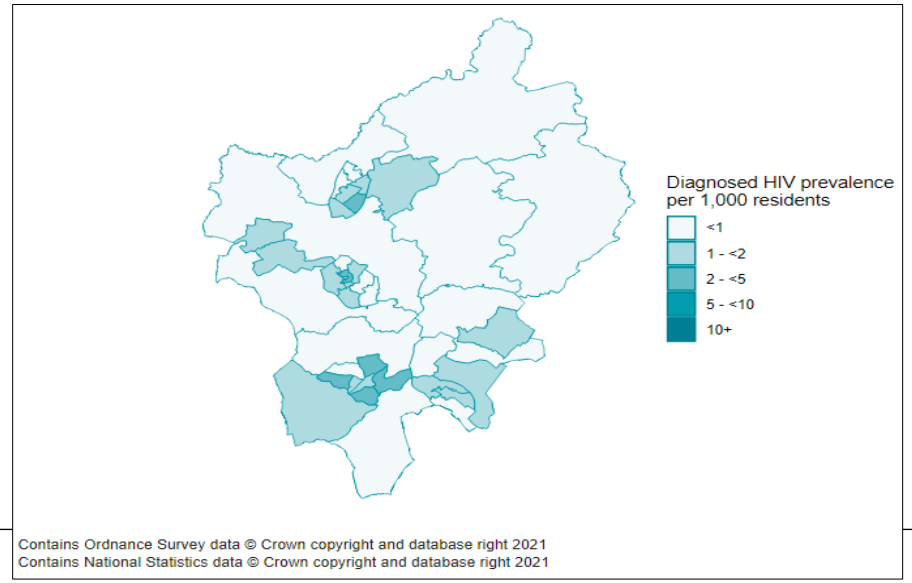
The number of North Northamptonshire residents of all ages who were newly diagnosed with HIV in the UK was 11 - a rate of 3.1 per 100,000 which is similar to England's rate but worse than East Midlands's rate of 1.9.

All diagnoses in heterosexual men were made late.

Heterosexual contact was the most common route of exposure in people seen for HIV care.

There is local variation in diagnosed HIV prevalence rate.



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# Emerging qualitative insights (Key Informants interviews)

**Leadership, commissioning and communication** - Sexual health needs to be a strategic priority within the wider system with clear vision and ownership by system leaders/partners and commissioners.

**Integrated Sexual Health Service** - Clinicians and staffs perceived as 'focused and motivated' resident can walk-in to receive testing and treatment.

**Access to service** - Improve accessibility across the county 'some travel long way to access SH service'.

**Prevention - H**ealth promotion, education, engagement, and marketing of SH services are highlighted as areas of need to improve reproductive sexual health and HIV.



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# Emerging qualitative insights (KI interviews)

**Key high risk groups** – YP (engaged in risky behaviour, in care/excluded, LGBT), Adults in 40s and 50s (coming out of long-term relationship), Female (multiple termination), sex workers and BME (in particular Black African Men) and those homeless.

**Future roles** – GPs, PCN and community pharmacies seen as the foundational blocks of community-based service providers.

**Workforce issues –** ISHS staff capacity to meet demands. Need for mixed skilled workforce across partnership competent and confident about having conversation about sexual health (provide brief advice, information and refer).



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# Next Steps

- Ongoing analysis of qualitative findings (KI interviews, workshops and focus groups), data from the online survey.
- Drafting SHNA report.
- Stakeholder feedback/engagement to share findings.
- The information and intelligence captured in the needs assessment will be used to inform sexual health strategy and commissioning of Integrated Sexual Health Service.
- Commissioners from LA, ICB and NSHE to look at findings to make further improvements in sexual health provisions across Northamptonshire, reduce health inequalities and target resource effectively.

# Northamptonshire Health Protection Joint Committee: Annual Report (April 2022 to March 2023)

Authors: Dr Annapurna Sen and Elton Myftari on behalf of the Directors of Public Health for North and West Northamptonshire councils.

*This report updates on output and outcome of actions delivered to meet the strategic priorities mentioned in our county wide "Joint Health Protection plan."*

*Please refer to the accompanying scorecard below for a detailed breakdown of the dataset.*

## Strategic Priorities 2022-24

The strategic health protection priorities for the Health Protection Committee area (Northamptonshire) for the period 1 April 2022 until 31 March 2024 are outlined as follows:

### Strategic Priority 1: Immunisation

- Ensure the delivery of childhood and adult immunisation programmes in accordance with national and local targets.

### Strategic Priority 2: Screening

- Ensure the delivery of cancer and non-cancer screenings in accordance with national and local targets.

### Strategic Priority 3: Infection Prevention and Control

- Ensure infection prevention and control arrangements within organisations delivering health and social care services, and other high-risk settings, to support a reduction in the number of healthcare acquired infections and other Notifiable infections, including COVID-19.

### Strategic Priority 4: Tuberculosis

- Ensure the local implementation of the recommendations of the national TB Strategy and NICE 2016.

### Strategic Priority 5: Blood Borne Virus

- Ensure that local service provision is in line with the national strategies for HIV, Hepatitis B and Hepatitis C.

### Strategic Priority 6: Outbreak Management

- Ensure effective outbreak planning and response arrangements are in place within NHS and non-NHS partner organisations including Environmental Health teams.
- To ensure the coordinated delivery of the COVID-19 outbreak plan and pandemic response and recovery phase.

### Strategic Priority 7: Environmental Health

- Ensure measures are in place to identify, manage and mitigate environmental health hazards including elevated levels of air pollution and environmental noise.

### Strategic Priority 8: Training and Campaigns

- Ensure appropriate training and learning opportunities are available to educate professionals and the public in relation to health protection priorities.

### Strategic Priority 9: Addressing Health Inequalities

- Ensure that in each of the Health Protection priorities health inequalities and inequities are understood and plans are developed to address them, engaging with communities to understand their needs and coproduce solutions.

## 2022-2023: Achievements and Gaps:

### Immunisation

#### *Childhood Immunisation*

- Northamptonshire outperformed England and East Midlands in all childhood immunisation indicators; most of the uptakes were either close to meeting the national target and/or exceeded it. Preschool boosters which included the DTaP/IPV booster and MMR for two doses did not meet the national target, although we did improve our own performance in comparison to the previous year.
- The seasonal flu vaccination coverage in children aged 2 and 3 and children from reception year to year nine show a decline and has not met the national target.
- Though there has been an improvement in Northamptonshire, and the uptake exceeds the East Midlands and England averages, the HPV Vaccination coverage for one dose (females 12-13 years old) did not meet the National target of 90%.

#### *Adult Immunisation*

- The seasonal flu immunisation uptake has dropped for people aged 65+ and people aged under 65 and at-risk groups; nonetheless, the uptake in pregnant women has shown improvement.
- The only group to meet the national target of 75% for seasonal flu vaccination was in the people aged 65 and above. All groups performed better than the East Midlands and England averages.
- The vaccination coverage for pertussis in pregnant women shows an improvement.
- The vaccination coverage for shingles in those aged 70 has also improved but could not meet the national target of 50-60%.
- COVID-19 vaccination uptake has improved in comparison to previous across all doses in all age groups and was similar to the national average.

### Screening Programme

#### *Antenatal and New-born Screening*

- All indicators in antenatal (HIV, Hep B, Syphilis and Sickle cell and Thalassemia) and new-born screening (Hearing and Physical examination) have reached the acceptable national target of 95%.
- New-born blood spot coverage stays similar to last year and has achieved the national acceptable target of 95%.

#### *Cancer Screening*

- Cervical screening coverage in the Northamptonshire has gone down in 24–49-year-old by 2% and stays statistically similar for the 50 -64year-olds but both age groups could not meet the national target of 80%.
- Bowel screening coverage has also dropped by roughly 2% although it has still exceeded the National target.
- Breast screening coverage is showing an improvement by around 2% and has also performed better than the England average; but were not able to meet the National target.

*Non-Cancer screening*

- Abdominal Aortic Aneurysm screening coverage has significantly improved (16% in 2021/22 to 41% in 2022/23) and performed noticeably better than the England average. We are still lagging behind the acceptable National target of 85%.
- Diabetic eye screening has improved by 2.5% but still falling behind the National acceptable target of 75%.

## Infection Prevention and Control

*IPC compliance:*

- From 1st April 2022 to 31st Mach 2023. 137 initial Infection Prevention and Control assurance visits and another 44 follow-up IPC assurance IPC have been carried out to support high risk community and social care settings care/residential/nursing homes, supported living, assisted living and domiciliary care); and
- 144 IPC training (face to face) sessions delivered for social care staff working in care/residential homes, nursing homes, supported living, assisted living and rehabilitation centres as well as domiciliary care providers.
- In the same time period, 92 Quality Improvement audits have been completed for the selected care/nursing homes.

*Prevention and control of Health hazards:*

- Provided public health specialist input for a safe and hazard free delivery of 134 events applications submitted to the Northamptonshire Safety Advisory groups (SAG).

*Health care acquired infection*

- C Diff (Clostridium Difficile) infection rate has gone up in both of our acute trust hospitals.
- MRSA bacteraemia (Methicillin Resistant staphylococcus Aureus) rates have fallen and shown improvement in both of our acute trust hospitals.
- MSSA bacteraemia (Methicillin-Sensitive Staphylococcus Aureus) rate has reduced and showing an improvement for Northamptonshire General Hospital, nonetheless, increased in Kettering General Hospital, but both remain lower than the England average.
- E-Coli bacteraemia rate is showing a drop and improvement for both of our acute trust hospitals.

*Sexually Transmitted Infections*

- The number of new STI diagnoses has decreased and is lower than the East Midlands and England averages.
- Syphilis diagnosis rate has increased by 1% per 100,000 population but remains better than the East Midlands and England averages.
- Gonorrhoea diagnoses rate has decreased by 3% per 100,000 population and remains better than the East Midlands and England averages.
- Chlamydia detection rate in people aged 15-24 has decreased and is better than the East Midlands and England averages.

*COVID-19*

- COVID-19 case rates in Northamptonshire for week ending 31st March 2023 was 42 per 100,000 population.

- There has been a total of 426 deaths reported in Northamptonshire where COVID-19 was mentioned as one of the causes on the death certificate between 1st April 2022 to 31st March 2023.
- There has been a total of 3,304 COVID-19 hospital admissions between 1st April 2022 and 31st March 2023 across all three hospitals.

## Tuberculosis

- The 3-year average of TB incidence has decreased and is lower than the East Midlands and England averages.
- Northamptonshire shows a reduction in proportion of pulmonary TB starting treatment within 4 months of diagnosis (timely treatment) although has performed better than the East Midlands and England averages.
- The proportion of Tuberculosis cases offered a HIV test has seen a slight improvement then has performed worse than the England average.
- Latent TB screening programme for people from high-risk countries has been commissioned and implemented in Northamptonshire.

## Blood Borne Viruses

### *HIV (Human Immunodeficiency Virus)*

- Northamptonshire has improved its HIV testing coverage by 6% which is significantly better than the East Midlands average but around 2.5% lower than the England average.
- The number of new diagnoses in people aged 15 and above with HIV have decreased and is showing an improvement. However, our rate is worse than the East Midlands average but better than the England average.
- The percentage of HIV late diagnosis shows an improvement but still remains higher than the East Midlands and England average.

### *Hepatitis B (Data lag – comparisons have been made using published datasets)*

- Acute Hepatitis B rate has decreased and showing an improvement
- The number of hospital admissions due to Hep B related liver disease/cancer is showing a rise.
- The number of people entering drug misuse treatment who have been offered and accepted a hepatitis B vaccination as a proportion of all eligible clients in treatment has drastically declined *(current data)*

### *Hepatitis C (Data lag – comparisons have been made using published datasets)*

- Hepatitis C detection rate has increased suggesting rise in new cases.
- Under 75 mortality rate due to Hepatitis C related liver disease/cancer has fallen but remains higher than the East Midlands and England averages.
- The number of hospital admissions due to Hepatitis C related liver disease/cancer stayed similar to the previous year.
- The percentage of people receiving a Hepatitis C test who are in drug misuse treatment has improved by 5% and is above the England average *(recent data).*

## Incident and Outbreak management

- Health Protection team has responded to and have supported management of 299 COVID-19 related outbreaks reported between 1st April 2022 and 31st March 2023

- It has also supported management of 26 Gastrointestinal outbreaks (Diarrhoea &vomiting).
- We have also worked alongside East Midland UKHSA to manage 25 outbreaks in educational settings that included- 10 Streptococcal-A incidents, 8 incidents of scarlet fever, 3 of chicken pox and 1 of E-Coli, and another 1 outbreak of Meningitis and 2 outbreaks of Diarrhoea & Vomiting.
- The team also managed 2 scabies outbreaks and 1 incident reported in Asylum seekers/ refugee accommodations.
- Support was also provided to the regional and local system partners to manage 11 MPox outbreaks and incidents

### Environmental Health

- Mortality of annual deaths which are attributable to air pollution in Northamptonshire stays similar to the previous years (5.4%) but is slightly higher than both England (5.1%) and East Midlands (5.3%) averages.

### Training and campaigns

- Community engagement- We engaged with high-risk population subgroups in collaboration with community and voluntary organisations working with these groups and delivered health education sessions to improve immunisation and screening.
- We ran 11 health protection media campaigns from 1st April 2022 to 31st Mach 2023

### Addressing Health Inequalities

- To address inequality experienced by most of the underserved population residing or arriving in Northamptonshire (that includes rough sleepers, homeless, people in refuge centres, unregistered seasonal migrant workers, asylum seekers, refugees, and undocumented migrants), we engaged and provided health screening sessions. Health intervention sessions included screening for communicable and non-communicable diseases, vaccinations based on the UK immunisation programme and lifestyle interventions. We also brought in other agencies to provide social support.

## Recommendations

Following the analysis of individual datasets, these recommendations are to facilitate North and West Northamptonshire Public Health teams to prioritise and develop their action plans for 2023-2024.

### Strategic Priority 1: Immunisation

- Improving childhood immunisations
  - Improving uptake of preschool booster vaccinations (both MMR and DTaP-diphtheria, tetanus, and pertussis)
  - Seasonal flu immunisation in children aged 2 & 3 years-old
- Improving adult immunisations
  - Seasonal flu immunisation in at risk groups including pregnant women
  - Improving COVID-19 autumn vaccination programme

### Strategic Priority 2: Screening

- Cancer Screening
  - Improving cervical cancer screening coverage in women aged 24-49.

### Strategic Priority 3: Infection Prevention and Control

- Reduce incidence of Clostridium Difficile (C Diff) as a health care acquired infection
- Support social care settings and special educational settings by carrying out regular risk assessments on IPC compliance and ensure consistent IPC training delivered across all settings.

### Strategic Priority 4: Tuberculosis

- Delivery of latent TB screening programme to people coming from listed high-risk countries and who have lived in Northamptonshire in the last 5 years.

### Strategic Priority 5: Blood Borne Virus

- Continue improving HIV testing coverage to prevent late diagnoses.
- Improving Hepatitis B vaccination uptake in people under substance misuse treatment.
- Follow up care of people newly diagnosed with Hepatitis C should be prioritised.

### Strategic Priority 6: Outbreak Management

- Updating and localise systemwide outbreak management plan
- Review MOU with LHRP partners for managing within both local authorities as well as any cross-border incidences

### Strategic Priority 7: Environmental Health

- Carry out health needs assessment on air quality to identify issues in poor air quality areas.

### Strategic Priority 8: Training and Campaigns

- Improve IPC compliance by delivering IPC training to all care home staff, personal assistants and other formal carers working in various settings.
- Train IPC champions in care and residential homes and other specialist centre across Northamptonshire.

### Strategic Priority 9: Addressing Health Inequalities

- Reach out to some of our high-risk groups with poor health and social outcomes in most deprived areas across Northamptonshire.

***The Actions to support these priorities will be detailed in the Health Protection Plan for 2023-2024.***

## Attachment:

Health Protection Dashboard - April 2(

North Northamptonshire Council

**Item no: 12**

# North Northamptonshire Health and Wellbeing Board

## 26th September 2023

| | | |
|---|---|---|
| **Report Title** | **North Northamptonshire Place development**<br><br>- **A New Sense of Place**<br>- **Support North Northamptonshire (SNN)**<br>- **North Northamptonshire Health and Wellbeing Strategy** | |
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| **Contributors/Checkers/Approvers** | | |
| **Other Director/SME** | **David Watts, Executive Director Adults, Health Partnerships and Housing** | |

**List of Appendices**

**Appendix A New Sense of Place**
**Appendix B Support North Northamptonshire (SNN)**
**Appendix C Draft North Joint Health and Wellbeing Strategy**

## 1. Purpose of Report

1.1. To provide an overview of the development of North Northamptonshire Place through an oversight of the following developments:

- A New Sense of Place
- Support North Northamptonshire (SNN) – VCSE Collaborative approach.
- North Health and Wellbeing strategy development

The North Place Board, chaired by the North ICS Director of North Place, oversees the development of North Northamptonshire Place.

## 2. Executive Summary

### 2.1. A New Sense of Place

#### Local Area Partnerships (LAPS)

The New Sense of Place development has now progressed into 'Phase Four' since the last meeting, with all LAPS progressing the implementation of the following priority areas of focus to improve community health and wellbeing as detailed in the paper:

- Community transport and impact on improving health and wellbeing.
- Engagement with youth and improving health and wellbeing.
- Multi-agency health and wellbeing service asset mapping on LAP footprints.
- An aim to reduce impact on statutory services through a collaborative focus on addressing improvements in community health and wellbeing.

**Appendix A** provides an executive summary of LAP priorities, the outcomes and outputs expected.

'Phase Four' has public involvement, co-production, engagement and communication with communities at its heart. The intention being that as the LAP priorities are now clear and owned by all partners, there can be a more collaborative approach to community involvement and co-design, recognising this is an essential part of addressing these priorities.
The LAPS all have LAP coordinators in post and are now focussed on multi-agency delivery, real sustainable change and implementation.
The LAP asset mapping is now complete and will be launched in October 2023.

#### Community Wellbeing Forums (CWFS)

The four CWFS for Corby, Kettering, Wellingborough and East Northants continue to meet for the fourth time throughout September 2023. They were paused over the summer period whilst the LAPS developed their priorities and established the multiagency task and finish groups.

This paper provides an overview of the meetings and the CWF chairs will present further intelligence directly into the Health and Wellbeing Board meeting to reflect the local progress, reflecting the local needs.

### 2.2. Support North Northants (SNN)

The SNN collaborative Voluntary and Community Sector (VCSE) service has been formally 'soft' launched since the last meeting on the 5th of June 2023.

To date over 55 people have been referred by Adult Social Care and recently through local housing associations. SNN is working with people who have multiple health and social care needs. Most of the people referred have had difficulty accessing health services due to their levels of vulnerability and have required significant support to navigate pathways.

The first quarter Impact Report June-August 2023 is showing the levels of needs of people coming through the service and their multiple needs. To date there are 28 different statutory and non-statutory partners involved in supporting people. SNN is co-ordinating all agencies working together to achieve outcomes and prevent people's needs from escalating and reducing demand on health and social care services.

Through the wider interventions of partners and SNN we have enabled people to access food, reduce debt, utility costs, access digital support amounting to savings for people of £28,297.15 in 3 months.

**Appendix B** provides a detailed overview of the intelligence and outcomes for people.

2.3. **North Joint Health and Wellbeing Strategy (NJHWS)**

The development of the NJHWS is intended to set a small number of key strategic priorities where there is an opportunity for partners to 'have a real impact' through local initiatives and action.

The emergent priorities are described in **Appendix C** and include:

1. Children and young people
2. Mental health and wellbeing
3. Exercise
4. Economy and health
5. Tobacco

These priorities are not finalised yet and are subject to further consultation and engagement with local stakeholders.

This meeting is an opportunity for HWB Board members to comment on the draft emergent priorities.

## 3. Recommendations

It is recommended that the North Health and Wellbeing Board:

- Notes the progression of A New Sense of Place into phase four of the development since the last meeting.

- Notes that Support North Northamptonshire (SNN) pilot is now a live service since the last meeting, with person centred strengths-based impact already emerging.

- Notes the progress with the development of the North Health and Wellbeing Strategy and to discuss the emergent five priorities as the initial focus for the first three years.

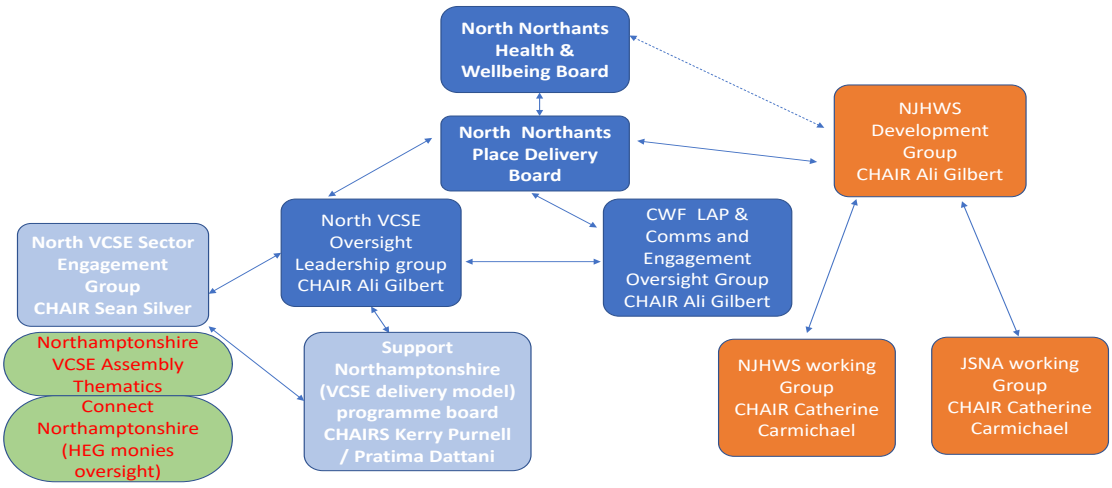
## 4. Report Background

4.1. The North Place development, overseen by the North Health and Wellbeing Board, is a key component of the ICS operating model which will support the delivery of the strategic ambitions and improvement outcomes required in the Live Your Best Life strategy.

4.2. At the heart of this model are our communities and the services that indirectly influence health and care improvements through the development of the Local Area Partnerships (LAPs) and Community Wellbeing Forums (CWFs).

This paper provides an overview of the development of North Northamptonshire Place, through an oversight of:

- A New Sense of Place model
- Support North Northamptonshire (SNN) – VCSE Collaborative approach
- North Health and Wellbeing strategy development




## 4.3 A NEW SENSE OF PLACE

In the previous meeting of the North Health and Wellbeing Board, the implementation of 'A New Sense of Place' was in the early part of the 'Phase three' development.

The development has now progressed into 'Phase Four' since the last meeting

with all LAP coordinators in post and all LAPS are delivering on their identified priorities.

A close focus will be on the collective difference being made with communities for their emerging improvement in health and wellbeing, recognising this will take longer periods of time to deliver the outcomes of the Live Your Best Life Strategy.

This phase will also be progressing the development of our collective:

- Community relationship.
- Community participation involving co-designing, co-deciding and co-producing.
- Community leadership.
- Community led action / interventions.

**Local Area Partnerships (LAPS)**

The seven LAPS have identified clear priorities to support improving the Health and Wellbeing of the communities with the following areas of focus**:**

- Community transport and impact on improving health and wellbeing.
- Engagement with youth and improving health and wellbeing.
- Multi-agency health and wellbeing service asset mapping on LAP footprints.
- An aim to reduce impact on statutory services through a collaborative focus on addressing improvements in community health and wellbeing.

**Appendix A** provides an executive summary of LAP priorities, the outcomes and outputs expected.

Involvement, co-production and communication with communities has started to move forward as an essential part of addressing these priorities, now that the LAPS are settling into delivery and real change implementation functions.

Each LAP has focussed multi-agency Task and Finish groups developing plans through a consistent methodology to focus on delivery and unblocking relevant issues which are required to deliver the agreed actions.
There is a pooled investment fund that is being utilised directly by LAPS to support delivery of the appropriate actions with the financial governance oversight process has been agreed by the North Place Board.

A significant element of the ‘asset mapping’ for LAPS has been completed and the intelligence has been mapped into the seven LAP maps. This has been a significant development with 900 assets already mapped and this will continue with a North Northamptonshire launch to all stakeholders being planned for October 2023.

**Community Wellbeing Forums (CWFS)**

The four CWFS for Corby, Kettering, Wellingborough and East Northants continue to meet for the fourth time throughout September 2023. They were

paused over the summer period whilst the LAPS developed their priorities and established the multi-agency task and finish groups.

This paper provides an overview of these formal meetings and the CWF chairs will present further intelligence directly into the Health and Wellbeing Board meeting to reflect the local progress, reflecting the local needs.

The following points summarise the collective approach and focus in all CWFS to date which will complement and not duplicate the work of the LAPS:

- Have breadth of partner senior leadership representation including education, faith leaders, fire and rescue, police, Healthwatch.
- Each CWF now has a nominated public health and North Northamptonshire Council senior lead.
- Enable and unblock specific issues where appropriate emerging from the LAPS to ensure delivery of the identified priorities.
- Connect with the family hub development work.
- Designing an approach to understanding the complexity of multi partner commissioning landscape for the priority LAP areas emerging.
- Support the planning of the LAPS asset launch in October.
- Will work collectively to ensure the quality of surveys emerging for the LAPS – consistent methodology.
- Lead collaborative North Northants discussion with public, private and VCSE sector transport providers and commissioners recognised as a next step.
- Leaders are planning to work together to use shared stakeholder events to reduce the stigma in some cases assigned by the public to their organisations e.g. Police, Adult social care, social housing label where appropriate to engage with communities.
- Ensure a balanced oversight of rural and urban population focus.
- Some partners are considering internal organisational alignments to place e.g. Fire and Rescue, Northamptonshire Sport.

**Brief CWF overview**

**Kettering CWF**

- Police ask for partner collaboration to support community engagement.
- Numerous ‘flowers blooming’ changes happening that are small but locally significant eg. Police Beat Bus now joined by Northamptonshire ACRE and Alcoholics Anonymous.

**Wellingborough CWF**

- 8 to 14 year-old focus recognised across partners.
- Collaborative approach to family and carer support and education.
- Young Healthwatch leader recognised as integral.
- Crime ASB youth focus.
- Reduction in the age of fire starters.

**East Northants CWF**

- Recognition that the VCSE transport offer needs to be more collaborative.
- Deliberate fire setting and ASB on the increase.
- Town and Parish engagement requires further development.
- Join up with the health and wellbeing school officer support required.
- Progress further working the Kettering General Hospital on community transport cancellations.

**Corby CWF**

Being held on 14th September 2023, after the writing of this paper. The CWF chair will brief into the HWB meeting.

## 4.4 SUPPORT NORTH NORTHANTS (SNN) (APPENDIX B).

Support North Northants (SNN) is a collaborative service model with the VCSE and other ICS partners to provide early intervention and prevention, guide people to the right service/pathways quickly and build greater levels of community resilience. This service aims to provide sustainable prevention services that can withstand any future shock such as Covid 19 and 'catch people early' to prevent people's needs from escalating. The service is aimed at enabling people to access integrated, preventative health and wellbeing services that helps to overcome health inequalities, manage demand, reduce pressures on statutory services and develop higher levels of community resilience.

The SNN service has been formally 'soft' launched since the last meeting on the 5th of June 2023 and to date over 55 people have been referred by Adult Social Care and recently through local housing associations. SNN is working with people who have multiple health and social care needs. Most of the people referred have had difficulty accessing health services due to their levels of vulnerability and have required significant support to navigate pathways.

The first quarter Impact Report June-August 2023 is showing the levels of needs of people coming through the service and their multiple needs. To date there are 28 different statutory and non-statutory partners involved in supporting people and SNN is co-ordinating all agencies working together to achieve outcomes and prevent people's needs from escalating and reducing demand on health and social care services.

Through the wider interventions of partners and SNN we have enabled people to access food, reduce debt, utility costs, access digital support amounting to saving for people of £28,297.15 in 3 months.

**Appendix B** provides a detailed overview of the intelligence and outcomes for people.

The service is receiving good feedback from people accessing the service:

"*Thanks again for your support. I literally dread to think how low I may have sunk without it. There's no way you could possibly know how much you've done for me already*."

Partners are also offering good feedback:
"*SNN co-ordinated input from various teams both by email and in person. Were a point of contact for the family to co-ordinate the house move. Were creative in use of staff and tech to enable the Service User to be part of the house viewing (from hospital) and it would not have happened without SNN support for this family. NNC Occupational Therapist*

### 4.5 DEVELOPMENT OF THE NORTH JOINT HEALTH AND WELLBEING STRATEGY (NJHWS) – APPENDIX C

Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities that local government, the NHS, and other partners will deliver together through the Health and Wellbeing Board (HWBB).

This strategic framework articulates the shared vision for health and wellbeing in North Northants and sets out:

- the overall context
- feedback from North stakeholder engagement
- Identified critical issues
- Emergent strategic priorities.

The JHWS is intended to set a small number of key strategic priorities where there is an opportunity for partners to 'have a real impact' through local initiatives and action.

The emergent priorities include:

1. Children and young people
2. Mental health and wellbeing
3. Exercise
4. Economy and health
5. Tobacco

These are not finalised yet and subject to further consultation and engagement with local stakeholders. This meeting is an opportunity for HWB Board members to comment on the draft priorities

## 5. Issues and Choices

5.1. The Integrated Care Systems and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies were expected to have in place the specified governance arrangements for 1st July 2022. The structure of the North Place has been developed in consultation with a wide variety of stakeholders and officers have taken these views into

consideration as part of the final proposal for the Integrated Care Systems operating model.

The North Joint Health and Wellbeing Strategy will emerge in alignment with the Northamptonshire Live Your Best Life Strategy.

## 6. Next Steps

6.1. To continue to implement phase four of the North Place Development programme – A New Sense of Place with the involvement of the communities and the collective approach will be integral to this phase.

6.2. To progress the further development of the JHWB, focussing on the strategic priority areas.

## 7. Implications (including financial implications)

### 7.1. Resources, Financial and Transformation

7.1.1. Continuation of funding to embed the emerging developments will need to be considered within existing system resources.

7.1.2. Staffing resources to facilitate the development of North Place is being managed through existing and planned resources.

### 7.2. Legal

7.2.1. There are currently no legal implications.

### 7.3 Risk

7.3.3 The development of a sustainable case for change for Support North Northamptonshire (SNN)

### 7.4 Consultation

7.4.1 There is currently no identification of a need for formal consultation.

7.4.2 There has been some informal consultation on the NJWB strategy with local stakeholders (e.g. members of the Place Board). Over the coming months t here will be further consultation with other local stakeholder groups to ensure the priority areas for action have as much widespread support as possible

### 7.5 Consideration by Scrutiny

7.5.1 No further consideration by scrutiny has been undertaken since the last Health and Wellbeing Board meeting.

### 7.6 Climate and Environment Impact

7.6.1 There are currently no identified climate or environmental implications.

### 7.7 Community Impact

7.7.1 The development of PLACE will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

## 8. Background Papers

8.1. None.

# Local Area Partnership (LAP) Priorities August 2023



A NEW *sense* OF PLACE

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Appendix

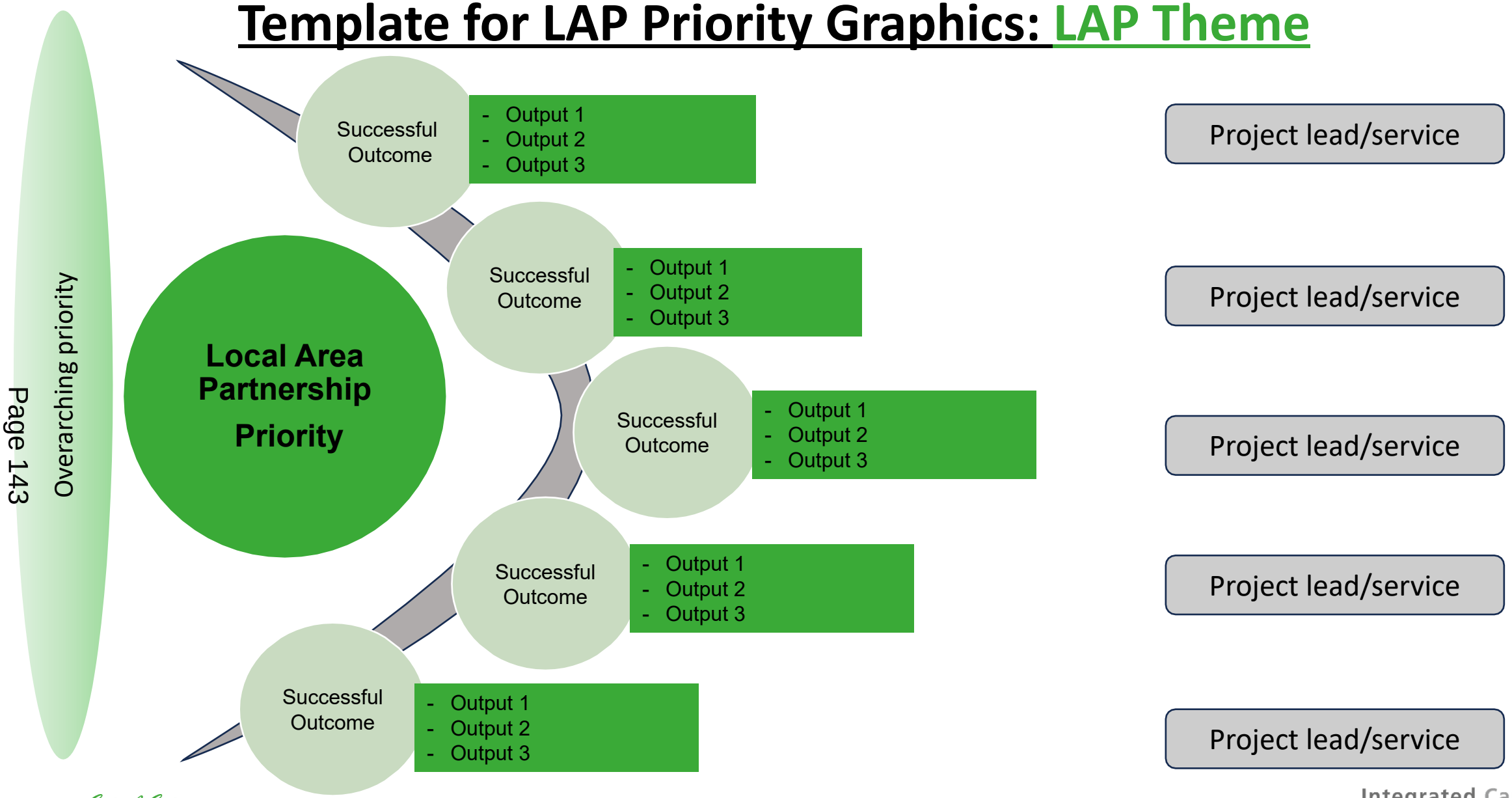
NORTH NORTHAMPTONSHIRE

northplacedevelopment@northnorthants.gov.uk

# Local Area Partnerships: Summary

- The following slides have been formed using the detail on the separate action plans for each LAP
- Due to the priorities being the same, with similar outcomes, two slides have been merged
  - Wellingborough East and West
  - East Northants North and South
- This does not mean that the LAPs have been combined, but merely demonstrates a representation of the similarities across the boundaries
- The outcomes & outputs for the priorities were decided by the multi-agency task action groups, which consisted of elected members, statutory organisations and the voluntary and community sector
- There is funding available to support the groups to produce the outputs which will improve the local communities, with outputs being considered in either a 3-month or 6-month timeframe
- Asset mapping is still an ongoing process

# Template for LAP Priority Graphics: LAP Theme

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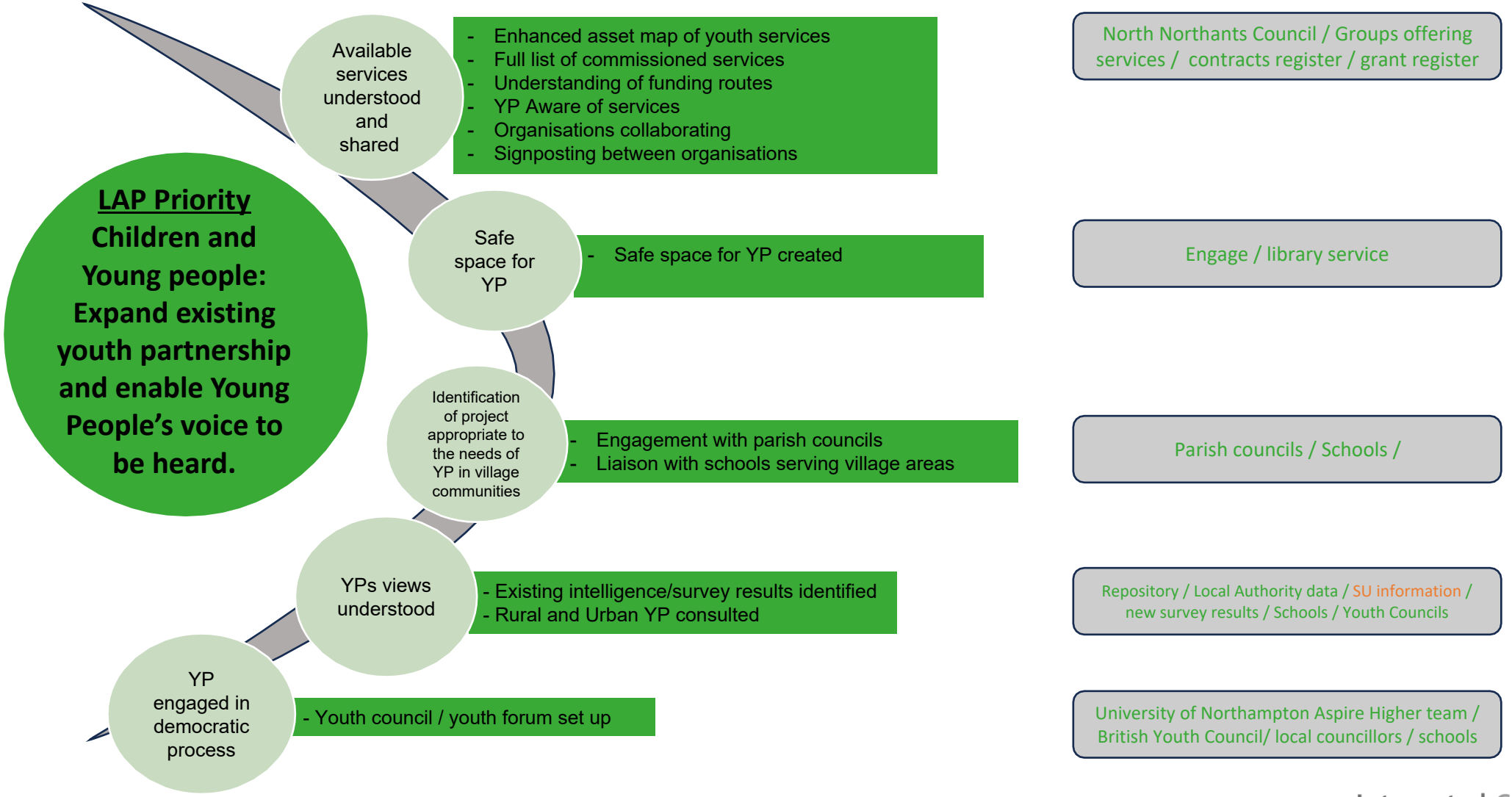
# Wellingborough East LAP & Wellingborough West LAP *

## Children and Young people: Expand existing youth partnership and enable Young People's voice to be heard

Improving Community Health and Wellbeing



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* Wellingborough East and Wellingborough West LAPs are working together on this shared theme, until such time as the Outputs and organisations involved start to go separate ways.

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# Kettering Urban: Engagement with Young People

Improving Community Health and Wellbeing

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**LAP Priority**
**Children & Young People: Improve engagement with YP regarding mental health and wellbeing**

**Communication between services**

-Presentations at task groups

-Email circulation list – contact details shared

**Lead:** North Northants Council **Presentations:** Police, Prospects, Gainn

**Communication between services and young people**

-Surveys created with recommended questions from task group
-Summer engagement using existing events, incentivised

**Lead:** North Northants Council **Survey:** All 23 attendees invited to provide questions – Prospects to review survey and suggest incentives

**YP awareness of services**

- Freshers Fair (Tresham) – link provided

- Social engagement project (Grange) with stalls set up to promote local offers 10/08/23

- Awareness talks in schools/PRUs about youth safety & offers

**Lead:** North Northants Council **Engagement:** All 23 attendees invited to attend engagement

**YP mental health & engagement**

- Youth Mental Health Week (18th-24th September), utilising national Youth Mental Health Day (19th September)
- Existing offers and new events scheduled for the week

**Lead:** Well Northants **Involved:** Green Patch/Groundwork, Gainn, Youth Works, Central COOP, NNC, Brightwayz, Grange Resource Centre

**Lead:** North Northants Council **Involved:** Illicit Skate

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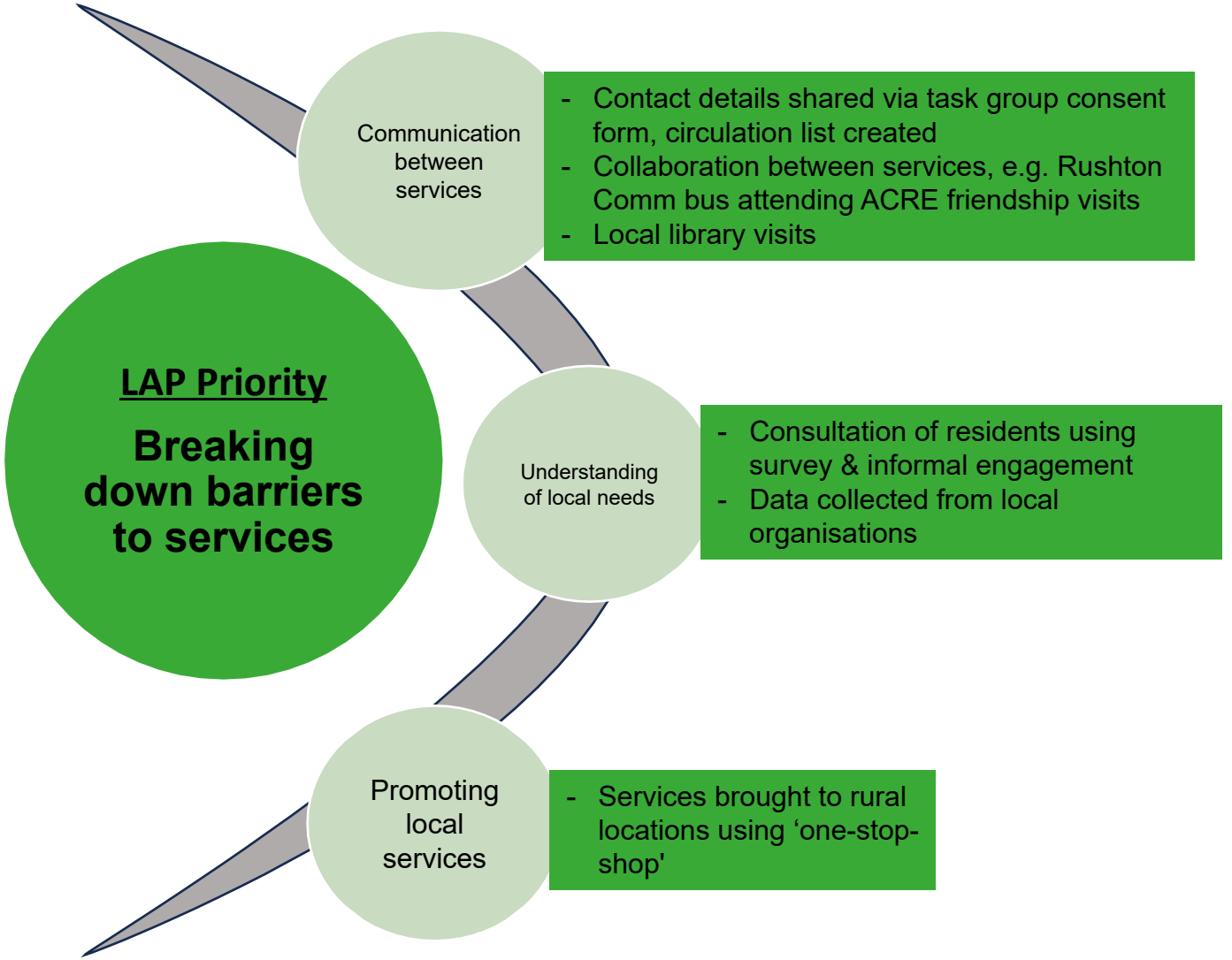
# Kettering Rural LAP: Breaking down barriers to services

Improving Community Health and Wellbeing




- Contact details shared via task group consent form, circulation list created
- Collaboration between services, e.g. Rushton Comm bus attending ACRE friendship visits
- Local library visits

**Email:** All consenting partners

- Consultation of residents using survey & informal engagement
- Data collected from local organisations

**Lead:** North Northants Council **Involved:** Accommodation Concern, Mind, ACRE, Brightwayz

- Services brought to rural locations using 'one-stop-shop'

**Lead:** North Northants Council **Involved**: Police, Accommodation Concern, Mind, Central COOP, Alcoholics Anonymous, North Northants Council, Brightwayz, ACRE



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# East Northants North & East Northants South LAPs

## Community Transport

Improving Community Health and Wellbeing

**LAP Priority**

**Community Transport:**

**Campaign to increase volunteer drivers and increase current offer**

**Assess unmet need**

- Survey of service users
- Survey of residents via parish councils
- Capture data on declined journeys

**Lead**: CommMiniBus
**Involved**: all operators / parish councils

**Increase available drivers**

- Marketing/advertising campaign for volunteer recruitment
- Explore possibility of volunteer rewards

**ENS Lead**: Shire Community Services **ENN Lead**: Volunteer Action **Involved**: all operators

**Improve collaboration across services**

- Operators to explore ways of working together

All operators

**Improve access to hospitals**

- Liaise with transport / parking services at hospitals to explore possible improvements

**Lead**: North Northants Council
**Involved**: Kettering General Hospital / Northampton General Hospital

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* East Northants North and East Northants South are collaborating while they have overlapping actions and organisations to avoid duplication.

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# Corby: Community Transport

Improving Community Health and Wellbeing



**LAP Priority**

**Community Transport: Address the service gap for medical and other community transport**

| | | |
|---|---|---|
| Assess unmet need | - Survey of residents via parish councils | **Lead**: CommMiniBus |
| Increase available drivers | - Marketing/advertising campaign for volunteer recruitment<br>- Explore possibility of volunteer rewards | **Lead**: Shire Community Services<br>**Involved**: all operators |
| Improve collaboration across services | - Operators to explore ways of working together | All operators |
| Improve access to hospitals | - Liaise with transport / parking services at hospitals to explore possible improvements | **Lead**: North Northants Council<br>**Involved**: Kettering General Hospital / Northampton General Hospital |
| Expand, reinstate or create transport service | - Identify existing organisation (or reinstate carpool scheme) to cover rural Corby area | **Lead:** TBC<br>**Involved:** All operators |

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Support North Northants (SNN)

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Tackling poverty, overcoming health inequalities, building healthier and resilient communities

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# IMPACT REPORT

First Quarter

*June-August 2023*

# Background

Support North Northants (SNN) is a collaborative service model with the VCSE and other ICS partners to provide early intervention and prevention, guide people to the right service/pathways quickly and build greater levels of community resilience. This service aims to provide sustainable prevention services that can withstand any future shock such as Covid 19 and 'catch people early' to prevent people's needs from escalating.



This service is aimed at enabling people to access integrated, preventative health and wellbeing services that helps to overcome health inequalities, manage demand, reduce pressures on statutory services and develop higher levels of community resilience.

The SNN service was formally 'soft' launched on the 5th of June 2023 and to date we are working with over 45 people referred by Adult Social Care People. SNN is working with people who have multiple health and social care needs. The majority of the people referred have struggled to access health services due to their levels of vulnerability and have required significant support to navigate pathways to support.

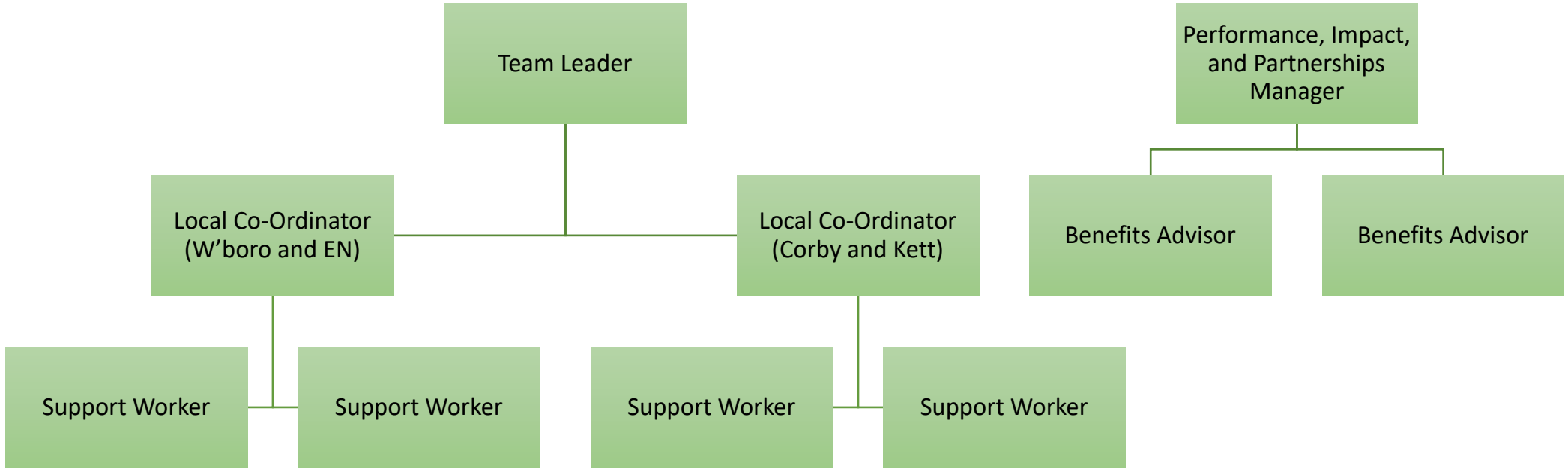
SNN is aimed at being one part of a solution to overcoming inequalities, managing demand and pressures on health and social care.

# SNN Investment

SNN Funding included: £250k COMF and £250k HIAA and £20k HEG

January 2023 – August 2023 – predicted spend £150k i.e. about 30% to date out of £500k - this includes: staffing costs, partner costs, management costs

# Support North Northants - Team Structure






Host SNN Partners

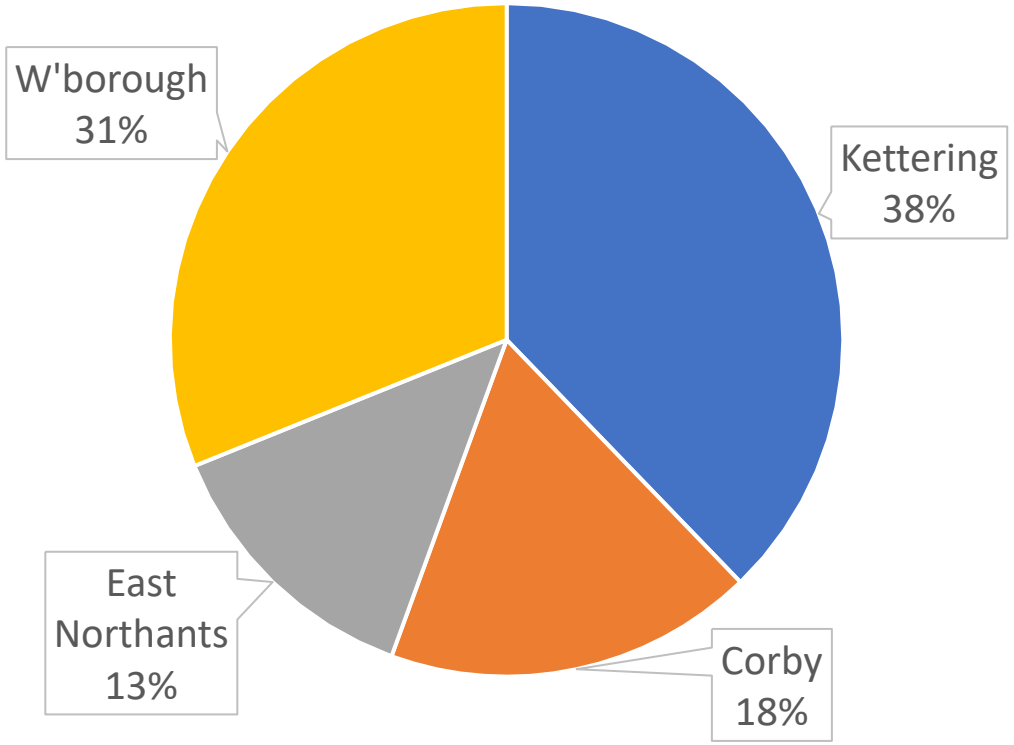
- Support Northamptonshire
- SERVE
- Groundworks Northamptonshire
- Accommodation Concern

- 45 referrals (June – August)
- 28 partners organisations involved
  - 9 statutory sector
  - 4 housing associations
  - 15 VCSE sector

# SNN – No. of People Supported

**Number of Referrals: 45 (June 2023 – August 2023)**

**Referrals by North Northants Areas**




**Referrals will be categorised by North Northants LAP Areas**

# Support North Northants (SNN)

*An integrated service | A better way of working together*

Tackling poverty, overcoming health inequalities, building healthier and resilient communities

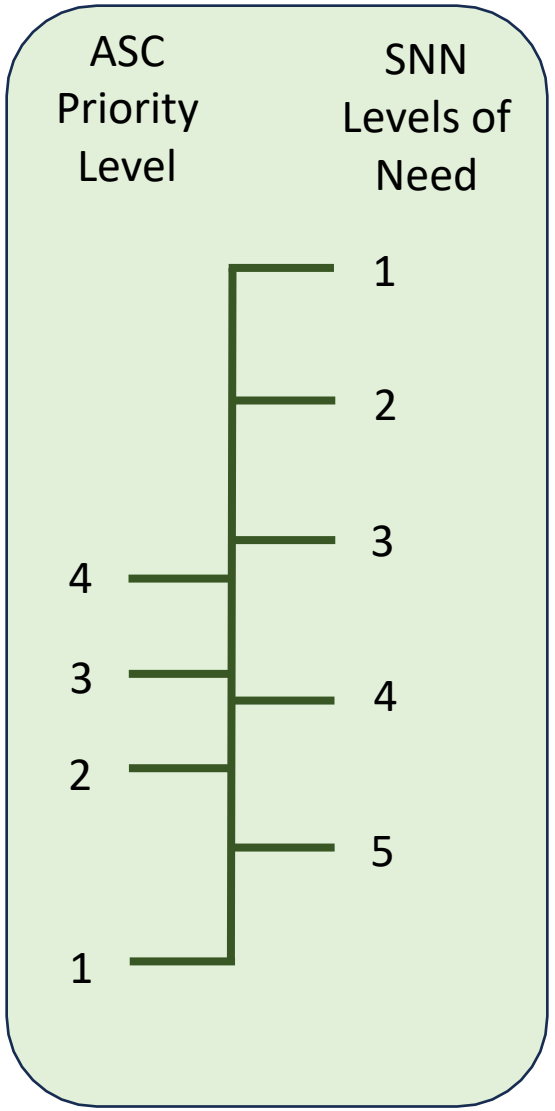
## SNN Levels of Need

### Definitions

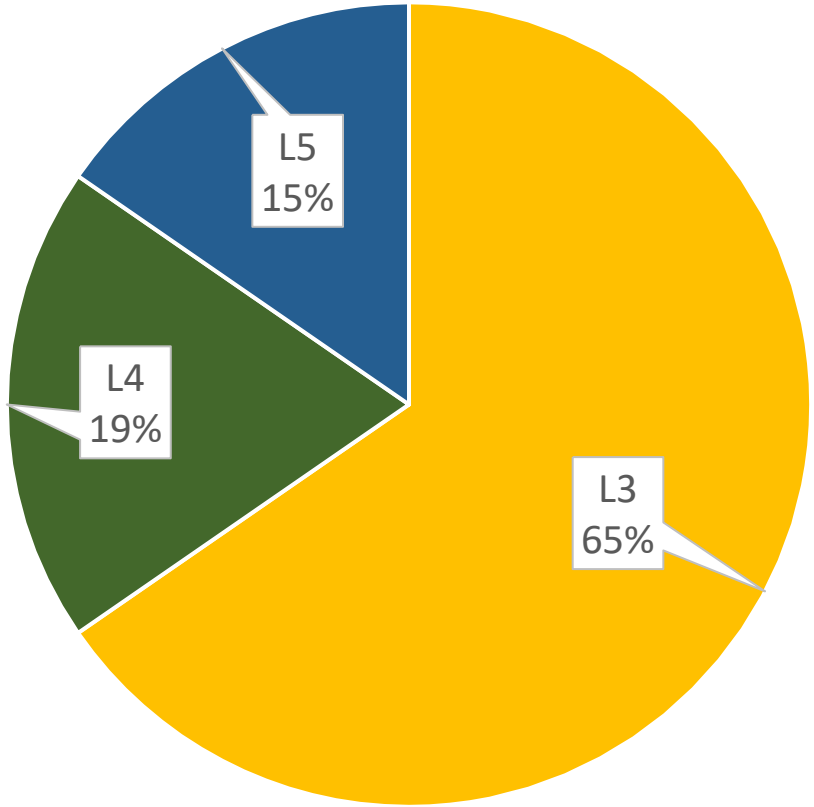
| | |
|---|---|
| L1 | • Low level support<br>• Information and guidance<br>• 1-2 days |
| L2 | • Moderate level support<br>• Immediate or emergency practical support<br>• 1-5 days |
| L3 | • Medium level support (may require a CATCH meeting)<br>• Requires full conversation and support plan<br>• 1-3 month intervention |
| L4 | • High level support (requires a CATCH meeting)<br>• Requires full conversation and support plan<br>• 3-6 month intervention |
| L5 | • Statutory level (requires a CATCH meeting<br>• Statutory service is lead partner<br>• SNN co-ordinate wider support<br>• 3-6 month intervention |



### Level Comparison

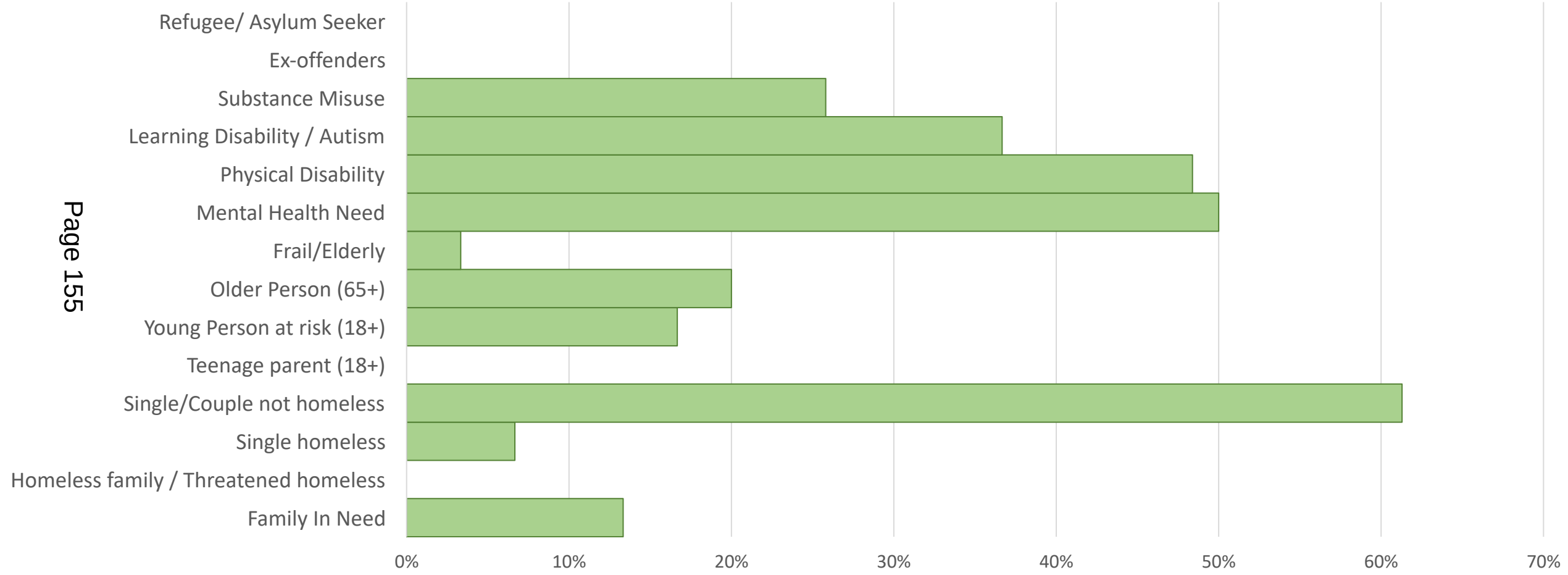



### Referrals by SNN Levels of Need



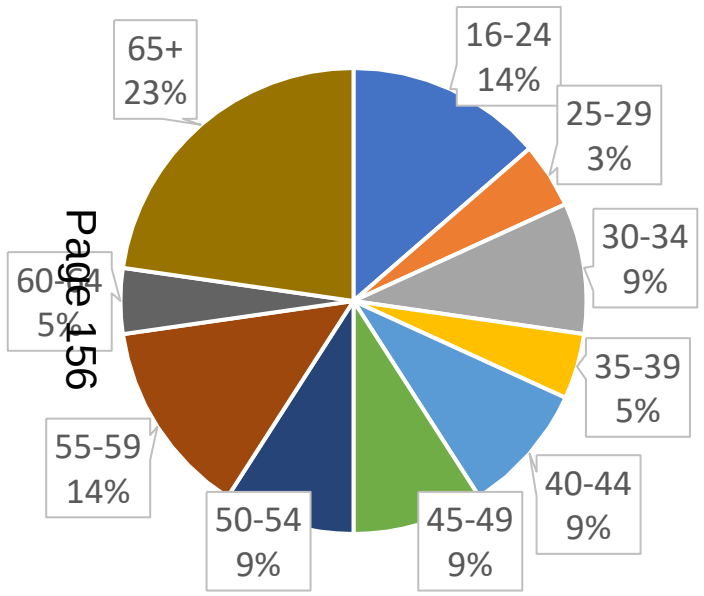

All high levels, means takes longer and more difficult to close

# SNN Service User Categories



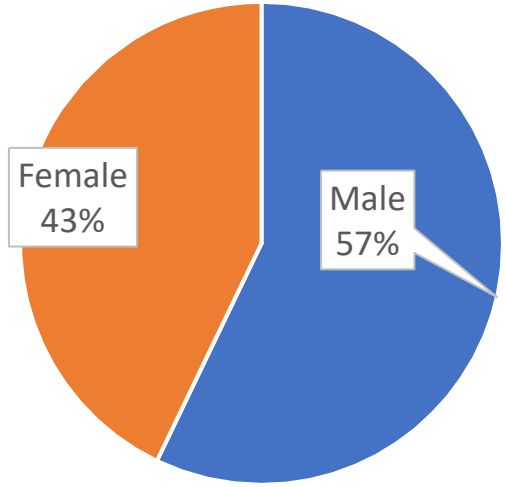
# SNN Service User Profile

## Age



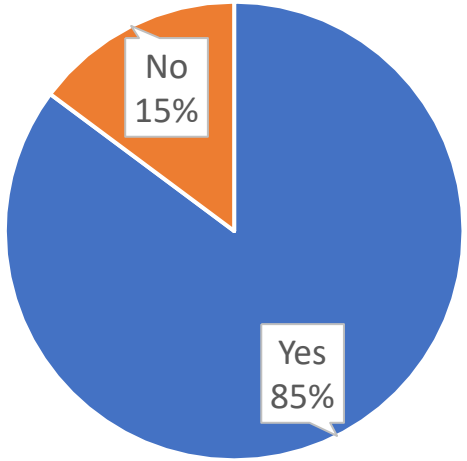

51% are 50+
14% are 16-24
35% are 25-49

## Gender

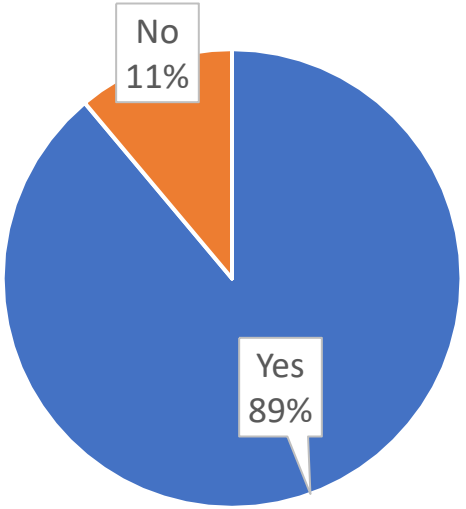



0% of: Non-Binary, Intersex, Other, Withheld

## Disability (Self-Reported)




## Day-to-day activities limited due to health?






Integrated Care Northamptonshire | A NEW sense OF PLACE

# SNN Service User Profile

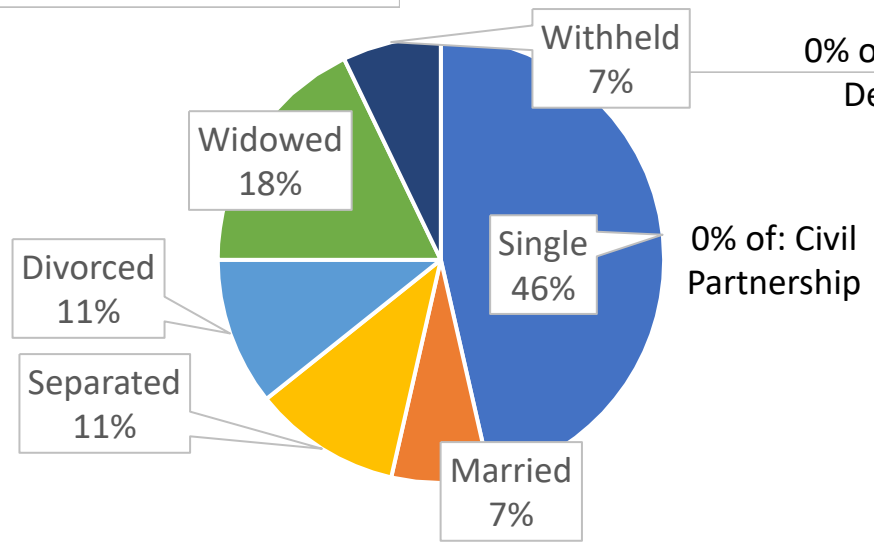
**Ethnicity**

**Sexuality**

**Transgender (gender different to assigned at birth)**



**Marital Status**



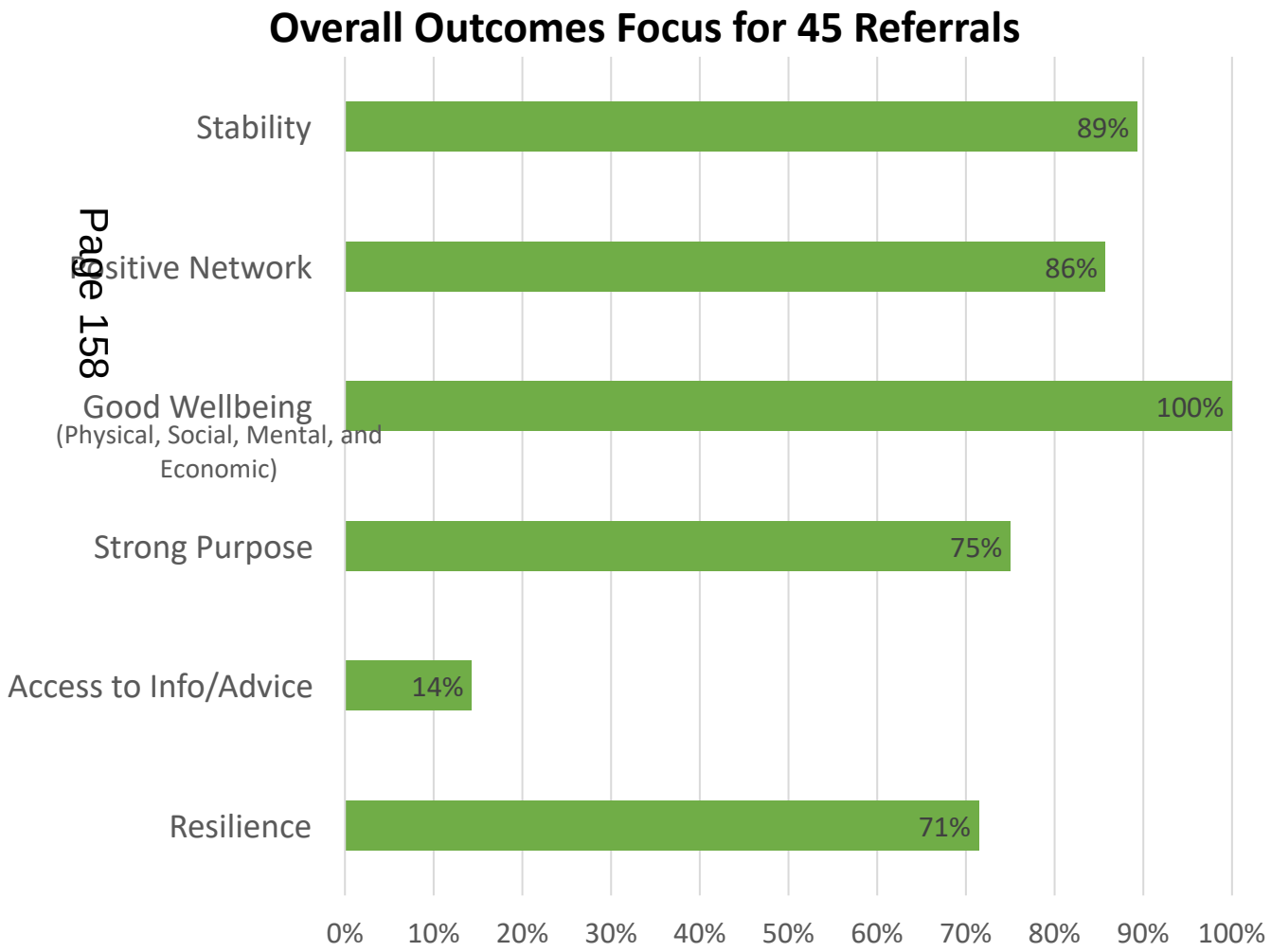

0% of: Gay, Lesbian, Asexual, Demisexual, Undecided

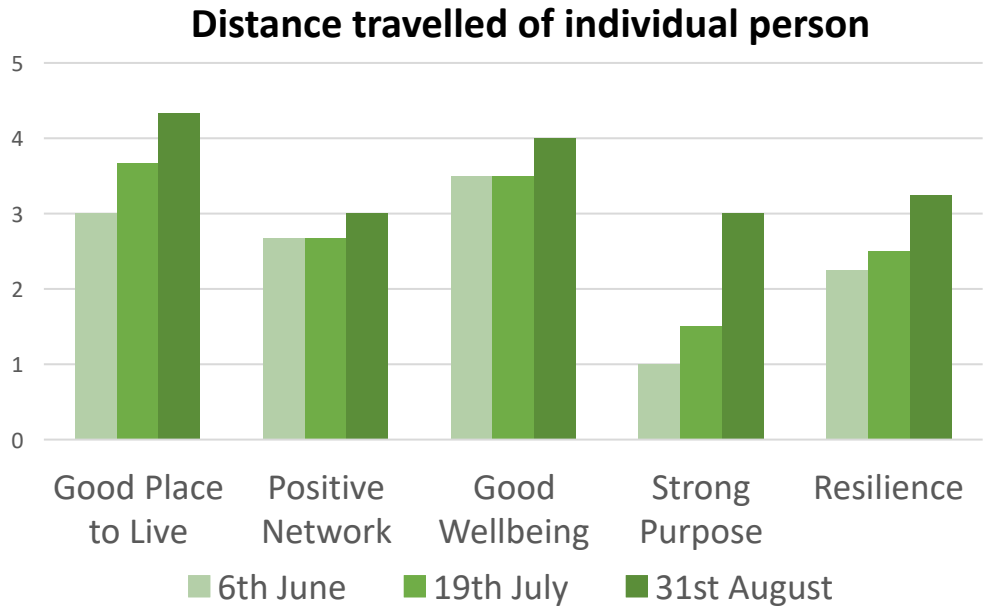
0% of: Civil Partnership

**Religion**

0% of: Buddhist, Sikh, Jewish

# SNN – Outcomes Focus

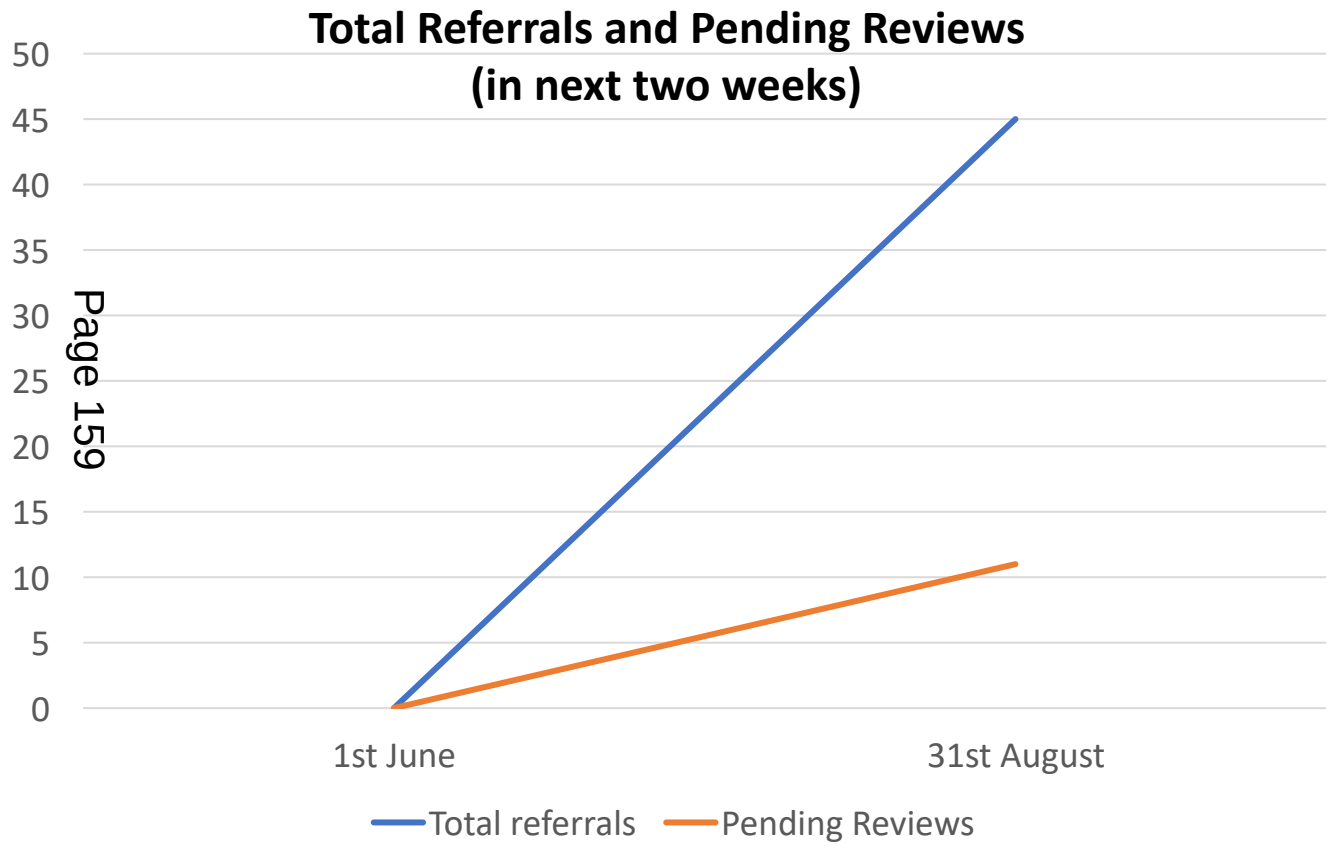


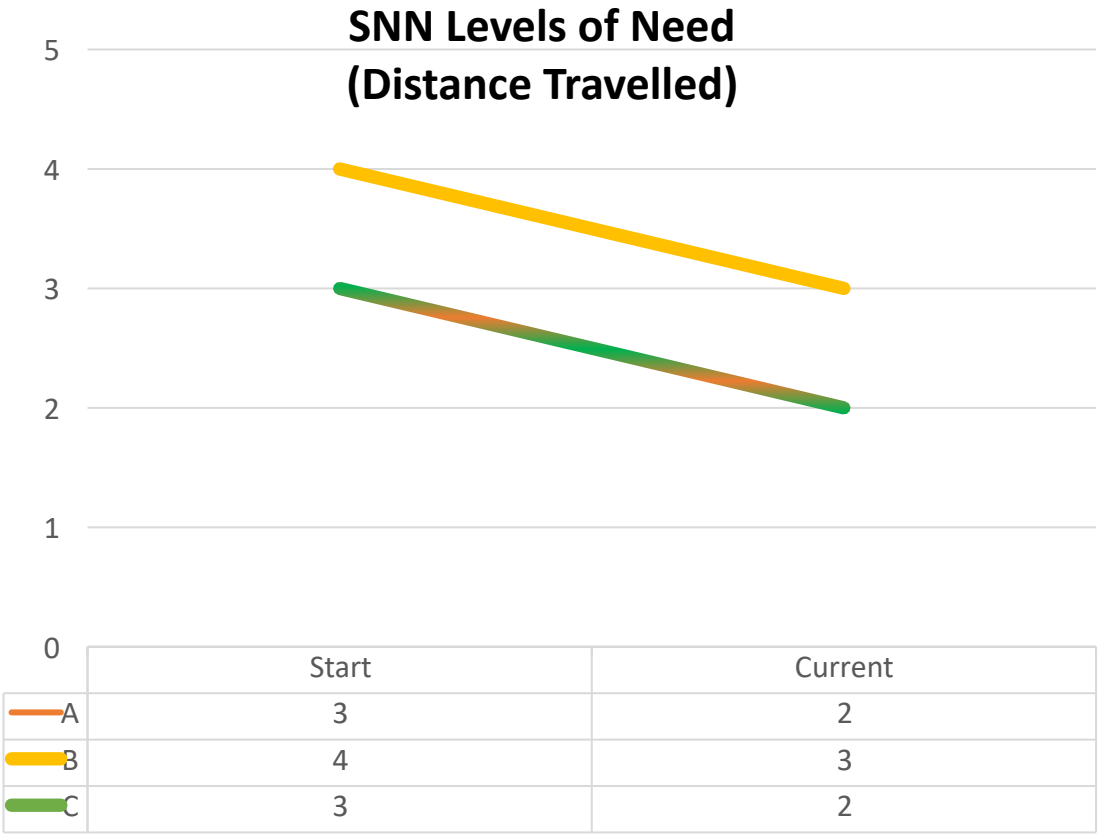




**Screenshot from SNN IT Platform**


Integrated Care Northamptonshire | A NEW sense OF PLACE

# SNN - Reviews and Closures




- Referrals are all high levels (L3-L5), so takes longer to reach review stage
- Closure graphs will be incorporated as SNN closes cases

Integrated Care Northamptonshire | A NEW sense OF PLACE

# SNN – Wider Interventions

| Accommodation Concern | Description | Savings |
|---|---|---|
| Debt | Debt Relief Order | £23,650.15 |
| | TIP report | £1.00 |
| | TIP report | £1.00 |
| | Trustfolio (Experian Credit Report) | £1.00 |
| | Trustfolio (TransUnion Credit Report) | £1.00 |
| Food Parcel | Food Parcel | £20.00 |
| | Food Parcel | £20.00 |
| | Financial gain other | £99.00 |
| | Food Parcel | £35.00 |
| Household Support Fund (Vouchers) | Household Support Fund Voucher | £50.00 |
| | Household Support Fund Voucher | £49.00 |
| | Household items | £617.00 |
| | Household items | £275.00 |
| | Household Support Fund Voucher | £100.00 |
| | Household Support Fund Voucher | £49.00 |
| **Report Total** | | **£24,968.15** |

| SNN | Description | Savings |
|---|---|---|
| Food | 9x food parcels | £270.00 |
| | Supermarket vouchers | £50.00 |
| Utilities | Electricity voucher | £50.00 |
| | Correction of gas and electricity bill | £230.00 |
| | Credit applied to utilities account | £102.00 |
| | Anglian Water arrears waived | £70.00 |
| | 2x utility bills reduced (previous amount unknown) | Unknown |
| Digital | Got old phone back instead of buying new | £50.00 |
| | Free phone SIM with 6 months paid use | £90.00 |
| Housing | Care and Repair work | £225.00 |
| | Free household items | £1,005.00 |
| Hardship Funds | SNN Hardship funds | £450.00 |
| | Vicar's Relief Fund | £500.00 |
| Other Savings | Lifts instead of taxis to hospital, bank, etc | £237.00 |
| | Cleaned to reduce cost of deep clean | TBC |
| **Report Total** | | **£3,329.00** |

**Combined total of £28,297.15**

# Feedback – Service Users

*"You've already helped me **far more than you could know**, and **way more than any words can show!** It feels like you were **heavenly sent** and have done maybe **more for me in the 24hrs** you've known me than I allow most to do in a lifetime. I've always believed with just one person in my corner **I could take on the rest of the world**. I'm interested and dare I say a little excited, to see just how far we can go. **God knows how low and damaging things could have got without your intervention**. And I know it's your job, but you still have to be a pretty special person to do it, let alone be as **effective** as you seem to be. **You've allowed me to keep a flame of hope alive**."*

*"I thank you from the very depths of my deep and open heart! **I'm truly blessed** for your presence."*

*"Thanks again for your support. I literally **dread to think how low I may have sunk** without it. There's no way you could possibly know **how much you've done for me already**."*

*"**I'd employ you both** as any of the roles I've managed: housing, drug/alcohol recovery, and advocacy."*

# Feedback – Other Organisations

*"I just wanted to send an email to make you aware of **how impressed I am with Support North Northants**, they are supporting a gentleman of mine, they have been **so proactive** with taking him to the bank to support with sorting out all his banking and bills, they have been **so patient** and **used the initiative all the way through**! They really have been **great support** and feedback for me as they have been going on **regularly**, their **communication is also great** as they feed back each time they go and **keep me updated**."*

**– Hanna Chennell, NNC Senior Enablement and Assessment Worker at East Northants Community Hub.**



*"SNN **co-ordinated input from various teams** both by email and in person. Were a **point of contact** for the family to **co-ordinate the house move**. Were **creative in use of staff and tech** to enable the Service User to be part of the house viewing [from hospital]. Took family to breakfast whilst their old house was packed up. Moving is incredibly stressful and **it would not have happened without SNN support for this family**. I have no suggestions for how SNN could do better."* **– Helen Jones, NNC OT**

*"This was a **particularly concerning referral** and it's **great to see that we have been able to work collaboratively to support this gentleman**."*

**– Michelle McCracken, NNC Principal Social Worker**

# If SNN didn't exist - Helen

| What Happened | What would have happened *without SNN* |
|---|---|
| Helen has multiple health needs and was prematurely discharged from hospital without support | No one knows ICT did not respond – they were not informed |
| In so much pain she can barely walk, can't see due to visual impairment | Helen continues struggling – housing, safety, medical appointments food, mental health, money etc |
| ICT were due to visit on the day of discharge ICT were not informed of discharge. | She somehow finds the strength to reach out but is just 'signposted' to other organisations |
| Only two relatives were abroad / unable to visit | She is unable to look after herself physically or mentally |
| Suicide ideation | She attempts to end her life, or is re-hospitalised quickly |
| SNN mobilises emergency support, involves ICT, Care and Repair and other services | |

# System Barriers – Difficult Journey

| | | | |
|---|---|---|---|
| People don't know how to navigate support – cry for help | Unable to get a GP appointment | Not involved in own decisions (support not co-produced) – people feel out of control | Unable and can't afford to stay on hold for 4 hours with utility supplier |
| Wider issues not caught early, so get worse | Hospital discharge processes | Organisations unable to provide wider support due to organisation's boundaries | Anxiety levels mean unable to call doctors at 8:00am – prevents access to health services when needed. |
| Having to tell their story repeatedly. Mentally exhausting. | Have to approach multiple different organisations – hard when anxious | Local shopkeeper has issues with energy top-up system | People with high mental health needs unable to order and collect prescriptions each week |

# Sustainable case for change

| Budget | Cost Savings | Saving per person |
|---|---|---|
| £520,000.00 | To be completed when we know costs | Prevention of care packages – potentially 2 at present |
| | | Income maximisation – see AC and other |
| | | Prevention of return to system – will know when we close and contact within 2-3 months |
| | | Prevent pressure on health – quantify per case |
| | | Prevent hospital admissions and re-admissions – |
| | | Prevention of GP appointments |

# Defining the challenges

*system impact & future potential*

Fragmented system from a resident's service user perspective

For the service user very difficult to navigate pathways – too long, too cumbersome.

Rising demand for statutory services = access thresholds increase; & the opportunity to deliver population wellbeing, prevention and early help by those services is reduced

More people are struggling due to impact of COVID, including Long Covid, the cost-of-living crisis, increased health inequalities.

Plethora of front doors and access points for both statutory and VCSE services – **NO HOLISTIC Single Point of Access**

Social prescribing model struggles to access VCSE offer due to VCSE capacity or not understanding what the local offer is.

VCSE funding and capacity – often reliant on siloed external, restricted funding so not able to respond to system-wide local needs collectively.

Services don't always consider the person's holistic needs, focus only on their services, and look to other services through repeated cycle of handoffs, signposting, refer, assess, close case.

There is duplication of services and inappropriate referrals

# Defining the challenges, continued

How can different points of access work together and how can this model provide a professional joined-up service with VCSE Co-ordination?

Staff are not always aware of what different services do and don't do

Need to ensure more information is shared at earliest opportunity so that staff have the whole picture and not a just a pixel

Commissioning and service design can be fragmented and done on a service perspective rather than on a person-centred and place/population approach

Previous VCSE work has not been system-wide, so need to deliver system wide action research programme at pace and scale.

Need to build community resilience so that future community wrap around support for individuals and households is proactive (E.g., a pandemic or crisis response can be better managed and coordinated)

Improve ability to offer tools for independence, self help, informal networks of support, access to information and advice and opportunities to contribute.

Need a whole system, evidence based, case model to help deliver against the 10 Live Your Best Life outcomes

# Where We Are Now

Pilot ends 31.03.2024

Service running well and takes time to establish a collaborative way of working between agencies – cultural shift

Opportunity for innovative joint commissioning

# North Northamptonshire Health and Wellbeing (HWB) Strategy 2023-2028



*Draft framework for discussion, 7 Sept 2023*

Appendix

North Northamptonshire Council

# Aim

The aim of this slide-deck is to present a draft framework for the North Northants Health and Wellbeing (HWB) Strategy.  It covers:

A range of contextual issues on which the HWB strategy is based, including the Joint Strategic Needs assessment (JSNA), the Northants *Live Your Best Life* strategy, and other strategic assessments of health and wellbeing across North Northants

The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders

The need to focus on a small number of key priorities, with corresponding action plans which are realistic and deliverable over the period 2023-28.



North Northamptonshire Council

# The purpose of the HWB Strategy is to:

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reducing health inequalities.

Identify a short list of shared priorities and outcomes for improving local health and wellbeing and reducing health inequalities.

Support effective partnership working that delivers improved health outcomes.

Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic & the current economic climate

# Context, vision and overall focus for the North Northants HWB Strategy



- Joint Strategic Needs Assessment (JSNA)
- Northants Integrated Care System (ICS) – *Live Your Best Life*
- North Northants Place Development
- Big50 vision for North Northants
- Economic and Statistical Performance Assessment (ESPA) across North Northants
- Stakeholder views

Ensure a consistent and seamless golden thread is running through all these overarching strategic issues

# Context, vision and overall focus for the North Northants HWB Strategy

Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

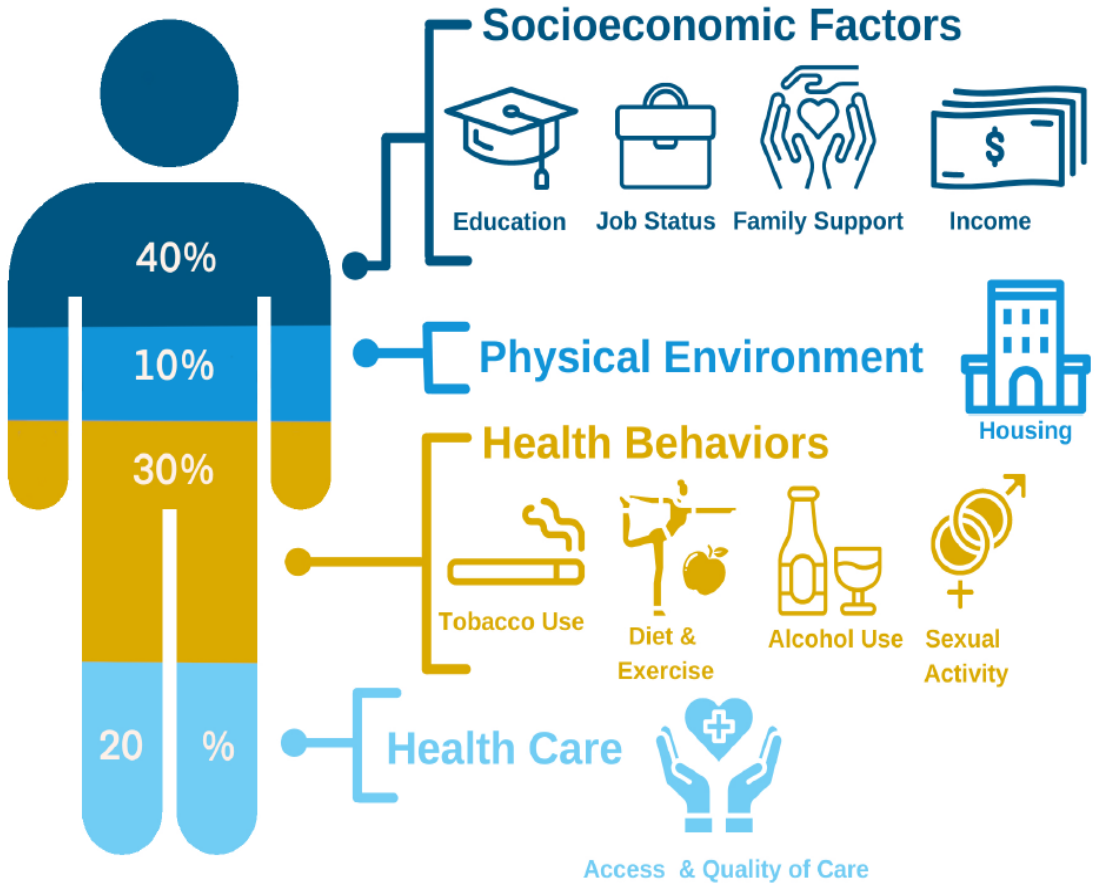
Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

JSNA is a statutory requirement of the local authority under the Health and Social Care Act 2012

# IMPACTS OF THE WIDER DETERMINANTS OF HEALTH
## *Robert Wood Johnson model*




A focus solely on healthcare provision will not solve all health problems

This requires a system, not an organisational approach.

We need a greater focus on important wider determinants because health starts - long before illness - in our homes, schools and jobs.

# Focus for the JSNA – key areas

- Demography (numbers of types of people in the population)
- Epidemiology (health indicators described by person, place and time)
- Health and wellbeing indicators where NNC is an outlier
- Health inequalities (differences between different population groups not explained by biology)
- Key areas for focus in NNC
- Stakeholder access to information

The JSNA will summarise the main health and wellbeing issues, which will help to prioritise the action plan

# Focus for the JSNA – public health outcomes framework

PH Outcomes framework is published nationally and includes a number of indicators where Northants is compared to regional and national averages:

- Overarching indicators
- Wider determinants of health
- Health improvement
- Health protection
- Healthcare and premature mortality

The JSNA will use the PH outcomes framework as one of its key sources

# Context, vision and overall focus for the North Northants HWB Strategy

Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Northants ICP priorities all taken into account in developing HWB strategy

# *Live your best Life* – Integrated Care Northants strategy



## 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 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.

## 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.

# Northamptonshire Integrated Care System

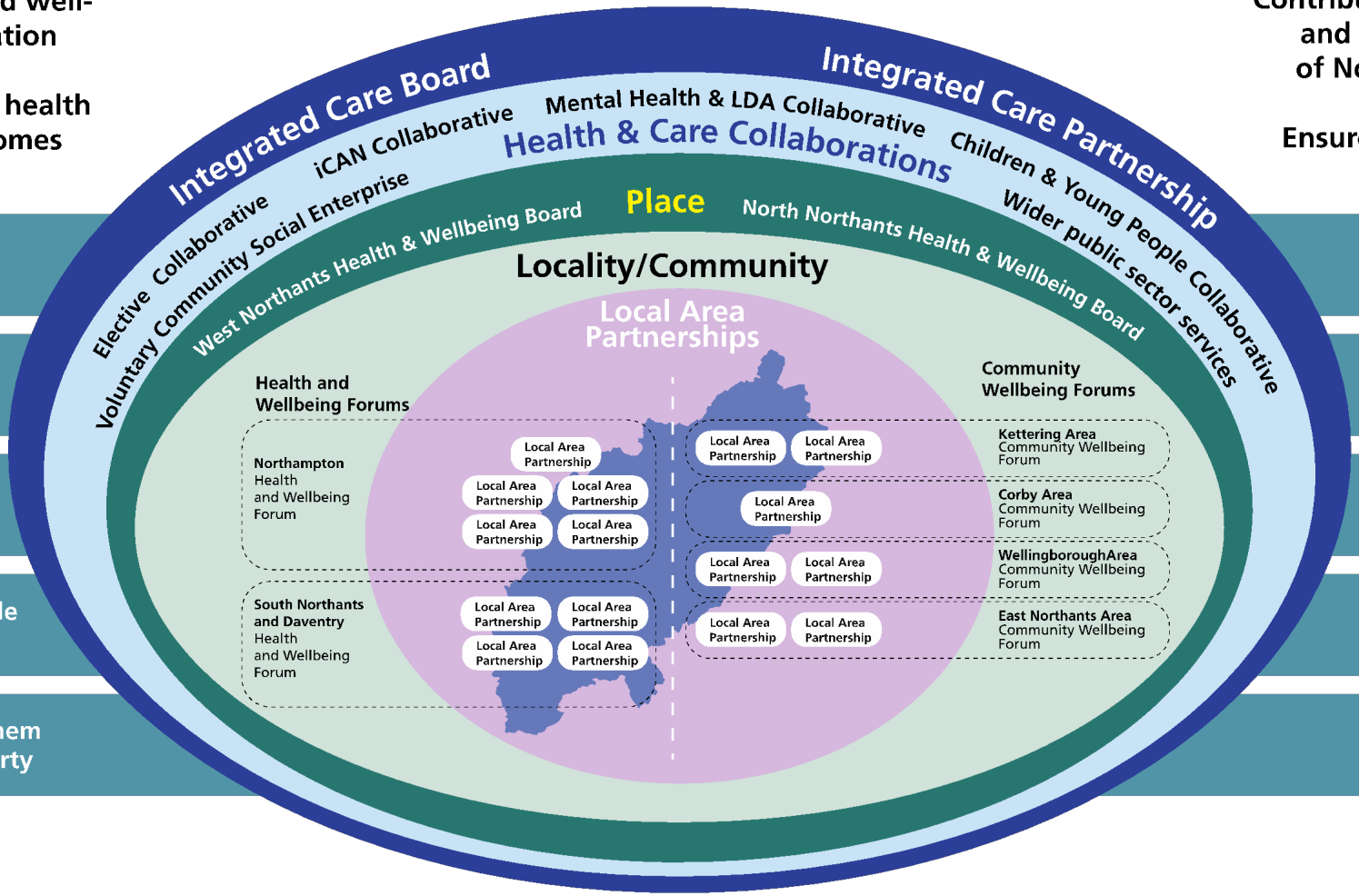
**Improve the health and well-being of the population**

**Reduce inequalities in health and wellbeing outcomes**

**Contribute to the economic and social wellbeing of Northamptonshire**

**Ensure value for money**

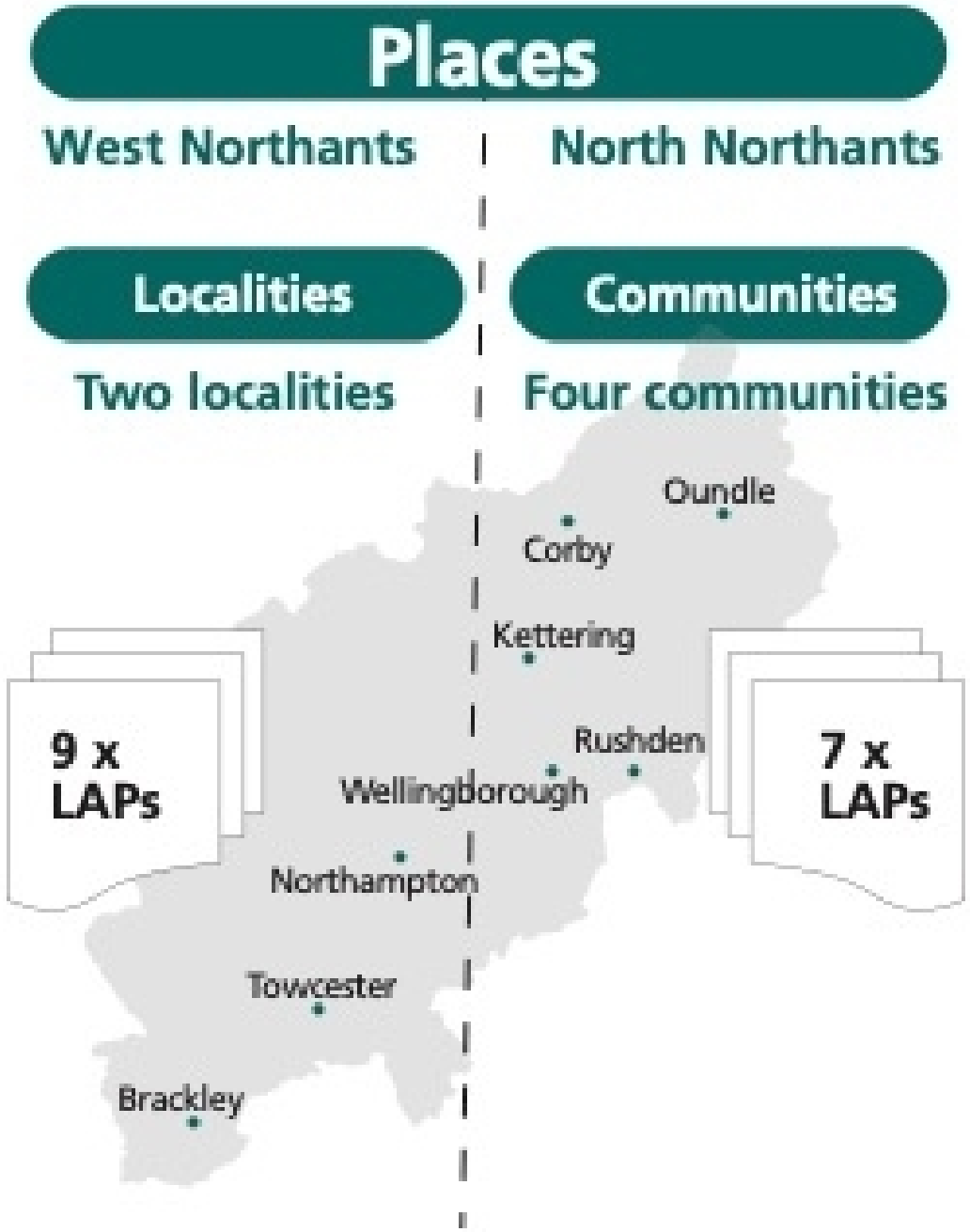
- Access to health & social care when needed
- Opportunity to be fit & well
- Best start in life
- Access to the best available education & learning
- Employment that keeps them & their family out of poverty
- Good housing in places which are clean and green
- To feel safe in their homes & when out and about
- Connected to their families
- To be accepted & valued simply for who they are
- Access to health & social care when needed



# Context, vision and overall focus for the North Northants HWB Strategy

- *A New Sense of Place* is now an integral part of the North Northants landscape

- **Joint Strategic Needs Assessment (JSNA)**
- **Northants Integrated Care System (ICS) – *Live Your Best Life***
- **North Northants Place Development**
- **Big50 vision for North Northants**
- **Economic and Statistical Performance Assessment (ESPA) across North Northants**
- **Stakeholder views**


Places
West Northants
North Northants
Localities
Communities
Two localities
Four communities
Oundle
Corby
Kettering
9 x LAPs
Rushden
7 x LAPs
Wellingborough
Northampton
Towcester
Brackley

# Area Community Wellbeing Forums Local Area Partnerships



**North Northamptonshire Health and Wellbeing Board**

Corby Area Community Wellbeing Forum

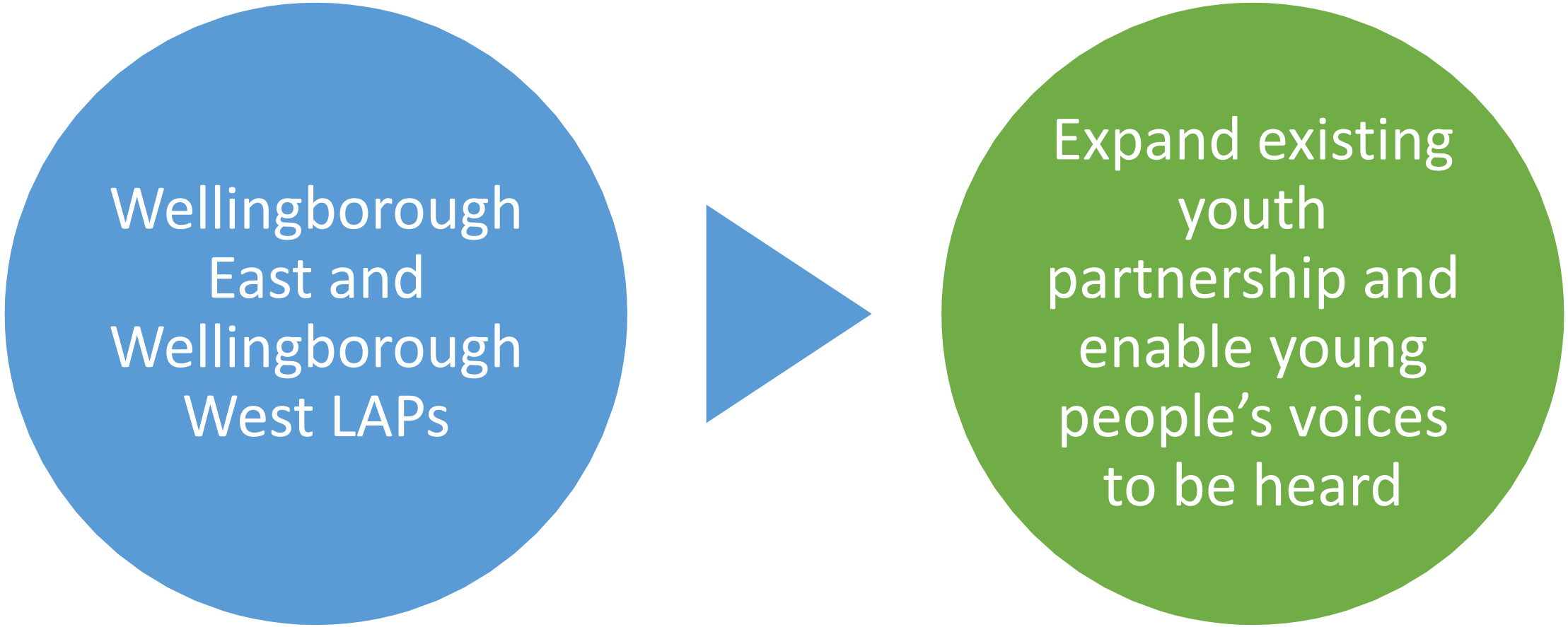
Kettering Area Community Wellbeing Forum

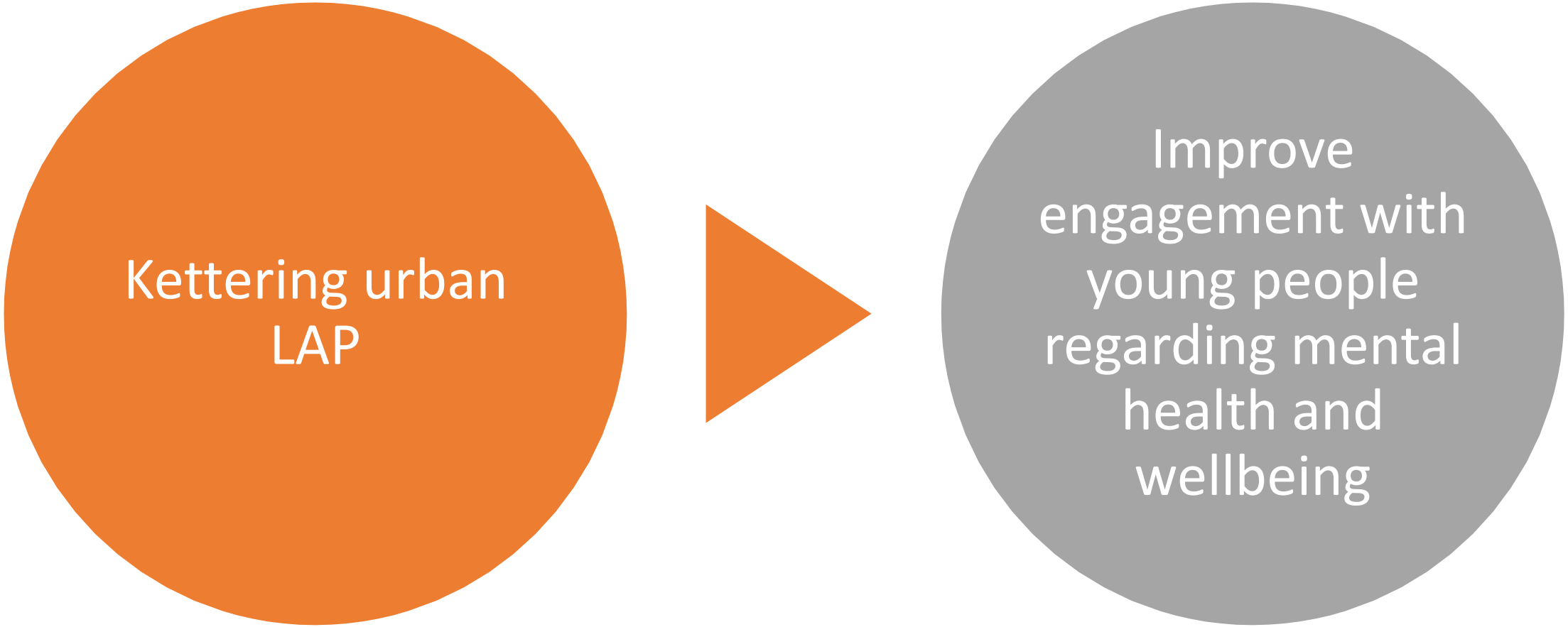
Wellingborough Area Community Wellbeing Forum

East Northamptonshire Area Community Wellbeing Forum

- Corby Rural /Urban LAP (*2020 est. pop. 73,053*)
- Kettering Urban LAP (*2020 est. pop. 77,086*)
- Kettering Rural LAP (*2020 est. pop. 25,125*)
- Wellingborough Urban LAP (*2020 est. pop. 55,452*)
- Wellingborough Rural LAP (*2020 est. pop. 24,629*)
- East Northants South LAP (*2020 est. pop. 67,327*)
- East Northants North LAP (*2020 est. pop. 27,776*)

**Strategy** **Inform & influence** **Engagement** **Design & doing**


Wellingborough East and Wellingborough West LAPs
Expand existing youth partnership and enable young people's voices to be heard


Kettering urban LAP
Improve engagement with young people regarding mental health and wellbeing

# Kettering rural LAP



## Breaking down barriers to services

East Northants North and East Northants South

LAP

Community Transport – increase voluntary drivers

Corby LAP

Community Transport

# Context, vision and overall focus for the North Northants HWB Strategy



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Big50 refers to the vision for North Northants for the year 2050

# ‘Big50’ Vision for 2050

## *the best life for all in North Northamptonshire*

3 key priorities

- A proud place
- A prosperous place
- A proactive place

# Context, vision and overall focus for the North Northants HWB Strategy



Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

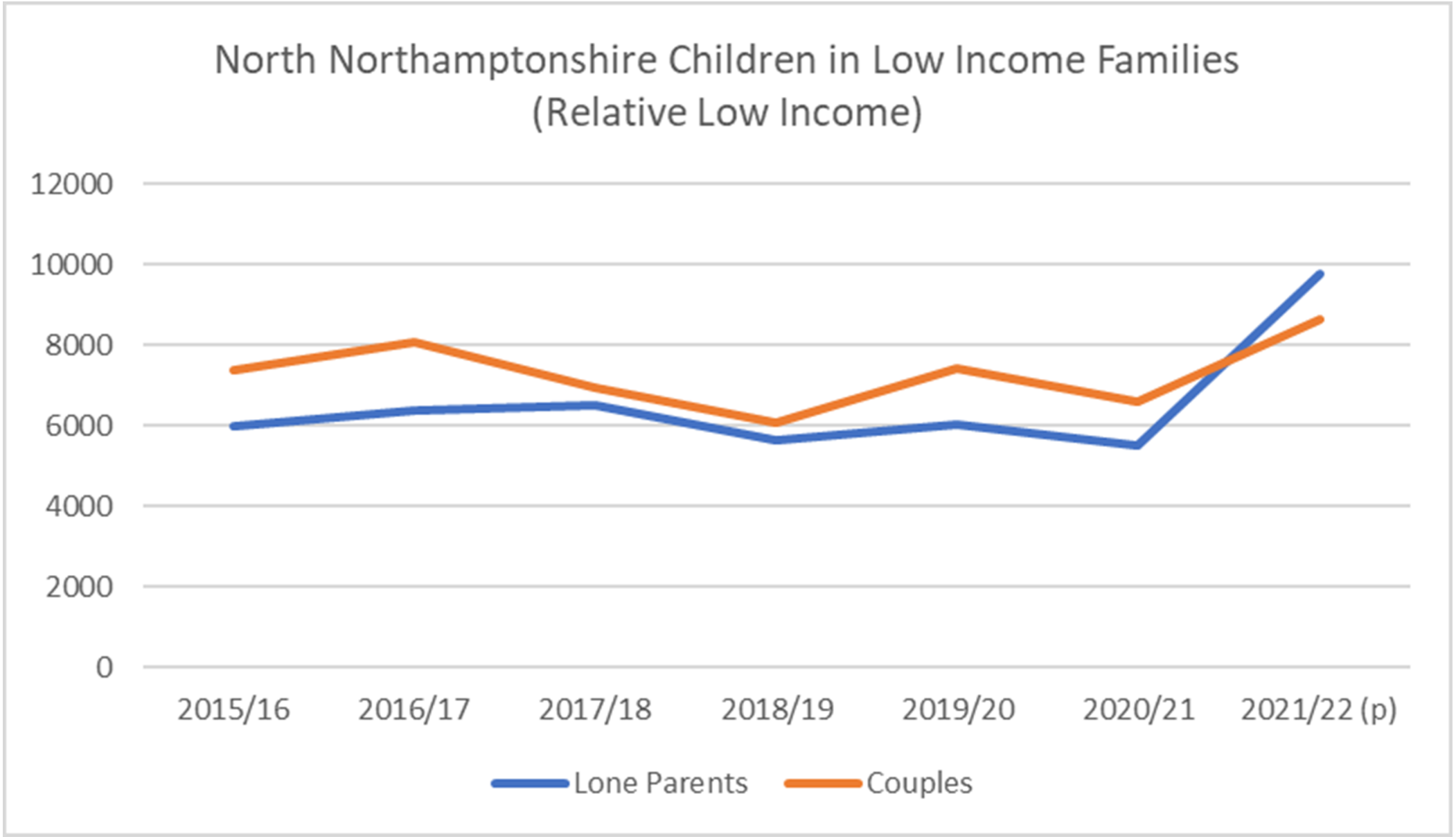
North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

A number of economic indicators across NNC are going in the wrong direction


North Northamptonshire Children in Low Income Families
(Relative Low Income)
12000
10000
8000
6000
4000
2000
0
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
2021/22 (p)
Lone Parents
Couples

Over time, North Northamptonshire has consistently shown resident employment rates higher than the England average rising dramatically to a peak in the early months of the pandemic when North Northants had the highest employment rate amongst the basket of economic comparators (Y2End Jun-20). Since then, however, the employment rate has decreased and for the period Y2End Mar-22 fell below the England average for the first time. Performing worse over the last two years than most of the economic comparators the authority is now ranked 15th out of 16.

# Context, vision and overall focus for the North Northants HWB Strategy

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- Stakeholder views

Discussions with CWFs and LAPs to be summarised here

# Aim

The aim of this slide-deck is to present a draft framework for the North Northants Health and Wellbeing (HWB) Strategy.  It covers:

A range of contextual issues on which the HWB strategy is based, including the Joint Strategic Needs assessment (JSNA), the Northants ICS strategy, and other strategic assessments of health and wellbeing across North Northants

The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders

The need to focus on a small number of key priorities, with corresponding action plans which are realistic and deliverable over the period 2023-28.



North Northamptonshire Council

# Prioritisation process – what makes a health issue a priority?

- High levels of mortality or morbidity, as described in the JSNA
- Areas where NNC is an outlier compared to other similar local authorities
- Considerable resource is being spent, and it may be possible for resources to be used more efficiently
- Stakeholder views (including professionals, politicians, voluntary groups etc)

All these issues are taken into account when deciding on priority areas

# Prioritisation process in conjunction with key partners

- North Northants Council (elected members and officers)
- Integrated Care Board/Partnership
- Local health and wellbeing providers
- Community Wellbeing Forums
- Local Area partnerships
- Voluntary groups

All views to be taken into account when deciding priorities

# Most Frequent themes stated by leaders

| Socio-economic | Services, support and care | Behaviours | Environment |
|---|---|---|---|
| Cost of living and poverty | Addressing widening inequalities | Intersectionality | Travel and transport |
| Low-income groups | Access to high quality, co-produced services run by well-trained workforce | Deprivation | Access to facilities |
| Poor housing | Support for healthy ageing | Multiple poor behaviours | Green space access |
| Benefits access and debt | Parity for social care | Proportionality | Infrastructure |
| Education including post-16 provision | Support for self-care/access to advice/health literacy | Mental health is a theme throughout | Sustainability agenda and climate impacts |
| Work, health and prosperity | Multiple health issues | Personal and social influences on behaviours | Impacts of housing on health |
| Young people's wellbeing – mental health, ACEs, wellbeing needs, child poverty | Support in early years | Food insecurity and healthy eating | Connected communities & places. |
| Family support | Lived experiences and user opinions | Targeting specific groups and communities | Using assets in communities |

# Potential Priorities

- ❑ Most agreed that the wider determinants of health were the key to promoting health and wellbeing and that is where the NJHWS should centre action.
- ❑ Cost of living and economic disadvantage: poverty, low income, and deprivation.
- ❑ Poverty of aspiration and the power of education
- ❑ Health behaviours
- ❑ Upstream vs downstream thinking
- ❑ Infrastructure and environment for health
- ❑ Needs of seldom heard and marginalised groups
- ❑ Public mental health
- ❑ Public Access and health literacy
- ❑ Joining up strategies and reflections on improving system working

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North Northamptonshire Council

# Key priorities, with realistic implementation plans over the period 2023-28



Children and Young people

Mental Health and wellbeing

Keeping active

Economic prosperity

Tobacco

*Possible key priorities for discussion*

Try to keep to 5 key areas to ensure action plans are a success

# Key priorities, with realistic implementation plans over the period 2023-28



## Children and Young people

- Key area from JSNA, ICP, local stakeholder views and Big50
- Already huge amount of work in this area, so avoid duplication
- Suggested areas of focus:

➢ Overall coordination and joining up of 0-19 services

➢ Prevention and a coordinated focus on helping families upstream

➢ Maternity and 0-3 years

Try and avoid focus where there is already significant effort

# Key priorities, with realistic implementation plans over the period 2023-28



Mental health and wellbeing

- Key area from JSNA, ICB strategy, place, Big50
- Already huge amount of work in this area, so avoid duplication
- Suggested areas of focus:
  - Prevention of teenage anxiety/depression
  - loneliness in older people
  - people calling emergency services (eg police) who are distressed

Try and avoid focus where there is already significant effort

# Key priorities, with realistic implementation plans over the period 2023-28



## Keeping active

- Key area from JSNA, Big50, local stakeholder views
- Already huge amount of work in this area, so avoid duplication
- Suggested areas of focus:
  - Active travel to and from school
  - Maintaining a healthy weight
  - More use of outdoor spaces

Try and avoid focus where there is already significant effort

# Key priorities, with realistic implementation plans over the period 2023-28



Try and avoid focus where there is already significant effort

## Economic activity

- Key area from Big50, local stakeholder views, Integrated care partnership, ESPA
- Proportion of those economically active gone down in last few years
- Helping with high cost of living and reducing poverty key feedback from focus groups
- Suggested areas of focus:
  - Occupational health/back to work
    - Workplace as healthy setting
  - 16-24 year olds; apprenticeships; generational worklessness

# Key priorities, with realistic implementation plans over the period 2023-28



## Tobacco

- Key area from JSNA, local stakeholder views, Integrated care partnership
- Proportion of those still smoking now a national outlier
- Suggested areas of focus:
  - smoke free outdoor public spaces
  - preventing children starting smoking
  - reducing illegal tobacco

Try and avoid focus where there is already significant effort

# Summary

The aim of this slide-deck has been to present a draft framework for the North Northants Health and Wellbeing (HWB) Strategy.  It has covered:

A range of contextual issues on which the HWB strategy will be based, including the Joint Strategic Needs assessment (JSNA), the Northants *Live Your Best Life* strategy, and other strategic assessments of health and wellbeing across North Northants

The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders

The need to focus on a small number of key priorities, with corresponding action plans which are realistic and deliverable over the period 2023-28.



North Northamptonshire Council

# Project timeline & next steps

| Baseline & preparation | Engage | Imagine | Shape | First draft | Consultation and Redrafting | Finalise HWB Strategy & publish |
|---|---|---|---|---|---|---|

| [May - June] | July | August | September | October | November | December | January | February |
|---|---|---|---|---|---|---|---|---|

- **Review** health and wellbeing intelligence & insights
- Review relevant reports and strategies
- Look at what LAP data is suggesting about priorities / theme
- Establish **governance for HWB Board**
- Attend key groups to increase awareness and ownership of JHWS project and gain feedback
- Agree **overall approach** with HWB Development group and North Place Delivery Board

- **Conduct interviews** with key players in system (issues/priorities).
- Attend CWFs to discuss JHWS
- Hold **insight sessions** with partner and stakeholder groups to explore issues/needs/priorities
- **Construct report** that summarises engagement so far for North Place Delivery Board and HWB Board: should include structure of strategy, priorities, identified and cross-cutting themes highlighted

**HWB Board and Stakeholder Workshops** to explore relevant JSNA findings, insight sessions and agree priorities, approach, cross cutting themes and plan of action to see where we can make the most effective impact on health outcomes.

HWB Board receive first draft
Consult – (Road show approach)
Attend CWFs and LAPs to engage places

Final draft of HWB Strategy brought to HWB Board in January 2024

**Publish HWB strategy**

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