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 Health Care:

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

Paul Trinder, Gareth Jenkins-Knight, Danny Adams, Caroline Maggs, Patsy Richards, Adbu Mohidin, Nick Garnet, Mike Bridges, Sarah Briddon, Connor Melia, Henna Parmar, Shirley Plenderleith and Susan Hamilton.

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 health care 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'

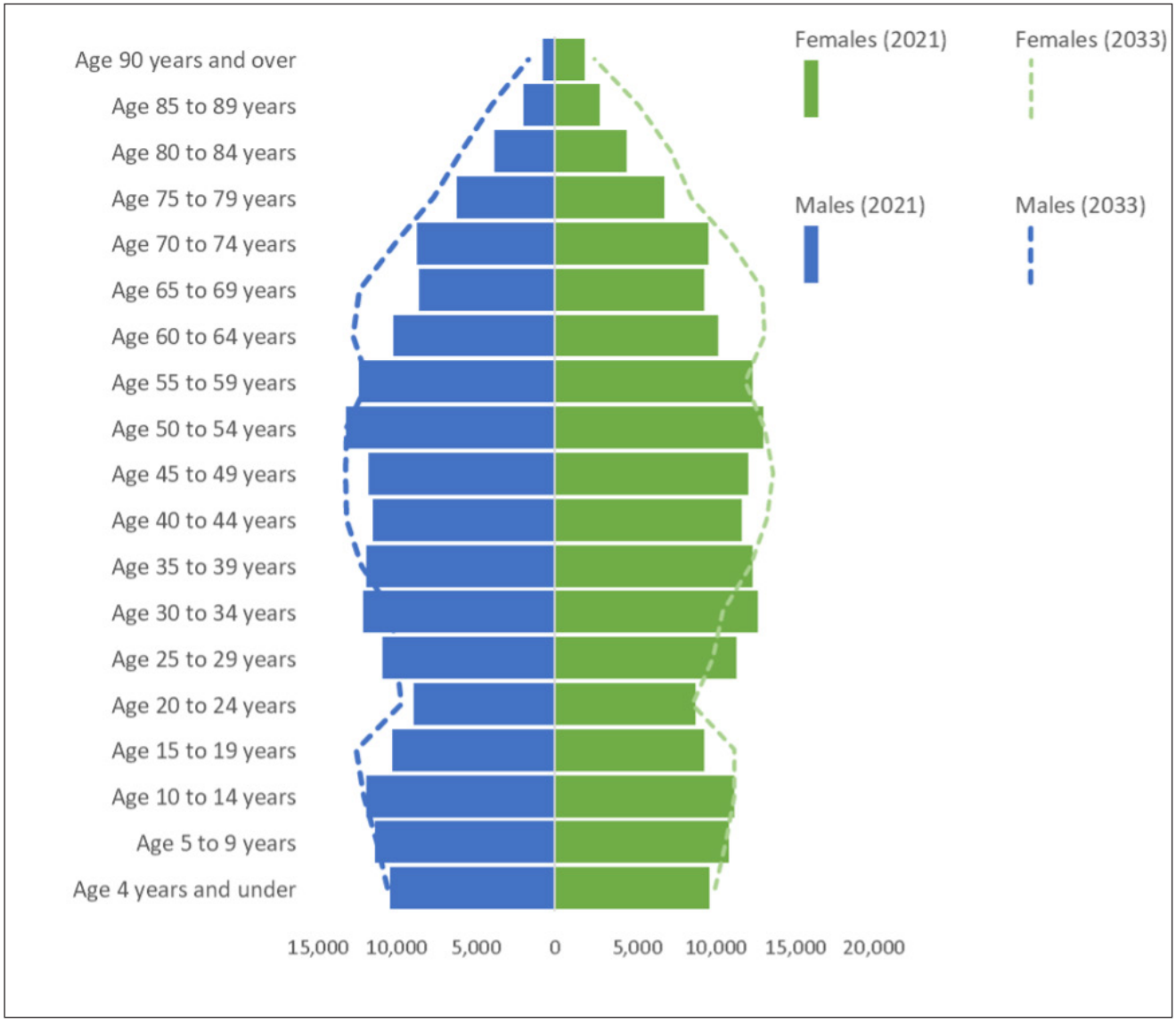

Figure 1: 2021 Mid-year population estimates and 2033 projected population in North Northamptonshire, by age group

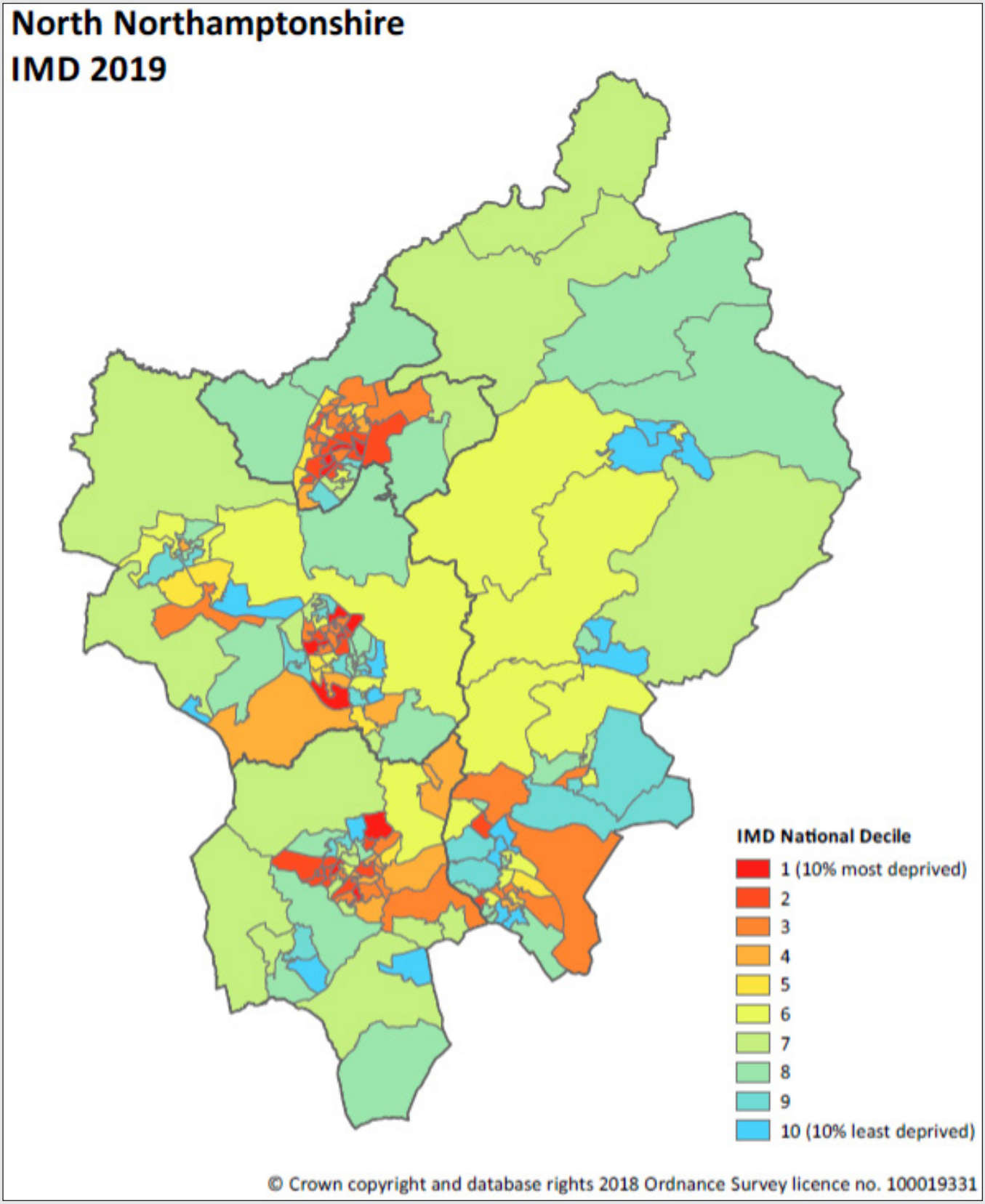

Figure 2: Overall deprivation in North Northamptonshire

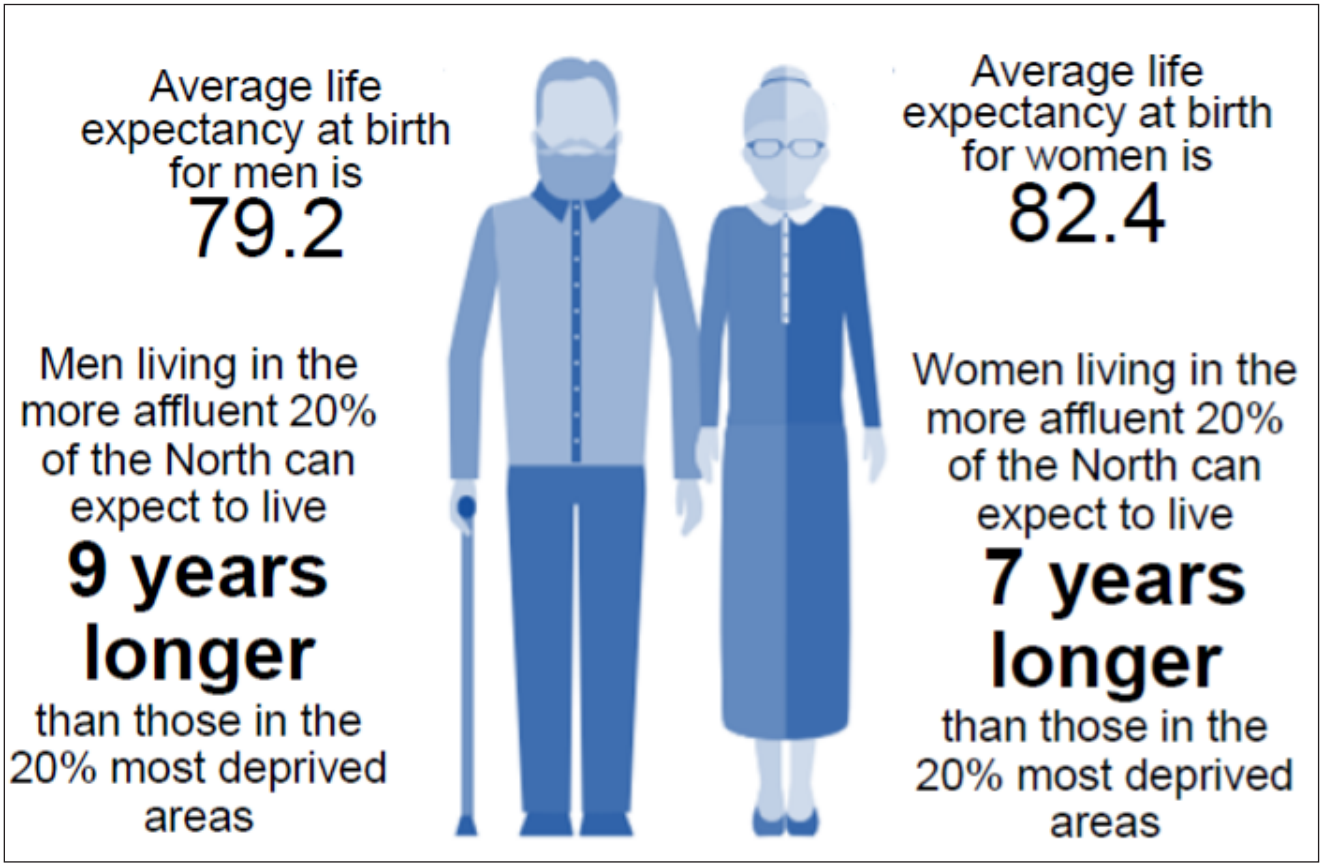

Figure 3: Average life expectancy at birth, by gender, in North Northamptonshire

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).

Health Care Public Health

Health Care Public Health or Population Based Health Management is the application of public health principles, including epidemiological methods, to the planning, provision and evaluation of health care 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.

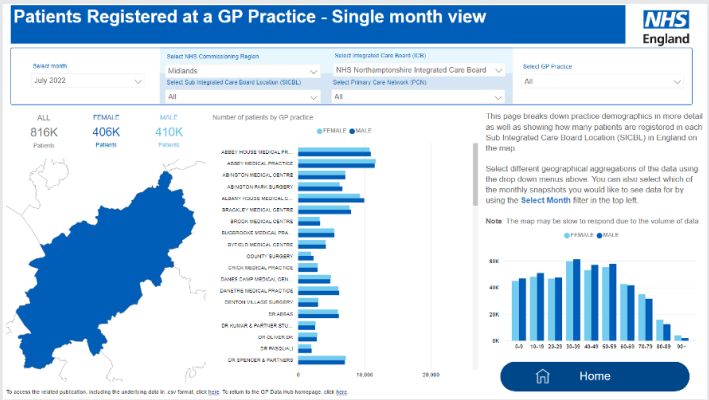
We will:

- 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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