I’m pleased to welcome this year’s Director of Public Health (DPH) Annual Report which explores how Northamptonshire’s environment, economy and communities shape residents’ health and wellbeing.

As Cabinet Member for Public Health and Wellbeing, and previous lead member for Transport, Highways and Environment, I am fortunate to have a unique perspective on the relationship between the environment and health in Northamptonshire.

I know that I am not alone in recognising how important social, economic and environmental factors are in influencing the health of our population and I hope this report will be a useful resource for all those who have a role in shaping our local communities, so that we can work together to a healthier future.

Councillor Ian Morris
In this report, I outline evidence showing that around 80% of what makes us and our communities healthy is determined by factors other than healthcare. It is, in fact, the social, economic and environmental factors - such as our homes, jobs and support networks - that play a far bigger role in determining our health and wellbeing.

No one single agency is solely responsible for shaping all of these factors that keep us healthy. Local Government, as well as other public bodies, the voluntary sector and businesses across the county all have a role to play. Unless we work together collaboratively and with everyone heading in the same direction, we will continue to face an uphill battle in shaping a healthier and happier Northamptonshire.

We have fantastic opportunities here in Northamptonshire to work together for the benefit of our population’s health and wellbeing. The formation of the new Integrated Care System, as well as the creation of West Northamptonshire and North Northamptonshire unitary authorities, means we have a unique opportunity for organisations and communities to work more collaboratively.

I’m delighted to see the progress made in Northamptonshire over the last year towards such joint working for population health. We recently completed our ‘Northamptonshire Health, Care and Wellbeing Plan’, which encompasses a local response to the NHS Long Term Plan and a refresh of the Health and Wellbeing Board’s Strategy. We are also excited that we are to become the first county in England to introduce an integrated cross-sector, county-wide social prescribing service at scale. This increased focus on preventative measures will significantly contribute towards creating healthier communities across Northamptonshire.

By considering the health impacts of decisions and identifying win-win situations – where policies contribute to the health and wellbeing of the community, whilst also meeting the objectives of the sectors involved – we can make a real shift towards prevention and better value public services. This is known as a ‘Health in all Policies’ approach and will be what my report this year focuses on.

This report provides an overview of the evidence base for links between social, economic and environmental factors and health outcomes, as well as making the economic case for prevention. Each chapter has a different focus and will highlight some of the excellent work already happening across Northamptonshire, best practice from across the country and ideas for local action.

Lucy Wightman
Director of Public Health
Northamptonshire County Council
Introduction

Background
The Economics of Prevention
Background

What shapes our health?

To enable communities and residents to truly flourish, we need to understand what drives our health and wellbeing. The circumstances in which people are born, grow, live, work and age provide the foundations for people to live healthy or unhealthy lives. Figure 1 shows the relative contributions of major factors that determine our health, with social, economic and environmental factors contributing considerably to health and wellbeing.

To make sure that our towns, villages, communities and economy are all having a positive impact on health and wellbeing, and not limiting residents’ ability to thrive, we can employ and approach known as “Health in all Policies”.

Figure 1.
The relative contribution of major determinants of health
Source: Bookse et al 2014

Healthcare 20%  Lifestyle 30%  Environmental factors 10%  Socio-economic factors 40%

Health in all Policies definition (WHO, 2013)

Health in all Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies of health systems, determinants of health and wellbeing².

Why should we focus on a ‘Health in all Decisions’ approach?

Although the above definition focuses on policy, it is important to note that this approach focuses on all decision making, not just that related to policy. Whether the decision relates to a strategy review, budget proposals or a new project, considering the wider health and wellbeing implications is key. For this report, we will therefore refer to the term, ‘Health in all Decisions’.

By taking a ‘Health in all Decisions’ approach we can create environments that support and encourage positive choices.’
Background

How to approach ‘Health in all Decisions’

There are many opportunities to apply this approach within individual organisations and across collaborative networks which operate throughout Northamptonshire. When considering the opportunities that are available, there are three broad methods that can be used.

- **Focus on a public health issue**
  - Focusing on a specific public health issue such as obesity or physical inactivity
  - Involve sectors that contribute to underlying issues
  - Multi-agency approach and accountability

- **Focus on the service or policy topic**
  - Focus on a key policy area which has significant health impacts, such as planning or housing
  - Identifying how the policy area contributes to different health and wellbeing outcomes

- **Window of opportunity**
  - Maximising opportunities for ‘policy windows’ during decision making processes
  - Identifying system opportunities, such as Local Government Reform or Integrated Care System developments

Useful tools to support “healthy” decisions

To predict the health and wellbeing impact of decision making, tools such as Health Impact Assessments (HIAs) have been developed. HIAs can be standalone tools, or merged with other impact assessments (e.g. Environmental, Integrated or Equality). By completing HIAs prospectively, the tool will provide the greatest opportunity to take on recommendations. The concept of a HIA is that any proposal can be adjusted to maximise benefits in terms of its effects on local health and minimise any harm.

Health Impact Assessment definition (WHO, 1999)

A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.²
**Background**

**Evaluating progress**

By collectively looking at evaluating the decision making process, impact and health outcomes we can demonstrate the effectiveness and sustainability of the approach. It can be difficult to measure the impact of using a Health in all Decisions approach. However, to demonstrate the effectiveness of the approach, we can look at three types of evaluation.

<table>
<thead>
<tr>
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<tr>
<td>NCC has incorporated health and wellbeing within their Equality Impact Assessment (EqIA). This includes considerations on a wide range of contributions to health, including social, environmental and economic factors.</td>
</tr>
<tr>
<td>By taking this approach, all proposals that require an EqIA also include considerations of the health and wellbeing impact, allowing an opportunity to make positive amendments to improve population health.</td>
</tr>
<tr>
<td>Completed EqIAs are sent to Public Health to support the recommendations and maximise the opportunity.</td>
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**Process evaluation**

- Focuses on how incorporated health and wellbeing implications are part of decision making and project evaluation.
- The extent to which partners feel that the process meets their needs.

**Impact evaluation**

- Looks into the overall impact of a HiAP approach.
- What changes occurred to a policy or project that is predicted to result in health improvements?

**Health outcome evaluation**

- Changes to population health are difficult to measure, due to being influenced by many factors.
- Intermediate health outcomes can be used to demonstrate progress that focus on the wider determinants.
Evidence suggests it is better and cheaper to prevent problems before they arise. For example, when people are healthy, society benefits, healthier workers are more productive and have fewer sick days, healthy students learn better and healthy older adults live longer in good health and require less healthcare.4

Although historically healthcare has been treatment focused, the need for a shift from prioritising treatment to predicting and preventing poor health has been ongoing. The recent NHS Long Term Plan has a clear focus on prevention with commitments not just around smoking, alcohol and diabetes but a recognition that ‘good’ health is more than just healthcare and the importance of wider determinants and their influence on making healthy choices.5 Integrated care systems will have a key role in helping to deliver these programmes and in working with local authorities, the voluntary sector and other local partners to improve population health.6

As highlighted in the Introduction, ‘good health’ is about more than just healthcare as the wider determinants are even more important. For a person to stay healthy they need good homes, good jobs, friends and an environment that makes healthy choices possible.5

Policies are integral to how we make decisions, and decision making is the basis on which changes are made. In order to make change there must be policies which:

- Provide the framework for building healthy environments
- Put healthy foods in neighbourhoods
- Create parks and well maintained places to play
- Make it safe for us to walk and cycle to meet our daily needs
- Ensure we can breathe clean air
- Create affordable housing and ensure we have healthy homes
- Can promote public safety
- Can ensure the infrastructure is there for people to get to and from jobs
- Support healthy schools

These all impact health but don’t always take health into account.
Why is it important to invest in prevention?

Evidence reveals that a third of all deaths are classed as preventable. That equates to 44 years of life lost per 1,000 people or 2.6 million years lost each year across England and Wales. It is well known that unhealthy behaviours such as smoking and a poor diet are the main cause of these early deaths. Those in the most disadvantaged socio-economic groups typically display a higher proportion of unhealthy behaviours and therefore higher early death than those in the higher socio-economic groups.

A similar picture is revealed in the Northamptonshire population, as shown in the last annual report, there are approximately 2,150 premature deaths (under 75 years) each year in the county, significantly higher in the more deprived areas. Two thirds could be prevented (approximately 1,300; 60%) through lifestyle interventions at an earlier time in life.

As we are experiencing increasing demand on health and social care services, alongside on-going limited health resources, we must re-think and re-engineer our service provision. There needs to be more emphasis and more investment in creating healthier environments, promoting healthier choices and protecting health so that we prevent illness. Not only will this eventually reduce the need for costly hospital treatment - it will deliver better outcomes for our population.

### Levels of Prevention

<table>
<thead>
<tr>
<th>WIDER DETERMINANTS</th>
<th>PRIMARY PREVENTION</th>
<th>SECONDARY PREVENTION</th>
<th>TERTIARY PREVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish or maintain conditions to minimise hazards to health and to promote good health and wellbeing</td>
<td>Prevent disease well before it develops</td>
<td>Early detection of disease and appropriate management</td>
<td>Treat established disease to prevent deterioration and increase quality of life</td>
</tr>
<tr>
<td>e.g. Improve quality of housing, healthy workplaces</td>
<td>e.g. Primary care advice as part of routine consultation</td>
<td>e.g. Primary care risk factor reduction for those at risk of chronic disease, falls or injury</td>
<td>e.g. Exercise advice as part of cardiac rehabilitation</td>
</tr>
</tbody>
</table>

Prevention can improve population health, prevent ill-health in the first place (primary prevention), stop health problems from getting worse (secondary prevention) and reduce the impact of ill-health on peoples' independence and wellbeing (tertiary prevention).

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Is prevention cost effective?
If health gains are more than the cost of the intervention, then the intervention has the potential to return greater improvement in health for less resources i.e. provide better value for money. Looking at cost-effectiveness helps decision makers to determine where to allocate limited healthcare resources.

Is the INTERVENTION worth the COST?

We know that prevention pays. Actions that make communities healthier have shown significant return on investment both in terms of reducing healthcare costs and increasing the positive impact on people’s wellbeing.

According to Public Health England, it is known that “poor lifestyles and wider determinants of health have a significant impact on a person’s and a population’s health as well as a significant impact on finances now and in the future. There are a large number of preventative programmes that represent value for money and therefore a strong economic case for greater action.”

Interventions aimed at the wider determinants are most likely to reduce the differences in health outcomes that people experience, (health inequalities), as they influence the whole population, focusing on the root causes of health issues and are targeted according to levels of need.

We know that prevention pays. Actions that make communities healthier have shown significant return on investment both in terms of reducing healthcare costs and increasing the positive impact on people’s wellbeing.
Evidence presented by the World Health Organisation show interventions addressing the social determinants of health can be justified both in efficiency and equity. They have the potential to enhance each other, such as in early child development programmes, providing equitable outcomes but also increased efficiency\(^{15}\). The issue of equity is important; if uptake of a preventative intervention is higher in more affluent groups of society then unintended consequences can be seen which then widen inequalities\(^{16}\).

Three levels of evidence are required to influence change, these include actions that will\(^{15}\):

- **Reduce inequalities** – needs evidence of effectiveness on different social groups, not just that health inequalities will be influenced
- **Improve health and wellbeing** – requires evidence on cost effectiveness to show health and wellbeing benefits against opportunity costs (how the money could have otherwise been spent). When addressing social determinants of health benefits these can include cost reduction, productivity gains, long-term health gains, equity gains and impacts in other sectors
- **Save money and reduce public expenditure**

Some interventions may take several decades to show they are cost effective, such as those related to impacts on the risk of obesity and tobacco. Investment in tobacco control services show that for every £1 spent, £11 is returned to the local economy and wider healthcare sector over a person’s lifetime. Others can be cost effective in the short term, such as initiatives that prevent mental health problems. These have been shown to return a good investment, including school based resilience programmes, workplace stress programmes and supporting those in debt\(^{16, 18}\).

Interventions targeted at children often have the most potential to be cost effective because of the longer time-frame over which health benefits can be realised. For example, interventions aimed at improving the nutritional status of young children show long term positive outcomes. Additionally, maternal education and interventions around breastfeeding and vaccination show long term positive outcomes, particularly around social and health inequalities, therefore reducing the future need for health and social care services\(^{16}\).

Programmes providing affordable housing to vulnerable groups, urban improvement interventions and interventions aimed at improving the internal conditions of housing generally show large net benefits\(^{16}\). Urban development, transport and infrastructure have a significant impact on a persons life through provision of green spaces, quality of housing, access to services and transport systems.
For example, looking at air quality, we know this has a big impact on a person’s health and is one of the top ten causes of ill-health and death in Northamptonshire\textsuperscript{19, 20}. However, no one decision or policy on its own will effect change; a collaboration and combination is needed to maximise the return on investment in health outcomes and costs, with a potential return on investment of £12 million over ten years.

Effectiveness varies across population groups hence different actions should be combined. Combinations, for example in the areas of tobacco, alcohol and road injury prevention, are often more cost-effective than relying on one action alone\textsuperscript{16}.

Information isn’t always available on possible savings but it is important to note that prevention may ease pressures on the system, enable higher quality services or enable other people to be treated, rather than enabling capacity or costs to be reduced overall. Any lack of evidence on savings should not stop investment in prevention and efforts must be made to measure return on investment going forwards.

\textbf{PHE ROI Tool shows} that if all our residents live in an area with low air pollution, we will

\begin{itemize}
  \item £1.7 million in primary care
  \item £5.4 million in secondary care
  \item £2.8 million in medication
  \item £2.1 million in social care
\end{itemize}

\textbf{Save £12 million over a 10 year period}
What Shapes Our Health

Family, Friends, and Communities
Our Surroundings
Transport
Education and Skills
Housing
Work
Money and Resources
Food
What shapes our health

So far we have discussed the impact that addressing the wider determinants can have on improving the health and wellbeing of our communities. This report will also help partners take action by providing:

- An overview of the evidence that links health outcomes with socio-economic and environmental factors
- A rationale for why this is important and relevant for Northamptonshire
- Ideas for action
- Case studies and examples of good practice

As factors that have the biggest impact on our health and wellbeing, we will focus the next chapters on the following:

Family, Friends, and Communities
Our Surroundings
Transport
Education and Skills
Housing
Work
Money and Resources
Food
Family, Friends, and Communities
Family, Friends, and Communities

Being socially connected, having positive relationships and a strong social network is associated with living a longer and healthier life\textsuperscript{21}. Family life and household structures in the UK have changed significantly over the past 50 years\textsuperscript{22}. Geographical distance, family breakdown, multiple caring responsibilities, and the long-hours culture have all contributed to less connectedness between extended families and the wider communities.

Isolation (a lack of social contact) and loneliness (the subjective feeling of lacking social contact) are affecting more people and not just the elderly, but people of all ages and in all situations. People who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely\textsuperscript{23}.

It is important to recognise that as well as having health needs, communities also have health assets. Assets such as skills and knowledge, and networks and organisations are building blocks for good health and can be used to shape people’s well-being across the life course. Communities that are well networked and supportive, where neighbours look out for each other, are likely to benefit from greater levels of health and wellbeing\textsuperscript{24}.

Not all groups have equal access to the community assets listed above. Some marginalised or socially excluded groups, including those from migrant communities or those with poor mental health or substance misuse issues often do not have a voice in local decisions and are not given as many opportunities to participate in community life as others\textsuperscript{25}.

Northamptonshire has a very strong voluntary, community and social enterprise sector with approximately 1,800 registered charities. These charities contribute considerably to health and wellbeing and with such a high number of charities, they cover many specialisms supporting both urban and rural communities.

Family, friends and communities build the foundations for good health:
- good relationships allow people to feel supported, develop skills and face new situations
- participation in activities and groups offers people a sense of purpose and shared identity
- ties within and across communities enable people to feel included and valued
- a sense of control and collective voice can help people influence positive change

Source: The Health Foundation 2019
Nationally, in 2017/18, 67.9%* of Disabled People and 71.9%* of Non-disabled People participated in an activity group at least once in the last year, (adults aged 16+).

Nationally, an estimated 30% of the population volunteered in the last 12 months, 31% in the East Midlands region (2018-19).

Source: ONS

Social Isolation

The proportion of people who use health and social care services in Northamptonshire who report that they had as much social contact as they would like (44%) is similar in Northamptonshire compared to the national average (46%). Only 1 in 3 (32%*) adult carers in Northamptonshire also reported they had as much social contact as they would like.


Participation

Nationally, in 2017/18, 67.9%* of Disabled People and 71.9%* of Non-disabled People participated in an activity group at least once in the last year, (adults aged 16+).

Nationally, an estimated 30% of the population volunteered in the last 12 months, 31% in the East Midlands region (2018-19).

Source: ONS

% breakdown of Police recorded crime year ending June 2019

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<th>Offence</th>
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<td>Violence</td>
<td>33.9*</td>
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<td>Sexual</td>
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Households

27.8% of households in North Northamptonshire are one person households.

62.8% of adults (16+) are living in a couple.

3.5% of households have no people who speak English as a main language.

Source: Census 2011
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Source: ONS

Personal Wellbeing

Life satisfaction

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<td>Happy</td>
<td>7.8</td>
<td>7.5</td>
<td>7.6</td>
</tr>
<tr>
<td>Anxious</td>
<td>2.6</td>
<td>2.8</td>
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Source: Northants scores from ONS Personal Wellbeing 2019 Northamptonshire Data

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Source: ONS

Households

- 27.9% of households in West Northamptonshire are one person households.
- 61.8% of adults (16+) are living in a couple.
- 4.1% of households have no people who speak English as a main language.

Source: Census 2011
What are the “win-wins” of working together?

By empowering communities, strengthening networks and supporting greater community cohesion, as well as directly improving the population’s health and wellbeing, there will also be benefits in terms of:

- **Education, employment and productivity** – Emerging evidence suggests that community-centred approaches to improving health and wellbeing contribute to increased employment and education prospects. This may be either through directly improving population wellbeing or through work experience provided alongside volunteering opportunities.

- **Sustainability of health and care services** – By strengthening and empowering communities to support their own health, it is estimated that up to £400 million could be saved nationally from NHS budgets. Looking more widely at the public sector as a whole, return on investment calculations suggest that for every £1 invested in community development, £15 of value is created.

What actions can we take together to create change?

All agencies and groups, including the public sector, private organisations, voluntary agencies and community groups, can take an active role by working with communities to improve health and reduce inequalities.

It is important for community members to be actively involved in all stages of development of projects or services from design and delivery to evaluation. They can provide vital insight and intelligence on what the need is in their local area, identifying skills and resources that exist across the community. Collaboration between agencies is also important for communities to be empowered in decision making.

Actions that we can take to strengthen communities include:

- **Asset-based models that focus on a community’s capabilities**
  - Seek to identify and strengthen the assets within a community – such as associations, informal networks, skills and leadership to help communities have more control over the conditions that affect their health.

- **Strengthening social relationships**
  - Setting up structures that support existing networks, or by supporting people to establish new social connections.

- **Volunteering**
  - Support individuals within a community to develop a wide range of skills. Volunteer roles range widely from specific roles in health and social care to befriending and other forms of peer support.

By strengthening and empowering communities to support their own health, it is estimated that up to £400 million could be saved nationally from NHS budgets.
StreetWise at Pineham Estate in Northampton

In March 2017 Pineham Village was a newly built estate in Northampton and had little to offer for young people, resulting in a high number of anti-social incidents being reported to the local housing officer.

The housing association teamed up with a local young people’s service and reached out to the community, talking to young people to find out what activities and services they would like in the area. The young people engaged very well and so did their parents. The team found that parents were anxious due to the trouble around the estate and were concerned to let their children out.

A weekly outdoor youth group, ‘Streetwise’ was set up. The team provided board games and outdoor games like skipping, hula hooping and football and due to several requests, provided arts and crafts and lots of painting opportunities. The group has become very popular with local children and their parents and has continued to grow with new young people attending every week due to the continually growing estate.

Not only has this project had a noticeable impact on reducing antisocial behaviour, it has also provided a valuable opportunity for parents to meet and form social networks. The scheme has provided opportunities for local residents to volunteer their time; both parents and young people have completed over 20 hours of accredited volunteering time and developed new skills working with the Streetwise project.

Lots of positive feedback has been received from parents and young people, with requests for the group to ‘stay running forever’. As well as the more measurable impacts listed above, the team comment on the wonderful ‘community spirit’ that has developed as a result of this project.

Service Six’s Pineham StreetWise project was shortlisted for an Excellence in Community Action award and won the award for Community Group of the year 2018 in recognition of its successes.

Key Resources:

Community-centred approaches for health and wellbeing 2018

Reducing social isolation across the life course 2015
https://bit.ly/3ceuAR0
Our Surroundings
In total, 68.8% of the estimated 747,622 population of Northamptonshire live in ‘urban city and town’ areas, 20.1% live in areas classified as ‘rural town and fringe’ and 11.1% in ‘rural villages and dispersed areas’.

Urban areas create an opportunity to promote and create healthy places that encourage sustainable travel, enhance use of quality green space, provide access to healthy foods and reduce air and noise pollution.

Northamptonshire has a wide range of green and open spaces across the county, including country parks, urban parks, allotments, amenity green space and civic space. Combined, these provide a great range of places to exercise, relieve stress, socialise and take part in community activities.

Access to green space is linked to better health outcomes. A recent study using survey data of 25,518 people in London showed a significant positive correlation between an increase of one hectare of greenspace within 300m of people’s homes and their life satisfaction.

A similar study of GP records in the Netherlands found a positive correlation between green space within 1km and people’s physical and mental health. The relationship was strongest for anxiety and depression. With one in six people in the UK experiencing mental health issues at any one time,

Access to green space isn’t equally distributed across our communities. Often, poorer neighbourhoods lack the quantity of green space available and the level of maintenance. The benefits to mental health and physical activity opportunities only tend to arise when the green space is high quality, accessible and safe.
Green Spaces in North Northamptonshire

Distance to nearest green space by LSOA (CDRC, 2019)

Access to green spaces has been shown to improve self-rated health and mental health and reduce social isolation.

Areas ranked 20% worst
Areas ranked 20% best

21%* of Northamptonshire adults surveyed in 2015/16 used outdoor spaces for exercise or health reasons.

There is more access to green spaces in urban areas. While more rural areas may have greener surroundings, this land may not be accessible or usable for leisure purposes.

25.6% in 2017/18 of adults in North Northamptonshire were classed as inactive.

23.3% of children in Reception (2017/18)
34% of children in Year 6 (2016/17**)
69.5% of adults (2017/18)

By improving people's overall health, green spaces can contribute to a reduction in long term conditions. In 2018/19 281k* people in Northamptonshire were recorded with one or more long term condition†.

Staying active can help with maintaining a healthy weight – excess weight affects:

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- **22%** in 2017/18, of adults in North Northamptonshire were classed as inactive.
- **20.1%** of children in Reception (2017/18)
- **31.3%** of children in Year 6 (2016/17)
- **65.4%** of adults (2017/18)

Staying active can help with maintaining a healthy weight – **excess weight** affects:

- **20.1%** of children in Reception (2017/18)
- **31.3%** of children in Year 6 (2016/17)
- **65.4%** of adults (2017/18)

By improving people’s overall health, green spaces can contribute to a reduction in long term conditions.

In 2018/19 **281k** people in Northamptonshire were recorded with one or more long term condition†.

There is more access to green spaces in urban areas. While more rural areas may have greener surroundings, this land may not be accessible or usable for leisure purposes.

Significantly better than England average

Significantly worse than England average

Similar to England average

Key

Map © Crown copyright and database rights 2019 Ordnance Survey licence no. 100019331

Figures sourced from Public Health England unless stated otherwise.

*County level data only ** 2016/17 figure used due to low Year 6 NCMP uptake in 2017/18
† Figures provided by NEL CSU – whole population cohort
What are the “win-wins” of working together?

As outlined above, there is evidence to suggest that creating healthy and sustainable places contributes considerably to achieving health and wellbeing outcomes. To establish buy-in across different sectors, it is important to identify shared goals and focus on win-win opportunities, demonstrating the value of taking such an approach. Some other benefits to the system are identified below.

- **Economic development** – The most direct economic benefit of green infrastructure and healthy urban areas is the contribution to the local economy by helping to attract and maintain jobs and business. Furthermore, it is suggested that employees work more productively in greener environments and this leads to reduced sickness and absenteeism.

- **Crime and disorder** – Research has shown that a greater quantity of green space in people’s living environment is associated with enhanced feelings of social safety. Furthermore, in 2018/19, the rate of violence against individuals was 20.2 per 1,000 population in predominantly rural areas compared with 29.5 per 1,000 population in predominantly urban areas.

- **Leisure and tourism** – It is widely suggested that investing in public realm improvements can lead to increased footfall and therefore increased retail and leisure spend. Recent investment in making Stoke-on-Trent and Sheffield more pedestrian friendly has led to an increased footfall by 30% and 35% respectively.

What actions can we take together to create change?

By taking a health in all decisions approach, we can ensure Northamptonshire provides good quality, safe and accessible areas of green space that meet the needs of the whole population.

**Community engagement**

- Work with communities to identify local need, cultural contexts, attitudes and what motivates residents to engage in green spaces and venture outdoors.
- Support the use of green spaces as community venues by supporting local groups to use green spaces for activities, linked in with social prescribing schemes.

**Focus on accessibility**

- Identify priority areas that are lacking in accessible green space infrastructure - where green space is not available within walking distance for all residents.
- Identify opportunities across the county to incorporate green space considerations into plans and policies e.g. Neighbourhood Plans, Local Transport Strategies.

**Focus on quality of space**

- Ensure that existing green spaces are well maintained and that people feel safe in the space, ensuring an attractive destination.
Northamptonshire Active Parks project

Country parks are just one type of green space in Northamptonshire where people can enjoy time outdoors in nature, as well as participate in leisure activities or enjoy refreshments in the cafes.

While NCC’s country parks already provide organised activities including Education Ranger led outdoor learning activities, conservation volunteering, and countryside themed events, it was recognised that more could be done to encourage residents to use country parks to be more physically active.

One example is in Wellingborough, which has one of the lowest rates of physically active adults in England and yet is in close proximity to two of Northamptonshire’s most popular country parks - Irchester and Sywell.

Working as a partnership with country parks, Northamptonshire Sport and the Public Health team, the Active Parks team was formed to engage with the public and to focus on getting target groups (including those with long term conditions, those with mental health issues, pregnant women and young children) to use country parks to be more active.

The team are working with other agencies and groups to ensure that the potential of our country parks in supporting health and wellbeing are recognised and opportunities to use and enjoy them are maximised.

Key Resources:

The Landscape Institute position statement ‘Public Health and Landscape; creating healthy places’.

“Healthy places make people feel comfortable and at ease, increasing social interaction and reducing antisocial behaviour, isolation and stress. Healthy places are restorative, uplifting, and healing for both physical and mental health conditions”.

Improving Access to Green Spaces 2014
Transport
Transport

Travel and transport play a huge part in our health and wellbeing, affecting how we live our daily lives and how easily we can access school, work, friends, family, shopping and leisure facilities. They also contribute to economic development, enabling the movement of goods and the delivery of many services.

There is limited data about travel patterns in the county and it is also difficult to measure the specific impact of transport on health and wellbeing. However, we do know that in the 2011 Census, 27% of households in Corby and 24% of households in Northampton did not have access to a car.

The proportion of residents walking or cycling for travel purposes three times per week is lower in Northamptonshire than most parts of England but this varies across the county. The proportion of people regularly walking for travel ranges from 13% in South Northants to 17% in Northampton. The proportion of people regularly cycling differs more significantly across districts and boroughs of Northamptonshire from 0.1% in South Northants to 4% in Northampton36.

Over the period 2015-17 there were over 900 people killed or seriously injured on Northamptonshire roads, equivalent to 43 per 100,000 head of population. This is similar to the England rate of 41 per 100,000. Rates vary across the county, however, the highest rates are in Daventry and South Northamptonshire (76 and 66 per 100,000 respectively) and lowest rates in Northampton and Kettering (29 and 31 per 100,000 respectively)37.

The biggest air pollution problems in the county are caused by road transport. Air pollution generally affects the most vulnerable in our communities, namely the elderly, the very young and those people with existing medical conditions. Air pollution is one of the top ten risk factors for the global burden of disease; particularly heart disease, stroke, lung cancer, COPD and lower respiratory infections. Air pollution is estimated to account for 3.9% of years lost due to ill-health, disability or early death in Northamptonshire.
**Transport in North Northamptonshire**

### Road Traffic Accidents in North Northamptonshire 2016-18†

#### Change over time

<table>
<thead>
<tr>
<th>Year</th>
<th>Trips</th>
<th>Miles</th>
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<tbody>
<tr>
<td>2016</td>
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<td>2017</td>
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<tr>
<td>2018</td>
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</tbody>
</table>

#### Mode of transport and age group

- **KSI**
- **All**

### Injuries and deaths due to Road Traffic Accidents- All Casualties (2016-2018)

Number of road traffic accidents:
- 4-23
- 24-32
- 33-45
- 46-71
- 72-179

### Mode of transport: by number of trips and by miles 2018†

#### Trips 2018

- Car/van
- Bicycle
- Walk
- Public transport
- Other private
- Motorbike

#### Miles 2018

- Car/van
- Bicycle
- Walk
- Public transport
- Other private
- Motorbike

Car ownership rates vary across North Northamptonshire: 73% of Corby households have a car compared with 87% of East Northamptonshire households.**

Only 16% of North Northamptonshire adults surveyed in 2017/18 walked for travel at least three days per week, ranging from 15% in East Northamptonshire to 17% in Wellingborough.

Only 1% cycled for travel at least three days per week – ranging from 0.1% in Wellingborough to 2% in Corby.

Figures sourced from Public Health England unless stated otherwise.

*National Travel Survey** **Office for National Statistics †Northamptonshire County Council
Transport in West Northamptonshire

Road Traffic Accidents in West Northamptonshire 2016-18†

Change over time

Mode of transport: by number of trips and by miles 2018†

Injuries and deaths due to Road Traffic Accidents- All Casualties (2016-2018)

Number of road traffic accidents:
- 4-23
- 24-32
- 33-45
- 46-71
- 72-179

Trips 2018

Miles 2018

Only 16% of West Northants adults surveyed in 2017/18 walked for travel at least three days per week, ranging from 13% in South Northamptonshire to 17% in Northampton.

Only 3% cycled for travel at least three days per week – ranging from 0.6% in Daventry to 4% in Northampton.

Car ownership rates vary across West Northamptonshire: 76% of Northampton households have a car compared with 91% of South Northamptonshire households.**
There is significant housing growth planned for the county in the coming years, which is likely to result in greatly increased traffic unless a significant shift from private car use is achieved. Although the Local Transport Plan seeks to achieve a more sustainable transport system in Northamptonshire, this remains a major challenge and a major shift in approach is necessary in order to encourage more active travel, greater use of public transport and ultimately achieve a more sustainable transport system.

What are the ‘win-wins’ of working together?

As in many areas, the Northamptonshire Local Transport Plan seeks to achieve a more sustainable transport system. The Northamptonshire Transportation Plan 2012 Vision is “For Transport and Travel to contribute towards making Northamptonshire a great place to live and work, through creating tangible transport options to satisfy individual needs and to encourage more sustainable travel. The transport system will provide fast and efficient movement of people and goods and will be accessible for all.”

A more sustainable transport system could offer a range of benefits:

- **Reduced congestion** – and thus reduced travel times could improve the wellbeing of commuters / visitors as well as making the area more attractive to business investment.

- **Better quality and more appealing public spaces** – town centres could become more attractive to visitors, although inevitably many visitors want to drive there and also find cheap, easy parking.

- **Increased physical activity** – encouraging more people to travel by foot and by bike could contribute significantly to higher levels of physical activity in the county, which is very good for health and wellbeing and is a local public health priority.

- **Less pollution** – reduced air pollution from road transport would benefit health, especially in the vulnerable, and would make more attractive town centres.

- **Increased social interaction** – a more accessible transport system would allow more people to travel more easily, enabling easier social interaction and increasing their quality of life.
What actions can we take together to create change?

A wide range of organisations will be key to achieving more sustainable transport including planning authorities, the highways authority, private travel companies, developers, employers / businesses and the health and social care system (both as an advocate for health and wellbeing but also as major employers and generators of road traffic).

The proposed new Unitary local authorities in North and West Northamptonshire will bring together many of the functions that influence transport systems – planning, highways, economic development etc, potentially enabling a more joined up approach.

In order to achieve a genuine shift to more sustainable travel in the county we need to focus on:

**Infrastructure**

- We need to create transport infrastructure that genuinely supports a shift to more active and sustainable travel modes; building-in high quality cycling infrastructure on major new developments, linked to a strategic plan for cycling infrastructure across the county; developing the infrastructure for low emission vehicles and supporting and encouraging the take up of lower polluting vehicles.

**Culture**

- We need to make active and sustainable travel everyone’s natural first choice for shorter journeys. This means promoting the benefits of active travel to the individual, as well as the wider benefits to the whole community but also creating a social movement so that people are excited to join in.

- The public sector (as well as private businesses) also need to advocate more for a shift to active and sustainable travel, and to manage their services and sites to support active travel amongst staff.
The construction in Northamptonshire of some 100,000 new homes and commercial development over the next 20 years or so will bring a number of challenges to this area. It is inevitable that new development will exacerbate congestion particularly in and around Northampton and on the ‘major roads network’. This could lead to significant economic, social and environmental costs. The challenge is managing increased demand for travel created by this.

The Smart Commuter initiative involves harnessing new digital technologies to make better use of road capacity and improve resilience and reliability. It does this by utilising sensors and other technologies to capture, analyse and interpret traffic and travel data. This information is communicated to NCC’s traffic control centre to help identify issues as they arise and deploy strategies to reduce congestion and the impacts.

‘Live’ information is communicated to people using the network (whether at home, work or elsewhere), through different channels that include a dedicated ‘travel portal’ providing a comprehensive source of traffic and transport information and the latest variable message signs displaying journey time and alternative route information. This enables people to make smarter choices either before or during their journey to avoid congestion, leading to travel and costs savings as well as helping to manage air quality caused by idling engines. It also supports active travel choices that contribute to improved health and wellbeing.

The initial focus has been the network in and around Northampton as this is where the network suffers most from congestion, particularly in peak commuting periods, in and around the town and on major approaches. Northampton is also accommodating significant amounts of new growth with more than 30,000 new homes and commercial development sites. Growth plans also involve major development across the rest of the county and the plans are to roll out the Smart Commuter initiative to other larger urban areas which are accommodating major growth and impacted by congestion.

Key Resources:

**Working Together to Promote Active Travel: A briefing for local authorities** (Public Health England 2016)
https://bit.ly/2I22sSY

**How to improve the physical environment to encourage physical activity** (National Institute for Health and Care Excellence)
Education and Skills
Education and Skills

Educational attainment is strongly linked with better health outcomes. People with higher levels of education are less likely to suffer from long term conditions, and to report themselves in poor health, than their peers.\(^{38}\)

Education not only provides the knowledge and capabilities that contribute to keeping healthy and well; qualifications lead to better employment opportunities, which in turn influence income, housing and other material resources that are associated with health and wellbeing.

The skills and learning that children acquire even before they start school have an impact on their future educational attainment and, therefore their life chances. ‘School readiness’ is a measure of the level of communication and language skills and social development of preschool children. Children from the most deprived communities in Northamptonshire have lower levels of ‘school readiness’ than those from the least deprived communities. This will have an impact, not only on their chances in school, but also on their future health and wellbeing.

In Northamptonshire there are 267 primary schools and 41 secondary schools, a range of colleges which specialise in further education for 16-18 year olds, open age and older members of the community, as well as an Adult Learning Service based at Northamptonshire County Council. The University of Northampton is the county’s only University, based in Northampton town.

It is recognised that continuing to learn throughout life is important for wellbeing. Many opportunities for life-long learning are available across the county; in colleges of further education, the adult learning service and many other community groups and societies.
Early years and primary education

- **55%** of 2 year old children benefitted from a funded early education in 2019.
- By age 3 and 4, **95%** of children have taken up free education.
- **71%** of children reach a good level of development in Foundation Stage in 2017/18.
- **61%** of children reach the expected standard in reading, writing and maths at Key Stage 2 in 2018.
- In 2018/19, the prevalence of overweight and obesity in Reception was **21.6%**.

Adult education and skills

- **24%** of adult learning participants in North Northamptonshire.

In the Adult Learning Service, 46 learners in North Northamptonshire took an accredited Functional Skills assessment in maths with a pass rate of **87%** and 19 learners took an accredited Functional Skills assessment in English with a pass rate of **84%**. This is alongside many community learning courses while Further Education courses focus on vocational provision and qualifications.

Indices of Deprivation 2019: Education, skills and training deprivation (MHCLG, 2019)

- **20%** most deprived nationally
- **20%** least deprived nationally

**Key**

- **BETTER**: Significantly better than England average
- **SIMILAR**: Similar to England average
- **WORSE**: Significantly worse than England average

**Secondary education**

- **14.2%** of pupils in secondary education have a first language that is other than English.
- **63%** of pupils taking GCSEs achieved a level 4 grade or above in 2019, lower than East Mids rate and that of statistical comparators.
- 22,500 pupils are eligible for the pupil premium.
- **10.4%** of primary pupils, and **9.4%** of secondary pupils, were eligible for and claiming free school meals in 2019.

**Further and higher education**

- There were 2,560 completed apprenticeships in 2018/19 in North Northamptonshire; **37%** were aged 25 and above.
- **45%** were Advanced Level Apprenticeships.
- In 2017, **5.8%** of 16 and 17 year olds not in education, employment or training or whose activity is not known.
Early years and primary education

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Adult education and skills

- **20%** of adult learning participants have a qualification level below Level 2.

In the Adult Learning Service, 33 learners in West Northants took an accredited Functional Skills assessment in maths with a pass rate of **88%** and 47 learners took an accredited Functional Skills assessment in English with a pass rate of **91%**. This is alongside many community learning courses while Further Education courses focus on vocational provision and qualifications.

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Further and higher education

There were 2,540 completed apprenticeships in 2018/19 in West Northamptonshire; **39%** were aged 25 and above.

- **43%** were Advanced Level Apprenticeships.

In 2017, **5.8%** of 16 and 17 year olds not in education, employment or training or whose activity is not known.
What are the “win-wins” of working together?

Improving school-readiness of preschool children, building resilience and improving emotional health and wellbeing in schools and supporting people to access education and learning throughout their lives, provides benefits beyond health and wellbeing which includes:

- **Educational attainment and school performance** – The relationship between health and attainment is bi-directional; educational attainment supports better health and wellbeing, but schools and colleges also have the potential to improve their educational outcomes by supporting health and wellbeing\(^{39}\).

- **Community safety and anti-social behaviour** – By supporting the wellbeing of pupils in schools, particularly those with emotional and mental health needs, permanent exclusions may be prevented, which in turn will have a positive effect on outcomes. This could include prevention of antisocial behaviour and/or contact with the criminal justice system.

- **Employment, income and economic development** – Higher levels of educational attainment will mean increased levels of educated and skilled potential employees for the local employment market and greater earning potential of our residents.

What actions can we take together to create change?

PHE and the Institute for Health Equity identify three key action areas for reducing health inequalities through education and learning:

**Building children and young people’s resilience in school**

- Through engaging with the Northamptonshire healthy schools programme, local schools can be supported to identify local needs, and develop tailored programmes of work in collaboration with local partners.

**Reducing the number of young people not in employment, education or training (NEET)**

- By schools, employers and local authority partners working together in collaboration with the healthy schools programme we can ensure that schools demonstrate the skills needed to promote local career paths.

**Increasing access to adult learning opportunities**

- By promoting the Adult Learning Service and other adult learning opportunities throughout the county we can increase access and support to marginalised groups and help them to access education.
Building resilience and promoting health and wellbeing

‘Building resilience and promoting health and wellbeing’ is a holistic educational programme that aims to support schools in Northamptonshire in improving the health and wellbeing of the children and young people under their care.

This programme brings together partners from different organisations who are currently working with educational settings. By coordinating activity, we can maximise the impact on the wellbeing of children and young people.

By focusing on personal, social, health and economic (PSHE) studies and influencing school policies e.g. school snack and fizzy drink policies, the aim is to improve the health and wellbeing of staff and pupils by embedding good practice into daily school life. Pupils and parents are also supported to access services, programmes and events according to particular wellbeing needs.

Another aspect of the programme focusses on child safety. Support is offered to children on how to keep safe, manage risks and reduce harm, including harm from child sexual abuse and exploitation.

By providing a holistic health improvement programme, which is delivered through education and the curriculum, we can help children prepare for adulthood, develop skills and support educational attainment.

Northamptonshire Adult Learning

The Adult Learning Service has a “Community Learning” programme which provides a variety of non-accredited classes which offer opportunities for adults of different ages and backgrounds to develop their skills, motivation and resilience, which can in turn develop stronger communities.

While learning itself can be of benefit to mental health and wellbeing, the service also offers specific courses that focus on mental health and wellbeing. Learn2b offers a variety of courses to encourage self-help and confidence building which can help recovery from times of poor mental health.

The service’s other programmes enable learners to study a range of subjects which can encourage healthier lifestyles, combat social isolation and also support vulnerable and disadvantaged adults. These courses enable learners to develop skills which can lead to employment and volunteering opportunities, which in turn increases self-esteem.

The Family Learning programme provides courses for parents and carers to support their children’s learning. They also run specific courses focusing on healthy eating or cooking skills, which can help combat childhood obesity, alongside other courses where families learn together and promote positive family relationships.
Housing
Research has shown, that if nationally we could find £10 billion now to improve all of the 3.5 million ‘poor’ homes in England, it could save the NHS £1.4 billion in the first year alone on treatment costs, with the investment paying for itself in just over seven years, continuing to accrue benefits into the future42.

If we look over a “life course”, housing is particularly important in ensuring a healthy start in life and reducing current and future health inequalities. Evidence suggests that children living in cold, overcrowded or unsafe housing are more likely to be bullied, to not see friends, to have a long standing health problem, disability or infirmity and be below average in key academic areas as a direct consequence of living in poor-quality housing43.

“Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth….it is the main setting for our health throughout our lives”40. Kevin Fenton, Public Health England.

Poor, ’unhealthy’ housing can have serious long-term effects on both physical and mental health. It can result in up to 25% higher risk of serious ill-health or disability during childhood and early adulthood, an increased risk of meningitis, asthma, slow growth, mental health problems, lower educational attainment and a greater likelihood of unemployment and poverty41.

Improving health through the home
Source: PHE

<table>
<thead>
<tr>
<th>Poor housing conditions can present a variety of health hazards such as excess cold and increased risk of falls. Based on the report “The cost of poor housing to the NHS”, the first year NHS treatment costs of people living in the poorest housing in Northamptonshire is an estimated £14 million a year.</th>
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<tbody>
<tr>
<td>Unhealthy homes increase the risk of</td>
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<tr>
<td>- respiratory illness</td>
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<td>- poor infant weight gain</td>
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<td>- poor diet</td>
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<td>- emotional and mental health problems</td>
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<td>- physical injury and poisoning</td>
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<td>- domestic fires</td>
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<td>Overcrowded homes increase the risk of</td>
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<td>- behavioural and mental health problems</td>
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<td>- meningitis</td>
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<td>- tuberculosis</td>
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<td>- tobacco harm</td>
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<td>Precarious housing increases the risk of</td>
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<td>- emotional, behavioural and mental health problems</td>
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<td>- low birth weight</td>
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<td>- missing immunisations</td>
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Underlying health issues can in turn raise the risk of being homeless or living in precarious housing.
In addition, children living in cold homes are twice as likely to develop respiratory problems as those in warm homes and there are clear effects of fuel poverty on the mental health of adolescents. The relationship between housing and health for children and young people is summarised in the graphic Figure 1.

Housing has the potential to reduce or reinforce health inequalities. For example, housing costs constitute the most important and most direct impact of housing on poverty and material deprivation. The phenomenon of “fuel poverty” (where fuel costs are above average and the disposable income of the household - after housing and fuel costs - is below the poverty line), can lead to cold, damp homes, which may lead to poor health outcomes and increased ill-health and death including cardiovascular disease, respiratory diseases and mental health problems. Fuel poverty has been increasing in recent years and, by definition, disproportionately impacts poorer households.

The impact of housing on the health of older adults can also be significant. Unsafe housing is associated with increased falls and estimates suggest that 10% of excess winter deaths are due to fuel poverty, with 21.5% of excess winter deaths attributable to the coldest 25% of homes.

People who experience homelessness for three months or longer cost on average per person

- £4,298 to the NHS services
- £2,099 for mental health services
- £11,991 in contact with the criminal justice system

The longer a person experiences homelessness, the more likely their health and wellbeing will be at risk. The average age of death of a single homeless person is 30 years lower than the general population.

There is currently a lack of housing supply to meet population needs. In addition, housing affordability has worsened in all local authority districts in the last two decades. On average, working people could expect to pay nearly 8 times their annual earnings on purchasing a home in England and Wales in 2016, up from nearly 4 times earnings in 1997. Housing affordability affects where people live and work, and factors that influence health such as the quality of housing and poverty. There is increasing evidence of a direct association between unaffordable housing and poor mental health. In Northamptonshire there is a high ratio of average house price compared to average household earnings meaning it is less affordable for a resident to purchase a house, although it is important to note this will vary across the county.

A programme that supports homeless people to enter employment, undertake a training course, and achieve stability in their housing situation shows that

- £4,298 to the NHS services
- £2,099 for mental health services
- £11,991 in contact with the criminal justice system

Society will benefit by £2.7 - £4.6 for every £1 investment.
At least 2,634 adults in North Northamptonshire were homeless in 2018... *

..and an estimated 2,949 households were overcrowded.

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The top three reasons for people losing a settled home are:

- Loss of an assured shorthold tenancy (31%)
- Parents, friends or relatives either unwilling or unable to continue to accommodate them (26%)
- Relationship breakdown (16%)

---

In 2017/18, 246 households were in temporary accommodation, equivalent to 1.7 in every 1,000.

At district level, Wellingborough and Kettering have the highest rates with 3 in every 1,000 households being in temporary accommodation.

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Of the 1,795 people who entered structured treatment for substance misuse in 2018/19, 944 (12.5%) reported having no fixed abode at the point of starting treatment, which is significantly higher than the national average.

No fixed abode includes rough sleeping, use of night hostels and sofa-surfing.

Source: CGL Northamptonshire

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People with mental health issues are at increased risk of homelessness, and housing issues can exacerbate poor mental health.

In 2017/18, 13%** of Northamptonshire GP registered adults had a diagnosis of depression and 0.85%** had been diagnosed with a severe mental health issue – both rates have increased significantly in recent years.

Source: CGL Northamptonshire

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A snapshot count in Autumn 2018 found 62 rough sleepers in North Northamptonshire – this has increased from a count of 20 in 2010.

Corby in particular has recently seen an increase in rough sleepers, going from 4 in 2017 to 28 in 2018.

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Key

- \( \text{BETTER} \): Significantly better than England average
- \( \text{SIMILAR} \): Similar to England average
- \( \text{WORSE} \): Significantly worse than England average

Sources: Public Health England; “Homelessness in Northamptonshire” JSNA Insight Pack.

* Figure obtained by combining the totals of accepted homeless, rough sleepers and concealed homeless.

** County level data only
Housing and Homelessness in West Northamptonshire

At least 3,363 adults in West Northamptonshire were homeless in 2018...*

In 2017/18, 271 households were in temporary accommodation, equivalent to 1.6 in every 1,000.

At district level Northampton has the highest rate at 2.7 in 1,000 households being in temporary accommodation.

Of the 1,795 people who entered structured treatment for substance misuse in 2018/19, 893 (13%) reported having no fixed abode at the point of starting treatment, which is significantly higher than the national average.

People with mental health issues are at increased risk of homelessness, and housing issues can exacerbate poor mental health.

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- Loss of an assured shorthold tenancy (31%)
- Parents, friends or relatives either unwilling or unable to continue to accommodate them (26%)
- Relationship breakdown (16%)

A snapshot count in Autumn 2018 found 29 rough sleepers in North Northamptonshire – this has increased from a count of 20 in 2010.

In Northampton the number of rough sleepers have doubled in the year between 2017 and 2018 from 13 to 26.
What are the “win-wins” of working together?

By ensuring that good quality housing is available and accessible to all, there are a number of wider benefits for our communities:

- **Educational attainment** – Evidence suggests that children living in poor housing are nearly twice as likely to leave school without any GCSEs.\(^{46}\)

- **Environmental sustainability** – By introducing energy efficiency measures to housing stock, and making them warmer and more comfortable, we can both reduce the carbon footprint of homes and reduce household bills.

- **Employment and economic growth** – A lack of affordable housing is also a barrier limiting the job opportunities that young people are able to take up.

What actions can we take together to create change?

Ensuring access to safe and secure homes for people across our communities requires action at both national and local level. There are a number of actions local partners can take together including:

**A partnership approach**

- The whole system and significantly, planning policy, need to work together to ensure that availability of affordable housing is a priority.

- Homelessness is not just a housing issue but something that is inextricably linked with complex life experiences. Mental health problems, drug and alcohol dependencies, street culture activities and institutional experiences (such as prison and the care system) are often closely linked with the more extreme experiences of homelessness. There needs to be an integrated response across health, housing and social care and collaboration with the voluntary and private sector.

**Action based on data and insights**

- To understand the local housing picture, we can gather insights into the complexities and vulnerabilities of those in need of services. By working together and understanding partners, we can develop local solutions based on local data.

**Earlier intervention – prevention at an earlier stage**

- Measures to prevent traumatic childhood experiences such as abuse, neglect and homelessness which are part of the life histories of many people who struggle to maintain tenancies and remain in housing.
Housing and health collaboration in Northamptonshire

Northamptonshire Health Screening Programme works in collaboration with housing, local health, private and voluntary sector partner organisations.

In Northamptonshire, we recently piloted a new project to improve health outcomes for the homeless and rough sleeping population in collaboration with housing, health, private and voluntary sector partners. Outreach health clinics were set up across 10 temporary homeless shelters offering communicable disease screening for 102 people.

Screening of communicable disease, which is disease spread from one person to another through a variety of ways, was the core objective of the project, however, to maximise this opportunity and produce the best health outcomes, a multi-agency resource funding approach was taken. This collaborative working allowed an array of services to be on offer including smoking cessation, substance misuse and recovery advice, weight management, mental health measures and facilitation of registration with primary care practices.

As a result of the screening programme, eleven people with latent TB infection started treatment and 6 of them completed it, two active cases of Hepatitis C were treated and identified to Health and Social Care services and two cases of moderate and severe liver fibrosis have been engaged with specialist liver treatment centres. Out of the 127 people who received lifestyle screening, 27 were overweight and 20 with high blood pressure were engaged with their GPs for further assessment and management. 10% of the rough sleepers screened who were not on a healthcare record and registered with a GP were helped to register with one. Additionally, by engaging with the homeless and rough sleeping population of Northamptonshire alongside our partners, the project has helped to improve trust of the health and social care system and helped to secure accommodation for those most at risk.

Key Resources:

Guidance: Improving health through the home

National examples of Local action on housing
http://careandrepair-england.org.uk/briefings/
Work
“Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer.”

Duncan Selbie, Chief executive, Public Health England.

Being in ‘good work’ where your health and wellbeing is considered and supported, has a significant impact on our health and wellbeing. Job satisfaction, opportunities to develop and feeling in control with the right workload can contribute to “good work”. Additionally, factors such as the opportunity to walk or cycle to work, access to support when feeling low or stressed, support to maintain a healthy weight and feeling supported by colleagues and managers contribute to ‘good work’ too. There are many opportunities for employers to create and maintain a healthy workplace for their employees.

Through the areas identified above and many others, work directly and indirectly affects our health and wellbeing and that of our family and wider community. We spend on average a third of our waking hours at work (Public Health England, 2018) and therefore make a lot of our food decisions here. We also have social contact setting as a key avenue to improving individual and population health.

Economic and social arguments also place work as one of the most effective ways to improve the wellbeing of individuals and their communities. This, and the fact that combined costs from worklessness and sickness absence amount to over £100 billion annually in the UK, make a strong economic case for greater action.

The average annual cost of sickness absence per employee is £522*.

However, in the public sector, the average cost of sickness absence is £835* per employee.

A lack of ‘good work’, with low job satisfaction, control and a high workload (for example) can have a negative effect on our physical and mental health. Factors such as shift work can impact on family relationships and sleep. In last year’s report, we looked at evidence which shows that those in manual and routine worker jobs are more likely to smoke. Official labour market statistics for 2018 show that Corby has a high proportion of workers employed in elementary and operational occupations (37.3%) whilst South Northamptonshire has a higher than average proportion of workers employed in managerial and professional occupations (46.3%)\(^1\).

In the UK we have a growing ageing workforce, with over a third of workers now aged over 50 years old. The Centre for Better Ageing (2018) tell us that 1 in 4 employers feel unprepared to support an ageing workforce appropriately\(^5\).

The above evidence indicates inequalities and therefore identifies opportunities within our workforce in Northamptonshire that workplace wellbeing programmes are ideally placed to tackle.

In Northamptonshire, every person moving from worklessness into employment will save the individual £3,800 and save society as a whole £23,100 over a year (This includes £500 to local authorities, £85 for the NHS, and £11,700 to central government)*

PHE ROI Tool** shows that for every person moved from worklessness into employment in Northamptonshire, the public sector could save £12,000 per person over 1 year period.

This is broken down by

- **£500** for local authority
- **£100** for NHS
- **£11,400** for government

Employment

- 77% of North Northamptonshire residents aged 16-64 are in employment.
- 4.5% of North Northamptonshire residents aged 16-64 claim employment and allowance support.

Factors contributing to good work**

- Autonomy
- Flexibility
- Protection from adverse working condition

Health conditions associated with sickness absence

- Heart Disease: 3%* of registered patients in Northamptonshire were diagnosed with coronary heart disease.
- Mental health conditions: 15.7%* of registered patients aged 16+ aged 16-64 have common mental disorders.
- Depression: 12.4%* of registered patients aged 18+ were diagnosed with depression.
- Respiratory conditions: 1.9%* of registered patients in Northamptonshire were diagnosed with COPD.

Health and wellbeing at work***

- 40% believe work positively affects their mental health.
- 30% believe work positively affects their physical health, while another 30% held the opposite opinion.
- 40% workers report having experienced work-related health condition in the last 12 months. The most common health problems resulting from work are musculoskeletal, anxiety and sleep problems.
- 25% reported intense and stressful working conditions – including feeling exhausted, miserable or under excessive pressure.

Sickness absence

- 2%* of employees had at least one day off due to sickness absence in the previous week in 2016-18.
- 1.3%* of working days lost due to sickness absence in Northamptonshire in 2016-18.
- 4.4* working days were lost due to sickness absence per employee in 2018.

The top 3 reasons for sickness absence is minor illnesses, musculoskeletal problems and mental health conditions^.

Key: **Better than England average | WORSE | Significantly worse than England average

*County level data only, **PHE 2014, ***CIPD (2019) UK Working Lives Survey, ^Other conditions such as accidents and poisonings are not included. ~ Public Health England (2019) Health Matters: Health and Work
Good Work in West Northamptonshire

Employment

- 81% of West Northamptonshire residents aged 16-64 are in employment.
- 4.1% of West Northamptonshire residents aged 16-64 claim employment and allowance support.

Factors contributing to good work**

- Autonomy
- Flexibility
- Protection from adverse working condition
- In-work development
- Stress management
- Support for sickness and disability

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What are the “win-wins” of working together?

By supporting people to enter into employment and ensuring those workplaces support the health and wellbeing of their employees, there are wide ranging benefits that will be enjoyed. Not only will our communities be healthier and happier but also:

- **Business benefits** – Supporting healthy workplaces can lead to many benefits for business success. A healthy workplace can lead to increased productivity, reduced sickness absences and greater of retention of staff who are not only healthier and happier but also feel more supported and appreciated by their employer.

- **Local economy benefits** – By developing a healthy and skilled workforce, Northamptonshire will draw in more employers and be a ‘place of choice’ for businesses.

- **Public sector benefits** – A prevention approach in workplaces also gives a potential for reduction in demand on healthcare services, particularly demand for musculoskeletal and mental health conditions that are commonly associated with work.

We want Northamptonshire to be a place that is seen to support high levels of wellbeing, productivity, staff retention and economic growth.

What actions can we take together to create change?

To develop Northamptonshire as a place of ‘good work’ that facilitates good health within the whole population there are a number of actions partners can take:

**Implementing ‘Healthy Workplace Standards’**

- We can support businesses to make decisions that consider health and wellbeing through completing the evidence based Healthy Workplace Standards and associated workplace health offer. We want to facilitate accreditation through these Standards and celebrate good work.

**Working with industry led fora**

- We need to work with and listen to our private sector partners through engagement with industry led fora. We will do this through developing long term support and relationships with businesses, helping to deliver primary prevention around realistic business need and evidence based advice and case studies. We want to support our business leaders to lead by example and share best practice to support one another.

**Improving health and wellbeing to reduce gaps in employment**

- We also need to consider the health of the workforce not currently in employment. We can work with employers, job centres and the DWP to focus on those whose poor health may be restricting access to employment.
Northamptonshire Case Study

Public Health Northamptonshire have been working closely with a healthcare company in Northamptonshire to support their aspirations to provide a workplace environment conducive to good health and wellbeing for their employees.

Prior to 2019, they had little in place in this area apart from centralised programmes led by their International Head Office.

They wanted this to change and have used the Northamptonshire Workplace Health Standards as a guide to take stock of the policies, procedures and services already in place to support staff and improve their health and wellbeing, and to also identify gaps where they improve their workplace wellbeing offer.

So far, they have run three 12-week Healthy Lifestyle Programmes which have focused on weight management and long term behaviour change around health for staff, with recorded outcomes such as weight loss, lower blood pressure, improved sleep, improved relationships with family and friends and interest in healthy hobbies.

A number of Mental Health First Aiders have been trained and supported further with “Making Every Contact Count” training around conversations and local services and Dementia Friends training. The company have completed a Time 2 Change Pledge and are running an annual programme from their action plan, including sessions with management where they talk about their own experiences of mental health, aimed at reducing stigma.

Management have completed training around domestic abuse and alcohol and have also hosted sessions to support working carers. They have submitted an ‘Eat Out Eat Well’ application for the canteen after completing extensive work around healthy options for staff on-site.

By committing to ensuring they have healthy workplace policies throughout the organisation, there will likely be a considerable improvement to employee wellbeing. The changes will also provide benefits to the business, as improved wellbeing and happiness in the workplace is found to reduce sick days and improve productivity.
Money and Resources
“Poverty has a cumulative negative effect on people’s health throughout their life. During early childhood it influences cognitive and physical development...[and] has long-term implications for children’s ‘life chances’ and health in adulthood. Unemployment, low-paid work, inadequate benefit entitlements, a lack of affordable and poor quality housing and living in deprived neighbourhoods have negative health impacts.”


Poverty has wide ranging impacts. Being in poverty can mean that basic material resources are lacking and can lead to people living in poor quality housing, or not having a home. It can also lead to missed opportunities, exclusion and even stigma and discrimination. If people are prevented from accessing resources and experiences, it limits their ability to participate and feel valued and included in society. Poverty leads to feelings of insecurity and uncertainty, and impacts on people’s attitudes towards the future. It can result in unhealthy choices, such as smoking and using drugs or alcohol, which may be used to cope with daily stresses and prevents people from being able to invest in their future.

All of these factors can have a significant impact on mental and physical health, and lead to health inequalities.

One in five (22%) people nationally are living in poverty. While the data shows that this is lower in Northamptonshire (10.4% of people are experiencing income deprivation, IMD, 2019), Citizen’s Advice have suggested that deprivation data does not give the full picture. They have found that 30% of people accessing their services live in the most deprived areas, but 72% of people accessing their service are living below the poverty line. Living in poverty has been defined as when a family has a total net income of less than 60% of the median income for their family type, after housing costs. Over half of those living in poverty live in working households, where work does not provide enough income to meet basic needs or people fall into poverty due to circumstances beyond their control.

In the past twenty years poverty rates have fallen. However, since 2013 previous reductions in poverty among families have gone into reverse. This is largely due to reductions in support offered by benefits and tax credits, and subsequent rises in housing, food and fuel prices increasing the cost of living. Job opportunities for those with few qualifications are limited and austerity has meant that there are less resources to tackle poverty, adversely affecting those worse off.

Applying an intense and holistic approach and long term support to tackle debt and poverty gives a return of

£3.60 for every £1 spent

Source: ref- CAP (2018) Never Just a Number, evaluating the impact of a holistic approach to UK poverty
The places where people live and the circumstances into which they are born have a fundamental effect on life chances. Experiencing childhood poverty has knock on effects for later life; evidence suggests that it increases the likelihood of being out of work as an adult.

Child poverty is increasing. Poverty can result in poor educational outcomes for children, bring shame and stigma, lead to crime and disorder, health problems, drug and alcohol abuse, homelessness, child abuse and neglect and family breakdown. These risks can be passed down through the generations in a vicious cycle. Three main factors have driven changes to child poverty rates: parents’ earnings, tax credits and benefits changes, and housing costs. The reduction in support through tax credits in recent years has been a big factor in the increase in poverty among children, with the maximum benefit rates across all elements of child and working tax credits now lower than they were in 2014/15.

Lone parents are nearly twice as likely to be in poverty than any other group, and they are twice as likely to live in persistent poverty (being in poverty in the current year as well as at least two out of three of the previous years). Lone parents are also more likely to be in low paid jobs and have high unemployment rates. Furthermore, they have been more affected by squeezes in housing costs.

Adults with disabilities are also more likely to be in poverty than those who are not disabled, and this has increased in the past five years. While pensioner poverty rates have fallen in recent years, with an ageing population action is required to ensure that progress is maintained.

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Money and Resources

One in five (22%) people nationally are living in poverty. While the data shows that this is lower in Northamptonshire (10.4% of people are experiencing income deprivation, IMD, 2019), Citizen’s Advice have suggested that deprivation data does not give the full picture. They have found that 30% of people accessing their services live in the most deprived areas, but 72% of people accessing their service are living below the poverty line.
11.3% (approx. 37,400 people) of the North Northamptonshire population is experiencing income deprivation.*

This varies by district, from 8.4% in East Northamptonshire to 13.6% in Corby.

Income deprivation in North Northamptonshire (IMD 2019)

In 2017, 8.3% of North Northamptonshire households (approx. 11,530) were in fuel poverty.

In 2017/18, 56%** of children with free school meal status achieved a good level of development at the end of Reception, compared to 71%** overall. 12,300** children were eligible for free school meals in 2018/19.

In 2016, 14.4% of dependent children under 20 in North Northamptonshire were in low income families, with district rates ranging from 11% in East Northants to 17% in Corby. Proportionally, areas in the county ranked the 20% most deprived nationally† have a higher under 18 population than non-deprived areas.

Men living in the 20% least deprived areas in the county live on average 6.6 years longer than those living in the 20% most deprived areas, and women live on average 5.3 years longer (2015-17).

Of the working age population in North Northamptonshire (approx. 210,000 adults), 77% are in employment (2018/19)

21% are economically inactive (2018/19)

An estimated 4% are unemployed (2018)

Employment rates are significantly lower amongst certain population subgroups, including people with long term conditions, mental health issues and learning difficulties.
10.4% (approx. 78,000 people) of the Northamptonshire population is experiencing income deprivation.* This varies by district, from 4.9% in South Northants to 13.6% in Corby.

Income deprivation in West Northamptonshire (IMD 2019)

In 2017, 7.9% of West Northamptonshire households (approx. 12,861) were in fuel poverty.

In 2017/18, 56% of children with free school meal status achieved a good level of development at the end of Reception, compared to 71% overall. 12,300 children were eligible for free school meals in 2018/19.

In 2016, 12.4% of dependent children under 20 in West Northamptonshire were in low income families, with district rates ranging from 6% in South Northamptonshire to 16% in Northampton.

Proportionally, areas in the county ranked the 20% most deprived nationally† have a higher under 18 population than non-deprived areas.

Of the working age population in West Northamptonshire (approx. 250,000 adults), 81% are in employment (2018/19)

15% are economically inactive (2018/19)

An estimated 4% are unemployed (2018)

Employment rates are significantly lower amongst certain population subgroups, including people with long term conditions, mental health issues and learning difficulties.
What are the “win-wins” of working together?

Dealing with the effects of poverty costs the UK £78 billion per year; £1 in every £5 of spending on public services is needed due to the impact and cost that poverty has on people’s lives. By working together locally to address poverty we could see positive impacts on:

- **Employment** – By creating a prosperous economy and encouraging business investment in Northamptonshire, employment opportunities will increase. However, there needs to be strategic direction to ensure there is opportunity for our most deprived communities and young people not in education, employment or training (NEET).

- **Reduced demand on services** – Developing the local economy can reduce the impact on healthcare, education, police and criminal justice, children’s services, adult social care and housing services.

- **Improved health behaviours** – When child poverty levels fell in 2010, extra money led to increased spending on fruit and vegetables, children’s clothes and books and spending on alcohol and cigarettes fell which may have contributed to the increased spend on family needs.

What actions can we take together to create change?

Governments, businesses and communities need to work together to tackle poverty, so that all people have the chance of a decent and secure life. Poverty is not the result of a single factor, and the Joseph Rowntree Foundation suggest there are five key causes which require priority action; unemployment; low wages and insecure jobs; lack of skills, family problems; an inadequate benefits system and high costs of living. To consider local action on these key causes, we could focus on the below:

**Inclusive growth**

- It is suggested that economic growth sometimes does not reach everyone within our population, especially those living in the most deprived areas. A strategic focus on growth needs to ensure there are explicit measures to provide an economic benefit to as many people as possible.

**Social Value Act 2012**

- By utilising the Social Value Act in procurement and commissioning, organisations can showcase the wider economic, environmental and social wellbeing benefits of their business. Demonstrating social value is key to bringing added value to service contracts.

**Maximising Local Government Reform opportunity**

- As progress continues to transform Local Government in Northamptonshire into Unitary authorities, there is an opportunity to include economic development and inclusive growth as key corporate priorities, ensuring it is a golden thread throughout all directorates and services.

Partners need to work across the system to ensure that there is equitable access to these services across the county, and that front line services are able to identify a need for support and signpost people. To enable this, Making Every Contact Count training should include information on the wider determinants of health.
Kettering

Kettering Credit Union is based within the Customer Service Centre at Kettering Borough Council, as well as doing home visits or providing outreach at the libraries in Burton Latimer, Desborough and Rothwell. The credit union office is managed by Kettering Borough Council, in partnership with the East Midlands Credit Union and the Citizen Advice Bureau (CAB). It has been set up to support anyone in the Borough of Kettering to:

1. Gain access to basic bank accounts
2. Gain financial and money advice
3. Receive assistance from CAB where needed
4. Give an opportunity for customers to learn basic IT skills

The project helps people to manage their money and, at the same time, helps with access to other online services; for example, to break down barriers for unemployed people to get a job. It can help to improve financial and money management skills, which in turn can help reduce the dependency on loan sharks and door step lenders.

Living with the day to day stresses of managing limited money and resources can have damaging consequences on long term health. Supporting people with financial advice will likely lead to them having greater control over their finances, a reduction in stress levels, maintaining healthy behaviours and supporting an increased participation in the community.
Food
Evidence suggests that much of our chronic disease risk in adulthood is influenced by factors throughout pregnancy and during infancy. Poor nutrition in the first 1,000 days of life can cause irreversible damage to a child’s growing brain, affecting their ability to do well in school and earn a good living, making it harder for a child and its family to rise out of poverty. It can also set the stage for later obesity, diabetes, and other chronic diseases which can lead to a lifetime of health problems.

The food environment encourages poor habits due to ease of availability of high calorie food, sometimes referred to as the “obesogenic environment”. There is a growing evidence of association between obesity and the density of fast food outlets. 1 in 4 of all eateries in England are fast food outlets, with 1 in 3 found in the most deprived areas. (Health matters 2019).

The burden of obesity and obesity-related ill health is falling hardest on children from low income areas. Our ability to access and buy affordable food is impacted by income levels; it’s three times more expensive to get the energy we need from healthy rather than unhealthy food.

In a recent survey, only half of adults in Northamptonshire reported eating the recommended 5-a-day fruits and vegetables. A local survey of school children also indicated that 13% of young people had had fast food on at least 2-3 days a week and 18% of pupils reported having nothing to eat or drink for breakfast on the day of the survey.

Implementing a healthy eating programme (Food for Life) in schools in Northamptonshire over a three year period, would create a social value of

£4.40 for every £1 spent

on the programme
The food we eat in North Northamptonshire

Risk of food poverty
Households at risk of food poverty in the county are spread throughout the county, particularly in urban areas.

- Areas ranked 20% worst
- Areas ranked 20% best

Across Northamptonshire there were 3,747* individuals assessed by adult social care that needed help or had significant difficulty shopping for food in 2018/19.

3,719* needed help or had significant difficulty preparing meals, snacks and drinks.

- The local Healthy Start voucher uptake rate is 50%, lower than the national rate of 55% and regional rate of 57%.
- In year 6 in this period, 1.2% of children in North Northamptonshire were underweight and 34% overweight or obese.
- In 2018 the uptake of free school meals among all pupils was 9.1%*.

Key
- BETTER Significantly better than England average
- SIMILAR Similar to England average
- WORSE Significantly worse than England average

Figures sourced from Public Health England, NHS BSA, University of Southampton.

* County level data only

Fast food accessibility
Fast food outlets in the county are most accessible in those areas at risk of food poverty.

- Areas ranked 20% worst
- Areas ranked 20% best

48.6% of babies were breastfed at 6-8 weeks in 2018/19.

49.1% of adults in North Northamptonshire eat the recommended 5 a day of fruit and vegetables.

In 2018/19 0.8%* children in Reception year in North Northamptonshire were recorded as being underweight. 23.3% were overweight or obese.

NORTHAMPTONSHIRE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019/20
The food we eat in West Northamptonshire

**Risk of food poverty**

Households at risk of food poverty in the county are spread throughout the county, particularly in urban areas.

**Across Northamptonshire**

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The local Healthy Start voucher uptake rate is 50%, lower than the national rate of 55% and regional rate of 57%.

48.6% of babies were breastfed at 6-8 weeks in 2018/19.

In year 6 in this period, 1% of children in West Northamptonshire were underweight and 31.3% overweight or obese.

56.7% of adults in West Northamptonshire eat the recommended 5 a day of fruit and vegetables.

In 2018/19 0.8%* children in Reception year in West Northamptonshire were recorded as being underweight, 20.1% were overweight or obese.

In 2018 the uptake of free school meals among all pupils was 9.1%*.

**Fast food accessibility**

Fast food outlets in the county are most accessible in those areas at risk of food poverty.

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* County level data only

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Key

- **BETTER**: Significantly better than England average
- **SIMILAR**: Similar to England average
- **WORSE**: Significantly worse than England average

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Figures sourced from Public Health England, NHS BSA, University of Southampton.
What are the “win-wins” of working together?

By supporting a healthy food environment, as well as improving the health of the population, we can have a positive impact on:

- **Waste management** – Reducing the density of fast food outlets often has the impact of reducing litter from discarded food packaging in a local area.

- **Workforce productivity** – By improving the food environment and thereby reducing obesity related conditions, there will be a positive impact on workforce health and wellbeing, thereby reducing days lost to sickness absence.

- **Economic development** – By encouraging healthier food establishments and reducing the density of fast food outlets, there may be a positive impact on the streetscape which can encourage investments from new businesses.

What actions can we take together to create change?

Public Health England’s “Whole System Approach to Obesity” recommends that agencies and interested parties work together to address obesity and the food environment as a crucial part of that work. Actions recommended in PHE’s “Obesity and the Food Environment” include:

### Food environment

- Working with fast food outlets to offer healthier options, using healthy catering standards.

- Using planning policies to ensure development avoids over-concentration of hot food takeaways in existing town centres or high streets, and restricts their proximity to schools or other facilities for children, young people and families.

- Working with schools, leisure centres, hospitals and workplaces with catering facilities and/or vending machines to have a healthier food offer for staff, students, and/or customers.

### Collaborative working

- Due to the many complexities of obesity and the food environment, promoting and maximising opportunities for cross sector working is key to creating joined up action.

- Creating pooled resources for co-commissioning and projects that improve the food environment, making best use of those best placed.
Greenpatch

Groundwork Northamptonshire provide a community allotment within Kettering which provides education and volunteering opportunities for children and adults, known as ‘Greenpatch’. Support includes school trips, environmental study activities, arts and crafts, planting vegetable seeds and connecting with nature.

By positively contributing towards many of the social, economic and environmental determinants, Greenpatch is a community asset providing many health and wellbeing benefits for residents including reduced social isolation, education, family cohesion and improved mental wellbeing.

As part of a whole system approach to obesity, creating a healthy and sustainable food environment is key to supporting people to make healthier choices. Greenpatch provide opportunities to learn how food is grown and this is a great example of how we can improve the food environment.

Cooking Good

Cooking Good is a project focused on the educational aspect of a whole systems approach to obesity. Alongside providing a healthy food environment, families need to have the knowledge and confidence to source and prepare healthy meals.

By offering home-based cooking support, families benefit from a personalised approach based on their cooking facilities, helping to break down any barriers to cooking healthy food in their home environment. The project also aims to reduce rural inequalities, targeting those who find it more difficult to attend community facilities.

The project also has a school engagement aspect, creating sustainable initiatives for teachers such as healthy lunchboxes and low sugar baking.

Key Resources:
PHE toolkit, ‘Strategies for encouraging healthier “out of home” food provision’
Public Health Finances
The NCC Public Health grant allocation for 2020/21 will be £35,737,447. This is a 5.5% increase on the 2019/20 grant allocation of £33,866,000. The population is expected to have increased by 6.5k from 2018/19. The grant allocation per person has increased by £2 from 2019/20 to 2020/21.

The graph below shows the historic grant allocation and spend per head (the amount in 2015-16 increased by around £8 million to take account of the change of commissioning responsibility for health visiting and family nurse partnership from NHS England to Local Authorities).

The below shows the current budget split of the grant, in addition to the grant there is planned spend from the Reinvestment and Reserve of £3.8m in 2019/20.
Key Recommendations

1. Local leaders and organisations to explore opportunities to adopt and implement a Health in all Policies approach. By incorporating health and wellbeing implications into existing decision making, for example using Integrated Assessment tools or Health Impact Assessments, the approach will become part of ‘business as usual’. Public Health can support with identifying these opportunities and upskilling colleagues on using these tools.

2. As Local Government Reform continues to progress, priority should be placed on addressing the health inequalities within and across the two Unitary areas. Most, if not all, council functions have a role to play in improving the health of our residents and taking full advantage of this transformational opportunity is fundamental to reducing these inequalities.

3. All partners to actively work with and engage communities, to identify the skills and resources required or already in place to improve health and reduce inequalities. Share good practice with communities across Northamptonshire, seek to strengthen assets to help them have more control and influence over conditions that affect health. Set up structures to support and create social networks and volunteering with the community.

4. Public Health to work with decision makers and communities to identify the needs in terms of green spaces as a means to address health and wellbeing issues. Decision makers across all agencies to ensure these needs are considered when plans and policies are drawn up and priority areas are identified where green space is lacking or unsafe. Through social prescribing schemes, support the use of green spaces for local groups or activities.

5. Work with the emerging unitary authorities and external agencies such as private travel companies, developers, and businesses to help create a transport infrastructure that supports a shift to more active and sustainable travel modes ie. cycling, walking and public transport. Influence development of high quality cycling infrastructures in new developments and work to support the development of infrastructure of low emission vehicles. Public Health to promote benefits of active travel and encourage use of lower polluting vehicles.

6. Work with Children First and local schools to help reduce the number of young people who are not in employment, education or training (NEET). Work alongside schools and communities to help build the resilience of children and young people. Work with Adult Learning to provide access to learning opportunities for adults.

7. Create closer links with key agencies to work together to build partnerships and develop an integrated response to reduce the impact of homelessness and poor housing. Liaise with community health settings to develop opportunities to prevent homelessness and ill health. Work with Children First and Mental Health teams to identify ways to prevent traumatic childhood experiences such as abuse, neglect and homelessness which often adversely impacts into adulthood.

8. Continue to develop Northamptonshire as a place of ‘good work’ by supporting businesses to complete evidence based Healthy Workplace Standards and to make decisions that consider the health and wellbeing of their employees. Public Health will facilitate the accreditation of these Standards and will engage and support business leaders to deliver primary prevention within their businesses and support them to share best practice amongst them.

9. Work with partners to shape services within the unitary authorities by ensuring economic development and inclusive growth are embedded throughout. When strategically planning for growth, ensure explicit measures are included that reach as many people as possible, including those in deprived areas. Encourage the utilisation of the Social Value Act in procuring and commissioning services. Ensure equitable access to services is received across the County and partners work across the system to identify the need for support and referrals are made when necessary. Public Health to encourage a Making Every Contact Count approach is taken and the training includes wider determinants of health.

10. Work with planning departments to ensure fast food outlets are not over-concentrated in new or existing developments, giving consideration to proximity to schools and other facilities for children, young people and families. Advise fast food outlets, schools, hospitals, leisure centres and other establishments with catering facilities or vending machines on healthier options that could be offered as an alternative.
Progress since the last report
### Recommendation 1:
Local leaders and organisations need to work with new shadow unitary authorities (subject to government agreement) to **ensure that public health principles and practice to improve population health and reduce health inequalities are embedded in order to shape all services** to best meet need. Public health expertise will be available if and when the new councils emerge to understand and respond to health needs in communities.

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<th>Recommendation 1:</th>
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<td>Public Health have appointed a Health in all Policies Officer to work with different sectors across NCC and District and Borough Councils to embed health and wellbeing considerations into decision making across sectors, utilising tools such as Health Impact Assessments and Integrated Impact Assessments. Additionally, Public Health are engaging unitary developments, supporting decision makers to consider the health and wellbeing impacts of different sectors.</td>
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<td>The Northamptonshire Making Every Contact Count (MECC) Strategy and action plan has been developed and implemented with a Northamptonshire MECC partnership (NMP) group also being established - this includes representatives from District Boroughs, Clinical Commissioning Group and Northamptonshire County Council including Public Health, NASS, CFN, Libraries, NSport, Country Parks and Adult Learning. A Public Health Economic Development Officer, based within the Place directorate has been appointed which will improve links to other services that impact the wider determinants of health.</td>
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<td>A Population Health Programme Board has been established to work across all health sectors to streamline data analysis, ensuring a greater understanding of need is experienced. A series of training and events have been carried out or are planned to embed a Population Health Management approach.</td>
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<td>Public Health will continue to be available for support as the new authorities are being developed and the publication of this new DPH Annual Report will add to this guidance focussing on embedding health in all policies and decision making.</td>
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### Recommendation 2:
There should be greater focus on improving health and **promoting a healthy lifestyle for pregnant women and new parents**. This will require an improvement in health literacy and understanding of what a healthy pregnancy means and how it can be achieved. In order to support the delivery of such, healthy lifestyle services will need to be developed to increase the chance that a child gets the best start in life.

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<td>A number of interventions have taken place that include Healthy Lifestyle Midwives being recruited for each maternity unit focusing on smoking in pregnancy, breastfeeding and healthy weight. An ambition document and action plan is in place for smoking in pregnancy.</td>
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<td>A business case has been approved by NHS England to recruit a further 2 smoking in pregnancy advisors. The offer will include; a starter pack (12 weeks) of electronic cigarettes (vapes).</td>
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<td>The tiny steps programme has been implemented via an NHFT contract using FNP methodology to support first time parents under 23 years. The eligibility criteria of first time mums to access FNP has been extended from the age of 18 to 23 in line with the national programme.</td>
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### Recommendation 3:
The unhealthy weight of our children and young people has been referred to as a generational time bomb that can have lifelong health implications. We must target the root cause of this complex, multi-factored problem by working with and educating communities, schools and families to take a lead role in preventing our children becoming overweight and addressing the issue early if it arises.

**Update:** A healthy schools programme has been agreed to build resilient and healthy school age children. This includes connecting existing internal and external health promotion and education on drugs, alcohol, smoking, mental health, healthy weight and physical activity, sexual health and healthy relationships. A web based award scheme has been developed, advisors are being recruited, an interventions toolkit developed and expression of interest sent to schools.

The Strong Start Team was launched in September 2018, focusing on attachment, school readiness and maternal mental health. NHFT was commissioned to deliver this service.

An Oral Health Alliance has been established and priorities developed. The Oral Health Promotion Team are concentrating primarily on promoting oral health in Corby, Wellingborough and Northampton.

MECC training has been delivered to Children First Adolescent Services and social workers.

### Recommendation 4:
To reduce the number of people who experience mental ill health we need to improve the effectiveness of prevention services for mental wellbeing. By developing emotional resilience in our communities, from the youngest to the oldest, through the effective implementation of the mental health concordat actions across Northamptonshire health, social care and education partners, we can raise awareness and promote positive mental health for all.

**Update:** Permanent members of the Public Health team have been trained to deliver 2 day Adult Mental Health First Aid training. Delivery focus so far has been within local businesses, the health and social care sector and internally for members of the County Council staff. Public Health are leading on the co-ordination of a network of tutors to support need in all sectors.

A JSNA on care leavers, including a focus on mental health is due to be completed by March 2020.

The youth counselling service REACH Collaborative, has been recommissioned. This uses rapid response funding to refer young people presenting in A&E with self-harm to REACH collaborative for support.

A Coroners Audit was conducted in early 2019 which has provided a thematic analysis of closed suicide cases. A report of the findings is informing the work of the county’s Suicide Prevention Steering Group and the development of a real time surveillance system for suicide prevention is in the planning stages.

The Northamptonshire Time to Change Hub was launched in September 2019, a multi-agency collaborative led by Public Health, working with the Mental Health Northamptonshire Collaboration and other partners. Over 70 Champions have been registered and events have taken place to raise awareness and help reduce the stigma and discrimination associated with mental health.

A Voluntary, Community & Social Enterprise (VCSE) bid has been approved to implement the top 10 areas of happiness county-wide.
### Recommendation 5:

We know that nationally and locally the use of tobacco has reduced significantly, yet there continue to be groups of people who smoke and are at increased risk of adverse health outcomes and premature death. Services need to work together so that fewer women are smoking in pregnancy, more people waiting for planned operations ‘stop before the op’ and there is bedside support for in-patients, particularly those experiencing ill health due to respiratory or cardiac conditions.

The Northamptonshire Public Health Stop Smoking Service has been reviewed and a new service model will be launched in April 2020. The service will aim to reach more people and have a more consistent offer across the county. The service will be able to directly provide e-cigarettes and nicotine replacement therapy. It includes a service based in both Acute Trusts and maternity settings. The service will focus on key priority groups which include pregnant women, routine and manual workers and mental health service users. The Stop Smoking Team are working closely with the Healthy Lifestyle Midwives to improve access and take up for pregnant smokers.

Public Health have received funding from the East Midlands Cancer Alliance to provide stop smoking support to routine and manual workers, with a specific focus on harm reduction through the use of electronic cigarettes. The Stop Smoking Service will run a series of these 8 week workplace interventions throughout 2020/21.

The Tobacco Control Alliance has been set up, and the CLeAR assessment was completed so that this can inform the priorities going forwards.

### Recommendation 6:

Tackling unhealthy lifestyles and improving health are a means to prevent avoidable communicable and non-communicable disease, many of which are long term conditions that are preventable or could have been identified earlier and treated successfully. Primary, community and hospital services all have a role in fewer people experiencing avoidable ill-health and disease, by increasing uptake of vaccination, screening programmes; cancer, non-cancer and health checks and directing people to healthy lifestyle services.

A set of Workplace Health Standards have been drafted, piloted and subsequently approved by the Health and Wellbeing Board to guide Health and Wellbeing Board members and external workplaces to run a comprehensive workplace health programme for employees, comprising of health education, promotion and signposting to local services and on site delivery of health interventions.

NHFT are commissioned to deliver sexual and reproductive health services. As part of the new contract the service are working with partners to improve outreach and access to services. Northamptonshire Public Health will be working with partners to support the introduction of the new Relationship and Sex Education programme in schools.

Cervical cancer screening uptake has improved but does not yet meet the national target of 80%; bowel cancer screening meets the national target and breast cancer screening exceeds the national target and is better than both the national and regional average uptake. The cancer inequality group has developed and disseminated a cancer screening z-card providing information on all adult cancer screening.

The seasonal flu immunisation uptake has improved but not met national targets in any of the eligible groups, work is underway to improve uptake during the current flu season. Pneumococcal vaccination has reduced on previous years but continues to meet national targets whilst shingles vaccination has declined and does not meet national targets. Information and awareness of all have been incorporated into the Supporting Independence Programme (SIP) work.

The new NHS Health Checks contract has supported closer contract monitoring and quality assurance of health checks within the county. Improvement is being seen in both invitations sent and uptake of health checks with support for individual providers ongoing.

Ongoing MECC training to Healthcare staff and wider health services is being carried out.
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| **Recommendation 7:**  
As a community we want our older people to experience healthy aging which allows them greater autonomy and independence for longer and increases their healthy life expectancy. We know that for some older people this is not achievable, however for many more, if services can work with them at the first sign of frailty, we can halt or slow ill-health and maximise their wellbeing. We can achieve this by **optimising use of the NCC Public Health ‘Supporting Independence Programme’** for people living with mild frailty.  

Public Health has been an integral part of the development of the NHCP frailty NHS Long Term Plan, a draft frailty strategy and the successful completion of a frailty collaborative initiative in the emergency departments of the two acute trusts. Work is ongoing to develop a single frailty pathway. Support was provided to the University of Northampton to secure funding to develop a frailty training package raising awareness and knowledge of frailty whilst the Supporting Independence Programme (SIP) has engaged extensively with colleagues across the health and social care system to raise awareness of the programme and frailty in general.  

A process evaluation of SIP was carried out with a full evaluation planned on completion of its first full year of operation.  

The Public Health website is currently undergoing re-development which will include a specific section targeting older adults. The commissioning of OTAGO strength and balance classes has been extended for 18 months to March 2021. Currently there are 30 weekly sessions across the county predominantly in community settings but also care and sheltered housing.  

A carers JSNA is currently underway which includes exploration of the needs of older carers. A draft dementia strategy has also been developed by NHCP.  

The NMP Group oversees the development, monitoring and evaluation of the MECC strategy and delivery plan. A MECC has been developed providing information on training resources (for example) since September 2019, ten services/organisations (161 participants) have been trained across the county. A MECC approach has been embedded in several key contracts.  

LGSS include a retirement planning training session in their package of support programmes; our Workplace Health Practitioner is currently exploring incorporating retirement planning into the Workplace Health Standards that are being developed.  

A falls JSNA has been carried out and was published following a presentation to the Health and Wellbeing Board in January 2020. Findings and recommendations will support the development of an integrated falls pathway which is embedded in the overall frailty strategy. Online training on falls prevention has been updated with training for care homes incorporated into the falls contract. Work is ongoing around amalgamating all care home training and information into a single source.  

The NHS Health Check programme has been expanded to be delivered within the workplace to reflect the needs of the ageing workforce within the county.
### Recommendations from 2018-19 Annual Report

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<td><strong>Recommendation 8:</strong> Improving health, preventing ill health, supporting people to make healthy choices, having the skills to be responsible for their own health and that of their family and when required, accessing the right care at the right time in the right place, health does not happen without access to good information communicated effectively. <strong>NCC Public Health will develop a comprehensive communication and engagement strategy</strong>, linked to partners that will reach into communities to educate, inform and support positive behaviour change.</td>
<td>The Public Health Team have secured the time of a communications officer focusing on public health and prevention. The team have developed a communications plan for the year centred around four quarterly in-depth themed campaigns, with communication support for high priority national campaign days factored in. This plan has been shared and is aligned with comms plans in the wider health economy and partners including Libraries. The team has also received behaviour change training from the UCL centre for behaviour change so that all campaigns and public health communications are informed by behavioural science. We are in the process of updating our public health website, and engaging more with social media. A Healthy Living Pharmacy Facebook page has been set up in partnership with Public Health this year. The Public Health Team also now have a LinkedIn page to reach out to local employers and the working age population.</td>
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### Acknowledgements

**Thank you to everyone who contributed to the creation of this report, namely:**


**And a thank you to all our partner organisations who continue to support our work locally to improve the health and wellbeing of our residents.**
References

References

36. PHE Fingertips - Active Lives Survey 2017/18. [Online] Available from https://fingertips.phe.org.uk/search/walking%20for%20travel/page/3;gid/1;pat/202;par/E10000021;ati/201;are/E07000154;lid/93349;age/16;sex/4

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Thank you for choosing to complete our short questionnaire about this year’s annual report. Your comments and feedback will help us to make decisions about improvements for future reports. Please note all responses are confidential. All responses should be sent to publichealth@northamptonshire.gov.uk or you can access this survey online via https://www.surveymonkey.co.uk/r/KQLRRDM

1. Which sector do you currently work for?
   - [ ] Private
   - [ ] Voluntary/Community
   - [ ] Public
   - [ ] N/A – I do not work for any organisation
   - [ ] Other (please specify)

2. If you work in the public sector, which organisation do you work for?
   - [ ] Clinical Commissioning Group
   - [ ] NHS Trust
   - [ ] County Council
   - [ ] Police
   - [ ] District/Borough Council
   - [ ] Fire and Rescue
   - [ ] Other (Please specify)

3. Did you find the report:
   - [ ] Strongly Agree
   - [ ] Agree
   - [ ] Neither Agree or Disagree
   - [ ] Disagree
   - [ ] Strongly Disagree

4. After reading the annual report, do you have a better understanding of how various organisations, agencies and communities can all play a part in improving the health of the residents of Northamptonshire?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

5. After reading the annual report, do you have a better understanding of how you or your organisation can help to improve the health of residents of Northamptonshire?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

6. If relevant to you/your organisation, do you intend to follow any of the recommendations?
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

7. If yes, which recommendation/s will you act on?

8. How do you prefer to receive the annual report?
   - [ ] Printed copy
   - [ ] Online
   - [ ] Other (please specify)

9. Please provide any additional comments regarding the annual report.

NORTHAMPTONSHIRE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2019/20