Analysis of the public consultation on the
Northamptonshire Health and Wellbeing Strategy

Supporting Northamptonshire to Flourish 2016 – 2020

REPORT

Northamptonshire Health and Wellbeing Board

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Introduction

The Northamptonshire Health and Wellbeing Board was established in 2012 in response to the Health & Social Care Act (2012) to enable key leaders from across the health and care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services.

In Northamptonshire, the Board brings together representatives from Northamptonshire County Council, local Councils, Clinical Commissioning Groups, Police, the University of Northampton, the hospitals and community-based services, Healthwatch and the voluntary sector.

There is a statutory requirement placed on Health and Wellbeing Boards to have a joint health and wellbeing strategy. The strategy prioritises the development and delivery of services in Northamptonshire.

Overview of the Consultation

The public consultation for the Northamptonshire Health and Wellbeing Board’s joint strategy - Supporting Northamptonshire to Flourish 2016 - 2020 (Strategy) (Appendix 1) was designed and delivered in partnership between the Engagement, Participation and Involvement Team (Northamptonshire County Council) and the Institute of Health and Wellbeing (University of Northampton). One set of consultation questions, a single presentation to provide an overview of the Strategy and an Easy Read version of the presentation were created (see Appendix 2) to ensure consistency of the consultation across individuals and organisations whom wished to respond. All were available on the Northamptonshire County Council website.

The consultation ran from 4th January to 15th February 2016. Details of the consultation were shared in the following ways:

- Emails sent to all Board member organisations, the Health and Wellbeing Local Fora Chairs, and the Health and Wellbeing Board Task and Finish Groups, requesting that they respond as organisations and their employees be encouraged to respond as individuals;
- Emails sent to organisations in the wider system, for example Northamptonshire Economic Partnership and Northamptonshire Community Foundation, requesting that they sent the consultation across their networks;
- Published on Northamptonshire County Council’s Consultation Register;
- Via social media, including Twitter (reach: 11,654) and Facebook (reach: 1,500);
- Press release, resulting in an article published in the Northampton Chronicle and Echo (22.01.2016);
- An e-shot to all Healthwatch Northamptonshire mailing list members; and
- Presentations to:
  - Northamptonshire Non-Executive Directors
  - Daventry, East Northants, Kettering, Northampton, South Northamptonshire and Wellingborough Local Health and Wellbeing Fora
  - Healthwatch Northamptonshire
  - University of Northampton Staff Health and Wellbeing Forum
The consultation generated 245 responses, including 41 responses from organisations (see Appendix 3). Responses were received from across the County, with the greatest proportion representing Northampton.

Demographic data collected demonstrates a relatively good spread of engagement with the consultation; however c.90 people chose not to answer these questions. 66% of respondents were female. 86% of respondents were aged between 30 and 75, but responses were received in all age categories with the exception of 0-9. 24% of respondents declared they have a disability, of which 45% have a physical disability and 31% have a mental health illness. 47% of respondents declared their religion as Christian and 37% of respondents declared no religion. 84% of respondents declared themselves as English, but the question did not specify White British/Black British/Asian British, so we are unable to identify actual representation of BAMER communities. 81% of respondents identified as heterosexual, 95% of people declared their gender identity as the same as at birth and 66% of respondents were married. (Appendix 4).

Responses to the Consultation

For each question asked about the content of the Strategy, respondents were asked to rate their agreement and provide comments to qualify their rating. In addition, respondents were given opportunities to state what they felt the Board should focus on under each Priority and to identify issues they felt were missing from the Strategy.

For each question, the ratings have been analysed quantitatively to provide a sense of the strength of agreement. Comments have been analysed using a qualitative thematic framework (Braun and Clark, 2006) to identify key reasons respondents have agreed or disagreed. Answers to the questions regarding focus and issues missing have also been treated thematically. There were a number of issues that were raised across all questions. These will be addressed together, rather than within each section. In total, over 700 comments were received and the “wordle” above indicates key words. All feedback comments can be found in Appendix 3.
Vision Statement

There is exceptional agreement with the overall vision for the strategy; 92.2% of respondents either Strongly Agree or Agree with the vision.

This is well supported by the comments received, for example:

- “We agree with this vision, as we wish for people to live long & healthy lives at home.”
- “The vision forms a sound basis on which a holistic sense of Well Being can be established. This requires a sustainable and cohesive approach.”

Further analysis of the comments demonstrating agreement with vision show that people felt it would enable individuals to take ownership and control, resulting in their empowerment, while others suggested that taking this approach would reduce over-reliance on services:

- “If people are able to be more responsible for themselves it gives them more control over their lives.”
- “Improving health has to start with individuals being committed and empowered to help themselves, their families and communities with help and support.”
- “Supporting people to take responsibility and manage their own health and wellbeing is both cost effective both in terms of reducing the financial burden on public services but also allow individuals to contribute greater into society.”
- “People should understand that they have to take responsibility for their own health. This will hopefully lighten the load of the NHS.”

However, some were concerned that the vision fails to recognise that some individuals, families and communities require more support and others were concerned that there are not the services available to provide the levels of support required to achieve this aim;

- “Some people can’t help themselves for a variety of reasons and therefore "help those that can’t help themselves" should be in the statement somewhere!”
- “We agree but we should also recognise that some members of our community will not be able to help themselves and these most vulnerable members of our society should be helped and supported by the services themselves.”
- “It is a good point no one can disagree with, this can only happen if there are access to the required services. With services disappearing or dropping this is harder to do.”

Finally, respondents called for more detail on how the Strategy would be delivered, and for more clarity:

- “We wondered if the vision is specific enough about the future/the outcome we are trying to achieve to facilitate measurement of success (or otherwise).”
- “I agree with the principles although think the wording is slightly clumsy.”
Priority 1: Every child gets the best start

There is a strong agreement with the focus of Priority 1; 91.8% of respondents Strongly Agree or Agree.

This is supported by statements of general agreement in the comments section of the consultation, for example:

- “Giving children the tools and confidence to deal with life’s challenges should help them develop into well balance adults.”
- “Healthy and well-adjusted children grow into well-adjusted adults.”
- “The children of today are the adults of tomorrow (next generation) - by giving them a voice, extra support in their community, the opportunity to make healthier choices will lead to a healthier, happier population.”

Many comments are supportive of the focus on ensuring children and young people’s voices are heard, for example:

“Children need to be part of the solution - if they think they are being told what to do they are unlikely to engage properly. They can grow through the process, helping them to recognise needs and find potential solutions.”

“Our children deserve to be listened to and we need to ensure they have the right help and information to help them in life.”

However, others feel that the expectations of children and young people need to be managed, for example:

“Common sense approach but the weighting of the above is crucial. For example it is OK to listen to younger people but they must not presume that their views will be adopted 100% as they have yet to have the experiences that would temper those views.”

There are a number of comments relating to the role of parents and families in raising healthy children. Many of these express concerns over the influence parents can have, while others feel that raising children is only the responsibility of families. Others, however, expressed the need to support parents to support children, and there is recognition that promoting healthy choices can and should be a two-way process.

“This should be the basis of parenthood. Building resilience is fundamental.”

“I agree in theory, but whatever is done to give children the best start in life is ultimately influenced by the parents. We can put everything in place to support them, but if they have irresponsible parents they have no chance.”

“Again, there is too much reliance on outside help for things that should be the natural responsibility of families”

“Think family is imperative - we need physically and mentally healthier parents to promote good parenting otherwise children will grow into damaged adults and the cycle will never be broken”

“This section also needs to recognise that this is a two way process ie children can teach their parents and other adults about healthy choices.”
The role of schools is also highlighted within the comments, although this tends to focus on the challenges faced:

"Whilst we agree this is an absolute priority we are acutely aware of the challenge in engaging schools in the broader Health & Wellbeing Board/Forum strategic discussions and planning."

"We have talked a lot about the mental wellbeing of teachers too - not just families and children because if our teachers are not mentally as well as physically fit, they won't stay in the profession and this has a negative impact on pupils' attainment etc."

In relation to the comments regarding the roles of parents and schools, there is significant concern expressed within the comments regarding access to and the availability of services and support:

"In essence I strongly agree in practice I am not so sure. We all hope to do this but sometimes availability of services or cost or waiting times prohibit."

"All depends on their access to appropriate services."

Others frame their concern in relation to budget cuts and constraints:

"This is just so obvious isn't it? I can't imagine anyone would disagree with this statement. There does though seem to be a refusal to accept that service provision for young people has been slashed to rock bottom and what charities remain struggle like mad to maintain existing services with low or shoe string human and financial resources."

"I agree that the only way to start positive mental, physical and emotional health is to start early, but you have decimated children's social care, sure start etc. and are cutting huge amounts out of the current frontline staffing of delivery parts of your organisations. How is this married up?"

There are a number of suggestions made for additional issues to be included within the strategy. Many of these relate to mental health, housing, and domestic violence. Suggestions are made regarding additional strategies to be included in this Priority, including the 1001 Days Manifesto, Department of Health Start4Life, and relevant partnership documents.

- "If young people are able to acknowledge their mental health problems and if there are services designed by them to meet their needs less adults would suffer with severe mental health conditions."
- "Agree with above, but there should also be something around have feeling safe in your home; having a stable home is shown to make a large difference to a child’s development."
- "Violence crime: 38% is Domestic Abuse. This impacts on education attainment and health."
- "We would expect to see partnership documents regarding Domestic Abuse; Homelessness strategies; Drugs and Alcohol; and Education included here as key to the success of any strategy focusing upon overall Health and Wellbeing."

- The majority of the issues that respondents would like the Health and Wellbeing Board to focus on within the Strategy relate to issues raised above, for example child and adolescent mental health, the role of parents, and the role of education. Only one issue arises which is not covered elsewhere: provision of opportunities for social interaction beyond the school environment.
- "Agree but also need to consider the mental health of our young people and ensure that we have strategies in place to manage this."
- "Following conversations with other parents I do not believe they all have the same healthy values as the Board would hope for and these same parents do not appear to understand completely what "healthy" means."
“Also educational achievement is key not only for confidence but also for further opportunities and development for all members of the family.”

“Concentrate on education. There are many issues there that prevent pupils from learning. Teachers are very stressed and leave school, even after decades of experience. Address these issues and keep teachers in schools.”

“We believe that under How will get there that social interaction and physical activity opportunities are vital for families and don’t feel that this is covered. There is concern that the provision of youth activities and youth clubs outside of the school environment is now limited and needs to be considered, not all children want to take part in sports clubs or sessions at school and need other outlets to socialise and develop skills.”

Priority 2: Taking Responsibility and Making Informed Choices

There is a good level of agreement with the focus of this priority; 88.8% of respondents Strongly Agree or Agree. This is supported with comments of general agreement, for example:

- “We feel aligned with these outcomes as the prevention work that we do supports these outcomes. We feel that there is more that we can do and will be looking to extend our wellbeing support to staff members families to widen impact. We feel there are many areas in which we can support these outcomes.

Many respondents agreed with this priority because they feel it promotes responsibility and reduces an over reliance on services:

- “A healthier happy population is less reliant on public services and more productive both in terms of ability to gain meaningful employment and to bring up healthy well functioning families”
- “Personal responsibility is key. Relieve the unnecessary stress on organisations such as NHS, MH services and Social Services.”
- “This reflects my previous comments around responsibility and sustainability by reducing the burden on public services.”

Further to this, several respondents acknowledged the link between the priorities, especially in relation to healthy adults raising healthy children.

- “Adults with healthy skills mean those skills will filter down to their children.”
- “Healthy adults that are informed what a healthy lifestyle is can then educate their children and grandchildren be proactive with ensuring they are health conscious, that they know how to access health information are informed in basic first aid even basic life skills.”
However, many respondents express concern regarding access to and provision of information, services and support. Some of these concerns relate to transport, accessibility of information, work/life balance and availability of services.

- “Public parks are good places for everyone but only 2 in the county are accessible by bus - so excludes a number of people.”
- “Again the infrastructure needs to be in place. The local leisure centres and parks are very good, but their accessibility by public transport needs improving.”
- “We also need to be better at creating a ‘single’ narrative/menu about what’s available instead of the tendency to have multiple ‘Directories of Service’ which will support ‘informed’ choice.”
- “Need to ensure people are able to distinguish between “fad” and “fact” in the information provided to improve health and wellbeing.”
- “There needs to be a step change in both central government and employers encouraging and incentivising employees to be more active during work hours and leisure time.”
- “I agree but letters are sent to patients re well being and there are no appointments available.”

There are a number of responses that suggest that Priority 2 is too focused on physical activity, and that this should be broadened to include a wider range of issues, including mental health, wellbeing, and lifestyle.

- “I’m delighted to see exercise specified as important, but surely promotion of smoking cessation, avoidance of excess alcohol and drug-taking and good food are as worthy of specific mention.”
- “We agree with this priority and would suggest there are more ways that adults can take responsibility for their own health in particular. We would encourage a stronger focus on not just exercise but diet, lifestyle, smoking and alcohol use etc. These are mentioned in the "what would progress look like" section but there could be more reference to these aspects in the preceding sections.”
- “There needs to be more on Mental Health as 1 in 4 people will suffer from mental health problems and it could be more.”
- “This section is very health focussed and could include wider wellbeing – wellbeing is implicit and should be made more explicit.”

In addition to this, a number of suggestions are made about additional issues that should be included, for example health protection, domestic abuse and the impact of health/social inequalities.

- “Needs to address Health protection as well as health improvement.”
- “No reference is made to the impact of domestic abuse upon the health and wellbeing of adults in the county.”
- “We would have expected specific mention of the impact of economic / income inequality and of education profile particularly in disadvantaged communities.”

The majority of the issues raised in response to the question "if you disagreed with these please tell us what the Board should focus on?" are raised within Priority 4, for example housing and employment, or are raised within the issues highlighted above, for example a stronger focus on mental health and broader physical health.

- “Employment and housing issues are not addressed in the rest of the priority – these are crucial to wellbeing, more work is needed around this and who specifically can help to increase employment opportunities, economic development and housing issues.”
“Where are you linking mental health into this, the low level preventative work that happens and keeps people well in the community?”

“I agree with the principles included in this section but think that some key things about healthy lifestyle choices have been missed off, including choices relating to food / diet, alcohol and smoking.”

Priority 3: Promoting Independence and Quality of Life for Older Adults

There is strong support for this priority; 94.7% of respondents Strongly Agree or Agree with the focus.

Again, there is evidence of this support in the comments received:

- “Older adults should be respected and treated equally. Their families should be supported and provided with impartial advice about what is available, so all concerned can make informed choices.”
- “All of us will be old (if we have not died prematurely), and all of us want a good quality of life right up to our final breath.”

Many of the supportive comments for this theme focussed on valuing older people as members of our communities, recognising the skills and experience they have to contribute:

- “Older members of our community have much to offer other and younger members; if they are valued and encouraged to communicate their experiences and wisdom it can only be of benefit. All participants may thus improve their own life experience, become more aware of how they themselves be of assistance to others.”
- “Older people have often lived interesting lives but this tends to get forgotten if they have no-one to talk to and I think young people should be encouraged to mix with older people and gain from their experiences.”
- Some of the comments received clearly made the link between valuing older people and culture:
- “Our culture has not always respected the elderly but this could change; we will all be elderly if we live long enough. There is much experiential richness to be gained.”

Others recognised the impact that respecting and valuing the opinions and choices older people make has to their wellbeing:

- “They need extra support and I agree that feeling valued would make them feel positive and important - which they are! Having their wishes respected is paramount - many elderly think they’ve ‘been thrown on the scrapheap’ and should have control over their lives as much as possible.”

Many people commented in regard to the barriers to accessing services for older people. These tended to be more specific than the issues raised under Priorities 1 and 2, focussing more on physical access such as pavements, street lighting and transport; financial access; and availability of information.
“I think that it is becoming harder for older people to take part in social interaction in their own communities since the pavements are no longer repaired and are viewed as hazardous. The pavements are not swept and the build-up of leaves and debris make them slippery. The new street lights where they exist are spaced too far apart and you have pools of light followed by areas that you cannot see a thing. I think it does not encourage people to feel safe anywhere but in their own homes.”

“Please don’t cut public transport or free passes for older adults. Sometimes a bus is their only means of getting out and about in the community.”

“The charity sector increasingly makes money from older people. It has become ‘assistance at a price’, which is wrong. Older people have contributed all their lives and deserve state help.”

“I do feel that having personal experience of the cost of this through an elderly aunt who is now in a home it is often not enough and the cost is prohibitive, as is the cost of the care home at £900 per week when she first went in and needed nursing care, even the £600 she now pays is far too much and her money will run out well before she ceases to need care.”

“Unfortunately although the services apparently exist they do not seem to be openly accessible to residents without doing considerable digging and endless telephone calls. A services directory should be available and front line reception staff should be aware of the services.”

The barriers to accessing services discussed above are particularly pertinent to the issues of social isolation and loneliness:

• “So that older adults do not feel lonely nor isolated from the wider community, it’s essential there is access to healthy choices, and this needs to be recognised within this priority.”

• There appears to be significant support for the inclusion of the issues of social isolation and loneliness, with many respondents recognising the links between this issue and wider health and wellbeing. Others recognised the role that the community could play in addressing this issue.

• “Loneliness is like a canker and causes huge distress and loss of identity and self-esteem, encouraging illness instead of wellbeing.”

• “Availability of interaction for older people is important to keep them mentally and physically well.”

• “Feeling lonely is the most horrible feeling in the world which is generally only realised when in older age. When the grey years become the solitary years as well, meaning changes in all aspects of life. The community must try to become a surrogate partner.”

• However, others were keen to note that not all people who would appear lonely or socially isolated would welcome intervention, providing a reminder that all individuals should be treated in accordance with their own wishes:

• “I would also point out that people are individuals and must not all be categorised as wanting to lead the same life-style, therefore avoid any ‘one solution suits all’. I am a seventy-five year old seriously disabled person who chooses to live alone without carers and my activities and employment are not age of disability related.”

There is strong support for the inclusion of carers within the strategy, recognising that their needs must be taken care of in order to continue providing care:

• “Carers are also much in need of support to ensure they can continue in their valuable role.”

• “Carers need support to take on the caring role and in doing so save the government ££££££££££££’s.”

• “It is also really important that carers get more support. They save the government a fortune and seldom, if ever, get a break.”
In addition, their role in relation to representing the voice of the person they care for was highlighted:

- “It is important to listen to carers as sometimes it is not always possible or easy to understand the needs of an elderly perhaps also disabled person. Carers can be a bridge to understanding and communicating for the benefit of all.”
- “Very important especially listening to Carers who may be the voice of older people if they have capacity problems for example.”
- Finally, it was noted that carers do not only care for older people and should be represented in other Priorities within the strategy too:
- “Carers do not just look after older adults so why are carers only spoken of in this category? Nationally, and thus locally, we need to consider whether we should allow limited funding to be attracted by their numbers into supporting the increasingly frail and elderly when economically it would make more sense to focus on the younger mentally ill.”

As in the other Priorities, the issue of housing/accommodation needs were raised by respondents:

- “We should be enabling people to move to more suitable accommodation before they get to the point where they are unable to continue living in their own home or hospitalised. There should be greater linkage to the Planning Policy and the provision of more housing for older people and the Adult Social Care Accommodation Strategy.”

Although respondents to this question demonstrate demand for services for older people, they also express concern about the provision of services. Much of this concern is in relation to the integration of health and social care; availability of financial resources; and the ability of services to plan for longer term needs:

- “These are often the most vulnerable people and their health and wellbeing needs are intertwined with social needs. Services are too often disconnected and managed in silos. These services need to be aligned and interconnected so that there is a complete and holistic management plan to support older adults.”
- “The disconnect or at least lack of seamless integration between health care and social care continues to be a problem for older people. There is a need to improve use of technology to support prevention of hospital admissions and other serious adverse outcomes. Very modest investments at the front end of this cycle supports these objectives whilst taking pressures off, and reducing costs for, other health care providers - whilst vastly improving quality of life for clients and carers. Home and carer managed infection control trials have shown startling results in this area and should be supported as a strategic priority.”
- “I agree but due to financial restraints these will be difficult to achieve.”
- “Disabled Facilities Grant funding is an issue, with councils currently not notified of the 2016/17 allocations. In addition the current system fails to consider the longer term needs of the client and acts on a ‘one size fits all’ scenario. This often leaves clients with the immediate adaptation they need to get around their home, but does not consider their longer term health, housing and social care needs.”

There are fewer suggestions for additional issues to be included within this Priority than others, but these focus on additional strategies to be noted, health protection, and the promotion of the living wage for pensioners, which links to Priority 4.

As with the other Priorities, many of the issues raised in response to the question "what should the Board focus on?" are raised within the discussion above. There are two notable exceptions to this; paid carers
and training of the wider workforce. In relation to paid carers, there are comments regarding their availability to provide support beyond physical health needs, which links to issues raised above regarding social isolation and loneliness, and the provision of services:

- “People, especially paid carers are always in a rush. Time needs to be made and paid for to enable carers to listen and talk more rather than just dealing with physical needs.”
- The suggestion of training of the wider workforce to be more aware of the needs of older people could potentially reduce barriers to accessing services for older people:
- “Progress would look like improving training opportunities and promotion of front line services staff throughout the county in subjects such as Dementia friends, deaf awareness etc. ORGANISATION have already been proactive in delivering this training for many of its staff but some support and signposting of other opportunities for those staff who actually work face to face with our communities would be beneficial.”

Priority 4: Creating an environment for all people to flourish

There is a good level of support for Priority 4; 85.8% of respondents Strongly Agree or Agree with the focus. While there are very many comments of general agreement, for the first time we see comments of general disagreement too. There are a number of comments that sit between agreement and disagreement that may explain this, expressing an over-ambition for this priority.

- “Again these aspirational targets are challenging but we feel that we have a part to play in supporting and developing our community to either access services or more preferably to develop their own capacity locally to be self sufficient where-ever possible.”
- “This is too idealistic for me.”
- “I agree but feel that much of this is over-ambitious to achieve. All very well as a vision but putting it into practice would be another matter. It may be better to concentrate on the first 3, particularly No. 1 in facilitating the population to help themselves.”
- “Agree but feel this is impossible in this political climate. Too many people are disempowered and the odds are stacked against them.”

Again respondents raise the issue of access to services, particularly in relation to green spaces and transport provision. The issue of transport has arisen across all priorities and may need to be considered explicitly within the Strategy.

- “Constant cuts to bus subsidies make it difficult for people to access parks and leisure facilities. This needs to be addressed.”
- “Parks and leisure facilities are restricted for the elderly because of the lack of transport.”
There are a number of respondents who comment on the issues highlighted within the Strategy related to employment. Comments centred on two issues: responsible employers and the living wage. In regard to both issues, respondents are supportive of the intention, but sceptical about how achievable this is.

- “This is difficult to achieve, as most of employers are not interested in helping people, but in gathering money. Without supportive, encouraging legislation, this is almost impossible to achieve.”

There are also a number of respondents who specifically comment on the housing/accommodation issues within the Strategy. These comments relate to three issues: the development of new housing should support local communities; homes should be of good quality; and the affordability of homes. There is again recognition that solving the issues related to housing is ambitious.

- “I am a town planner who works with health professionals and supports the production of health impact assessments as part of planning applications. A healthy community is a welcoming community.”
- “Agree with a focus on warm homes, however it is important to also consider well ventilated homes to reduce future overheating.”
- “Because there is not enough social housing and it is up to local councils or government to provide housing for people on lower incomes if you haven’t the money you cannot help yourself find decent affordable housing.”
- “I absolutely agree with the above, but am really concerned regarding the feasibility of meeting point two, with the lack of social and affordable housing available.”

The development of communities, as a separate but related point to housing, elicited the highest number of responses within this Priority. The issues raised fall into three categories: community assets and infrastructure; the need for support for communities to develop themselves; and support for the concept of strong communities. Comments relating to community assets recognise the need for infrastructure and partnership working to create "better spaces and better places". The responses related to support for communities recognise that "people must become stakeholders in the process", but that not all communities have the resources or leadership required and that needs to come from additional support. Finally, several comments are made that supports the notion of communities in relation to delivering the whole Strategy.

- “There is an opportunity to widen the consideration of the strategy's impact so as to encourage more non-clinical views of 'well-being' and to stimulate general imagination and aspiration to want 'better places' and better 'spaces', to want to generate more examples of a public realm that invites connections and communication.”
- “We think there should be an imperative on the public, private and community sectors working together to support and enable communities to support themselves. This might include ensuring the routes to access and support are made as simple as possible, and maximising the access to, and availability, of local resources.”
- “Communities need to be substantially supported to put their own solutions in place, bear in mind those who don't take part for a variety of reasons and make sure you are not just involving the converted and producing solutions for the converted.”
- “Communities should be encouraged to integrate more, like it used to be up until the 70s. This would help families with young children to feel supported and also address elderly people feeling lonely and undervalued as everyone can join in.”
Aligned to the comments regarding the perceived over-ambition of the Priority, a number of respondents raised concerns over the availability of financial resources to deliver this. Additional concerns were raised over the sustainability of the voluntary sector to support the delivery.

- “It would be amazing if these objectives could be realised but as in my previous response financial restraints will make it difficult.”
- “With the proposed budget cuts and the potential impact these will have on the funding of the voluntary sector, as well as specific services run by the County Council where is the recognition of this position?”

There are a number of suggestions for additional issues that should be included. Again, these resonate with issues that have been raised both above, and in other themes, for example, healthier food and food environments, transport, education and domestic abuse. There are two notable additions: feeling safer, and the voluntary sector:

- “Priority 4 refers to people feeling safer but there is no reference to how the strategy will deliver this. Should a link be made to the work of the Community Safety Partnerships?”
- “There is insufficient reference to the role of skills and work in ‘how we will get there’, nor to how the voluntary and community sector will play, similarly these issues are insufficiently referenced in ‘what will progress look like’. For example, a strong and vibrant community sector will be a significant outcome, supporting the creation of environments for ‘all people to flourish’.”

As with the other Priorities, the answers to the question "what should the Board focus on?" highlight issues already raised within the responses above. However, there is a stronger sense of overall disagreement with the Priority than there is a sense of the issues that the Board should focus on. Where people do comment directly on what the Board should focus on, this is aligned to the Priority, for example employer responsibility, building stronger communities and transport.

- “When many people cannot even name their neighbours, how will “Communities (be) able to put in place their own solutions”?”
- “Ideally it would be nice for everyone to have a warm, safe and affordable home however there are so many factors surrounding this I question if it is ever achievable. In terms of a realistic objective I don’t believe that it is. Affordability is subject to so many variable factors that are outside of our control as is making a home safe. Safe from what, from who?”
- “Employers need to care about the health of employees as well as his/her wellbeing.”
- “Not all communities are in a position to help themselves as they may be fragmented or not in contact with other households in the area. Building strong communities is needed first.”
- “It’s not that the focus areas are wrong, but rather that it is incomplete without transport options.”

What’s Missing?

In addition to responding to each Priority about the issues missing from the Strategy, respondents were given the opportunity to comment on what they felt was missing overall. 48.7% of the people who responded to the question “In your opinion, is there anything missing from the …Strategy…?” responded with yes. This equates to 96 people, and 106 comments were received to answer “if we could include one key point, what would you like to see included?”. The average rating for “how important is this issue to you” is 4.41, where 5 is high priority. However, this figure needs to be treated with caution as 171 people rated the importance of an issue, which is more than the number of people who commented or responded to indicate something is missing.
The overwhelming response to the question "if we could include one key point, what would you like to see included?" can be summarised as an operational or implementation plan. Some of the respondents specifically stated this, while others asked questions that would pertain to the contents of an operational or implementation plan:

- “Whilst the ORGANISATION appreciate that this is being published as a high level strategic document partners were disappointed not to see any indication of an action/delivery plan at this stage of the process.”
- “No one could say all of the strategies are not commendable and would be excellent to see come to fruition, but there is nothing to say how these are going to be achieved.”
- “There are no figures for how a difference will be measured e.g. fewer hospitalisations - how many does that mean? What is the specific goal? There is 'commitment' but no mention of real budgets or resources from or for specific areas or a specific time frame for developing a 'sustainable financing model' to deliver the proposed changes.”

Aligned to the desire to see an operational or implementation plan, many comments are in regard to the resources required to deliver an ambitious strategy:

- “Adequate funding will be required, if all agencies work together in partnership it should improve and help resources at community level.”
- “How are these ideas to be funded?”
- “I don't believe there is enough money in the budget to bring about this cultural change.”

The issue of partnership working does arise in some of the previous questions, and this is particularly prevalent within Priorities 3 and 4. Again, it is raised within the responses to this question:

- “In addition the imperative to ensure public, private and community sectors work together to not only inform how to access but support being able to access services and information.”
- “Need to work in conjunction with other agencies and charities to increase the chances of all individuals being empowered to increase their well-being and that of their families.”

The issue of evidence arises in this section, with respondents asking for clarity of the evidence that underpins the Strategy. Questions of evidence are asked under the Priorities, but this is in relation to how the Board will evidence success, and is therefore an issue associated with the lack of operational detail provided within the Strategy. Therefore, this is a new but important point raised.

- “There needs to be a stronger sense of the evidence that the strategy was built on, and a greater emphasis of the role of research in evidence-based decision making.”
- “Clearer evidence supporting the priorities and a clearer 'golden thread' through from where we are to where we are going.”

There are only two further strategies that are recommended to be referenced within the Strategy, in addition to those that are raised within each of the Priorities. These are the Northamptonshire Local Nature Partnership "Health and Wellbeing in the Environment Report: Natural Environmental Solutions for a Healthier Northamptonshire" and the Prevent Duty Guidance. Both of these strategies could be included under Priority 4.

The vast majority of the rest of the responses received to this question can be surmised as requesting more detail on issues already raised within the Priorities of the Strategy. They are either already written into the
Strategy, for example carers, housing and the role of families, or are raised within other responses such as transport and food. However, this demonstrates the public's desire to see these issues feature more prominently within the strategy. This is particularly true for calls for a greater focus on mental health, which account for 12 of the 61 comments in this category. The next highest count is for older people, with 8 comments.

- “Mental health needs to become a higher priority for all ages.”
- “For the elderly, have some sort of joined up strategy - have some sort of forum or at least representatives for the elderly in decision making discussions. The vast majority of the elderly probably haven't yet quite reached the stage of needing direct help, they just live in ignorance, fear and dread of what might await them.”

Overall issues

There were several issues that were raised within the responses to each question that were not specific to the theme. These have been recognised as overarching issues that require consideration.

Operational Plan

In all questions asked, responses highlighted the lack of an operational plan that would support the implementation of the Strategy. Examples of the comments provided have been given above (see What’s Missing above). Aligned to this were the concerns raised in each question about both the provision of services and barriers to access (see examples within the Consultation Response sections). Both of these issues would be addressed in the operationalisation of the Strategy.

Inclusivity

Under all questions, but particularly the vision and Priorities 1, 2 and 3, concerns were raised about the perceived inclusivity of the Strategy. These concentrated on the inability of some groups to help themselves and ensuring that those who require support will continue to receive it.

- “Some people can't help themselves for a variety of reasons and therefore "help those that can't help themselves" should be in the statement somewhere!”
- “Within the ‘where are we now’ section, and “what would progress look like” there is no reference to the specific needs and impacts of children experiencing difficulties”
- “What about those that can’t take responsibility i.e learning disabilities.”
- “All adults deserve the above but again poverty, homelessness, mental health issues etc make this far more difficult.”

Clarity

In all of the responses to each of the questions, the issue of the clarity of the Strategy was raised. Occasionally this was regarding the relationship between this Strategy and others that already exist, but the majority of respondents expressed desire for greater clarity in the wording of the Strategy itself. However, responses to the question “how easy is the Strategy to understand?” rated the accessibility of the language as 4 (mean 3.8, mode 4, median 4), where 5 equated to “Very Clear”.

Report: Analysis of the Public Consultation on the Northamptonshire Health and Wellbeing Strategy
Issues requiring greater prominence

As noted in the discussions above, there were a number of issues that were consistently raised as “missing” or as something the Board should focus on within the Strategy. Therefore there is clear public appetite for these issues to be given greater prominence in the final draft. These were:

- Mental health
- Domestic abuse/interpersonal violence
- Housing
- Transport
- Voluntary sector involvement
- Food environment

Key Findings:

The Vision and each of the Priorities have support from the majority of people who responded to the consultation. The key findings are:

- To ensure that the vision for people to help themselves is inclusive, making explicit organisations’ continued responsibility to provide services and support that empower people to be able to help themselves.
- To ensure there is clarity regarding the operationalisation of the Strategy, including who will take responsibility for the implementation of the Strategy across the County.
- To improve the accessibility of the language and ensure the Strategy is written with clarity.
- To ensure the evidence upon which the Strategy was developed is apparent, and there is a clearer link between the sections within each Priority.
- To ensure the issues highlighted by respondents as requiring greater prominence within the Strategy are included and addressed within relevant themes.
- To ensure those responsible for implementing the Strategy are aware of the real and perceived barriers to access to the services that will deliver the outcomes the Northamptonshire Health and Wellbeing Board wish to achieve.

It is recommended that the Board considers the key findings in this consultation in the development of the Health and Wellbeing final strategy.
Analysis of the public consultation on the
Northamptonshire Health and Wellbeing Strategy

Supporting Northamptonshire to Flourish 2016 – 2020

APPENDICES

Northamptonshire Health and Wellbeing Board

| Katie Jones                         | Dipana Patel, Stuart Whitsey |
| Institute of Health and Wellbeing   | Engagement, Participation    |
|                                    | and Involvement Team         |

March 2016
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Supporting Northamptonshire to Flourish

Northamptonshire’s Joint Health and Wellbeing Strategy 2016-2020
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Foreword

Councillor Robin Brown
Introduction

We are delighted to launch **Supporting Northamptonshire to Flourish**, our Joint Health and Wellbeing Strategy for Northamptonshire 2016-2020. The strategy builds upon *In Everyone’s Interest* 2013-2016 and outlines our intentions as a Health and Wellbeing Board moving forward. It has been developed by the Board in collaboration with local partners from around the county.

This strategy is based on the available evidence locally, nationally and internationally. We have taken into consideration local organisational health and wellbeing strategies such as the Joint Strategic Needs Assessment, health and wellbeing trends in Northamptonshire and national priorities. Three underpinning principles guided the selection of priorities for the Strategy:

1. Those that can only be tackled by working together as a Board
2. Those that will have a significant impact on health inequalities
3. Those that have a longer term impact, beyond the period of the strategy

Four priorities have emerged:

1. Giving every child the best start
2. Taking responsibility and making informed choices
3. Promoting independence and quality of life for older adults
4. Creating an environment for all people to flourish

While we must deliver progress within each Priority, it is important that we recognise the connections and interdependencies between them.

Prevention, early help and early intervention is fundamental to our strategy. By creating communities that are strong and resilient, the burden on our health and social care system will be eased. Our goal is to help people help themselves.

This strategy makes explicit our commitment to addressing the wider determinants of health and wellbeing such as housing, infrastructure and planning, public safety and crime, and education and employment.
The Board recognises that there is a need to work more closely in partnership to develop sustainable economies that allow the best outcomes. We are launching this strategy at a time of economic constraint combined with rapid growth in Northamptonshire’s population. Our aim is to lead the development of equitable collaboration in the county by establishing an appropriate governance structure across organisations, creating a place-based system\(^1\) of care to meet the needs of our population to enable integrated commissioning.

We will work in partnership to achieve these ambitions. *Supporting Northamptonshire to Flourish* will be underpinned by an operational plan that sets targets for performance as a Board to ensure we meet our aspirations. Whilst accepting that this may have implications for historic funding arrangements, we are committed to meeting the challenges we face together in order to achieve the best possible outcomes for the people and communities of Northamptonshire.

**Vision and Principles**

This strategy aims to provide the basis for improvements in the health and wellbeing of all people who live and work in Northamptonshire. We want to meet the aspirations of local people and organisations to have better-than-average health and wellbeing outcomes, while reducing inequalities. We want people to want to help themselves.

*Supporting Northamptonshire to Flourish* reflects the strategic direction of the Health and Wellbeing Board.

The Board recognises how many different factors combine to shape health and wellbeing in terms of how a person *feels, thinks and behaves* in their everyday lives, the interactions they have with *other people* as well as the connections they have with the *environments* in which they live, work and play.

We all need to do more to address avoidable health and wellbeing inequalities. The Marmot Review (2010) tells us that inequalities in health arise because of inequalities in society – the environments in which people are born, grow, live, work, age and die. To reduce the social gradient of health, our approach must be universal but proportionate to the level of disadvantage. All people benefit by giving more people the life chances they deserve. Reducing inequalities will be at the heart of everything that we plan and do.

Our overall vision is to:

**Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities.**

The direction of this strategy is based on:

**Wider**
- Recognising that targeted improvement in one area has wider implications for a person’s overall health and wellbeing, the health and wellbeing of others, and the environments in which they live, work and play;
- Including the wider determinants of health and wellbeing in our strategic thinking as a Board and as a county.

**Longer**
- Recognising that we need to plan long-term, taking into account trends and patterns within our demographic and health profiles;
- Ensuring that our short-term goals to reflect the long-term ambitions and vision for the health and wellbeing of people and communities in Northamptonshire.

**Deeper**
- Recognising the wider factors which shape how people feel, think and behave;
- Fully understanding a person’s journey and identifying how different services and interventions complement to enhance an individual’s health and wellbeing;
- Significantly shifting our focus to prevention and early intervention by addressing the root causes and determinants of health and wellbeing whilst establishing sustainable outcomes.
Population and Deprivation in Northamptonshire

The JSNA Demography Profile (2014) provides a good overview of Northamptonshire’s population. This section captures key messages from this resource.

Population

Northamptonshire has experienced significant population growth, well above national and regional growth trends. Our population is projected to increase by 100,000 people to over 800,000 people in the next decade.

- Population growth has been highest in those aged 65 years and over, but the total number of older people in the county remains comparatively low to the national profile;
- We have experienced growth in, and have a comparatively large, child population (0-15 years);
- Growth in Black, Asian, and Mixed ethnicity groups has been high;
- Growth in new and emerging migrant communities.

Northamptonshire has a mixture of urban and rural areas, creating disparities in terms of health and wellbeing outcomes, service provision and access.

- A third of the county’s population live in rural areas;
- Rural areas tend to have better health and wellbeing outcomes with lower service requirements, but have limited access to support services;
- Urban areas have concentrations of poor health, wellbeing and deprivation, but have better access to support services.

Deprivation
Socio-economic deprivation is an important health and wellbeing determinant. There are notable differences in life expectancy between the most and least deprived areas in England.

- Deprivation is mainly concentrated in urban areas of the county;
- 15% of Lower Super Output Areas fall in the top 20% most deprived in England;
- Health deprivation has a higher occurrence than overall deprivation, focussed in Corby, Northampton and to a lesser extent Kettering.

**Priority 1: Every Child gets the Best Start**

Giving every child the best start in life is fundamental to the philosophy and approach of *Supporting Northamptonshire to Flourish*. This strategy is based on the principles of prevention, early intervention and early diagnosis, which begins from conception. The Marmot Review\(^2\) (2010:22) tells us that “what happens during these early years (starting in the womb) has lifelong effects on health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status”. Our outcomes show that many of our children are not as prepared for school as they could be, gain weight during their primary education and engage in high risk behaviours as they enter young adulthood.

As a Board, our approach will be to focus on supporting children and young people to be better prepared to negotiate key transitions in their life course: starting school, moving to secondary school and leaving school. We will adopt a family-based approach and recognise the importance of creating environments that nurture children’s and young people’s development to prevent Adverse Childhood Experiences. We will support children’s and young people’s ability to make their own decisions and strengthen their skills and capabilities, providing them with greater capacity to resist and cope with life’s challenges.

**Where we are now?**

- There is a strong commitment to improving the health and wellbeing of children and young people, but we could be better enabled to work more efficiently and effectively across organisational boundaries;

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- We have a comparatively large population of 0-15 year olds, which is set to increase by approximately 15\%;

- Not enough children have reached a good level of development at the end of reception, in terms of the prime areas of learning (personal, social and emotional development);

- More children in the county are at a healthy weight compared to the national average, however children gain weight during primary education;

- Too many young people have poor mental wellbeing, with high rates of self-harm, hospital admissions for injuries and substance misuse;

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

**Where do we want to be?**

- Our children and young people will have a voice in the decisions that affect them, involving them in the identification of problems and creation of solutions at all levels;

- It will be everyone’s responsibility to improve children and young people’s health and wellbeing;

- Our communities will raise children to become healthy adults, who raise healthy families and contribute to a healthy society;

- Children’s agency and resistance from birth will be strengthened, ensuring that they have the capacity to negotiate key transitions (both planned and unplanned) in order to prevent Adverse Childhood Experiences;

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

- We use all the assets available to us, breaking down organisational boundaries by delivering together;

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

**How will we get there?**

- Prevention, early intervention and early diagnosis will begin from conception;

- Strengthen connections and information sharing between services and support provided at different points across the life course;

- Adopt a family-based approach, utilising all the skills, knowledge and expertise in families and communities to better support children and young people’s development;

- Ensure that children and young people have a voice and are listened to, especially in child protection work;

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1 Northamptonshire Joint Strategic Needs Assessment, Demography Profile (2014)
• Focus on lifelong resilience, providing the skills and tools to resist and cope with life’s challenges;
• Create nurturing environments that promote and sustain healthy choices;
• Work with children and young people, valuing and incorporating their perspectives into the service delivery and community development;
• Foster and strengthen a culture of continual and sustained improvement and learning, thereby reducing the number of missed opportunities and challenging a culture of blame.

**What would progress look like?**

If we are getting it right, we would see the following outcomes for children and young people:

• More families receive assistance before they reach crisis;
• More children achieve a higher level of development in the prime areas of learning;
• Fewer children gain weight during primary education;
• Fewer children and young people are admitted to hospital for unintentional and deliberate injuries;
• Fewer young people self-harm;
• Fewer young people misuse drugs and alcohol;
• More children and young people have positive mental wellbeing.

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Priority 2: Taking Responsibility and Making Informed Choices

Supporting adults to take responsibility and make informed choices in their everyday lives is a priority for Northamptonshire. Our outcomes show that the lifestyles and choices of many people lead to poorer health and wellbeing outcomes. Healthy Lives, Healthy People⁴ (2010) tells us that changing adults’ behaviour can reduce premature death and illness, avoid over 30% of circulatory diseases and substantial proportion of cancers, and would allow huge financial savings in our local economy. The evidence also shows us that males and females living in the most deprived areas of Northamptonshire die on average 7.9 and 4.7 years earlier, respectively, than those in the least deprived.

As a Board, our approach will be to empower people with the information, skills and tools to address their own, particular needs. We will create enabling environments where people want to make more informed choices to improve their own health and wellbeing (physical and mental). We will open opportunities to participate in a range of activities in our communities and create meaningful connections to others with shared interests.

Where are we now?

- At a county level, we have comparable adult lifestyle outcomes to the national average, with the exception of excess weight;
- At a local level, there are concentrations of poor health and wellbeing outcomes, linked with inequalities;
- People’s behaviours are shaped within a culture of uncertainties (employment, housing etc.), which have important implications for mental wellbeing;
- People aged 40 to 60 are the least satisfied with their lives;
- Lifestyle behaviours are extremely difficult to capture in data and reliable evidence takes too long to get into the hands of people and organisations who need it.

Where do we want to be?

- We will have the social and environmental conditions in which people want to make better and more informed choices, promoting enhanced quality of life for themselves and others as they age;
- We will address lifestyle choices holistically, recognising the connections between different public health indicators of lifestyle;
- We will adopt a family-based approach to health and wellbeing promotion, delivery and intervention, enabling intergenerational transfer of positive lifestyle behaviours and skills;

• We will achieve a parity of esteem between mental and physical health, where our services and specialists deliver ‘whole person’ care;
• People will recognise First for Wellbeing CIC, community pharmacies and technical innovation as key resources for taking responsibility for their lifestyle and make informed choices.

How will we get there?

• Provide spaces, facilities and infrastructure to enable people to embed physical activity in their lives
• Provide opportunities to enable people to create meaningful connections to others with shared interests, building their self-esteem, confidence and resilience;
• Encourage employers to actively support the wellbeing of their workforce through the Healthier Workplace Initiative, to ensure that people are at work longer and return to work more quickly;
• Embed specific spatial priorities to guide planners on how to help in creating healthy weight and food environments;
• Work with communities, families and individuals and the tech sector to develop and implement technological innovations that support healthier lifestyles;
• Understand the roles our services play in promoting positive health and wellbeing, recognising the connections between different services;
• Consider the longer and broader implications of service redesign, in order to plan transitions and care pathways for the benefit of service users;
• Better and more timely information about trends and patterns of health and wellbeing;
• Focus both on individual’s behaviours and choices and the norms/cultures of community collectives.

What would progress look like?

If we are getting it right, we would see the following outcomes for adults:

• Fewer people smoke;
• More people at a healthy weight;
• Fewer people are problematic or binge drinkers;
• Fewer people misuse drugs;
• Increase in healthier, stronger and more resilient families across generations;
• More people feel more in control of their lives and their health, reflected in their mental wellbeing.

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Priority 3: Promoting Independence and Quality of Life for Older Adults

Our ageing demographic profile, which demonstrates the highest population growth in the over 70s, provides the backdrop for this priority and emphasises the importance of promoting independence and quality of life for older adults. The Kings Fund (2012) tells us that the median age of patients admitted with hip fracture is 84, of whom one in three have dementia, one in three suffer delirium and one in three never return to their former residence. Outcomes in Northamptonshire suggest that our communities and integrated collaborative care systems could be strengthened, in order to reduce the pressure on our acute services.

As a Board, our approach will be to enable better access to preventative services, essential to achieving greater independence. We will build upon volunteering initiatives such as the Good Neighbours programme and social prescription projects, strengthening the roles that local communities have in terms of social and practical support. This includes valuing and supporting carers alongside those being cared for. Finally, we will focus on the experience of people who require health and social care services in order that they feel that their care is truly seamless and as effective and efficient as possible.

Where are we now?

- There is a commitment to delivering integrated collaborative care closer to home, working in partnership to improving outcomes for older people;
- There has been much focus on Delayed Transfer of Care (DTOC) as part of a wider systemic change, though it is too early to assess the sustainability of actions;
- Too many people are re-admitted to hospital within 90 days of discharge, suggesting that community-based supportive systems do not achieve sustainable outcomes for people following hospitalisation;
- Home-based and community provision, including technological innovation, is low in the county;
- Many carers do not have a good quality of life, are not involved in discussions about the person they provide care for, and experience low satisfaction with services;
- Too few people die in accordance with their wishes, with a very low proportion of people dying at home;
- Social isolation and loneliness are critical issues that affect the quality of life (including mental wellbeing) for older people, as well as their carers.

Where do we want to be?

5 Northamptonshire Joint Strategic Needs Assessment, Demographic Profile (2104)
• We will have integrated health and social care centred around the person to meet their individual needs set within the wider context of their family and the community;
• Carers will be universally recognised, valued and empowered with information, advice and support;
• All health and social care organisations, including Care Homes, will have the ethos, capacity and facilities to meet changing demand for services;
• We will recognise and meet the needs of people who are not in the social care system, ensuring they are part of a supportive community that promotes their quality of life;
• Older people, including those with complex needs, will be recognised as valuable and integral members of our communities;
• We will maintain and promote independence across all care settings, especially the home.

How will we get there?

• Better anticipate the diverse and changing needs of an ageing population, reflected in the development of the work force, housing stock and technical innovation;
• Provide adaptions and support to ensure people’s homes are enabling environments for people to live a good quality of life;
• Facilitate communities to provide greater emotional, physical and social support to older people in their everyday interactions, through befriending initiatives and social prescribing services;
• Reduce the impact of sensory loss (hearing, sight etc.) to facilitate meaningful and instrumental activities of daily living and participation in community life;
• Create opportunities and support people to participate in community activities, including the development of dementia friendly communities;
• Strengthen the delivery of all aspects of the Better Care Fund and in particular the Integrated Care Closer to Home work-stream;
• Health and Social Care staff to be trained and facilitated to deliver care in diverse and sensitive ways;
• Ensure all aspects of the NHS 5 Year Forward View (2014) are fully implemented.

What would progress look like?

If we are getting it right, we would see the following outcomes for older adults:

• Fewer avoidable hospitalisations;
• Reduction in the Delayed Transfer of Care;
• Fewer people re-admitted to hospital following discharge;
• More people are supported to participate in community life and community-based activities;
• Fewer people experience social isolation and loneliness;
• More people enabled to live in their own homes for longer;
• More people experience a good death.

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<td>• Social Isolation Needs Assessment</td>
<td>• Better Care Fund</td>
</tr>
</tbody>
</table>
Priority 4: Creating environments for all people to flourish

Creating environments for all people to flourish makes explicit our focus on the wider determinants of health and wellbeing as a Board. We recognise that the social, economic and environmental conditions in which people live, work and play influences the health and wellbeing of individuals and communities. Our outcomes show that there are significant inequalities in the county, with specific concentrations of people with very poor health and wellbeing, living in poverty.\(^7\)

Source: King’s Fund

As a Board, we will embed consideration of health and wellbeing into all relevant strategies and policies. Our focus will be to plan, create and manage environments that encourage and support healthier lifestyles, whilst reducing practice variation across health and social care. We will take an asset based approach, building upon existing community strengths and resources. This includes the transformation of primary care, focusing on public environments and Northamptonshire’s assets (such as country parks, leisure spaces and green spaces), working with businesses to create healthier workplace environments and maximising the potential of a diverse and vibrant voluntary sector. We will encourage and enable our residents to travel more actively in their daily routines and make healthier choices.

This strategy sets out a vision for Northamptonshire and creates an opportunity to establish a unifying approach to achieve real change. We can only enable the growing population of Northamptonshire to experience a better quality of life and improved outcomes, while reducing inequalities, by mobilising of resources from all sectors and by embedding Supporting Northamptonshire to Flourish as the core ambition for Northamptonshire.

Where are we now?

- There is lots of synergy within the county’s strategies around the wider determinants of health and wellbeing, but potential is not being maximised;

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\(^7\) Northamptonshire Joint Strategic Assessment, Demography Profile (2014)
• The remit of the board to include the wider determinants had never been fully maximised;
• There are significant inequalities between and within localities and communities;
• Local health and wellbeing fora which are responsible for improving the health and wellbeing of the Districts and Boroughs are constituted and working differently;
• We share a commitment to harnessing the strength of communities, families and individuals to help themselves.

Where do we want to be?
• We will be proactive in preventing and reducing ill health and poor wellbeing caused by wider determinants;
• Transformation of primary care will embed resources to help people to help themselves in the community;
• We will better recognise the connections between the spaces in which people live and the choices they make in their everyday life, taking action to design, create and manage spaces that encourage healthier lifestyles;
• We will ensure localities have ownership of their issues and solutions, working towards a shared vision and purpose;
• People will live in safe communities and healthy homes, having meaningful employment and contribute to the county’s economic prosperity;
• People will have access to leisure spaces, green and natural spaces, recreational facilities and community assets that promote health and wellbeing.

How will we get there?
• Embed consideration of health and wellbeing into all relevant strategies and policies, taking into account the wider determinants of health;
• Enable staff who help people to help themselves to work across the system;
• Provide and improve walking, cycling and public transport infrastructure to support people to travel more actively;
• Create environments which support, promote and sustain healthier lifestyle choices;
• Improve access to Northamptonshire’s open, green and natural environments, including our country parks;
• Work with businesses to create healthy workplace environments that support healthy lifestyles and choices;
• Ensure that housing is warm, safe and appropriate to resident’s needs as they change.
**What would progress look like?**

If we are getting it right, we would see the following outcomes:

- Outcomes in Northamptonshire’s most deprived areas improve, reducing the social gradient of health;
- Health and wellbeing is explicit within strategies across the county, having a shared purpose and clarity of vision;
- More people walk, cycle or use public transportation as part of their daily routines;
- More people visit country parks and access open, green and natural spaces;
- More people feel safe in their community;
- Fewer people are unemployed and fewer young people are not in education, employment or training (NEETs);
- Fewer people are living in poverty.

<table>
<thead>
<tr>
<th>Key Strategies in Northamptonshire:</th>
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<tbody>
<tr>
<td>Planning – Joint Core Strategies</td>
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<tr>
<td>Early Help and Prevention Strategy</td>
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<td>Interpersonal Violence Strategy</td>
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<tr>
<td>Transportation Plan</td>
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<td>Prevention Strategy</td>
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<td>Police and Crime Plan</td>
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<td>Strategic Economic Plan</td>
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<td>Strategy for Learning</td>
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<tr>
<td>Race to the Top</td>
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<tr>
<th>Key National Strategies:</th>
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<td>NHS Five Year Forward View</td>
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<td>Healthy Lives, Healthy People</td>
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<tr>
<td>Fair Society, Healthy Lives</td>
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<tr>
<td>Caring for Our Future</td>
</tr>
<tr>
<td>The Munro Review of Child Protection</td>
</tr>
<tr>
<td>DWP Social Justice: Transforming Lives</td>
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</tbody>
</table>
Approach to Delivery

In order to deliver the aims of Supporting Northamptonshire to Flourish, within the context of decreasing budgets and increasing inequalities, the Board has agreed that it will take the following approaches.

Shared Leadership

The Board member organisations are committed to working in partnership to deliver a place-based system of care that shifts the focus from organisational health to population health, in order that we collectively to improve the health and wellbeing of Northamptonshire. The Board will act as a guiding coalition, offering partners the opportunity to go beyond collaboration, developing shared decision making to deliver the shared purpose captured within Supporting Northamptonshire to Flourish. This will enable all organisations, and their regulators, to move in the same direction, working in a coordinated way even when not working together. This distributed leadership will also enable and support collaboration within the partnership and across priorities to tackle issues of particular concern. Healthier Northamptonshire and the Better Care Fund are important foundations for collective action.

Effective Governance

The Board will reflect on its governance arrangements to ensure a balance between organisational autonomy and accountability with a commitment to partnership.
working and collective responsibility\textsuperscript{8}. The Board will develop a structure that will allow both the monitoring of progress against the key objectives of the strategy, and the flexibility to deliver according to local need. This will require strong alignment and sustained commitment to quality improvement both between the four priorities of *Supporting Northamptonshire to Flourish* and the seven Locality Fora. This established partnership will be guided by a single, agreed set of measures.

**Budget**

In order to deliver in a climate of economic constraint, the Board will focus on developing a sustainable financing model for the system\textsuperscript{9} across three levels:

1. The combined resources available to achieve the aims of the system
2. The way these resources flow down to providers
3. How resources will be allocated between providers and the way that costs, risks and rewards will be shared.

To achieve this, we will think about the resources available in Northamptonshire as a whole. We will shift from a fortress mentality to system mentality\textsuperscript{10}, identifying the best places to invest resources in the short term to create the space to deliver differently over the longer term.

**Prevention, Early Diagnosis and Early Intervention**

Prevention is not only the responsibility of Public Health; it is widely recognised by the Board member organisations that many of the County’s health and wellbeing problems are avoidable and could be improved through prevention and early intervention. Investing in this approach at a system-wide level will result in savings further down the care pathway that can be reinvested to tackle priority issues\textsuperscript{11}. This will ensure the Board prioritises long-term goals, but builds momentum through short-term wins.

**Managing New Risk**

The Board recognises the importance of identifying and mitigating new and emergent risks to Northamptonshire’s health and wellbeing. To achieve this, we must be proactive and flexible in our delivery, as epitomised in our preventative approach. This will include planning for wider risks not exclusive to Northamptonshire, for example anti-microbial resistance and terrorist threat, and taking proportionate action to protect against and prevent ill-health.

\textsuperscript{8} Local Government Association (2014) Making an impact through good governance: A practical guide for health and wellbeing boards
\textsuperscript{11} NHS England (2014) Five Year Forward View
Evidence Led Change

There is a commitment to greater use of evidence in decision making processes at all levels. This evidence needs to come from many and varied sources, including the Outcomes Frameworks, the Joint Strategic Needs Assessment, published research, robust evaluation of new ways of working, and the wants and needs of the public. There is also a significant amount of data routinely collected within the County. The Board has a role in ensuring that this data can be shared across organisational boundaries, to ensure more timely access to evidence that will benefit service delivery within Northamptonshire. Supporting Northamptonshire to Flourish is an evidence based strategy which will lead the way in making decisions, prioritising resources and taking action.

Service User Choice

There is a consensus to promote and deliver personalised and person centred care that achieves positive health and wellbeing outcomes. This becomes more critical as service users have more choice than ever before about where and how they access support. Recognising that people’s needs are multiple and overlapping, we have to design environments and services that support the whole person. This emphasises the need for greater coordination across the health and social care system to better understand and meet people’s needs, while enabling them to take responsibility for their own health and wellbeing. First for Wellbeing CIC is just one mechanism for delivering services across and between providers.

There is an established commitment to these approaches to delivery, written in the pages of the strategies for health and wellbeing the County has already produced. Northamptonshire’s Health and Wellbeing Board will harness that commitment, channelling it into shared purpose to ensure the success of the new strategy.
Appendix 2

Consultation Questionnaire

Northamptonshire’s Joint Health and Wellbeing Strategy 2016-2020 (Draft)
Supporting Northamptonshire to Flourish

CONSULTATION QUESTIONNAIRE

Introduction

Health and Wellbeing Boards, introduced by Health & Social Care Act 2012, enable key leaders from across the health and care system to jointly work to:

• Improve the health and wellbeing of the people in their area,

• Reduce health inequalities; and

• Promote the integration of services

In Northamptonshire, the Board brings together representatives from Northamptonshire County Council, local Councils, Clinical Commissioning Groups, the Police, the University of Northampton, the hospitals and community-based services, Healthwatch and the voluntary sector.

There is a statutory requirement placed on public bodies to have a health and wellbeing strategy. This ensures that all of the organisations involved work together to improve the health and wellbeing of residents. The strategy will be used to help prioritise the development and delivery of services offered in Northamptonshire.

The Board have developed a draft strategy for consultation feedback. There are four priorities within the strategy. These are:

• Every Child gets the Best Start.

• Taking responsibility and making informed choices.

• Promoting Independence and Quality of Life for Older Adults.

• Creating environment for all people to flourish.

The priorities are based on evidence from previous research and are not being discussed during this consultation. The Board is seeking feedback about where it should focus its efforts for each priority.
The consultation closes on 15th February 2016.

Please refer to the draft strategy and then provide your feedback by completing the on line questionnaire at:

https://www.surveymonkey.co.uk/r/HWBstrategy2016-2020

Alternatively you can complete this questionnaire and return to:

Engagement, Participation and Involvement Team  
Public Health and Wellbeing (Room 129)  
Northamptonshire County Council, PO Box 177  
County Hall, Northampton, NN1 1AY

Further information about the Health and Wellbeing Board is available on

http://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Pages/default.aspx

If you have any queries or would like a copy of this questionnaire in another format please contact us either by email EPIT@northamptonshire.gov.uk or telephone 01604 367611

Thank you for helping us by completing this questionnaire.
Our vision is to:

Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities.

Question 1

Do you agree or disagree with the vision?

Please tick (v) relevant answer

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Don’t know

Please tell us why:
Question 2

Priority 1: Every Child gets the Best Start

Our focus is ensuring children and young people:

- Are listened to about the issues that affect them and are part of the solution
- Develop the skills and tools to cope with life’s challenges
- Are able to recognise when they need help and know who to ask for it
- Are surrounded by family, friends and teachers who promote healthy choices
- Grow into healthy adults

Do you agree or disagree with these five areas of focus?

Please tick (V) relevant answer

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.
Question 3

Priority 2: Taking responsibility and making informed choices

Our focus is ensuring adults:

- Live full and enjoyable lives
- Develop the skills to help themselves
- Take opportunities to make exercise part of their daily routine
- Know how to access support to improve their health and wellbeing from First for Wellbeing and their community pharmacy
- Feel in control of their lives and their health
- Raise healthy children and support healthy older adults

Do you agree or disagree with these six areas of focus?

<table>
<thead>
<tr>
<th>Please tick (v) relevant answer</th>
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<tbody>
<tr>
<td>Strongly agree</td>
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<tr>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Don’t know</td>
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</tbody>
</table>

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.
Question 4

Priority 3: Promoting Independence and Quality of Life for Older Adults

Our focus is ensuring older adults:

- Feel valued as members of our community
- Are not left feeling lonely
- Get the support they need when and where and how they need it, from whomever they need it, to make sure they can get on with living a happy and healthy life
- Are heard and have their wishes respected, especially at the end of their life
- And their carers are listened to and supported

Do you agree or disagree with these five areas of focus?

<table>
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<tr>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.
Question 5

Priority 4: Creating environment for all people to flourish

Our focus is ensuring:

• Communities are able to put in place their own solutions and support themselves to be happier and healthier
• Everyone has a warm, safe and affordable home
• More people are in work that pays a living wage
• Employers care about the wellbeing of their staff
• Our towns and new housing estates are developed to promote healthier living
• People have access to parks and leisure facilities that make them feel good about ourselves and proud of our County

Do you agree or disagree with these six areas of focus?

Please tick (✓) relevant answer

| Strongly agree | Agree | Neither agree or disagree | Disagree | Strongly disagree | Don’t know |

Please tell us why:

If you disagreed with these please tell us what the Board should focus on.
Question 6

In your opinion is there anything missing from the Northamptonshire’s Joint Health and Wellbeing Draft Strategy for 2016-2020?

Please tick (v) relevant answer
- Yes
- No
- Don’t know

Question 6a

If you answered ‘Yes’ above, and if we could include one key point what would you like to see included?

Question 6b

On a scale of 1-5, where 1 is ‘Low priority’ and 5 is ‘High priority’, how much of a priority is this to you?

Please tick (v) relevant answer

<table>
<thead>
<tr>
<th>Low priority</th>
<th>High priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
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<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
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<td>5</td>
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</table>
Question 7

This draft strategy is for the people of Northamptonshire and we want to make sure that everyone can understand it. It is important that the language and wording used is clear and easy to follow.

Can you help us to rate how clear the strategy is to read and understand by using a scale of 1-5, where 1 is ‘Very Unclear’ and 5 is ‘Very Clear’?

Please tick (v) relevant answer
Question 8

Please tell us in which capacity you are completing this consultation questionnaire.

Please tick (v) relevant answer

Individual

Organisation

If an organisation, please tell us the name of the organisation.

Question 8a

If you are responding as an individual, which borough or district of Northamptonshire do you live in?

Please tick (v) relevant answer

Corby

Daventry

East Northamptonshire

Kettering

Northampton

South Northamptonshire

Wellingborough

Not applicable – responding as an organisation

Other (please specify)
Equalities Monitoring – please only complete if responding as an individual

1) What gender are you? (Please tick the appropriate box)

- Male
- Female
- Prefer not to say

2) Are you currently Pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

3) How old are you? (Please tick the appropriate box)

- 0 to 9
- 10 to 19
- 20 to 29
- 30 to 49
- 50 to 64
- 65 to 74
- 75+
- Prefer not to say

4) Do you have a disability? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

4a) If Yes, please tick the appropriate box(es) which best describes your disability?

- Mental Health
- Physical Disability
- Learning Disability
- Sight Impairment
- Hearing Impairment
- Other

5) What is your religion or belief? (Please tick the appropriate box)

- None
- Muslim
- Christian
- Hindu
- Sikh
- Buddhist
- Jewish
- Prefer not to say
- Any other religion (please write in)

6) How would you describe your ethnic origin? (Please tick the appropriate box)

**White**
- English
- Scottish
- Irish
- Other White Background

**Mixed / Multiple ethnic Background**
- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed / multiple background

**Asian or Asian British**
- Indian
- Pakistani
- Bangladeshi
- Other Asian Background

**Black or Black British**
- Caribbean
- African
- Other Black Background

- Prefer not to say
- Other Ethnic group (please state)

7) If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Heterosexual
- Prefer not to say

8) Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

9) What would you describe your marital status as? (Please tick the appropriate box)

- Married
- Single
- Civil Partnership
- Other
- Prefer not to say
Slide 1

Supporting Northamptonshire to Flourish

Northamptonshire’s Joint Health and Wellbeing Strategy 2016-2020: Draft

Consultation Slide Pack

Slide 2

Contents

- What is the Health and Wellbeing Board?
- Why do we need a strategy?
- What is the vision for Northamptonshire?
- How did we arrive at the priorities?
- The 4 priorities.
- How do we want to work together to deliver the strategy?
- How can you have a say?
- How the feedback will be used?

Slide 3

What is the Health and Wellbeing Board?

Health and Wellbeing Boards, introduced by the Health & Social Care Act 2012, enable key leaders from across the health and care system to jointly work to:

- improve the health and wellbeing of the people in their area,
- reduce health inequalities; and
- promote the integration of services

In Northamptonshire, the Board brings together representatives from Northamptonshire County Council, local Councils, Clinical Commissioning Groups, Police, the University of Northampton, the hospitals and community-based services, Healthwatch and the voluntary sector.
Why do we need a strategy?

There is a statutory requirement placed on public bodies to have a health and wellbeing strategy; this ensures that all of the organisations involved work together to improve the health and wellbeing of our residents.

The strategy will be used to help prioritise the development and delivery of services in Northamptonshire.

What is the vision for Northamptonshire?

Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities.

How did we arrive at the priorities?

Step 1:
We looked at all of the strategies of the organisations that sit on the Board. We wanted to understand what each board member organisation is planning to do.

Our analysis showed that a lot of us want tackle the same priorities. This is a good thing – by working together we can achieve this more effectively.
Step 2:
We wanted to understand why these issues were a problem for the County, so we looked at published local and national data.

We found that for some issues, there is only a problem in a couple of areas in the County. For others, we’re not doing as well as the rest of England.

This results in health inequalities – meaning that you’re more likely to die younger or develop a serious illness based on where you live.

Step 3:
We discussed the information we had gathered at a meeting of the Health and Wellbeing Board and other organisations involved in improving the health and wellbeing of Northamptonshire.

We identified issues that should be tackled:
- By working together
- To reduce health inequalities
- To make a long-term difference

The 3 steps we followed led us to our 4 key priorities.

The 4 Priorities
Priority 1: Every child gets the best start

In order to prevent ill health later in life, we have to raise healthy children. The data we looked at tells us that children in Northamptonshire:

- Are not as ready for school as they could be,
- Gain weight during primary school, and
- Get involved in risky activities (drugs, alcohol and self harm) as teenagers

Our focus is ensuring children and young people:

- Are listened to about the issues that affect them and are part of the solution
- Develop the skills and tools to cope with life’s challenges
- Are able to recognise when they need help and know who to ask for it
- Are surrounded by family, friends and teachers who promote healthy choices
- Grow into healthy adults

Priority 2: Taking responsibility and making informed choices

Many of the county’s health problems are caused by too many of us making poor choices:

- Too many of us smoke
- Not enough of us exercise regularly
- Too many of us are overweight
- People aged 40 to 60 are the least satisfied with their lives
Slide 13

**Our focus is ensuring adults:**
- Live full and enjoyable lives
- Develop the skills to help themselves
- Take opportunities to make exercise part of their daily routine
- Know how to access support to improve their health and wellbeing from First for Wellbeing and their community pharmacy
- Feel in control of their lives and their health
- Raise healthy children and support healthy older adults

Slide 14

**Priority 3: Promoting independence and quality of life for older adults**
The number of older adults in Northamptonshire is growing, and will increase by a third by 2021.

We need to make sure that these older people are able to live happy, healthy lives in a home environment that supports them to be independent.

But at the moment, too many of our older adults are readmitted to hospital after they have been discharged and there isn't enough support for people in their own homes.

Slide 15

**Our focus is ensuring older adults:**
- Feel valued as members of our community
- Are not left feeling lonely
- Get the support they need when and where and how they need it, from whomever they need it, to make sure they can get on with living a happy and healthy life
- Are heard and have their wishes respected, especially at the end of their life
- And their carers are listened to and supported
Priority 4: Creating an environment for all people to flourish

Our health and wellbeing is affected by many things, including where we live, whether or not we work, how safe we feel, and the social activities we participate in.

This theme is all about these issues, known as the “wider determinants of health”.

By recognising these, we can work better together with the Police, housing agencies, employers and leisure facilities to encourage and support our residents to have healthier lifestyles.

Our focus is ensuring:

- Communities are able to put in place their own solutions and support themselves to be happier and healthier
- Everyone has a warm, safe and affordable home
- More people are in work that pays a living wage
- Employers care about the wellbeing of their staff
- Our towns and new housing estates are developed to promote healthier living
- People have access to parks and leisure facilities that make us feel good about ourselves and proud of our County

How do we want to work together to deliver the strategy?

Our strategy is ambitious as we want a lot for the people of Northamptonshire.

We need to deliver change quickly and effectively to improve our health and wellbeing in the long-term, whilst focussing on our 4 priorities.

The Health and Wellbeing Board will:

- Work together to achieve shared goals
- Hold the members of the Board accountable for their responsibilities
- Make decisions based on evidence of what works
- Spend money wisely to prevent problems occurring
- Be flexible to the needs of local communities; communicate and engage with communities in helping them making choices about their health and wellbeing and helping the Board achieve its goals
- Deliver services in the way that people need them to be delivered.
How can you have a say?

This strategy is for the people of Northamptonshire and we really want to hear your comments on it. The consultation is open from 4th January 2016 and closes on 15th February 2016. The draft strategy is being circulated by all the partners that are on the Health and Wellbeing Board. This circulation aims to reach residents, customer/patient/staff groups, private and public organisations including the voluntary and community sector and other regional, county, district and borough based partnerships.

You can take part by:

- You can give your feedback by completing the on line questionnaire [https://www.surveymonkey.co.uk/r/HWBstrategy2016-2020](https://www.surveymonkey.co.uk/r/HWBstrategy2016-2020)
- You can also run your own discussion group by using the slide pack and completing the Facilitator Feedback Collection Form

Further information about the Health and Wellbeing Board is available on [http://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Pages/default.aspx](http://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Pages/default.aspx)

How the feedback will be used?

The feedback received will be used to develop the final strategy to ensure that it meets the needs of people of Northamptonshire.

The final draft of the strategy will be presented to the Health and Wellbeing Board on the 10th March 2016 (9.30am to 12.30pm) for approval.

For details on this meeting, see: [http://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Pages/board-meetings-and-members.aspx](http://www3.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/Pages/board-meetings-and-members.aspx)

Thank you

Northamptonshire Health & Wellbeing Board

Report: Analysis of the Public Consultation on the Northamptonshire Health and Wellbeing Strategy
Supporting 
Northamptonshire to 
**Flourish** (grow and do well)

Northamptonshire’s Joint 
Health and Wellbeing Big Plan 
2016-2020: Draft

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<tr>
<td>• Why we need a <strong>strategy</strong> (big plan)</td>
</tr>
<tr>
<td>• What we think Northamptonshire will be like in the future</td>
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<tr>
<td>• How we agreed the main things we will do</td>
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<td>• Why we chose the main things we will do</td>
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<td>• How we will work together on the things in the big plan</td>
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<tr>
<td>• How you can have your say</td>
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Some hard words are in blue and put in easy read at the end

About the Health and Wellbeing Board

In 2012 the government made a law to say there should be Health and Wellbeing Boards across the country.

Key people from Northamptonshire County Council, local councils, **Clinical Commissioning Groups**, Police, the University of Northampton, the hospitals and community-based services, **Healthwatch** and the voluntary sector are part of Northamptonshire’s Health and Wellbeing Board.
More about the Health and Wellbeing Board

The people in the Northamptonshire Health and Wellbeing Board work together to:

• Help people in Northamptonshire to be more healthy and stay well,
• Give everyone the same chance to stay healthy and well, and
• Get services to work together a lot more

Why we need a big plan about Health and Wellbeing

The government says that public bodies must have a big plan to make sure the right organisations work together to say how they will help people living in Northamptonshire be more healthy and stay well.

The big plan will help the organisations agree what are the most important services to have in Northamptonshire.

What we think Northamptonshire will be like in the future

We want to help people living in Northamptonshire to help themselves to be more healthy and stay well.

This can be on their own, or with their family or with their community.

We want all people in Northamptonshire to have equal life chances and the same human rights as everybody else.
How we agreed the main things we will do

**Step 1:**
We looked at all of the big plans written by organisations that are part of the Board. This was to understand what each organisation wants to do.

We saw that a lot of us want to do something about the same big things.

This is a good thing – by working together we can do a lot more and do it better.

---

More about how we agreed the main things we will do

**Step 2:**
We saw that:

- in some areas people are not so healthy or good at keeping well
- some health problems are only in one or two small areas
- other health problems are in all areas of Northamptonshire and are worse than lots of other areas in England

This means that some people are more likely to get really ill and die younger than people living in another part of the county. This is called **Health Inequality**.

---

More about how we agreed the main things we will do

**Step 3:**
We talked about the information we found at the Health and Wellbeing Board and with other organisations that are trying to help people in Northamptonshire be more healthy and well.

We agreed that we want to help all the people in Northamptonshire be more healthy and well by working together. We also want any **improvements** (good changes we make) to last a long time.

We agreed the four main things we will work on first (**our priorities**).
The 4 Priorities

1. Make sure every child gets the best start in life
2. Give people good information so they can make their own choices
3. Help older people to be independent and have a quality (good) life
4. Make Northamptonshire a place where people can flourish (grow and do well)

Priority 1: Make sure every child gets the best start in life

To stop children from being ill later in life, we have to make sure they grow up healthy. Our information tells us that children in Northamptonshire:

- Are not as ready for school as they could be,
- Put on too much weight when they are at primary school, and
- Get involved in activities that might hurt them when they are teenagers, like using drugs or alcohol and self harm (hurting themselves).

More about Priority 1: Make sure every child gets the best start in life

- We will listen to children and young people to find out what issues they have so we can do something about them
- We will help children and young people to get the right skills and tools to deal with problems they might face
- We will make sure that children and young people know when they need help and know who to ask for help
- We will make sure that children and young people have lots of family, friends and teachers to help them make healthy choices
- We will help children and young people grow into healthy adults
Priority 2: Give people good information so they can make their own choices

A lot of the health problems are caused by too many people making poor choices:
- Too many of us smoke
- Not enough of us exercise regularly
- Too many of us are overweight
- People aged 40 to 60 are the most unhappy with their lives

More about Priority 2: Give people good information so they can make their own choices

We will try to make sure adults:
- Have a busy and happy life
- Get the skills to help themselves
- Exercise as part of their daily life
- Know they can go to ‘First for Wellbeing’ and their community pharmacy to get support for better health and wellbeing
- Feel in charge of their life and their health
- Bring up healthy children and support older adults to be healthy

Priority 3: Help older people to be independent and have a quality (good) life

There will be a lot more older people in Northamptonshire by 2021.

We need to make sure that older people can live happy, healthy lives in the sort of home that helps them to be independent.

But at the moment, too many older people go back into hospital after they leave because they don’t have enough help in their own homes.
More about Priority 3: Help older people to be independent and have a quality (good) life

We will make sure older people:
- Feel they are an important part of their community
- Do not feel lonely
- Get the right support when and where they need it from the right people to make sure they can get on with living a happy and healthy life
- We will listen to older people and respect their wishes, in particular at the end of their life
- We will listen to the carers of older people and make sure they are supported

Priority 4: Make Northamptonshire a place where people can flourish (grow and do well)

Lots of things can change how healthy and well we feel, such as where we live, if we work, how safe we feel, and the social activities we do.

These things are called the "wider determinants of health"

If we know about these things, we can work better together with the Police, housing agencies, employers and leisure services to encourage and help people to have a healthy life.

More about Priority 4: Make Northamptonshire a place where people can flourish (grow and do well)

We will make sure:
- Communities know how to work out ways to support themselves to be more healthy and happy
- Everyone has a warm, safe home that they can afford
- More people are in work that pays a living wage (the amount that the government says is enough for people to live on)
More about Priority 4: Make Northamptonshire a place where people can flourish (grow and do well)

- Employers care about the wellbeing of their staff
- Our towns and new housing estates are built in a way that helps people to be more healthy and well
- People can use parks and leisure services that make us feel good about ourselves and proud of Northamptonshire

How we will work together on the things in the big plan

There is a lot to do for the people of Northamptonshire in our big plan. We need to change things quickly and in a good way to help people to be more healthy and well for a long time to come.

We will do this by working hard on our 4 priorities.

More about how we will work together on the things in the big plan

The Health and Wellbeing Board will:
- Work together to reach the agreed goals
- Make sure the members of the Board do what they said they will
- Use facts to decide what to do and how to do it
More about how we will work together on the things in the big plan

The Health and Wellbeing Board will:

• Make sure problems don’t happen by spending money wisely
• Listen to each local community so it can work in the best way possible with different areas. This will help the best choices to be made about how to be healthy and well and help the Board reach its goals
• Deliver services in the way that people need them

How you can have your say

This big plan is for the people of Northamptonshire and we want to hear what you think about it.
You can say what you think from Monday 4th January to 15th February 2016.
You can fill in a survey by clicking here. If you can’t do the survey online you can get a paper copy:
Email EPIT@northamptonshire.gov.uk
Or
Call 01604 367611

We will look at what you say is important to do in Northamptonshire and it will help us to decide what is in the final big plan.

The big plan will be talked about again at the Health and Wellbeing Board on the 10th March 2016 and they will agree what should be in it.

To see how you can go to this meeting or watch it online click here.
## Slide 25

<table>
<thead>
<tr>
<th>Word</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Commissioning Groups (CCG)</td>
<td>These are groups of GP surgeries that work together to plan and design local health services. They do this by commissioning or buying health and care services.</td>
</tr>
<tr>
<td>First for Wellbeing</td>
<td>This is the name of the community interest company that will deliver health and wellbeing services for Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton</td>
</tr>
</tbody>
</table>

## Slide 26

<table>
<thead>
<tr>
<th>Word</th>
<th>What it means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthwatch</td>
<td>Healthwatch is the voice of the people using Health and Social Care services</td>
</tr>
</tbody>
</table>
Appendix 3

The following is:

- Feedback from the questionnaire;
- written responses submitted from organisations; and
- a list of organisations who responded to the consultation, either on line or through a written submission.

FEEDBACK FROM THE QUESTIONNAIRE

Our vision is to:

Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities.

Question 1
Do you agree or disagree with the vision?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>42.6%</td>
<td>104</td>
</tr>
<tr>
<td>Agree</td>
<td>49.6%</td>
<td>121</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>5.3%</td>
<td>13</td>
</tr>
<tr>
<td>Disagree</td>
<td>2.9%</td>
<td>7</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.8%</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>0.8%</td>
<td>2</td>
</tr>
<tr>
<td>Please tell us why:</td>
<td></td>
<td>127</td>
</tr>
</tbody>
</table>

Please tell us why.

Comments

Individuals should be assumed to know what they want rather than be told, however there is a need to inform and encourage individuals to make choices that are consistent with their own and the community's best interests.

Health inequalities are bad for everyone, and we need to even things up.

We have a collective responsibility to improve the health and wellbeing of our county.

I agree, however I wonder if helping people help themselves puts too much responsibility
<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>on individuals who are governed by their environments (wider determinants) and allows the county council to take less responsibility for really affecting change in the wider determinants.</td>
</tr>
<tr>
<td>People should be responsible for their own health &amp; not be a burden to NHS or social care because of problems brought on by their own decisions. So they need educating.</td>
</tr>
<tr>
<td>It would mean people don't lose out because of discrimination, they lead healthier and happier lives, and need to use healthcare services less often (therefore saving money as well).</td>
</tr>
<tr>
<td>People need to take ownership of health and be proactive in looking after themselves and their children or parents.</td>
</tr>
<tr>
<td>More information about improving health is always a good thing.</td>
</tr>
<tr>
<td>Some people can't help themselves for a variety of reasons and therefore &quot;help those that can't help themselves&quot; should be in the statement somewhere!</td>
</tr>
<tr>
<td>Older people need support to retain independence; the present system only provides lip service.</td>
</tr>
<tr>
<td>Empowering individuals and families is ideal, but there has to be adequate support available from professionals to achieve this.</td>
</tr>
<tr>
<td>Insufficient support available to make this a reality.</td>
</tr>
<tr>
<td>People do have to retain control of their lives as much as possible so supporting them to help themselves allows them to retain independence and dignity.</td>
</tr>
<tr>
<td>The Information needs to be easily available.</td>
</tr>
<tr>
<td>Focus on giving individuals, families and communities to take responsibility.</td>
</tr>
<tr>
<td>It sounds a bit like showing people what to do, but not actually helping them do it.</td>
</tr>
<tr>
<td>It combines personal initiative with sensible supply.</td>
</tr>
<tr>
<td>I think this is a really good strategy and could improve health care across the county.</td>
</tr>
<tr>
<td>Agree sort of so long as the help and advice is practical - not theoretical or just paper handouts</td>
</tr>
<tr>
<td>It's ambitious and makes all the right noises.</td>
</tr>
<tr>
<td>I agree with this because it is a good aim however it could be unpredictable to tell whether you will be able to do it as if you are looking to improve health and wellbeing and reduce health inequalities then it will be hard to do all of them as a lot of young people have</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>progressed majorly in their illness or condition from the lack of help they've received beforehand from their GP and other health services.</td>
</tr>
<tr>
<td>It seems more of the same, attempting to get more work done for less resource there is nothing new here and attempts in the past have fallen due to lack of understanding and a refusal to accept the special place difference and variety actually makes especially when it comes to the voluntary sector who already do more than their fair share in Northamptonshire and with often shoe string budgets. Thank god some of them remain to carry on as they are doing picking up the slack and preventing hoards of extra service users heading the way of statutory provision. This kind of approach puts more pressure on them, expecting them to take time out to attend rafts of pointless talking shop meetings, none of the ones I have ever been to have generated or lead to anything meaningful. Despite your best efforts there never will be a one size fits all or indeed level playing field. Services cost more to deliver in some areas of the county than others and logistically this is also a nightmare when it comes to trying to force a unified approach.</td>
</tr>
<tr>
<td>Good health &amp; wellbeing is about giving individuals the tools to help themselves and their families and providing support for those who can’t.</td>
</tr>
<tr>
<td>I agree with this concept or vision... however my experience as a retired NHS professional...of long years standing - Visions are visions and historically this is what councils/organisations/businesses excel at and the NCC/NBC is renowned for their visions that are unrealistic. Therefore I can only hope what you put on paper you also have sound strategies and follow up plans to take your vision forward.</td>
</tr>
<tr>
<td>Generates independence.</td>
</tr>
<tr>
<td>* It will help people to take control/responsibility for their lives - will ultimately give them a sense of achievement/satisfaction.</td>
</tr>
<tr>
<td>* By taking some pressure/strain off statutory bodies, local support services, health agencies - will be cost/time effective.</td>
</tr>
<tr>
<td>The most disadvantaged and vulnerable people will find this most difficult and will lose out.</td>
</tr>
<tr>
<td>Basically a good idea but the information etc has to be good and focussed not just leaflets etc.</td>
</tr>
<tr>
<td>Too many people turn expect the 'Authorities' to bear responsibility.</td>
</tr>
<tr>
<td>We seem to have forgotten that it is everybody's responsibility to look after themselves.</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>There will never be sufficient funding to wrap everyone in a cocoon of ‘protection’.</td>
</tr>
<tr>
<td>A key issue is the need for people to take responsibility and ownership for their own health and wellbeing which seems somewhat lacking. Reliance on services and organisations is not sustainable when issues are predominantly self-inflicted or exacerbated through lifestyle.</td>
</tr>
<tr>
<td>Supporting people to take responsibility and manage their own health and wellbeing is both cost effective both in terms of reducing the financial burden on public services but also allow individuals to contribute greater into society.</td>
</tr>
<tr>
<td>Empowering people to look after their own health and wellbeing will reduce the impact on front-line services e.g. improper use of A&amp;E services.</td>
</tr>
<tr>
<td>It’s important for everyone to lead a healthy lifestyle and have decent living conditions.</td>
</tr>
<tr>
<td>To put more responsibility back to individuals.</td>
</tr>
<tr>
<td>The links between health care &amp; social care, particularly for older people need to be improved and strengthened.</td>
</tr>
<tr>
<td>It’s important people learn to take responsibility for their own health.</td>
</tr>
<tr>
<td>People in the UK must take more responsibility to enable us to afford a health and social care system that meets their needs.</td>
</tr>
<tr>
<td>To empower themselves and other members of their community to improve their experience of health, welfare and wellbeing whilst offering adequate support to bring positive results long term.</td>
</tr>
<tr>
<td>People need to be responsible for themselves with the help of others.</td>
</tr>
<tr>
<td>To empower individuals to help themselves and other members of their community to improve their experience of health, welfare and well being.</td>
</tr>
<tr>
<td>I agree but I can’t see the how part of your strategy and how this is measured and how you know you have achieved what you have set out to do.</td>
</tr>
<tr>
<td>I think any positive moves in this area will enhance people’s lives.</td>
</tr>
<tr>
<td>To ensure a healthier future people need to take responsibility for their own health.</td>
</tr>
<tr>
<td>Encouraging people to help themselves nurtures sense of independence and being in control of decisions.</td>
</tr>
<tr>
<td>It requires public information which seems to be absent families and individuals oriented.</td>
</tr>
<tr>
<td>Well being starts from sound family unit with high moral grounds which are diminishing and local authority as well as government agencies are factor result are coming through old and</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>frail dying alone even though they have families.</td>
</tr>
<tr>
<td>Needs to be more focus on early intervention and prevention initiatives by reaching out to local communities and more opportunities for self directed support.</td>
</tr>
<tr>
<td>Important for people to be able to help themselves and take control - as long as there is support for those who need it.</td>
</tr>
<tr>
<td>Improving health has to start with individuals being committed and empowered to help themselves, their families and communities with help and support.</td>
</tr>
<tr>
<td>My father is 72. Runs a ....group, is active ...... Now he is poorly he has been almost written off by the NHS. One member of A&amp;E was very rough trying to get his jumper off over a cannula. ...... An age number does not define your capabilities or what you should be entitled to or how you should be treated by any service provider.</td>
</tr>
<tr>
<td>People should take where they can responsibility for their own health. Those with disabilities or short term problems should have the appropriate short term interventions to assist this to happen.</td>
</tr>
<tr>
<td>It is a good point no one can disagree with, this can only happen if there are access to the required services. With services disappearing or dropping this is harder to do.</td>
</tr>
<tr>
<td>Difficult balance between this vision and leaving people to resolve their own problems who cannot do so, either permanently or at a point of crisis. Yes people should be supported to become as independent as possible however they may need substantial support to get to that place. Often people are asking for help after they have tried to help themselves but are unable to do so due to stress, depression or previous experience of being let down (real or perceived)</td>
</tr>
<tr>
<td>It’s a necessity</td>
</tr>
<tr>
<td>How could you disagree with this vision? It is obvious</td>
</tr>
<tr>
<td>Health prevention and management is better than an ill society</td>
</tr>
<tr>
<td>Those able and willing to help themselves will always do so: it’s the others that need special help.</td>
</tr>
<tr>
<td>People should understand that they have to take responsibility for their own health. This will hopefully lighten the load of the NHS.</td>
</tr>
<tr>
<td>Is this really necessary? NCC has less money now than before - do you really want to spend time and money on this?</td>
</tr>
</tbody>
</table>
Comments

People need to take responsibility and if help is there, there are no excuses.

But this needs sensible guidance and support.

This will be the most effective way.

As the health service is declining people need to learn more about taking care of themselves.

People will only be helped if they also help themselves, so must be encouraged to do so.

Some communities can motivate themselves. From my experience some communities with high deprivation are unable to self motivate.

Whilst agreeing in principle, it is important to provide good support & the appropriate infrastructure to enable people to help themselves.

It's OK to sit back and say what are you going to do for me? But if you can encourage people to say I need help, tell me what help I can expect and also what can I do to help myself, this is better all round. It's surprising how much better you feel if you have some control on health/well-being.

People need to be in control.

I believe that each individual is, or should be, the controller of their own outcomes.

To enjoy life fully, health & wellbeing is vital.

With limited resources we need to be able to know where and how to help ourselves, as well as others.

It is more cost effective; it gives control to the individual & empowers them.

Local authority has a duty to ensure the wellbeing of its residents in conjunction with other bodies.

It expands a more family grouping that seems to be drifting away.

I don't feel able to answer such a basic question without further details of how this could be achieved.

I feel this is long overdue and can make things a lot better.

I agree with this statement as long as it's not used as a bat to put all the responsibility on to individuals where there is a need for guidance, support and hand holding.

Seems sensible.

It is vitally important to encourage people to help themselves and to give them support necessary to do this.
<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>People have to help themselves and want to improve their, but it that can be made easier by offering services and facilities.</td>
</tr>
<tr>
<td>There is far too much reliance on the Health &amp; Social Services by the general public. People now seem to think all services should be offered to them &quot;as a right&quot; and have gone away from initially trying to help themselves.</td>
</tr>
<tr>
<td>The Marmot Report evidences why we are living longer. We should take responsibility for our own health, but also care for those around us in our streets and communities.</td>
</tr>
<tr>
<td>Tackling health inequalities is very important.</td>
</tr>
<tr>
<td>Engage all areas of the community to ensure they take personal responsibility for their health and wellbeing and being able to identify issues in others.</td>
</tr>
<tr>
<td>Because quite often in this day and age people have become too reliant on agencies to fix their issues for them. Helping them to find their own solutions and maintain healthier lifestyles in the way forward especially in these times of dwindling resources.</td>
</tr>
<tr>
<td>Agree generally but some people are not able to help themselves despite help and provision needs to be available for them.</td>
</tr>
<tr>
<td>It is pleasing to see reference in the draft strategy to 'the wider determinants of health' although I think the document might benefit from some narrative explaining what this means. Also pleasing is the reference to the change in focus to prevention. However care needs to be taken to ensure the strategy is accessible by all and does not rely on health speak, which on occasion it does, for example &quot;to reduce the social gradient of health, our approach must be universal but proportionate to the level of disadvantage&quot;.</td>
</tr>
<tr>
<td>It is important people also have the resources to help themselves e.g. access to information and support at a time and place convenient to them e.g. children's centres.</td>
</tr>
<tr>
<td>We must take care of our own health.</td>
</tr>
<tr>
<td>This is a proactive approach that should lead to people identifying health problems earlier.</td>
</tr>
<tr>
<td>Research shows that those with lower incomes and lower education have not been giving up unhealthy behaviours as fast as the rest of the population, storing up inequalities in health for the future.</td>
</tr>
<tr>
<td>I agree totally with this statement.</td>
</tr>
<tr>
<td>People have a responsibility for their own health and their own actions</td>
</tr>
<tr>
<td>I feel that everyone possible needs to be involved, you then feel that your views matter.</td>
</tr>
</tbody>
</table>
**Comments**

To increase social capital and a more resilient community, people should not only help themselves, but also help each other.

There is too much reliance on 'agencies' to do what is an individual's responsibility

This is a clear focus on giving some ownership and autonomy back to the local communities and families to empower them.

This is pretty overarching and is inclusive of all members of the community

If people are able to be more responsible for themselves it gives them more control over their lives.

I agree that some of the community do but there is a large sector that always can’t, wont or need support to help themselves.

We agree with this vision, as we wish for people to live long & healthy life’s at home.

The aspirational nature of the strategy is to be applauded and we feel that there are some exciting opportunities for Fire and Rescue to extend our Home Fire Safety checks to safe and well visits. The service will be taking this forward......we will be looking for local opportunities to embed the outcomes into our day to day activities.

It is clearly better to empower people to make informed choices where possible although not everyone always knows what is best for them and if for example someone chooses to drink or smoke knowing the risks then so be it. Sadly no amount of strategy will prevent the economic divide that is ever growing between those on good salaries, those on low salaries and those with no salary. Northamptonshire isn’t the worse here but also it has a long way to go when it comes to addressing pay inequalities in the county.

Changes: To improve the health and wellbeing of all people in Northamptonshire, reducing inequalities by enabling people to help themselves

A better statement: To improve the health & wellbeing of all people in Northamptonshire, reducing inequalities by enabling people to help themselves

Research shows that those with lower incomes and lower education have not been giving up unhealthy behaviours as fast as the rest of the population, storing up inequalities in health for the future.

I agree totally with this statement.

People have a responsibility for their own health and their own actions.

Attends to the life-limiting aspects of non-health related concerns
Comments

Although individual lifestyle choices are important, it is important to recognise that they are greatly influenced by the environments around us. Therefore it is important that local organisations and the Health and Wellbeing board recognise the influence they have on people’s lifestyle choices through the decisions those organisations make and the way they manage our public environments – e.g. retail environments, workspaces, natural / open spaces, transport infrastructure, leisure opportunities etc.

I also support the explicit reference to land use planning, which will help embed consideration of health and wellbeing into local planning policy and planning decisions.

These matters are mostly outside the jurisdiction of the County Council. Wealthy communities are able to put in place their own solutions. Without support the poor are not.

The priority should be those who have "put in" over their working life or are putting in now, once they are sorted then by all means help the rest

I believe that the underfunding of Nene CCG makes it essential that the health inequalities that are growing enormously in our county should be fought against and should be bought to the public’s attention far more.

We agree with the vision and think it could be strengthened by clarifying what we mean by the 'people' (perhaps by including a reference to 'Northamptonshire'). We do not feel the vision, as it stands, feels inclusive of those who cannot help themselves. We wondered if the vision is specific enough about the future/the outcome we are trying to achieve to facilitate measurement of success (or otherwise).

The Vision forms a basis for establishing a strategy

The vision forms a sound basis on which a holistic sense of Well Being can be established. This requires a sustainable and cohesive approach.

We agree but we should also recognise that some members of our community will not be able to help themselves and these most vulnerable members of our society should be Helped and supported by the services themselves.

Whilst in principle we agree with the statement, we feel it lacks high level aspiration and ambition.
### Comments

Agree with principle and the idea of longer term planning as opposed to short term reactive decision making.

Suggest slightly amended wording so it is clearer and emphasises ownership and empowering of people.

“Help individuals, families and communities in Northamptonshire to help themselves improve their health and wellbeing.”

“Wider”, “Longer” and “Deeper” terminology seems a little vague as the basis for the strategy and may not capture people/organisations.

Under “Wider” remit, possible opportunity to highlight the benefits of more effectively integrating environmental and health and wellbeing objectives through “improved connectivity” in a green infrastructure.

Yes, in principle but what happens when self care doesn’t work. Needs to recognise people need a multi faceted support and one size does not fit all.

The vision is broadly similar to the Blueprint for Health and Wellbeing that is being developed by partners in South Northamptonshire. Some of us were given the opportunity to comment on the development of the Strategy at the workshop which was held in late 2015.

We agree in principle that encouraging people to help themselves is positive. There seems to be a lack of recognition that there are vulnerable people who cannot help themselves and do not have families / carers / members of the community who can assist them. How will these vulnerable people be supported? These groups should be at the centre of this strategy.

I would go for: Enable people to help themselves, and reduce health inequalities.

The aims are fine but a bit overarching and not tackling some of the main issues. This strategy does nothing to recognise these and the impact that they have on local communities. The strategy mentions a shifting of focus to prevention and early intervention but his isn’t carried through the rest of the document. Is there a priority of priorities? The links between health & Wellbeing are clear in the draft, but no mention is
Question 2

Priority 1: Every Child gets the Best Start

Our focus is ensuring children and young people:

- Are listened to about the issues that affect them and are part of the solution
- Develop the skills and tools to cope with life’s challenges
- Are able to recognise when they need help and know who to ask for it
- Are surrounded by family, friends and teachers who promote healthy choices
- Grow into healthy adults

Do you agree or disagree with these five areas of focus?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>48.2%</td>
<td>106</td>
</tr>
<tr>
<td>Agree</td>
<td>43.6%</td>
<td>96</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>4.1%</td>
<td>9</td>
</tr>
<tr>
<td>Disagree</td>
<td>3.2%</td>
<td>7</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Don't know</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Please tell us why:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

answered question 220
skipped question 25

Below is the feedback from respondents telling us why they agreed or disagreed with the focus.

Comments

Agree with above, but there should also be something around have feeling safe in your home; having a stable home is shown to make a large difference to a child’s development.
Temporary housing or Bed and Breakfast do not support a Child’s development

They will feel involved.

Again, there is too much reliance on outside help for things that should be the natural responsibility of families

Not sure how you will ensure that children will be surrounded by people who promote
Comments

healthy choices. What about those children parented by drug users.

For too long children and young people have not had as many opportunities as they should have had in terms of a 'Voice' and also to feel ready and able to give their views and or opinions in relation to their health and wellbeing, during the early years of their life.

We should add a need to ensure family and friends are adequately informed / trained and resourced to provide and support the developing child. In recent years a SENCo in a primary school might recognise a developing problem in a new entrant but have to wait 2 years for the process to rumble through to get external support to manage that specialised problem by which time a minor problem has become major and probably embedded for life. A quick response would have avoided this. Over 50% of those that have a major mental health illness as an adult can be identified by their teens and the sooner the condition is spotted and managed by home and school the less likely it is to continue into adulthood.

If children are get educated they grow up strong and healthy and pass the knowledge and values on to the next generation.

I feel schools must take more responsibility to reduce obesity in children. We exist to have an obesity problem and schools face challenges to address this. The 'proposed' removal of School Dinners from an NCC point of view will have huge implications on these figures.

In essence I strongly agree in practice I am not so sure. We all hope to do this but sometimes availability of services or cost or waiting times prohibit the thought.

Healthy and well adjusted children grow into well adjusted adults.

They will be tomorrow's adults, and will form tomorrow's society.

Children need to be taught in a friendly environment so they can express concerns; They need to feel they are listened to.

Need to prepare children for challenges they are going to meet.

All children must have same opportunity.

Supporting young people is vital, but there is a strong need to make more services available. E.g. counselling, supported living, specialist colleges for post 18 young people with additional needs, e.g. The Bee Hive in Northampton.

More support around transition and putting the needs of the young person first is vital; not being restricted by 'red tape' and 'blanket policies'. Listening to parents and other family
Comments

members.

Today's children are tomorrow's adult. More they learn as children, more they will use in creating their life as adult.

Not now involved with children but it sound ok

Our children deserve to be listened to and we need to ensure they have the right help and information to help them in life.

All depends on their access to appropriate services. Also depends whether education programmes will enable families to 'skill up' to enable children and young people to be given appropriate choices.

Again it seems a bit like ......Get your Family to help you and maybe show you where to get advice, my local CAB and FISH Shop already do this for me.

Agree, as long as there is no ranking of importance implied in the order in which they are presented

Sensible child centric focus to help them improve

This will improve the way young people help themselves and how they ask for help when needed.

Brave and sensible targets, as long as it doesn't just reward those children who behave badly or those parents who will not help themselves. Too often, those who work hard and toe the line are just ignored.

How would you do this? Would you provide lots of practical activities which encourage self confidence on the part of young people and encourage them to talk and join in activities?

The 2016 breastfeeding strategy mentioned in the document is due to expire in 2016. Current it has not been decided whether the document should be refreshed or whether it should be replaced by a specific outcome based driven action plan.

Also a key aim for CYP should be for more CYP to be breastfeed for longer.

The Enhancing Early Years Group would like me to pass a comment on regarding the Breastfeeding Strategy. This strategy is due to expire in 2016 and therefore is not current.

No decision has yet been made as to whether this strategy will be refreshed or whether a specific action plan will be devised in its place.

With regards to positive outcomes for children and young people, I feel that having an aim of more CYP being breastfed for longer would be a good point to raise
**Comments**

Children need to be part of the solution - if they think they are being told what to do they are unlikely to engage properly. They can grow through the process, helping them to recognise needs and find potential solutions. Think family is imperative - we need physically and mentally healthier parents to promote good parenting otherwise children will grow into damaged adults and the cycle will never be broken.

<p>| It will help with the growth of our youngsters it to a better society |
| I agree because young people should be able to have their say as this generation is misunderstood by older people and therefore aren't facing the problem correctly but having their say and having a stable environment will help the focus. |
| Obviously if issues can be prevented at an early age form starting in the first place the life chances of all young people will be improved. Simply support what already exists rather than trying to reinvent the wheel or create more tiers and hoops for organisations to jump through. The old fashioned sticking plaster approach adopted by funders has failed and in spectacular fashion, if investment had been made in prevention 20 odd years ago as requested time and time again, year in year out by the voluntary sector in Northamptonshire we would be in a much safer place rather than in the uncertain and precarious landscape that currently exists. |
| Good Health &amp; Well-being is about starting it as a lifetime habit and having the right support structures in place to enable that. |
| Only the first three areas have any relationship to the services you may have that may be good enough to carry out these three areas. As to the last two I do not see these are in your power...my present experiences a great deal of damage has been done by circumstances to a great many families...some fragmented beyond all repair. You do not have control over those families/young people/teachers time etc...Neither do you have any control over the last focus...I suspect that would come under the HOPE with fingers crossed umbrella. |
| Deaf children struggle to express themselves even at home as very few family member understand their situation and can communicate with them. |
| The children of today are the adults of tomorrow (next generation) - by giving them a voice, extra support in their community, the opportunity to make healthier choices will lead to a healthier, happier population. |</p>
<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because empowerment and autonomy is key to making wise decisions.</td>
</tr>
<tr>
<td>All children deserve the chance to grow into healthy adults. However poverty, homelessness etc always mitigate against this. These focus areas can’t be viewed in isolation.</td>
</tr>
<tr>
<td>Again a good target but the support infrastructure has to be robust. Education of families is needed.</td>
</tr>
<tr>
<td>We cannot expect the younger members of our society to know what to do and regretfully it seems that many parents are ignorant regarding this type of information. It is highly probable that this problem is several generations deep, and aided and abetted by complicated ‘rules and regulations’ it is going to take a very extensive effort to get back onto a sustainable functional system. Perhaps a 'route map' to resolving problems, e.g. the NHS On-Line System for Health Diagnosis and Self Help, could guide everyone through this ‘maze’? Successfully set up the use of this Route Map should form part of youngsters’ education.</td>
</tr>
<tr>
<td>We also have to realize that children are not all the same, but they all have strengths, and we guard against the overcrowding of our country.</td>
</tr>
<tr>
<td>In principle I agree, however there is a risk here that the strategy defaults to &quot;mothering&quot; young people rather than developing young people to be robust and manage their own issues. It again has the propensity to revert to the, &quot;it’s everyone else’s problem/fault&quot; rather than a need to accept responsibility and take ownership. This latter element needs to be woven throughout childhood and adolescence so that as adults the ability to continue to be responsible for one’s health and wellbeing remains. Investing in children is the future however, this need to be balanced by not trying to provide a &quot;one-size-fits-all&quot; solution.</td>
</tr>
<tr>
<td>Because if children get the best start in life they are less likely to have problems as adults</td>
</tr>
<tr>
<td>Sometimes the child cannot know what is best</td>
</tr>
<tr>
<td>Children need to face the future</td>
</tr>
<tr>
<td>Good statements and vision but the devil is in the detail about how this can be achieved</td>
</tr>
<tr>
<td>Because they as individuals can benefit when they are personally consulted, involved and supported in this sometimes traumatic process; this may encourage them to take responsibility for decision making regarding their lives, an issue we all need to face in</td>
</tr>
<tr>
<td><strong>Comments</strong></td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>becoming healthy adults and fully participating members of society. They have a stake in investing in their own future and for children this should be an enduring process. It can influence others in a positive way.</td>
</tr>
<tr>
<td>If young people are able to acknowledge their mental health problems and if there are services designed by them to meet their needs less adults would suffer with severe mental health conditions</td>
</tr>
<tr>
<td>I agree that the only way to start positive mental, physical and emotional health is to start early, but you have decimated children’s social care, sure start etc etc and are cutting huge amounts out of the current frontline staffing of delivery parts of your organisations how is this married up?</td>
</tr>
<tr>
<td>A good start for children will usually result in a healthy well rounded adult in later life. Everyone benefits.</td>
</tr>
<tr>
<td>It is right that children are involved in discussion and decision-making.</td>
</tr>
<tr>
<td>I think these days’ people are encouraged to become too dependent, my generation was taught to help themselves and be respectful of others.</td>
</tr>
<tr>
<td>Are we parents question is who is best placed to look after a child. Parents don’t want Rewards or do not have financial interest. Social Services have targets have powers have financial interest gain from creating miserable life of a child who will lack confidence in life. Police uphold law not just because it is but for individual gains performance and generate income. Others like foster parents it is not social work but now a days a way of living for some due to vast incomes by having 4 children an income of £1400 per week who needs to go to work</td>
</tr>
<tr>
<td>You demonstrate a complacent self satisfied bureaucratic simplicity that means people will 'help themselves' to be healthy. If this strategy worked then you would not need to be in existence. There is far too little proactive interventions to support good health across all local agencies. Advice is directed online because it’s cheap. However most people do not seek this advice out, so advertise, and get out of the office and onto the streets with a concerted marketing campaign.</td>
</tr>
<tr>
<td>Important foundation for the future</td>
</tr>
</tbody>
</table>
**Comments**

So why did you reduce the responsibilities and the scope of the Sure Start Children's centres then? We have been here before.

Get it right and keep the services going in areas where it is most needed.

How will it be possible for them to know and recognise where to get help?

**Common sense**

It's a necessity

Parents, teachers etc are so busy these days they do not have time to listen to the children and grandparents are not always living nearby to step in.

How can you disagree with this statement, it is obvious.

The ability to listen and act is so important. It is easy for professionals to respond text book style, but they may miss the point. A holistic approach is a more effective option

Is this the task for a council to do? There are already lots of places to turn to if needed.

I agree in theory, but whatever is done to give children the best start in life is ultimately influenced by the parents. We can put everything in place to support them, but if they have irresponsible parents they have no chance.

People need to take responsibility and if help is there, there are no excuses.

This is positive but again guidance and support needs to be given to individuals and especially teaching staff to enable children in need to "by-pass" family/carers who do not want to take that role or are unable to understand standards.

This should always be a basis to give young people confidence.

Knowing where to go for help and support will lead to a balanced, happy and productive young person.

To encourage a plant to grow you have to nurture and look after it.

No different for a child, see so many youngsters not being encouraged, being ignored by young mothers on their blooming phones, being screamed and sworn at. The present young generation appear to be an apathetic lot, too much shrugging of shoulders, the "what can I do" mentality. Heaven help their poor children.

This means giving support to families to enable this.

Common sense approach but the weighting of the above is crucial. For example it is OK to listen to younger people but they must not presume that their views will be adopted 100% as they have yet to have the experiences that would temper those views.
### Comments

If we don't encourage our children, in an innovative way, to make healthier lifestyle choices they will store up problems for later life such as diabetes, or mental health problems.

They are all positive steps.

It is a big scary world out there for children these days & it is all too easy to make the wrong choices if you don't have the right information and support.

All of these areas are an essential part of their development.

It is important everyone knows who to ask for help.

Equality of opportunity paramount in childrens development.

This should be more about educating parents than the children. It's the parents job to bring them up in a healthy fashion.

These points focus on the basic needs for children and young people and absolutely need to be nurtured in order to develop a healthy community, as well as individuals. Children/young people cannot thrive and make decisions about their own future/strive to be the best they can be without these basic needs being met.

I think it is important not to lose the link between freedom and responsibility.

Good and bad habits health habits are developed at an early age.

It should be recognised that our children do have opinions and they should be listened to. Again there is far too much reliance on technology promoting the isolation of the child and not enough physical activity and team building in the school curriculum. Promoting healthy choices should begin in the family situation and be carried through to school and not the other way round. Unfortunately many adults are in need of education in this area before they can promote it to their children.

But, addressing inequalities between different groups of young people is very important. Some young people are very privileged, others face sever difficulties as a result of discrimination or poverty.

In the long term it will benefit future generations and allow resources to be used more appropriately.

This will ensure that the next generation is better equipped to cope with life.

Too much of the national focus is on older people; I value your inclusion and focus on younger people.

I struggle to agree or disagree with this as a priority for Northamptonshire as it is not clear
**Comments**

as to why this should be a priority, what is the pressing need that is not be addressed, where are the failings and indicators that shout that this should be a priority. The narrative could be for any HWB strategy for any county, it struggles to identify Northamptonshire in its text. Specifically, the 4th point in the 'where do we want to be' section is another example of health speak.

The four sections (now/want to be/how/look like) could and should lead the reader through a journey however I struggled to see how points made in the 'where are we now' section then clearly progress through the other sections. An example of this being the final point in the 'how will we get there' section and suddenly reference is made to “challenging a culture of blame”, this appears totally out of the blue.

Also in the final section it would be nice to see an outcome of fewer families requiring assistance/reaching crisis, which is subtly different from the first outcome.

<table>
<thead>
<tr>
<th>Early help and prevention is the key to avert having to deal with health and social problems later.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is little focus in the strategy on working with schools and academies and other agencies to promote a better understanding of child mental health issues.</td>
</tr>
<tr>
<td>Schools do not yet facilitate these goals.</td>
</tr>
<tr>
<td>This will help children to recognise that help is available.</td>
</tr>
<tr>
<td>I think these are 5 key areas to focus on, are they achieved</td>
</tr>
<tr>
<td>Giving children the tools and confidence to deal with life's challenges should help them develop into well balance adults.</td>
</tr>
<tr>
<td>We agree with the identified priorities; however have reservations in relation to whether they can be delivered because of Early Help and Prevention budget constraints.</td>
</tr>
<tr>
<td>It is recognised that impacts on a child up to the age of four can impact on the whole of their lives. The adoption of the first 1000 days strategy by NCC is a welcome recognition of the importance of this development. We are working locally with the Police on the Butterfly Project and carrying out safety checks in the home to keep children safe and want to support other agencies</td>
</tr>
<tr>
<td>This is just so obvious isn't it? I can't imagine anyone would disagree with this statement. There does though seem to be a refusal to accept that service provision for young people has been slashed to rock bottom and what charities remain struggle like mad to maintain</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>existing services with low or shoe string human and financial resources.</td>
</tr>
<tr>
<td>Are surrounded by family, friends, teachers and the wider community (including VCS organisations) who promote healthy choices. Two way learning process between children and parents to be promoted</td>
</tr>
<tr>
<td>• Are surrounded by family, friends, teacher and the wider community including VCS organisations who promote healthy choices</td>
</tr>
<tr>
<td>• Two way learning to be promoted</td>
</tr>
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<td>Agree with above, but there should also be something around have feeling safe in your home; having a stable home is shown to make a large difference to a child’s development. temporary housing or Bed and Breakfast do not support a child’s development</td>
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<tr>
<td>Not sure how you will ensure that children will be surrounded by people who promote healthy choices. What about those children parented by drug users.</td>
</tr>
<tr>
<td>They will feel involved.</td>
</tr>
<tr>
<td>Again, there is too much reliance on outside help for things that should be the natural responsibility of families</td>
</tr>
<tr>
<td>Holistic view of development and the interrelationship between health and wellbeing</td>
</tr>
<tr>
<td>It’s important</td>
</tr>
<tr>
<td>I agree with the broad principles but suggest the following bullet point:</td>
</tr>
<tr>
<td>- 'Are surrounded by family, friends and teachers who promote healthy choices' is amended to read</td>
</tr>
<tr>
<td>- 'Are surrounded by communities who promote healthy choices, including family, friends and teachers'</td>
</tr>
<tr>
<td>They are worthy aims, but it is difficult to understand how the County Council is in a position to achieve them.</td>
</tr>
<tr>
<td>However, all residents should be treated equally and fairly and no particular group should get preference to another.</td>
</tr>
<tr>
<td>Catch them when they are young, teach them the right way and hopefully they will grow into responsible hard working caring adults.</td>
</tr>
<tr>
<td>I agree that every child needs the best start. How to get that when so many of the services that support families has been cut is the problem. Perhaps we should be honest, abandon needy children and go for the cheapest option.</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>This is not what I want to happen.</td>
</tr>
<tr>
<td>Access health education from a young age</td>
</tr>
<tr>
<td>We feel that the important role of parents should be explicitly included. In the fourth area of focus, we suggest adding 'health professionals' alongside family, friends and teachers. The fourth area of focus also assumes that family, friends and teachers know about healthy choices, which is not always the case. The focus areas do not feel inclusive of disadvantaged children and those with special educational needs. Overall, we feel the areas of focus would benefit from active (rather than passive) wording. We feel that there are important 'pre-birth' interventions that would help every child to get the best start.</td>
</tr>
<tr>
<td>This is basic parenting and is fundamental.</td>
</tr>
<tr>
<td>This should be the basis of parenthood. Building resilience is fundamental.</td>
</tr>
<tr>
<td>Whilst we agree this is an absolute priority we are acutely aware of the challenge in engaging schools in the broader Health &amp; Wellbeing Board/Forum strategic discussions and planning. In addition, it may be worth making a particular mention of childhood mental health &amp; wellbeing.</td>
</tr>
<tr>
<td>In order for children to get the best start it’s essential there is access to healthy choices, and this needs to be recognised within this priority. To that extent an extra area of focus should be ensuring children and young people: “Are provided with access to healthy environments and healthy life choices, appropriate to their particular needs” Within the fifth area of focus suggest an amendment to the below. Through self recognition, it would help children and young people sustain healthier lifestyles giving longer term mental and physical health benefits. “Children recognise the value of healthy environments and healthy life choices to ensure they grow into healthy adults”</td>
</tr>
</tbody>
</table>

If you disagreed with these please tell us what the Board should focus on.
<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Obesity in school.</td>
</tr>
<tr>
<td>Safeguarding in particular.</td>
</tr>
<tr>
<td>Being more realistic with the information they have and the information they don't have...yet.</td>
</tr>
<tr>
<td>More focus on children's mental health is important and missing from these.</td>
</tr>
<tr>
<td>Agree but also need to consider the mental health of our young people and ensure that we have strategies in place to manage this.</td>
</tr>
<tr>
<td>Why not reinstate health workers offering well being clinics via schools and colleges, try reaching out to people and offering support and advice via a wider range of community outreach work. You cannot assume that 'family, friends and teachers' will promote healthy choices.</td>
</tr>
<tr>
<td>Try direct intervention into local supermarkets and take-away restaurants to promote healthy options. Get GP's to run well-woman clinics, promote health via schools and older peoples social clubs, make an effort outside your safe same-old routes of access to services and advice.</td>
</tr>
<tr>
<td>Disagree with the first objective only as children have neither the knowledge power or experience to shape their future.</td>
</tr>
<tr>
<td>Concentrate on education. There are many issues there that prevent pupils from learning. Teachers are very stressed and leave school, even after decades of experience. Address these issues and keep teachers in schools.</td>
</tr>
<tr>
<td>We need to concentrate resources on points 2,3 and 4</td>
</tr>
<tr>
<td>Following conversations with other parents I do not believe they all have the same healthy values as the Board would hope for and these same parents do not appear to understand completely what &quot;healthy&quot; means.</td>
</tr>
<tr>
<td>Educating parents.</td>
</tr>
<tr>
<td>Providing a more &quot;worldly wise&quot; appreciation of child mental health issues, prevention of bullying and support for healthy living. To also provide a better understanding of the impact of other health and welfare issues within the school/academy environment. Also, as many teachers do not come from or live within the area in which they live to involve others from within the community to enable the teachers to be more aware and involved</td>
</tr>
</tbody>
</table>
Comments

within the community. To encourage more teaching staff to be involved and live within the community.

We believe that under How will get there that social interaction and physical activity opportunities are vital for families and don’t feel that this is covered, also educational achievement is key not only for confidence but also for further opportunities and development for all members of the family. There is concern that the provision of youth activities and youth clubs outside of the school environment is now limited and needs to be considered, not all children want to take part in sports clubs or sessions at school and need other outlets to socialise and develop skills

Social interaction and physical activity opportunities should be under how we will get there – these are important for children. It is also missing anything around education achievement and helping to improve future outcomes for young people.

Question 3

Priority 2: Taking responsibility and making informed choices

Our focus is ensuring adults:

- Live full and enjoyable lives
- Develop the skills to help themselves
- Take opportunities to make exercise part of their daily routine
- Know how to access support to improve their health and wellbeing from First for Wellbeing and their community pharmacy
- Feel in control of their lives and their health
- Raise healthy children and support healthy older adults

<table>
<thead>
<tr>
<th>Answer Options</th>
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<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>45.3%</td>
<td>97</td>
</tr>
<tr>
<td>Agree</td>
<td>43.5%</td>
<td>93</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>6.5%</td>
<td>14</td>
</tr>
<tr>
<td>Disagree</td>
<td>3.3%</td>
<td>7</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.9%</td>
<td>2</td>
</tr>
<tr>
<td>Don't know</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Please tell us why:</td>
<td></td>
<td>117</td>
</tr>
</tbody>
</table>

Do you agree or disagree with these six areas of focus?

answered question 214
skipped question 31
Below is the feedback from respondents telling us why they agreed or disagreed with the focus.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the above are important and play a vital part in developing well being</td>
</tr>
<tr>
<td>Aspirational stuff - more difficult to achieve in practice with little money</td>
</tr>
<tr>
<td>If we do not take charge of our health and wellbeing why should we expect someone else to pick up the pieces. Of course those not able to do so should be supported to help them take charge of their lives</td>
</tr>
<tr>
<td>As an UoN student of occupational therapy..... set up the Northampton Singing4Breathing choir. The choir is based upon the academic evidence that singing is good for respiratory illnesses in that it helps the person to maintain the lung function/capacity they have left but also in that it improves their health and wellbeing. There are many groups of people that activities such as this could add a further dimension to their lives to enhance health and wellbeing.</td>
</tr>
<tr>
<td>Adults with healthy skills mean those skills will filter down to their children</td>
</tr>
<tr>
<td>Whilst I agree there needs to be a step change in more people taking responsibility for themselves in terms of their Health &amp; Wellbeing, we live in a very different world now. I would say the vast majority of jobs now are non-manual in turn leading to people having very sedentary lifestyles, whilst at work. There needs to be a step change in both central government and employers encouraging and incentivising employees to be more active during work hours and leisure time.</td>
</tr>
<tr>
<td>First for Wellbeing and the community pharmacy must not be the only sources of guidance e.g. a key group of adults needing support are informal carers who fall into this age range and could be caring for children / siblings / parents, etc. and are more likely to look for guidance and support from Northants Carers, a highly competent third sector organisation. The Joint Carers Strategy is very relevant to this Priority so why not mentioned? Also isolation needs to be addressed as much in this priority as elsewhere so a key target should be a reduction in the numbers describing themselves as lonely - social interaction is as an important target as physical activity: often both can go hand in hand.</td>
</tr>
<tr>
<td>Sometimes this will be enough, but we must also remember that screening and GPs have a vital part to play as well.</td>
</tr>
<tr>
<td>Education for parents has a direct impact on children. As a collective, we must all be reading off the same page regarding messages of health.</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>I agree that we try.</td>
</tr>
<tr>
<td>If they are healthy less of a burden on NHS and social care.</td>
</tr>
<tr>
<td>Healthy adults that are informed what a healthy lifestyle is can then educate their children and grandchildren be proactive with ensuring they are health conscious, that they know how to access health information are informed in basic first aid even basic life skills.</td>
</tr>
<tr>
<td>In the statement &quot;Take opportunities to make exercise part of their daily routine&quot; Many people see &quot;exercise&quot; as going to the gym, for a run, to a class etc can the wording be changed to say to &quot;have an active daily routine&quot; such as get off the bus a stop earlier once a week......make activity achievable for the majority!</td>
</tr>
<tr>
<td>Well being is vital to good health and happiness, by providing and encouraging the means for healthy life style. The result is people able to look after themselves.</td>
</tr>
<tr>
<td>This requires early intervention.</td>
</tr>
<tr>
<td>People deserve to be informed about their rights and deserve to get information, even if they didn't get it from their parents.</td>
</tr>
<tr>
<td>As an elderly person over 80 this is of interest. Should continue to provide support to referrals to the Gym.</td>
</tr>
<tr>
<td>Enabling adults to take responsibility as individuals for themselves through education programmes which identify choices and build skills.</td>
</tr>
<tr>
<td>Never heard of a Community Pharmacy. Wellbeing CIC is part of this consultation or separate, I am confused!</td>
</tr>
<tr>
<td>I'm delighted to see exercise specified as important, but surely promotion of smoking cessation, avoidance of excess alcohol and drug- taking and good food are as worthy of specific mention.</td>
</tr>
<tr>
<td>Providing the skills to make sensible choices.</td>
</tr>
<tr>
<td>Adults do need to know the support system around their county and to help support themselves in increasing their health.</td>
</tr>
<tr>
<td>Clever words...with no real hope of fulfilment. So many do not have time or money for gyms and the like for them or their children.</td>
</tr>
<tr>
<td>As usual I suspect, new support would go first to those already on some sort of benefit - the middle tier of society who do not have obvious problems would not receive anything.</td>
</tr>
<tr>
<td>Success in this relies on adults being self aware. Exercise is good for all age groups but is...</td>
</tr>
</tbody>
</table>
Comments

expensive. Gyms are often in outlying areas of a town with no public transport to the door.

Older people need gentle exercise but often do not drive or do not have a car so are dependent on public transport to get them to exercise venues. Young people do not have cars.

Public parks are good places for everyone but only 2 in the county are accessible by bus - so excludes a number of people.

We all deserve to live full and enjoyable lives but have to take some responsibility ourselves and not expect to be led by the hand and for others to find the solutions to our problems. This is how we take control of our lives and steer ourselves in the right direction with support.

It will give adults the guidance some of them need and how they are in their everyday lives.

I feel that more needs to be done and greater publicity and access needs to be provided to achieve bullet point 3 (making exercise part of daily routine). It is especially important that green field facilities such as football pitches need to be maintained and not sacrificed for building development.

Of course one agrees, its common sense isn’t it? The nanny state approach though will cause resentment and antagonism, all you need do is present people with accurate information so that they can make (or not make) an informed choice if after that someone chooses as an adult to smoke or drink themselves to death that their business none of yours. If someone as an adult does not know the difference between right or wrong when it comes to bringing up children.

How on earth are the board going to ensure that parents bring up their children properly how are they going to achieve this and what sanctions are going to be imposed on those members of the population who fail in this? I take it the CAFS and TAFS are all failing as well? Problem with all of those is that they require parental consent so how do you engage with said parents?

This provides a good all round aim for all adults.

Once again these seem high flying statements that bear no relevance to what is happening in areas where adult Mental Health is in crisis...with very few services available or capable of helping/supporting in the areas you describe.

Deaf BSL users have barriers put in their way to achieve each of these points and these
<table>
<thead>
<tr>
<th>Comments</th>
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<tbody>
<tr>
<td>barriers need breaking down.</td>
</tr>
<tr>
<td>* Same comments as the above two questions. In addition, by offering appropriate support services in the community (smoking cessation, healthy eating programmes, change 4life, activity sessions etc.) - will lead to a decrease in numbers of people with preventable long term health conditions (type 2 diabetes, cancer, CVD etc.).</td>
</tr>
<tr>
<td>People should have a good relationship to their doctors and GP surgeries are local. Sounds like duplication. It's going to cause confusion about what to do/where to go for what.</td>
</tr>
<tr>
<td>All adults deserve the above but again poverty, homelessness, mental health issues etc make this far more difficult.</td>
</tr>
<tr>
<td>I don't particularly agree that this situation is carried out by an outside agency. Individuals have to take responsibility for themselves and their chosen future. The outside agency should be in a support role only.</td>
</tr>
<tr>
<td>Again it MUST start with educating the young. Too many people with problems, e.g. Single Parents with children to look after and so unable to be in full time paid employment, do not seem to be hampered by the lack of funds. Many expect to have all the luxuries that can be purchased by working full time, and choose to forget that their situation was in very many cases created by their own actions.</td>
</tr>
<tr>
<td>There has to be a reduction in the nanny state situation, where people are not allowed to be responsible for their actions.</td>
</tr>
<tr>
<td>This reflects my previous comments around responsibility and sustainability by reducing the burden on public services.</td>
</tr>
<tr>
<td>We all need to keep healthy but I am not sure about health from the chemist and I don’t know what first for well being is if it's there to help people keep healthy surely we should know about this</td>
</tr>
<tr>
<td>Further information and education from an early age will help improve the overall health and wellbeing of the community, as well as providing support to adults whose health and wellbeing knowledge may be lacking due to poor education.</td>
</tr>
<tr>
<td>It seems to be a well rounded approach.</td>
</tr>
<tr>
<td>As I said before, people have got to be more responsible for themselves and therefore pass onto their children about being more positive.</td>
</tr>
<tr>
<td>When balanced in outlook and in good health it may be easier for young people to pass on</td>
</tr>
</tbody>
</table>
### Comments

<p>| their experiences of life to others including their own children in time and also to become aware of the struggles others face eg. older or disabled people amongst others. This encourages an outward, positive view and the skills learned earlier could be beneficial in a wider sense - hence good citizenship. |
| People, where able, need to be supported to take control of their health and wellbeing. To be able to do this our medical model of delivering health services must be changed to a personalised model. |
| Anything that improves everyday lives can only be positive. |
| Being in control and responsible for these lifestyle decisions gives one a sense of satisfaction and independence. |
| Community projects as per the area needs should be developed and adults with no skills involved thus local skill set produced for future use or immediate. |
| Great sentiments but how are you going to do any of this where is your new and innovative approach to tackling health inequalities? Where is your anti-poverty strategy? Are you going into job centres and unemployment centres to target poorer people and give them help and advice on how to live healthily on a low income? |
| All really important in making the whole person more healthy. |
| Obvious &amp; should be a normal part of society disciplines. |
| As long as the goals set are not out of reach. For instance... Patient: Doctor I have had an accident and have severe backache. Doctor: I suggest you go on a bike ride. This was with no x-ray or examination taking place!! |
| First for wellbeing remains a concept at this point. How is this going to work and how will people know about this?? |
| Again a loaded question of course that is right. Where does it say what will be done by health to ensure this will happen? |
| Again common sense |
| I agree but letters are sent to patients re well being and there are no appointments available. Also it’s not always about sitting one to one with someone surely a discussion group or someone with a lonely social life can go and talk. Everyone has down times in their lives through varying reasons. |</p>
<table>
<thead>
<tr>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>On health we need to educate people to take responsibility through cartoon type methods it will get through to the next generation if not this. People are no longer encouraged to think for themselves.</td>
</tr>
<tr>
<td>What do you mean by a full life? How can you ensure this? How can you ensure everyone has an enjoyable life? Especially when there is food poverty, homelessness, drug abuse, illness etc. These statements are too broad.</td>
</tr>
<tr>
<td>Older people have been used to their independence and making their own life choices. Why should a reduction in mobility mean a reduction in dignity?</td>
</tr>
<tr>
<td>This focuses on educating adults so that they can take the skills forward. It also promotes activity and focuses on good health. As an adult tutor and holistic therapist, this is my way of thinking - excellent!</td>
</tr>
<tr>
<td>Yes, all these are necessary but should not be the council's concern. People need to take responsibility and if help is there are no excuses.</td>
</tr>
<tr>
<td>These statements of intent are coming from the start point that everyone understand and engage with them. There are many families who are second generation of the culture it is someone else's responsibility.</td>
</tr>
<tr>
<td>Prevention is better the cure. It should help overall health. Healthy adults encourage healthy children - &quot;do as I do&quot; approach. Agree particularly with making exercise a daily routine. So important to maintain mobility and independence.</td>
</tr>
<tr>
<td>As an OAP I welcome this, I look after my grandchildren (4 &amp; 5 months) for 4 mornings a week whilst Mum is at work, I keep an eye on my older sister who has low-vision who lives nearby, and my eldest son has Asperger's Syndrome and needs a lot of support to live independently, I also do a small amount of voluntary work each week. Anything that will keep me going sounds good to me.</td>
</tr>
<tr>
<td>Again the infrastructure needs to be in place. The local leisure centres and parks are very good, but their accessibility by public transport needs improving.</td>
</tr>
<tr>
<td>Good sense. There is no magic cure for illness and unhappiness, prevention is much better.</td>
</tr>
<tr>
<td>All these focus areas are interactive giving an element of choice to the individual.</td>
</tr>
</tbody>
</table>
### Comments

<table>
<thead>
<tr>
<th>Comment</th>
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<tbody>
<tr>
<td>Whilst I agree this will be a challenge.</td>
</tr>
<tr>
<td>We need to support people to be responsible for their health and wellbeing.</td>
</tr>
<tr>
<td>People should take responsibility for their health and shouldn't rely on the NHS to solve their health issues because they have taken responsibility.</td>
</tr>
<tr>
<td>Unfortunately one area that NCC has tended to let down is inclusion of disabled people in their support and funding.</td>
</tr>
<tr>
<td>Comment: There is no explanation of what 'First for Wellbeing' is?</td>
</tr>
<tr>
<td>How could you not agree however people do need to take responsibility for themselves too.</td>
</tr>
<tr>
<td>Long term this will save authorities money and in the age of computers, ipads etc it is good to encourage younger people to exercise more.</td>
</tr>
<tr>
<td>These are all important areas.</td>
</tr>
<tr>
<td>Adults cannot promote wellbeing to their children unless they are in full knowledge themselves.</td>
</tr>
<tr>
<td>I strongly agreed provided opportunities are realistically available. Not on paper.</td>
</tr>
<tr>
<td>But, resources should be targeted at those groups of adults who are suffering from the greatest inequality and have the least access to services and support.</td>
</tr>
<tr>
<td>Have you got the information required to identify such groups?</td>
</tr>
<tr>
<td>Personal responsibility is key. Relieve the unnecessary stress on organisations such as NHS, mental health services and Social Services.</td>
</tr>
<tr>
<td>A healthier happy population is less reliant on public services and more productive both in terms of ability to gain meaningful employment and to bring up healthy well functioning families.</td>
</tr>
<tr>
<td>Again agree generally but feel that you will be unable to 'ensure', but could 'guide' or provide the tools to enable'.</td>
</tr>
<tr>
<td>Similar comments to the previous priority, i.e. how does this identify with Northants, although to be fair there is more evidence provided, perhaps this should be more prominent?</td>
</tr>
<tr>
<td>My main concern is with the identified issues of 'excess weight' and 'concentrations of poor health', which then receive little or no mention in the subsequent sections.</td>
</tr>
<tr>
<td>These are easy to evidence and set outcomes but this is not reflected yet existing 'strategies' are accommodated, (smoking, binge drinking and drug misuse).</td>
</tr>
</tbody>
</table>
### Comments

These may be prevalent issues but need evidencing and demonstrating that they are the County priorities and not just pet local (and national) issues.

I agree.

However how can you ensure people make exercise a part of their daily routine? I leave my house at 8am and do not return until 6pm.

Where in my working day am I enabled to take part in exercise with only an occasional half an hour lunch break?

Obviously this is what we all want.

This objective will increase awareness.

Again a good focus, I wonder if there is a need to place something regarding their contribution into local communities.

It is difficult to comment on a lot of this strategy as it is not specific enough on how these issues are going to be addressed but we don’t feel that areas such as housing and employment are covered enough in this strategy. NCC does not seem to be linking very closely or mentioning other partners who would contribute to these issues such as local authority housing or agencies. NCC do not own that many premises but in How will we get there it suggest that spaces and facilities will be utilised to engage people to embed physical activity in their lives but e would have liked to have seen how this will be done - sometimes it feels as though this strategy has been developed in isolation from other partners, it needs partners buy in to be successful and closer working is needed and needs to be evidenced.

It’s important to encourage people to take responsibility for their own health and well being through education and having easily accessible help and advice.

There needs to be more on Mental Health as 1 in 4 people will suffer from mental health problems and it could be more.

Further detail required in relation to Mental & Physical Health matters.

We feel aligned with these outcomes as the prevention work that we do supports these outcomes. We feel that there is more that we can do and will be looking to extend our wellbeing support to staff members families to widen impact. We feel there are many areas in which we can support these outcomes.
Comments

Agree but you should not nanny people or presume to tell them what you think is best. What needs to be done here is to tackle some of the root problems with exorcise and weight gain for example tackling the food producers and banning parents that live near schools from driving their kids to school when they could walk. Who pays for all of this or is the assumption there that the not for profit sector will pick up the bill again?

Changes:

- Develop the skills and knowledge to help themselves
- Take opportunities to engage in regular physical activity
- Know how to access support to improve their health and wellbeing
- Raise healthy children and support older adults to remain healthy

All of the above are important and play a vital part in developing well being.

Aspirational stuff - more difficult to achieve in practice with little money.

If we do not take charge of our health and wellbeing why should we expect someone else to pick up the pieces. Of course those not able to do so should be supported to help them take charge of their lives.

Adults with healthy skills mean those skills will filter down to their children.

The paucity of daytime adult education classes in East Northants is one example of the County Council’s lack of support for healthy older adults.

But some children, have no idea what day it is, let alone wellbeing.

Sound great, in an ideal world it would be easy but it’s not, let’s hope this programme will make it accessible to all.

We would like to see greater specificity in each of the areas of focus to clarify the goal/future state. The fourth area of focus mentions first for wellbeing and community pharmacy, but other support services are available. Is it necessary to specify from whom people should access support? We do not feel the areas of focus are inclusive of people who are dependent and feel improving life expectancy and reducing inequalities are currently missing.
**Comments**

These days there is much talk of "Rights" and not enough of Responsibility.

Taking responsibility assumes the ability to exercise Individual, Family and Community rights. Empowerment is key to this. Likewise, in order to make informed decisions, relevant information in an accessible and appropriate format is required.

We agree with this priority and would suggest there are more ways that adults can take responsibility for their own health in particular. We would encourage a stronger focus on not just exercise but diet, lifestyle, smoking and alcohol use etc. These are mentioned in the "what would progress look like" section but there could be more reference to these aspects in the preceding sections.

Whilst agreeing with the overall priority we are surprised to see reference to specific providers within the strategy (which surely undermines choice).

We also need to be better at creating a 'single' narrative/menu about what's available instead of the tendency to have multiple 'Directories of Service' which will support 'informed' choice.

We are keen to ensure reference is made to some of the geographical challenges, particularly in East Northants, which often undermines 'choice'.

Similarly knowing how to access services is only one component as being 'able' to access can often be a more significant barrier.

Agree on the whole.

Similarly to the previous priority, an extra area of focus to ensure that there is access to environments that allow people to make those important informed choices. Therefore suggested extra area below:

"Have sufficient access to healthy environments and healthy life choices"

The above could be achieved through improved connectivity – making sustainable transport options viable, whilst also making the surrounding environment more attractive and accessible to all as part of a green infrastructure approach to improve mental and physical wellbeing.

Yes, but access wider than FFW. Needs to address Health protection as well as health improvement.

Need to include those that aren’t older people yet. i.e. younger adults.

What about those that can’t take responsibility i.e learning disabilities.
### Comments

We think that the importance of “Food” could be highlighted more strongly in the Strategy for instance encouraging Healthy eating at workplaces, greater publicity for food labelling and for encouraging healthier choices at fast food outlets.

There needs to be strong links between First for Wellbeing and locality based organisations. We understand that South Northamptonshire is to be allocated two Wellbeing Advisors; this is surprisingly low given the geographical spread and rural nature of our District. South Northamptonshire Health and Wellbeing partners are willing to offer their support to ensure that opportunities to engage our residents are fully exploited and are not compromised by a lack of capacity or financial restraint in other organisations.

Shared learning opportunities could help to increase resources in our District e.g. roll out of Making Every Contact Count and other Wellbeing Advice/Navigation training.

Concerted effort needs to be made to overcome the disconnection with schools by strengthening communication links and increasing engagement.

| Agree. It is good to encourage adults to take responsibility for their own health and wellbeing. |
| Know how to access information to support their H&WB could be added. |
| The focus for this priority only mentions support to improve health & Wellbeing from First for Wellbeing & community pharmacy. Surely the voluntary sector, GPs and other health professionals have a vital role. |

The Forum members have the following apprehensions:

- How will the Board persuade people to adopt healthier lifestyles?
- More explanation of what “health weight food environments” means.
- It mentions the importance of exercise in the focus. Yet there is no mention of more active adults in the progress statement, just the mention of more people at a healthy weight. The message regarding physical activity and its importance should be refocused as physical activity can have a bigger impact on health than just losing weight. Healthy weight adults who are inactive can have a higher risk of death and disease than unhealthy weight active adults.

| Bullet point two – could be amended to ‘Develop the skills and knowledge to help |
## Comments

themselves.

Bullet point three – could be amended to ‘Take opportunities to be more physically active as part of their daily routine’.

Bullet point four – ‘Know how to access support to improve their health and wellbeing’ – other agencies where support can be accessed should be included here.

Bullet point six – could be amended to ‘Raise children and support older adults to be as healthy as possible’

The group considered that if these bullet points were to be used in any summary document then the following suggested revisions should be made:

- Develop the skills and knowledge to help themselves
- Take opportunities to be more physically active as part of their daily routine
- Know how to access support to improve their health and wellbeing (we believe that First for Wellbeing and community pharmacies should be removed from this statement as there are many more agencies where support can be accessed)
- Raise children and support older adults to be as healthy as possible

Need to ensure people are able to distinguish between “fad” and “fact” in the information provided to improve health and wellbeing.

This section is very health focussed and could include wider wellbeing – wellbeing is implicit and should be made more explicit.

Again the benefit of ‘Activity’ needs to feature in the above listed focus i.e.

- Raise active healthy children and support healthy active older adults

Change of wording to reflect a wider range of help sources i.e.

- Know how to access support to improve their health and wellbeing from a range of sources, including First for Wellbeing, community pharmacy, leisure centres and voluntary sector.

How will the Board persuade people to adopt healthier and more active lifestyles?

More explanation of what “health weight food environments” means.
If you disagreed with these please tell us what the board should focus on.

<table>
<thead>
<tr>
<th>Comments</th>
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<tbody>
<tr>
<td>A lot is said about what you will do but not how. Housing is not mentioned and research shows that having a stable home and feeling safe in your community have a huge impact on health and well being.</td>
</tr>
<tr>
<td>There should be looking at certain support for fathers.</td>
</tr>
<tr>
<td>Is this First for Wellbeing CIC ??</td>
</tr>
<tr>
<td>Establishing broader better services in GP surgeries.</td>
</tr>
<tr>
<td>Suggest a priority around provision around advice and guidance as this will support people in making healthier choices</td>
</tr>
<tr>
<td>Where are you linking mental health into this, the low level preventative work that happens and keeps people well in the community? Parity of esteem you speak about physical health a lot but mental health.</td>
</tr>
<tr>
<td>Every employee of the combined board members and participants should have training on where to get advice and help. Everyone an ambassador. Work with the University to promote a healthy living week across the county, try leaving the office and make the effort to connect with the public instead of preaching from on high, but not actually doing anything? Where’s the action strategy?</td>
</tr>
<tr>
<td>Engaging/ re-educating family/ society values</td>
</tr>
<tr>
<td>Not sure if First for Wellbeing &amp; Pharmacies are the most appropriate first point of call for problems.</td>
</tr>
<tr>
<td>How will you ensure employers focus on a healthy workplace and give it importance?</td>
</tr>
<tr>
<td>Other areas that need more focus include:</td>
</tr>
<tr>
<td>Increased job opportunities/training.</td>
</tr>
<tr>
<td>Housing/living improvements working more closely with Boroughs and housing agencies.</td>
</tr>
<tr>
<td>A lot is said about what you will do but not how. Housing is not mentioned and research shows that having a stable home and feeling safe in your community have a huge impact on</td>
</tr>
</tbody>
</table>
## Comments

**Health and well being.**

I agree with the principles included in this section but think that some key things about healthy lifestyle choices have been missed off, including choices relating to food / diet, alcohol and smoking.

I also think that First for Wellbeing and community pharmacies are only two of many agencies that are relevant – so don’t know why those specifically are included.

I would suggest following / alternative wording:

**Our focus is ensuring adults:**

- Live full and enjoyable lives that they feel in control of
- Develop the skills and knowledge to help themselves
- Take opportunities to be more physically active as part of their daily routine
- Make informed and sensible choices about alcohol consumption, diet and smoking
- Know how to access support to improve their health and wellbeing
- Raise children and support older adults to be as healthy as possible

**The board should focus on equity of service provision, as between districts, with emphasis on disadvantaged areas!**

**Other areas that need more focus include:**

- Increased job opportunities/training
- Housing/living improvements working more closely with Boroughs and housing agencies

**Focus: Funding**

- There appears to be no link between the priority and how it will be achieved in real terms so it is difficult to gauge what is actually being proposed. There is nothing in the strategy about how services will enable adults to take these steps
- How will this priority impact on those households who are / have:
  - Low-income
  - No access to transport
  - Unstable housing
- How is this measurable? What could we actually do to help people enjoy their lives?
- How is are ‘healthy children and ... healthy adults’ defined?
- How will this priority support people with long-term physical conditions?
Comments

- How will this priority support people with long-term mental health conditions?
- How will this priority support vulnerable people?
- This should reflect the full spectrum of communities (E.g. LGBT, BME etc).

Employment and housing issues are not addressed in the rest of the priority – these are crucial to wellbeing, more work is needed around this and who specifically can help to increase employment opportunities, economic development and housing issues.

Healthy food choices and social contact should have equal weighting to physical activity

The group believe that healthy food choices should have equal weighting to physical activity

Question 4

Priority 3: Promoting Independence and Quality of Life for Older Adults

Our **focus** is ensuring older adults:

- Feel valued as members of our community
- Are not left feeling lonely
- Get the support they need when and where and how they need it, from whomever they need it, to make sure they can get on with living a happy and healthy life
- Are heard and have their wishes respected, especially at the end of their life

And their carers are listened to and supported

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<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>Strongly agree</td>
<td>59.8%</td>
<td>125</td>
</tr>
<tr>
<td>Agree</td>
<td>34.9%</td>
<td>73</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>3.3%</td>
<td>7</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1.0%</td>
<td>2</td>
</tr>
<tr>
<td>Please tell us why:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*answered question*: 209

*skipped question*: 36
Below is the feedback from respondents telling us why they agreed or disagreed with the focus.

<table>
<thead>
<tr>
<th>Comment</th>
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<tbody>
<tr>
<td>All of the points above are very important but like other points where is the how so that we can really agree.</td>
</tr>
<tr>
<td>For this to happen there will need to be a huge shift in the nations mind set regarding old people.</td>
</tr>
<tr>
<td>Nottingham seems to have got it right. They have an Older Citizens Charter-well worth a look.</td>
</tr>
<tr>
<td>We have an ageing population. Dementia and age related illness are going to touch all of our lives and I totally agree with creating a more dementia friendly society in which those people can remain in their homes independently for as long as possible.</td>
</tr>
<tr>
<td>The charity sector increasingly makes money from older people. It has become 'assistance at a price', which is wrong. Older people have contributed all their lives and deserve state help.</td>
</tr>
<tr>
<td>We all will be older citizens one day and it is important that their voices are heard. I understand that the highest cost for hospital beds is in relation to older people with broken hips. If we encourage people to remain as physically and mentally active for as long as possible, starting with children and young people, then the numbers of older people entering the national health service should decrease over time.</td>
</tr>
<tr>
<td>Carers do not just look after older adults so why are carers only spoken of in this category? Nationally, and thus locally, we need to consider whether we should allow limited funding to be attracted by their numbers into supporting the increasingly frail and elderly when economically it would make more sense to focus on the younger mentally ill.</td>
</tr>
<tr>
<td>Older people should have priority in British culture, unfortunately not enough is done to ensure this is the case. We could learn a lot from the way other cultures live their lives and treat their elders.</td>
</tr>
<tr>
<td>They are very important areas and should be looked at and there could be a few more.</td>
</tr>
<tr>
<td>They need to feel valued and treated with respect. Carers need support to take on the caring role and in doing so save the government ££££££££££££’s.</td>
</tr>
<tr>
<td>Older people have contributed and made sacrifices, and deserve to be well looked after. Also, people only die once - if they die isolated and in pain then they cannot come back and correct it. People should not leave this world suffering and with no support.</td>
</tr>
</tbody>
</table>
**Comment**

As people get older they need to plan for failing health and try and remain active. Down sizing into affordable retirement homes, adapting homes so they can stay independent for as long as possible.

Never feel bed blocking if they are admitted, horrible title, much more care planning and packages.

Keeping fit and well keeps people out of hospital who would otherwise be admitted unnecessarily to hospital.

Much work to be done, for these aims.

Older adults should be respected and treated equally. Their families should be supported and provided with impartial advice about what is available, so all concerned can make informed choices.

Elder people can be also useful if they have a chance. Encouraging them to be active is the best way for society to use their wisdom.

Great need to integrate Services and reduce bed blocking. Increase availability of Care Homes and Hospital needs to be increased to match an ageing population and increase in population in Northamptonshire. This has been known for years but no increase in infrastructure appears to have happened.

Involvement and financial support to enable community groups and charities to support older people and their carers.

I am already a member of Northamptonshire Carers, and indeed registered as a Carer with my GP and NCC.

We are an ageing population and the needs of the over 60's are different from those of the young. Yet maintaining well being until death is so important.

This is very important to helping the older community and to ensure they get the right health care they need to support themselves effectively.

Good words, but actions are speaking louder.

Closing of care homes, reduction of bus services, reduction of accessible parking in the cultural quarter, reduction of grants for elderly causes difficulty in getting any GP appointments, or after that referral for treatment, regular instructions not to attend A&E, waiting (myself) for over 9 months for physiotherapy after injury. Loneliness is also endemic, which I see doing voluntary work for Age UK and library, and as a
Comment

member of U3A.

There is seemingly no joined up support for the elderly, and no single point of contact for advice....at 73, I despair of the future.

Agree but the infrastructure is not there to achieve. Not everyone is in the system.

Many old people are solitary at home - just managing to do shopping and survive.

Loneliness is a killer and the longer it goes on the worse it gets. To balance this, many older people would resent others trying to get into their homes and persuade them to come out.

It could be an invasion of privacy.

Elderly people are entitled to a health check - but the question about home conditions, food, cleanliness mobility is not asked. Perhaps some of this part of the health check could be done by a sympathetic nurse or health assistant rather than the doctor.

as before

Too often older people are lonely and isolated even if they have a family (and many don't).

We need to integrate older people back into society so they are not seen as a burden or drain on resources. Let them share their life experiences, go into schools and educate and allow them to support young mothers who perhaps do not have a role model but it would give them a purpose again.

Being lonely is very sad in today's life; we all should be part of the furniture of life together.

A lot of adults feel ashamed or embarrassed to get help with what their issue is but with confidence and somebody they can ask for help and confide in they can be helped.

Some thought needs to be given as to how spouses who lose their "other half" are identified and helped. Many couples are relatively self sufficient as a unit until one dies.

Again yes but you don't say anywhere how you plan to achieve this massive undertaking especially when the voluntary sector often the stalwart of such service delivery is decimated beyond belief.

Older people are at most risk of isolation and as a result it is highly likely this will lead to risk to their health and well-being.

In an ideal world...all elderly people would be listened to. As the BBC programme The Age of Loneliness highlighted...once more I see what I see and I understand what little control over changes. Healthwatch/CCG groups/hospitals and the NHS overall has.

With an ever increasing ageing population who often feel unimportant/put on the scrap
Comment

heap especially with regard to health facilities, the addressing of the above points of focus are vital. They have paid their taxes - they deserve to be treated with respect/dignity and provided with an appropriate end of life care service.

Fragmented and poorly paid for services have left many old people bereft and very lonely.

Loneliness is a killer.

Particularly important is that carers are listened to and supported with adequate resources.

A society is judged on how it treats its older and genuinely disadvantaged members.

Listening is fine but action is better.

Once again this MUST start with education, possibly best introduced in the last years of full time attendance of their school or whatever establishment.

Education may well be too late for many older people who will probably be incapable of digging through the mass of information to reveal solutions that they need.

Perhaps a 'Citizens Advice' style system, minus the 'wait in a queue' is necessary to ensure the vulnerable get the help needed in time for it to be of any use?

Regarding personal wishes at the end of life it is paramount that if these are appropriately recorded then they cannot be over ridden. The choice to live or die should rest with the individual, anything else is external interference.

Some people are loners, like being on their own and do not want 'company' or external interference. This should be taken into account when setting up a 'support' any arrangements.

I would also want recognition of the need for poorer pensioners to receive the equivalent of a living wage.

Older folks have a wealth of expertise and experience, most of us would be happy to help pass this on remember, WHEN IT'S GONE IT'S GONE!

These are often the most vulnerable people and their health and wellbeing needs are intertwined with social needs. Services are too often disconnected and managed in silos. These services need to be aligned and interconnected so that there is a complete and holistic management plan to support older adults.

I care for my disabled daughter and our wishes are often not taken into account. I have been too many consultations which have been a total waste of time as decisions have already been made and it is just a government rule that a consultation must take place.
### Comment

Keeping older people out of hospital is all about treatment in the community; being happy and healthy will prevent unnecessary hospital visits and also is better for the individual.

The disconnect or at least lack of seamless integration between health care and social care continues to be a problem for older people.

There is a need to improve use of technology to support prevention of hospital admissions and other serious adverse outcomes.

Very modest investments at the front end of this cycle supports these objectives whilst taking pressures off, and reducing costs for, other health care providers - whilst vastly improving quality of life for clients and carers.

Home and carer managed infection control trials have shown startling results in this area and should be supported as a strategic priority.

A part of the community which is not always given such priorities.

Giving them opportunity and access to choices to make their lives more easier.

I am an OAP and thankfully am still able to look after myself, but there are many elderly out there that are unable to and haven't the support of families. They should be checked on.

As before

Older members of our community have much to offer other and younger members; if they are valued and encouraged to communicate their experiences and wisdom it can only be of benefit.

All participants may thus improve their own life experience, become more aware of how they themselves can be of assistance to others. Loneliness is like a canker and causes huge distress and loss of identity and self esteem, encouraging illness instead of wellbeing.

It is important to listen to carers as sometimes it is not always possible or easy to understand the needs of an elderly perhaps also disabled person.

Carers can be a bridge to understanding and communicating for the benefit of all. Our culture has not always respected the elderly but this could change; we will all be elderly if we live long enough.

There is much experiential richness to be gained.

If elderly people are listened to, are asked what their choices are and are supported to live independently according to their wishes the numbers trapped in our acute services could be very significantly reduced.
<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of us will be old (if we have not died prematurely), and all of us want a good quality of life right up to our final breath.</td>
</tr>
<tr>
<td>Whist agreeing with the above statements, I would also point out that people are individuals and must not all be categorised as wanting to lead the same life-style, therefore avoid any 'one solution suits all'.</td>
</tr>
<tr>
<td>I am a seventy-five year old seriously disabled person who chooses to live alone without carers and my activities and employment are not age of disability related.</td>
</tr>
<tr>
<td>I do feel that having personal experience of the cost of this through an elderly aunt who is now in a home. It is often not enough and the cost is prohibitive, as is the cost of the care home at £900 per week. When she first went in and needed nursing care, even the £600 she now pays is far too much and her money will run out well before she ceases to need care. This is especially annoying as if she were in Scotland she would be receiving free care. I am very, very concerned that the council is planning the closure of two more homes when in fact more are needed.</td>
</tr>
<tr>
<td>An older person would be over the moon if any one talks to them. They do need to be respected due to the fact they helped create and make this country what it is today but instead are being shouted at and abused today should they be taking part in this.</td>
</tr>
<tr>
<td>Older people deserve care help and support, they have earned it. So how about using them as a resource for promoting healthy older lifestyles.</td>
</tr>
<tr>
<td>These cover physical and emotional health, both of which are really important.</td>
</tr>
<tr>
<td>A friend of mine just passed away from cancer. A few months before she was told she should have an end of life plan. When she checked into it, her doctor had only started it and had not passed it over to someone else to complete when she left the practice! Friend had to chase it up. How undignified!</td>
</tr>
<tr>
<td>It is about time the services were all joined up instead of having to go through a myriad of referrals from different providers both statutory and voluntary to get what is needed.</td>
</tr>
<tr>
<td>Very important especially listening to Carers who may be the voice of older people if they have capacity problems for example. Supporting Carers helps prop up the rest of society as well as &quot;the system&quot;.</td>
</tr>
<tr>
<td>Yes I agree but it doesn't always happen as the backup support is very hard for family and surgeries to find. People should be allowed to be in their own community surrounded by</td>
</tr>
</tbody>
</table>
Comment

friends etc this will stop the loneliness. Why would you put people in a home miles away from all they know - of course they will deteriorate.

Unpaid carers should be supported more than they are at present. How can you prevent people feeling lonely? Why are older people lumped together as one homogeneous group?

A support network for people of any age is important.
In older people where their families have moved away, they can suffer from isolation.
Some cultures live as extended families, but traditionally the White British culture has not embodied this ideal. People like to feel valued.

Elderly people are very close to my heart - I have done a lot of work with senior citizens and am a huge advocate for the elderly. Loneliness is like a disease for some older people and it is very important that this is addressed as many are housebound and don't have the means to get out and about. They need extra support and I agree that feeling valued would make them feel positive and important - which they are! Having their wishes respected is paramount - many elderly think they've 'been thrown on the scrapheap' and should have control over their lives as much as possible. Yes, I also agree with them needing to have their wishes respected as they near the end of their lives. I am an active supporter of the group Dignity in Dying, after caring for my Grandmother who had a horrific and long-drawn out end to her life suffering from Alzheimer disease. She would not have wanted the end she had to endure.

It is also really important that carers get more support. They save the government a fortune and seldom, if ever, get a break. They are often elderly themselves - indeed, our neighbour who is 90 cared for his terminally ill wife until she died two months ago.

Recent government cuts have undermined all these areas.

Older people are often lonely and do not want to burden someone. There could be a meeting cafe or house visits from trained NCC employees.

People need to take responsibility and if help is there, there are no excuses.

I agree with all above BUT service must be there to support all of above. Recent experience shows that they do not exist.

All people want to feel respected and have a voice.

Availability of interaction for older people is important to keep them mentally and physically well.
<table>
<thead>
<tr>
<th>Comment</th>
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<tbody>
<tr>
<td>See previous answer.</td>
</tr>
<tr>
<td>Feel that my sister is penalised for owning her own house when trying to get her help in the home. If she was a council tenant, I think she would get far more support. This is the impression I am getting, the more we explore what is available to her.</td>
</tr>
<tr>
<td>This is how the latter stages of a life should be conducted. Keep active but be aware that each adult is different and has different needs; I would not want to be known just as &quot;an old person&quot; but as a person in his own right that has grown old.</td>
</tr>
<tr>
<td>We have an aging population who need to feel valued &amp; supported. Carers are also much in need of support to ensure they can continue in their valuable role.</td>
</tr>
<tr>
<td>All of the focus areas are important, but nowhere does it address the issue of how people who need door-to-door transport solutions will be able to get out of their homes to benefit from these focus areas. Transport is an absolute essential for many people, particularly in rural areas, if they are to enjoy health &amp; wellbeing.</td>
</tr>
<tr>
<td>Failure in these areas is a key feature in the impact being felt by our primary and secondary health services.</td>
</tr>
<tr>
<td>My father has recently been diagnosed with vascular dementia and we have so far received quite a lot of help and advice and are hopeful that it will continue.</td>
</tr>
<tr>
<td>I agree but due to financial restraints these will be difficult to achieve.</td>
</tr>
<tr>
<td>Feeling lonely is the most horrible feeling in the world which is generally only realised when in older age. When the grey years become the solitary years as well, meaning changes in all aspects of life.</td>
</tr>
<tr>
<td>The community must try to become a surrogate partner.</td>
</tr>
<tr>
<td>Loneliness is one of the biggest things that affect a person’s health and wellbeing. Also with an ageing population the focus should be about supporting older people to stay in their own home and live safely.</td>
</tr>
<tr>
<td>Unfortunately although the services apparently exist they are do not seem to be openly accessible to residents without doing considerable digging and endless telephone calls. A services directory should be available and front line reception staff should be aware of the services.</td>
</tr>
<tr>
<td>Absolutely agree - but not sure how point two will be achieved with funding cuts to services and pretty much befriending provision across the county?</td>
</tr>
</tbody>
</table>
**Comment**

Older people have often lived interesting lives but this tends to get forgotten if they have no-one to talk to and I think young people should be encouraged to mix with older people and gain from their experiences.

Older members of the community should be and feel valued.

Education in these areas begins in the family and in the schools. Our older people are now living much longer than previously with their useful lives being extended. As a population we are often grossly undervalued and demographics have changed making the older person isolated from their family. There is very heavily reliance on the voluntary sector to alleviate many of the problems of older age and in most areas they have become overwhelmed and cannot cope. Persuading an older person to leave their homes and become part of an active group is often too difficult to be achieved.

The challenge is going to be in the rural parts of the county. If you wear an NHS hearing aid, due to older age, you need to have it maintained several times during the year. There should be bi-monthly services to help people in Deanshanger and Byfield, Towcester and Brackley, to help people who cannot easily get to NHS Audiology. There are also people living in residential homes, who wear hearing aids. They, and the care home staff, need to have support too.

Feeling lonely ending up in hospital with lots of complications but it is taken head on less burden on hospital.

See previous comments about addressing inequalities and targeting resources at those most in need and facing the greatest inequality of health outcomes and life expectancy. Do you have the information to do this effectively?

It is especially important that that caring industry is respected, professionalised and well rewarded. It is also important to open up as many opportunities both through both statutory and voluntary services to deal with loneliness and tap into the many useful talents and interesting memories and experiences that older people have.

Once again, where is the evidence that this is a priority for Northants (I'm sure it is, but it’s not clear from this document).

This is a wonderful section/priority within which to demonstrate the acknowledgement of the embracing of the wider determinants of health, yet there is no mention of the pressures on DFG(disabled facilities grants) funding and/or the shortage of occupational therapists,
**Comment**

essential in progressing applications.

At least 2 outcomes should focus on this?

Older people, particularly those living alone, are generally the most vulnerable members of society. The five areas of focus are essential to protect them.

Again a good focus, I wonder if there is a need to encourage contribution where possible

Please don’t cut public transport or free passes for older adults. Sometimes a bus is their only means of getting out and about in the community

Great aims as this is how we would all like to be treated.

There needs to be a focus in terms of providing affordable and high quality daytime activities for older adults to reduce social isolation. We also need to develop social prescription as a concept within the county council.

We feel aligned to these outcomes as we already deliver interventions to meet them in some areas and will be looking to tailor our safe and well visits to meet the needs of this group of people. We will look to work with other agencies to develop our skills to deliver these outcomes and support other agencies activities.

This is vitally important we fail our older people time and time again and those elderly and in isolation (young people can be isolated as well) can be made worse by poverty. Proper training and a decent wage for cares is essential and it is so important that people are not patronised or paid lip service to.

Feel valued as members of THE community

- Are not left feeling lonely
- Are informed how to access the support they need to maintain a healthy life.
- Are heard and have their wishes respected, especially at the end of their life
- Carers are listened to and supported.

All of the points above are very important but like other points where is the how so that we can really agree
<table>
<thead>
<tr>
<th><strong>Comment</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For this to happen there will need to be a huge shift in the nations mind set regarding old people.</strong></td>
<td></td>
</tr>
<tr>
<td>Recognises the impact of societal factors on health and wellbeing of the older person</td>
<td></td>
</tr>
<tr>
<td>The second and third points, could be met by reinstating the &quot;supporting people&quot; budget, not that Housing Support workers could be re-employed.</td>
<td></td>
</tr>
<tr>
<td>However, I attended a meeting recently and the member of staff delivering the strategy stated &quot;That Northamptonshire County Council would provide services where they would get best value for the monies spent. This did not go down very well as it was disenfranchising some of the population.&quot;</td>
<td></td>
</tr>
<tr>
<td>But older adult are more vulnerable and don't have internet access so are more likely to become lonely and not know where to get support, dementia carers are at a greater risk of this</td>
<td></td>
</tr>
<tr>
<td>People with dementia and their carers are particularly vulnerable and should be provided with an ongoing support worker, access to respite care and early opportunities for reducing loneliness through befriending and groups</td>
<td></td>
</tr>
<tr>
<td>Many of these are the very people who fought for the freedom we enjoy today, and spent their lives working hard and putting into the system, they deserve every help they need in the evening of their lives.</td>
<td></td>
</tr>
<tr>
<td>Although mentioned in the statement of the priority, 'independence' does not seem to be sufficiently addressed in the areas of focus. We feel that the areas of focus are well worded and wonder if other priority areas could adopt a similar style.</td>
<td></td>
</tr>
<tr>
<td>Easy access to Care in all its forms is crucial as we age and environmental consideration is essential (Accessible Public Transport, Maintenance of Roads and Footpaths etc etc.)</td>
<td></td>
</tr>
<tr>
<td>Promoting Independence should entail seamless access to Health and Social Care plus adequate transport systems together with a sense of personal value and esteem to ensure an integral place within the community.</td>
<td></td>
</tr>
<tr>
<td>This is a key area of the strategy and we strongly support it.</td>
<td></td>
</tr>
<tr>
<td>Linking to Priority 2 we would suggest bullet 3 might be expanded to include '...in their place of choice' which would support both the end of life and 'out of hospital' strategies but also prompt deliverables that might include Assistive Technology as a key enabler. In addition, the reference to 'are not feeling lonely' could be broadened to include reducing</td>
<td></td>
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</table>
### Comment

Social isolation which could be viewed as being different to loneliness but evidence shows has a significant impact on the older adult population in particular and we wouldn't this aspect is overlooked.

So that older adults do not feel lonely or isolated from the wider community, it’s essential there is access to healthy choices, and this needs to be recognised within this priority. To that extent, as for children and young people, an extra area of focus should be ensuring older people; “Are provided with and able to access healthy environments and healthy life choices, appropriate to their particular needs”.

Agree and disagree. Need to include health protection as well as health improvement. What is ‘older adults’ and needs of 65 year old is not the same as 95 year old.

We support this priority but would like to further emphasise that care must be taken to ensure that access to support services for people in need should be equal regardless of wealth or locality.

Resource allocation is an issue for us despite the apparent affluence of the District there areas of deprivation in South Northamptonshire and the rural nature of the District makes it harder for some to access services.

South Northamptonshire’s Health and Wellbeing Forum Partners could play a more proactive role in “social prescribing” provided the links with statutory bodies are “open” and enabled.

There should be something in the strategy about suitable accommodation choices being available to meet the needs of people at different stages of old age and with different levels of frailty. There needs to be proper engagement with the planning process.

We agree with the priority in principle. These are all good areas to focus on. The lack of detail makes this feel aspirational rather than grounded in reality.

For older people, particularly those living alone, access to health, social and shopping facilities are important to their wellbeing.

The Forum members have the following apprehensions:

- Disabled Facilities Grant funding is an issue, with councils currently not notified of the 2016/17 allocations. In addition the current system fails to consider the longer term needs of the client and acts on a ‘one size fits all’ scenario. This often leaves clients with the
**Comment**

immediate adaptation they need to get around their home, but does not consider their longer term health, housing and social care needs.

- We should be enabling people to move to more suitable accommodation before they get to the point where they are unable to continue living in their own home or hospitalised.

There should be greater linkage to the Planning Policy and the provision of more housing for older people and the Adult Social Care Accommodation Strategy.

- We should be looking to develop and deliver a countywide person-centred effective falls and fracture prevention programme. Therefore there should be reference made to the recently published document “Standing Up For Ourselves Reducing Falls & Promoting Bone Health – A Strategic Commissioning Framework for Northamptonshire (2015 – 2020)

<table>
<thead>
<tr>
<th>Bullet point one</th>
<th>could be amended to ‘Feel valued members of the community’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullet point two</td>
<td>could be amended to ‘Are not left feeling lonely and socially isolated’.</td>
</tr>
<tr>
<td>Bullet point three</td>
<td>could be amended to ‘Know how to access support they need to have a happy and healthy life.</td>
</tr>
<tr>
<td>Bullet point five</td>
<td>could be amended to ‘Carers needs are listened to and supported and have their own personal needs assessed.’</td>
</tr>
</tbody>
</table>

The group considered that if these bullet points were to be used in any summary document then the following suggested revisions should be made:

- Feel valued members of the community
- Know how to access support they need to have a happy and healthy life (3rd bullet)
- Carers needs are listened to and supported

We’d like to see employers promoting schemes such as Good Neighbours and Dementia Friends amongst the workforce.

### If you disagreed with these please tell us what the Board should focus on.

**Comment**

In amongst the cuts it seems impossible to see how these can be met.

Your questions seem to be unrealistic...either by areas or perhaps the description...perhaps you saw the BBC programme The Age of Loneliness' If the experts are failing countrywide I consider the statement 'are not left feeling lonely' a pathetic statement.
### Comment

Also need to consider support to ensure older people are not hospitalised unnecessary.

**ACTION not WORDS.**

Well trained and supportive services must be available. If locally co-ordinated, funded and joined up would give reassurance to the most vulnerable families, couples and individuals who wish all of your aims.

It’s not that the focus areas are wrong, but rather that it is incomplete without transport options.

No need to do point one if all the other points are put in place.

Consider changing emphasis in 3rd bullet point from getting help from whoever they need to whoever they want to get it from - this may mean more support for non council sources of assistance.

People, especially paid carers are always in a rush. Time needs to be made and paid for to enable carers to listen and talk more rather than just dealing with physical needs.

We do not disagree but there need to be a much stronger quantification of "what progress would look like". As currently written a modest decrease in DTOC or admissions would illustrate progress whereas a considerable redesign of the system, involving all partners is needed to free-up the urgent care system.

Disagree that there is an age attached to this priority. Why is there an age bracket needed throughout life. Needs to concentrate on the positive. Some older people are the solution – using skills and abilities. Skills exchange/volunteering.

**Focus: Measurable targets / benchmarking**

Disagree:

- What is an “older person”?
- There are different needs for different age groups (50-60 / 60-70 / 70-80 / 90+)
- There are no measurable targets
- What is the benchmarking criteria?
- There needs to be realistic measurable targets based upon a needs assessment.
- There should be better understanding from clinicians around the benefits of social prescribing
- Housing should be a consideration (e.g. Assisted living / Telecare etc).
Comment
Adaptations need to be provided – these are already being done but not quick enough, processes need to be addressed. Concerns were expressed about the wording of this priority, “More people to experience a good death”, viewed as insensitive and should be changed to something along the lines of “dignified”.

Question 5

Priority 4: Creating environment for all people to flourish

Our focus is ensuring:

- Communities are able to put in place their own solutions and support themselves to be happier and healthier
- Everyone has a warm, safe and affordable home
- More people are in work that pays a living wage
- Employers care about the wellbeing of their staff
- Our towns and new housing estates are developed to promote healthier living
- People have access to parks and leisure facilities that make them feel good about ourselves and proud of our County

Do you agree or disagree with these six areas of focus?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>46.6%</td>
<td>95</td>
</tr>
<tr>
<td>Agree</td>
<td>39.2%</td>
<td>80</td>
</tr>
<tr>
<td>Neither agree or disagree</td>
<td>7.8%</td>
<td>16</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.4%</td>
<td>9</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.5%</td>
<td>1</td>
</tr>
<tr>
<td>Don't know</td>
<td>1.5%</td>
<td>3</td>
</tr>
<tr>
<td>Please tell us why:</td>
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</tbody>
</table>

answered question 204
skipped question 41
Below is the feedback from respondents telling us why they agreed or disagreed with the focus.

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The focus is good but does need financial support from the state.</td>
</tr>
<tr>
<td>I agree with the areas of focus. I do not believe that currently it is always possible for communities to find their own solutions. People are needed as 'community leaders' to drive this forward. Someone needs to come up with meaningful solutions so that the public can run with them.</td>
</tr>
<tr>
<td>With so many conflicts of interest I'd be amazed at how this is achieved</td>
</tr>
<tr>
<td>These should be the benchmark for any civilised society.</td>
</tr>
<tr>
<td>I am not from this county; I am in fact from a neighbouring county, one with significantly lower obesity rates and deprivation levels. That said, I can honestly say, the 'feel' of this county is very positive, it is very much like a very big village and this is largely down to the way the council operates.</td>
</tr>
<tr>
<td>Great principles but those I for with rarely fit into these criteria.</td>
</tr>
<tr>
<td>There is an irony in expecting employers to provide minimum wage jobs whilst many council employees have zero hours contracts and many of the services which are commissioned to support communities and tackle the inequalities that affect health are on yearly contracts which impacts their ability to provide secure employment which impacts on housing etc..</td>
</tr>
<tr>
<td>Everyone should feel safe, have a place to live and a living wage to make them feel valued and improve their self esteem.</td>
</tr>
<tr>
<td>Everyone deserves to live a happy, secure life, and this shouldn't depend on how wealthy they are, or where they live.</td>
</tr>
<tr>
<td>Some people hate exercise. It is hard to make friends as you get older rely on families. Groups and clubs are not everybody’s cup of tea. Some employers do care about staff but others you are just a number or not valued.</td>
</tr>
<tr>
<td><strong>Comment</strong></td>
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<td>------------------------</td>
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<tr>
<td>Heating costs are rising old people are afraid of big bills when they have limited income.</td>
</tr>
<tr>
<td>Communities need to be substantially supported to put their own solutions in place, bear in mind those who don't take part for a variety of reasons and make sure you are not just involving the converted and producing solutions for the converted.</td>
</tr>
<tr>
<td>This needs support and guidance to reduce the risk of inequality.</td>
</tr>
<tr>
<td>This is difficult to achieve, as most of employers are not interested in helping people, but in gathering money. Without supportive, encouraging legislation, this is almost impossible to achieve.</td>
</tr>
<tr>
<td>Pious Hope!!</td>
</tr>
<tr>
<td>So important - and very sad that Northamptonshire has not seen this as a priority much earlier!</td>
</tr>
<tr>
<td>We must restore living wages to all; no more zero hour contracts.</td>
</tr>
<tr>
<td>We must stop squeezing every ounce of energy from everyone - they need a bit left for life after work.</td>
</tr>
<tr>
<td>Our health service is in grave danger and needs urgent reform.</td>
</tr>
<tr>
<td>Communities should be supported more by their elected Councillors. We have BCW and NCC Councillors for my area in Wellingborough. Why can’t they get involved? How can you influence House Prices and Rent Charges?</td>
</tr>
<tr>
<td>How can you make Employers pay above the Minimum Wage? Even the Prime Minister cannot get them to do that!!</td>
</tr>
<tr>
<td>Local communities are not always the best source of decisions, as it’s easy for individuals or groups with their own agenda to steer matters according to political, ideological or personal preferences. (I have a jaundiced view of the capabilities and motivation of some local leaders).</td>
</tr>
<tr>
<td>This is important for the community to run better and to give the best service for people who live in the community. And ensure that everyone has the best outcome of life.</td>
</tr>
<tr>
<td>Comment</td>
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<tr>
<td>-----------------</td>
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<tr>
<td><strong>Again, laudable aims, but how will you do it. The voluntary sector seems so often to not work, because of underfunding, little support and poor organisation. Those working, have little spare time to help others, especially if they are raising families, house prices seem not containable, small firms are constrained by new legislation on living wage, and work place pensions. Housing estates appear to be envisaged for flood plain and other unsuitable areas. The town council has so far been unable to stop copious development (often by adjacent councils) on the border of the town. It just gets bigger and bigger, with commercial enterprises unhealthily near residential areas and houses being suggested with permanently closed windows for areas of transport pollution Wish you luck.</strong></td>
</tr>
<tr>
<td><strong>Vision is good - but can it be applied. As stated before, parks and leisure facilities are restricted for the elderly because of the lack of transport. Employers must care about their staff particularly encouraging safe use of the internet and not working at home when the working day is finished.</strong></td>
</tr>
<tr>
<td><strong>Focus admirable - not sure how this will be achieved - good luck.</strong></td>
</tr>
<tr>
<td><strong>In terms of bullet point 6 (access to parks) close scrutiny needs to be given to the need for parking charges. Frequent use of parks is seriously inhibited if there is even a moderate daily parking charge which soon mounts up.</strong></td>
</tr>
<tr>
<td><strong>Massive undertaking how on earth will this be funded, this needs money not good will.</strong></td>
</tr>
<tr>
<td><strong>How can you disagree with these aims - the problem is achieving them not dumping the problems on someone else.</strong></td>
</tr>
<tr>
<td><strong>Once again, by addressing the above points with lead to a happier population - some should be human rights (warmth, safety and equality).</strong></td>
</tr>
<tr>
<td><strong>A good physical and social infrastructure and cultural life are components of well being.</strong></td>
</tr>
<tr>
<td><strong>Agree but feel this is impossible in this political climate. Too many people are disempowered and the odds are stacked against them.</strong></td>
</tr>
<tr>
<td><strong>Utopia I suppose is an aim but how it is achieved is the important bit. The above aims are</strong></td>
</tr>
</tbody>
</table>
**Comment**

just that but where is the substance.

An issue here is to ensure our country does not become any more overcrowded.

Because there is not enough social housing and it is up to local councils or government to provide housing for people on lower incomes if you haven't the money you cannot help yourself find decent affordable housing.

This focus sounds excellent in principle however; proper funding needs to be in place to create long-term solutions. This should not be used as an excuse to push issues into the community and leave individuals to deal with problems (health or otherwise) alone.

Agree with principles but would have concerns about cost.

If these methods are adopted, then people will be happier, then their children will be happier and hopefully this will lead to humans being kinder to each other.

To encourage independence in problem solving will promote a sense of pride and raised self esteem. This could encourage others to do likewise sensing the empowerment that it brings. If people are being cared for by earning a living wage by employers who consider their wellbeing I think it will also promote healthy lifestyles. Coupled with sensitively planned housing provision with access to parks, leisure facilities etc. will encourage good health and sense of pride. It is known that 'green' spaces promote health.

What are you doing to support communities to develop ways of coping themselves? How do you plan to deliver this in conjunction with other parties?

There can always be improvements in services....and some individuals will always 'fall through the net'.

It sounds like utopia. However I suppose one has to aim high!

What a shame this was not adhered to in allowing so much more building in the Sandy Lane area of Kingsthorpe where an important local facility was lost, it seems very little provision is going to be made for cars on the new estate and little thought has been given to the devastation the extra traffic will cause on the already busy Harborough Road and
### Comment

Kingsthorpe Centre, when the University moves and more building is allowed on that site the whole of our lovely Kingsthorpe will come to a standstill. If anything the land on Sandy Lane should have been used to extend to overflowing cemetery.

We need to look at local employers who I know have been importing their workers from India and have not made any effort to develop local skills by just creating training jobs

Again, these are the main features of overall wellbeing - some of them will be very difficult to tackle though, even in partnership.

Where is the additional funding coming from to support these ideologies in our community. GP's, Police, Fire & Ambulance services all being cut which adversely & directly affect the general public’s health, security & leisure.

Older UK born residents are very concerned about their end of life care and support in the community.

Stop building on green belt land and flood plans.

Stop taking away the Midsummer meadow and cutting all the trees down.

The affordable home bit may be out of NCC's control though!

I agree with the idea but it won't happen without money and unfortunately that is being cut.

What we need it to keep our villages and communities smaller to enable that community spirit to flourish, bigger is not always best. You lose the personal touch and by growing your villages you run them in to commuter villages with no soul. We need to get the caring about one another spirit back this would ease the pressure on services.

These are wishes, how can they be put into practice? How can you influence employers to care about the well being of their staff? How can you ensure everyone has a warm, safe affordable home, when there is fuel poverty, and homelessness? There are not enough affordable homes to buy or rent.

I am a town planner who works with health professionals and supports the production of health impact assessments as part of planning applications. A healthy community is a
<table>
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<th><strong>Comment</strong></th>
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<tr>
<td>welcoming community</td>
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</table>

Communities should be encouraged to integrate more, like it used to be up until the 70s. This would help families with young children to feel supported and also address elderly people feeling lonely and undervalued as everyone can join in.

I'm unsure how you can provide warm, safe affordable homes for everyone... The figures for those in employment appear to be growing, which is encouraging.

Employers should care for their staff - I have studied this, as my business is holistic therapy and it’s proven that if employers offer healthy incentives, employee attendance, loyalty and productivity improves.

I go into the workplace to offer onsite massage, reflexology and stress management. Employees can pay for themselves, or be subsidised, or the company pay.

Having healthy environments is good for both the physical and mental wellbeing of our population.

These are all necessary to lead a healthy contented life.

People need to take responsibility and if help is there are no excuses

This is NOT the everyday reality!

People must become stakeholders in the process.

Everything goes towards people being happy.

People need to accept certain amounts of responsibility.

Agree with most of this.

But why is it your responsibility to ensure that people have a warm, safe and affordable home. It is up to the individual to earn enough money to have this.

I know older people go on about community spirit, but it's something that is sadly lacking today.
Comment

Where I live folk in my road are mostly of my generation, and look out for each other, pass the time of day etc.

Although the estate I live on has no community centre or meeting room, therefore no feeling of community, that we all belong, all face the same problems etc.

My youngest son and his family have lived in Wellingborough for two years and still don’t know the names of their next-door neighbours. That’s sad.

Public parks are essential, some green space where people can go to relax, walk the dog, play with their children.

It's all about attitudes though, and I don't know how you approach that.

This is too idealistic for me.

Our county is a wonderful place to live and people should celebrate this fact and appreciate what they have locally.

All of the focus areas are important, but nowhere does it address the issue of how people who need door-to-door transport solutions will be able to get out of their homes to benefit from these focus areas. Transport is an absolute essential for many people, particularly in rural areas, if they are to enjoy health & wellbeing.

After trying to help our son and his girlfriend get on the property ladder I am not sure quite what your idea of affordable homes are but for a long term investment and to own a property outright I do not believe current property prices are affordable.

Also our son has just taken on an apprenticeship to further his career and I am not sure an apprentice salary is classed as a "living wage"!

It would be amazing if these objectives could be realised but as in my previous response financial restraints will make it difficult.

Environmental support should be in an area that has good connectivity. Not one of NCC"s best attributes.

I absolutely agree with the above, but am really concerned regarding the feasibility of
<table>
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<tr>
<td>meeting point two, with the lack of social and affordable housing available.</td>
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<tr>
<td>It is vital that the infrastructure is in place in new communities to enable people to mix with their neighbours and create new friendships.</td>
</tr>
<tr>
<td>These things can make for a happier community.</td>
</tr>
<tr>
<td>I agree but feel that much of this is over-ambitious to achieve. All very well as a vision but putting it into practice would be another matter. It may be better to concentrate on the first 3, particularly No. 1 in facilitating the population to help themselves.</td>
</tr>
<tr>
<td>I don't disagree with these but think the County Council needs to liaise more with, and listen to, District and Borough Councils if it is to deliver on these areas of focus.</td>
</tr>
<tr>
<td>Provided community get some financial support run the centre.</td>
</tr>
<tr>
<td>Who would not be against these objectives? But do you have the resources to achieve anything meaningful in these areas of activities? How do decide priorities? Where does addressing health inequality feature in determining these priorities?</td>
</tr>
<tr>
<td>Again I reiterate = personal responsibility but also to set an example to future generations and others around them</td>
</tr>
<tr>
<td>Generally agree: again the choice of the word 'ensuring' when practically the Board can only exert its influence on many of these issues.</td>
</tr>
<tr>
<td>Why is this a priority for Northamptonshire</td>
</tr>
<tr>
<td>Local HWB fora are based on the geographic boundaries of the district borough councils, care needs to be taken to ensure that it is not implied that they are services/fora provided by the local authorities, albeit they are key stakeholders.</td>
</tr>
<tr>
<td>In terms of the content I believe emphasis should be placed on 'safe' and healthy workplaces. Also specific reference, which can be evidenced and outcomes set for tackling fuel poverty, food poverty and food safety.</td>
</tr>
<tr>
<td>It is important that new towns and estates have more green spaces. Less houses crammed...</td>
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</table>
### Comment

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<th>into one area would make all the difference.</th>
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All of these objectives are self evidently important requirements for a civilised society.

Adaptations are already provided to ensure people’s homes are enabling but focus is needed on improving the process, feedback has been that the forms are too complicated and long for people to complete and that the process takes too long. It mentions that opportunities and support will be given to people to participate in community activities but no mention of how - these statements need to be backed up.

Health and Social Care staffs are to be trained and facilitated to deliver care in diverse and sensitive ways - are they not already? This is a concern if it is suggested that they aren’t trained.

Progress would look like improving training opportunities and promotion of front line services staff throughout the county in subjects such as Dementia friends, deaf awareness etc.

Corby Borough Council have already been proactive in delivering this training for many of its staff but some support and signposting of other opportunities for those staff who actually work face to face with our communities would be beneficial.

Lastly a major issue for us was the working on More people experiencing a "good" death, we think this is really insensitive and would question how anyone would have a good death.

Wording must be changed to something like "dignified" which would be more appropriate

In amongst the cuts it seems impossible to see how these can be met.

<table>
<thead>
<tr>
<th>Attends to the life-limiting aspects of non-health related concerns</th>
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Although individual lifestyle choices are important, it is important to recognise that they are greatly influenced by the environments around us. Therefore it is important that local organisations and the Health and Wellbeing board recognise the influence they have on people’s lifestyle choices through the decisions those organisations make and the way they manage our public environments – e.g. retail environments, workspaces, natural / open spaces, transport infrastructure, leisure opportunities etc.

I also support the explicit reference to land use planning, which will help embed
**Comment**

Consideration of health and wellbeing into local planning policy and planning decisions.

These matters are mostly outside the jurisdiction of the County Council. Wealthy communities are able to put in place their own solutions. Without support the poor are not.

The priority should be those who have "put in" over their working life or are putting in now, once they are sorted then by all means help the rest.

Our housing estates are built to make money for the developers and so many of our planners and highways depts. and councillors vote them in with NO regard for the impact and way of life of the existing population.

We note that new housing estates are mentioned specifically, but question why/whether existing communities will have a similar focus. We are currently unsure how we would measure the extent to which employers are caring about the wellbeing of their staff and how communities would be targeted with support.

Physical and Mental Wellbeing should form the basis of every community.

Well Being, physical and mental should be the predominant feature of any community, family and individual's environment in which they find themselves.

We think there should be an imperative on the public, private and community sectors working together to support and enable communities to support themselves. This might include ensuring the routes to access and support are made as simple as possible, and maximising the access to, and availability, of local resources.

Would recommend changing the final area of focus to the below wording to take account of other green space rather than a sole focus on parks, such as wildlife sites, woodlands etc. as mentioned in the strategy detail.

"People have access to good quality natural environment and leisure facilities that make them feel good about themselves and proud of their County”.

Would be good to see reference to healthier “food environments” similar to Priority 2, as food seems somewhat unrepresented throughout the strategy.

Last bullet point under “Where do we want to be?“ in this Priority should include the words “good quality” when referring to “green and natural spaces”.

Agree with a focus on warm homes, however it is important to also consider well ventilated homes to reduce future overheating, which could be achieved through a well managed and
**Comment**

<table>
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<tr>
<th>integrated natural environment e.g. tree shading in urban environments.</th>
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<tbody>
<tr>
<td>Good aspiration. Not sure the solutions are possible. Need to focus on what we can actually do. Needs to include something on access to food.</td>
</tr>
<tr>
<td>Achieving this priority cannot be accomplished via a small number of centrally based organisations working with diminishing funds. It needs to benefit from the skills of local partners who can contribute detailed knowledge, existing connections and other resources. There should be greater opportunity for South Northamptonshire’s Health and Wellbeing partners to work more closely with the Health and Wellbeing Board and First for Wellbeing. This will help to ensure the Strategy is delivered effectively and in accordance with the needs of our locality.</td>
</tr>
<tr>
<td>Third point – who is ‘we’? Depending on who ‘we’ is will determine who additionally should be mentioned in this bullet point. Should read ‘....our residents to have happier and healthier lifestyles’.</td>
</tr>
<tr>
<td>The Forum members have the following apprehensions:</td>
</tr>
<tr>
<td>• The draft H &amp; W Strategy states that local health and wellbeing forums are “responsible for improving the health and wellbeing of the Districts and Boroughs” Forum members disagree with this statement. The Forum’s Terms of Reference states that the Forum seeks to play a role in influencing local perspective to commissioned service delivery arrangements with other relevant services and in the development of a clear local strategy across NHS organisations, public health and social care that will help to create an integrated approach to achieving the highest possible quality and widest range of services in the borough.”</td>
</tr>
<tr>
<td>• The Terms of Reference also states that this Forum has “a role in feeding-in the local perspective to influence and inform the development of countywide plans affecting health and wellbeing.</td>
</tr>
<tr>
<td>• The Forum is an independent network of partners.</td>
</tr>
<tr>
<td>• People already have access to leisure spaces, green spaces, recreational facilities and more are planned for within Local Plans for Borough and Districts as housing growth takes place. The question again is, how will the Board persuade people to use them?</td>
</tr>
<tr>
<td>• Providing improved walking and cycling routes alone is not going to persuade many to give up travelling by car. Improved public transport might but service frequency and cheaper</td>
</tr>
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</table>
### Comment

fares would be needed.

- What is the expectation of Local Forums in the delivery of this strategy?
- If the expectation is for the Voluntary Sector to support delivery, then the Board needs to fund them from core funding to ensure sustainability of those Voluntary Sector organisations they plan to rely on for delivery.

<table>
<thead>
<tr>
<th>Bullet point four – could be amended to ‘Employers promote the health and wellbeing of their staff’.</th>
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<tr>
<td>Bullet point five – could be amended to ‘Our communities and new housing estates are developed to promote healthier living for all’.</td>
</tr>
<tr>
<td>Bullet point six – could be amended to ‘People have access to parks and leisure facilities that make them feel good about themselves and proud of their County’.</td>
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</tbody>
</table>

Bullet points for consideration to add - Adequate housing and care provision for elderly people at all levels and promotion of independent living for all.

The group considered that if these bullet points were to be used in any summary document then the following suggested revisions should be made:

- Employers promote the health and wellbeing of their staff
- Our communities and new housing estates are developed to promote healthier living for all.
- People have access to parks and leisure facilities that make them feel good about themselves and proud of their County.

There is an opportunity to widen the consideration of the strategy's impact so as to encourage more non-clinical views of 'well-being' and to stimulate general imagination and aspiration to want 'better places' and better 'spaces', to want to generate more examples of a public realm that invites connections and communication.

People already have access to leisure spaces, green spaces, recreational facilities and more are planned for within Local Plans for Borough and Districts as housing growth takes place. Again, how will the Board persuade people to use them? Providing improved walking and cycling routes alone is not going to persuade many to give
**Comment**

up travelling by car. Improved public transport might but service frequency and cheaper fares would be needed.

If you disagreed with these please tell us what the Board should focus on.

**Comment**

Agree with the points but to strongly agree I need to know how you will do it

Heard it all before

Communities should be supported more by their elected Councillors. We have BCW and NCC Councillors for my area in Wellingborough. Why can’t they get involved?

How can you influence House Prices and Rent Charges?

How can you make Employers pay above the Minimum Wage? Even the Prime Minister cannot get them to do that!!

Employers care about the wellbeing of their staff’: too big and vague. Nice idea though.

It’s not only new housing estates that can be developed to promote healthier living.

Arguably, it’s the older area of housing that needs more attention.

It is a shame that there is not more emphasis on the supply side in terms of joined up thinking. We need footpaths that go to places; we need cycle routes that link places people want to go to not what Section 106 Developers offer,. The market is very inefficient in this area and it needs a specific focus in the strategy rather than a motherhood and apple pie statement

These are mainly right but there are missing elements around the support pathway for those who have additional needs before they can get to this self-help level. There is a middle group that could be independent well and healthy but need an interim supported path. That is as important as the unsupported environment of self help pathway.

You will have to take my previous statements as an overall reason for how I feel in general about the wording in this survey.
**Comment**

The intentions are very honourable but not achievable.

How will 'a warm, safe and affordable home' be provided, i.e. who is going to pay for it?
Perhaps this should be 'a warm, safe and affordable place to stay'?

How will jobs be created by heaping more responsibility on those struggling to establish a business without due allowances being made for new start ups?

How can Communities '....put in place their own solutions and support themselves....' when they are controlled by Local Councils who do not operate in a truly open and transparent manner?

The ENTIRE system of 'government' is in need of serious overall.

I disagree with the following two areas:

Everyone has a warm, safe and affordable home.

People have access to parks and leisure facilities that make them feel good about ourselves and proud of our County.

Ideally it would be nice for everyone to have a warm, safe and affordable home however there are so many factors surrounding this I question if it is ever achievable. In terms of a realistic objective I don't believe that it is. Affordability is subject to so many variable factors that are outside of our control as is making a home safe. Safe from what, from who?

More affordable social housing.

Not all communities are in a position to help themselves as they may be fragmented or not in contact with other households in the area. Building strong communities is needed first.

It’s not that the focus areas are wrong, but rather that it is incomplete without transport options.

Not sure about point 6 as we are a rural county with poor public transport people need a car to access the parks etc.

As above - also in how will we get there it states enable staff who help people to help themselves to work across the system - it shouldn’t be referred to as a system, this is cold and not customer focused and in a health environment should not be portrayed as this, the patient or person is not a number going through the system! It should be something like...
Comment

across all services available.

Agree with the points but to strongly agree I need to know how you will do it.

Parking charges to country parks are a deterrent to regular use.

While we agree with the priority in principle. However, communities do not exist is the same way as they did in the past. When many people cannot even name their neighbours, how will “Communities (be) able to put in place their own solutions”?

Many people use social media to communicate with friends. They are sofa-lising, not socialising.

Homes:

Focus: Support for vulnerable people and their families.

There will always be a need for more truly affordable homes for rent.

• How do this strategy / priority support vulnerable people (e.g. Those who with substance misuse issues)?

• How will this strategy / priority ensure that people are able to pay for their homes consistently?

Living wage:

Focus: Engaging with employers

It is noble that the strategy wishes for “more people are in work that pays a living wage” and that “employers care about the wellbeing of their staff”.

How is this encouraged amongst employers?

• When each business (private and public sector) is looking to make the maximum profit / best use of its resources; how do you encourage them to care about the “wellbeing of their staff”. What will this mean to them?

• How will employers be encouraged to look after their staff’s wellbeing, when many employers (Including NCC and NBC) no longer pay sick pay for the first three days of sickness?

• How are employers encouraged to understand the additional support required by staff members who have non-visible disabilities, especially mental health issues?

• How are employers encouraged to understand the additional support required by staff members who are supporting a vulnerable person (e.g. a family member with a mental
Comment

health condition or a family member with substance misuse issues).

Parks / Leisure activities:

Focus: The affordability of leisure.

We agree in principle that ‘people have access to parks and leisure facilities.’, but in reality, everything comes at a cost:

• How will the strategy / policy support those on low incomes? Country parks charge for parking and simple exercise (e.g. swimming) has become more costly. How will families on low-incomes make the choice between food and leisure activities?

• What is the monitoring system for this objective?

Employers need to care about the health of employees as well as his/her wellbeing. Access needs to be more than just parks & leisure facilities. It should include social and volunteering opportunities.

Question 6 and 6a

Respondents their opinion on whether there was anything missing from Northamptonshire's Joint Health and Wellbeing Draft Strategy 2016-2020. If, the respondent answered yes, then they were asked, which one key point would they include.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<tbody>
<tr>
<td>Yes</td>
<td>48.7%</td>
<td>96</td>
</tr>
<tr>
<td>No</td>
<td>27.4%</td>
<td>54</td>
</tr>
<tr>
<td>Don't Know</td>
<td>23.9%</td>
<td>47</td>
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If you answered ‘Yes’ above, and if we could include one key point what would you like to see included?

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<th>Question Answered</th>
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<tbody>
<tr>
<td>Answered question</td>
<td>197</td>
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<tr>
<td>Skipped question</td>
<td>48</td>
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Below are the comments made.

Comment

Stronger focus on housing in all areas; without a stable and affordable home the impact on children or adults has a detrimental effect of them.

Communities to include the voluntary sector.
Comment

Very little on mental health problems. No one could say all of the strategies are not commendable and would be excellent to see come to fruition, but there is nothing to say how these are going to be achieved.

How are these ideas to be funded?

Not missing because there is limited reference, but support for Carers and avoidance of loneliness needs to be cross-cutting all categories. Carers of patients of whatever age and condition always need to be listened to and supported in their role.

Also a detail on implementation around housing provision: there needs to be an emphasis on ensuring through granting planning approvals that enough of the right mix of properties are being built e.g. we need more smaller bungalows / attractive single floor homes for the elderly. Also we should not participate in the Government strategy to sell off social housing as the consequences are directly contrary to the housing objectives of this strategy.

Although prevention is obviously better than having to find a cure, we must not lose sight of the fact that medicine and the medical profession have a role to play and that screening and vaccinations need to be encouraged as part of the whole package.

We must focus more than ever on childhood obesity. From both a 'health' point of view and through a separate angle - to address and reduce poverty.

We must explore targeted, educating and working with those who are directly in contact with younger children to ensure habits are embedded from the earliest age and carried through. More must be done to demonstrate to parents that the way things have been done in the previous 20 years with regards to food and education around it is not 'ok' anymore. We can surely help more with offering support with 'shopping' for children, with regards to food.

The HWB strategy should be linking with the safeguarding strategy as wellbeing and early help have a direct impact on family functioning and safeguarding children. There has been a consultation on cutting 30% of supported services - this will have a massive impact on the most vulnerable people - this strategy ought to consider how this can be mitigated.

Support for fathers who have special needs children this also includes encouraging
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<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>companies to have a more sympathetic approach to carers.</td>
</tr>
<tr>
<td>There needs to be more specialised care for people with dementia, more day care with properly trained staff and more appropriate residential care for younger people with dementia.</td>
</tr>
<tr>
<td>People plan to retire, workshops and advise clinics, write wills encourage more people to be volunteers.</td>
</tr>
<tr>
<td>A strategic aim to help people change who don't really want to change their unhealthy lifestyles. I realise they are possibly a minority group, however, their impact on services must be huge!</td>
</tr>
<tr>
<td>Intention to carry out commitments.</td>
</tr>
<tr>
<td>There should be more support for the voluntary sector. Schools, colleges and academic professionals need more training in order to provide early identification. The local authority needs to follow and adhere to the guidance provided.</td>
</tr>
<tr>
<td>Perhaps a specific delineation about 'health and well-being' to include physical and mental health. All the statements are very broad and not disagreeable in the slightest.</td>
</tr>
<tr>
<td>That there in equity of service county wide and reasonable adjustments to services are part of the philosophy of health and social care.</td>
</tr>
<tr>
<td>It did not appear that the Fire &amp; Rescue Service was involved in developing the draft strategy - but may have missed this.</td>
</tr>
<tr>
<td>How it can achieve things locally which cannot be achieved Nationally? What the link is with &quot;First For Wellbeing&quot; CIC?</td>
</tr>
<tr>
<td>Post natal care of mothers and babies.</td>
</tr>
<tr>
<td>See previous answer to Priority 4 All Agencies will plan and budget for provision of facilities - parks, footpaths, open access land and cycle routes</td>
</tr>
<tr>
<td>Comment</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Covering all your issues, fight any further extension of the town, until infrastructure is available and people can enjoy a lifestyle such as that enjoyed 20 or so years ago. For the elderly, have some sort of joined up strategy - have some sort of forum or at least representatives for the elderly in decision making discussions. The vast majority of the elderly probably haven't yet quite reached the stage of needing direct help, they just live in ignorance, fear and dread of what might await them.</td>
</tr>
<tr>
<td>Public or subsidised transport to benefit both young and old especially from the rural areas into facilities for health and leisure in towns.</td>
</tr>
<tr>
<td>It's just a wish list albeit quite a good one. What's missing is an implementation plan - given that the various health, social care and crime agencies appear largely incapable of working with each other, an implementation strategy might be more appropriate. I suspect that, like the last strategy, what we'll get is another under-funded 'do more with less' mess that will not achieve its aims and store up huge financial, human and social costs for the next strategy period.</td>
</tr>
<tr>
<td>Provision for improved mental health services so that those with complex mental health conditions can actually participate. When you have unsupported mental health needs, it comes across a bit &quot;pie in the sky&quot;.</td>
</tr>
<tr>
<td>Ensure there is no one left alone.</td>
</tr>
<tr>
<td>More importantly is implementing these strategies</td>
</tr>
<tr>
<td>The understanding of the capacity building need for the Voluntary &amp; Community Sector to move people away from clinical services and prevent them accessing them in the first place. We can have the community solutions as a headline aim but if the VCS is not explicitly mentioned as focus area for development this is highly likely to be an afterthought.</td>
</tr>
<tr>
<td>I'm guessing when you formulate or design a strategy it is based upon a hypothesis of some-kind. I'm also assuming you use your own statistics and data both quantitative and qualitative on the areas you have chosen - so why do the questions about your aims seem so?</td>
</tr>
</tbody>
</table>
Comment

There is nothing aimed specifically at community mental health services which are currently so underfunded that people are having to resort to the private sector for their much needed help.

I don't believe there is enough money in the budget to bring about this cultural change.

Preventative services and partnership working with districts and boroughs.

Need to work in conjunction with other agencies and charities to increase the chances of all individuals being empowered to increase their well-being and that of their families.

Fine words but where are the nuts and bolts.

Education improvements. But this would of course require everyone concerned to work together, so this will probably be discounted because it is not part of the remit of Health and Wellbeing?

The recognition that this county and country cannot sustain the growth in population.

Throughout the strategy there is no reference or indication relating to the Prevent Duty Guidance and the requirements of the Counter Terrorism And Security Act 2015. The statutory partners involved in this strategy are all subject to the Prevent Duty yet there is no acknowledgement let alone any tangible evidence linked to it. There are elements which clearly contribute and overall the strategy is not contradictory to it, however it cannot be said to support and harmonise with it.

The document makes reference to many other strategies to demonstrate how they are interlinked and support each other yet I can find no reference to the Prevent Duty Guidance or any Prevent Strategy. There is reference to “Prevention Strategy” in Northamptonshire on page 15 but I assess this to be something different. There is certainly no mention of the National Extremism Strategy, Prevent Duty Guidance or the Counter Terrorism and Security Act 2015.

This is a current high profile significant issue that is here for the long term. The safety and wellbeing of vulnerable children and adults exploited is a safeguarding issue and encompassed in county safeguarding work. Health and wellbeing services play (or should
<table>
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<th>Comment</th>
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<tbody>
<tr>
<td>play) a significant role is supporting this.</td>
</tr>
<tr>
<td>Not sure if this is your Department, but feel that maybe there should be more Youth Clubs to stop children roaming the streets.</td>
</tr>
<tr>
<td>Mental health - particularly support for children &amp; young people advice &amp; guidance.</td>
</tr>
<tr>
<td>In health our historic funding arrangements must be challenged. People should only be in expensive acute services whilst they have an acute need. The power (which is mostly funding) must be moved to a new community centric model, where services (NHS, social care and voluntary/3rd sector) pull people back out into their care. Acute services are just one of many services available when we need them. Elderly people in hospital without an acute need quickly lose their mobility, ability to self manage and their wellbeing dips, it takes an elderly person longer to recover back to their previous lifestyle than younger people.</td>
</tr>
<tr>
<td>The role of continuing education/lifelong learning as a facilitator of change is not acknowledged.</td>
</tr>
<tr>
<td>Mental health, what and how are you going to do about supporting those with a mental health problem. You have made no reference at all to mental health. You speak about physical health on many occasions but have missed completely mental health at all levels!!!!</td>
</tr>
<tr>
<td>I strongly agree with all the focus but how they can be 'ensured' is ambitious and likely not attainable</td>
</tr>
<tr>
<td>I would like to see more information and support available for advice regarding specialised equipment enabling people to remain as independent as possible.</td>
</tr>
<tr>
<td>I would like to see uninvited immigrants paying for their own medical and social services including interpreters and the printing of council papers in 20 different languages, which is unnecessary and a total waste of money.</td>
</tr>
<tr>
<td>Promotion of family unit</td>
</tr>
<tr>
<td>Lack of public information</td>
</tr>
<tr>
<td>Endless Laws and bi laws</td>
</tr>
</tbody>
</table>
**Comment**

| Individuals are controlled within their private confines |
| Self directed personal care and support is on the final page as the last item. People first always should be top of every list always. |
| Prevent neglect of the over 65 generation in preference of the younger population who can in most cases look after their own well being & have the finances to improve their life styles. |
| Can't think of anything |
| When your doctor says you need to go to hospital, onto a ward, gives you a letter for A&E to get you straight to a bed- should you wait 9 hrs on various different plastic chairs until you end up with sepsis and in intensive care? Once upon a time that letter would get you straight to a ward and bed! Your focus needs to start with making YOUR staff feel valued and work in a better place where it is a CAN DO attitude and a I love doing my job. From a THERES NO WAY I CAN DO THAT as I'm fed up with coming to work to fight the system and no longer enjoy patient care, because I don't have the resources to do it! We need to stop the DO GOODING P/C stuff and try and fix what is broken. |
| With all these organisational bodies involved in this venture how is this going to be monitored beyond the highly strategic government returns stuff. |
| Cover Carers Support separately as well as integrated with older people |
| Keep the community spirit going and put in some infrastructure to assist all these ideals. |
| Greater emphasis on encouraging developers to produce health impact assessments as part of planning applications. |
| Greater emphasis on education by best solution for children and young people. Alternative forms of education may be more appropriate to manage emotional issues, such as equine assisted therapy. |
| I don’t know if this counts or is covered in a roundabout way, but there is a huge health problem nationally with obesity, which causes heart problems and joint problems, and type 2 diabetes. These both need addressing as are both mainly lifestyle-related. |
### Comment

Some form of home visiting will always be needed to try and identify those falling through the cracks, be they Doctors, health visitors, welfare officers, friends or neighbours.

Establishment of healthy lifestyle in the older areas

Recognisable joined up thinking and working between health, socials services, local councils etc especially in housing and sheltered care for disabled and elderly residents who wish to lead a "independent" life style. This has criminally been removed from communities over the previous decade.

The paper says "We will achieve a parity of esteem between mental and physical health, where our services and specialists deliver ‘whole person’ care" but does not explain how parity of esteem will be achieved. It does also not capture the spirit of the national work on parity of esteem which is defined by The Royal College of Psychiatrists as:

Parity of esteem means that, when compared with physical healthcare, mental healthcare is characterised by:

- equal access to the most effective and safest care and treatment
- equal efforts to improve the quality of care
- the allocation of time, effort and resources on a basis commensurate with need
- equal status within healthcare education and practice
- equally high aspirations for service users; and
- equal status in the measurement of health outcomes.

Emphasis appears to be given to physical healthcare in the document. Attention could be given to the suggested actions to improve parity in this report:

http://www.rcpsych.ac.uk/policyandparliamentary/whatsnew/parityofesteem.aspx

With all these cut backs. How will this be financed?

Provision of suitable transport options for those who cannot access public transport, or where public transport does not exist.

Unfortunately the draft doesn’t say anything different. It’s repeating strategies that have been produced for the last 20 years. The populations health is getting worse, target the food industry and the big supermarkets and fast food chains. They market unhealthy food as
<table>
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<tbody>
<tr>
<td>opposed to the healthy options. I fear for the next generation.</td>
</tr>
<tr>
<td>There is no reference to those with long term conditions who need to be supported to self manage their condition through personalised support. There is mention of service user choice but this is a very social care orientated phrase which would not mean much to most of the population. I feel given the governments direction of travel personalised support should be more prominent for both older adults and families.</td>
</tr>
<tr>
<td>Putting the onus on parents to bring their children up in a healthy fashion.</td>
</tr>
<tr>
<td>I think the links between housing and health and huge, so maybe something about more social/supported housing provision. But I'm sure this is not a commitment that the LA is willing/able to make.</td>
</tr>
<tr>
<td>This seems very wide with no specifics - what measures are there for evaluation? What does success look like? What does failure look like?</td>
</tr>
<tr>
<td>More help for Carers i.e. courses for them to attend to get away from the role of caring.</td>
</tr>
<tr>
<td>I feel the plan is good as a vision and should be promoted as such. The general public would find it impossible to see that this could be carried through.</td>
</tr>
<tr>
<td>The need to support people with age related hearing loss, who wear NHS hearing aids, in rural parts of the county.</td>
</tr>
<tr>
<td>Addressing health inequalities is first priority within all objectives.</td>
</tr>
<tr>
<td>I have agreed with all the above but I have no feel for how the priorities were decided and by whom and by what process. Therefore I immediately reject the strategy refresh on the basis of lack of engagement in its redraft.</td>
</tr>
<tr>
<td>Tackling drug and alcohol abuse and tackling irresponsible supply of alcohol. We have reached saturation point in terms of off-licences from where there is little or no control on how much is purchased, consumed and shared out amongst young and vulnerable people. Binge drinking and pre-loading amongst the 17-25 age group has become the norm before and during trips out into the night-time economy and there is not enough emphasis by</td>
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<tr>
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<tr>
<td>licensed premises on non and low alcohol alternatives, designated driver free soft drinks schemes and other initiatives.</td>
</tr>
<tr>
<td>Clearer evidence supporting the priorities and a clearer 'golden thread' through from where we are to where we are going.</td>
</tr>
<tr>
<td>There are no figures for how a difference will be measured e.g. fewer hospitalisations - how many does that mean? What is the specific goal? There is 'commitment' but no mention of real budgets or resources from or for specific areas or a specific time frame for developing a 'sustainable financing model' to deliver the proposed changes.</td>
</tr>
<tr>
<td>Specific area on mental health.</td>
</tr>
<tr>
<td>To involve school and academy staff in a more intensive training and awareness programme of mental health, general health issues and how they impact on a child and well-being within the local community.</td>
</tr>
<tr>
<td>The use of simulated practice to ensure all parties communicate and exchange appropriate information and to ensure all practitioners are competent.</td>
</tr>
<tr>
<td>Routine regular health checks, particularly for the elderly. Better to prevent problems rather than to wait until they have happened.</td>
</tr>
<tr>
<td>We have answered what we think is missing through the various areas.</td>
</tr>
<tr>
<td>It all sounds good but how is all this going to be co-ordinated without it becoming an expensive talking shop. I would have thought there are already a lot of organisations working with these aims in mind.</td>
</tr>
<tr>
<td>Mental health needs to become a higher priority for all ages.</td>
</tr>
<tr>
<td>There needs to be a greater focus on provision for our LGBTQ+ community.</td>
</tr>
<tr>
<td>This is pretty comprehensive and all inclusive but as said before it’s a massive task that fine words will come nowhere near generating results. Actions are needed backed up with proper infrastructure and resources. Sorry but as boring as that sounds that really is what it comes down to.</td>
</tr>
<tr>
<td>Stronger focus on housing in all areas; without a stable and affordable home the impact on children or adults has a detrimental effect of them.</td>
</tr>
</tbody>
</table>
### Report: Analysis of the Public Consultation on the Northamptonshire Health and Wellbeing Strategy

#### Comment

**Communities to include the voluntary sector.**

Very little on mental health problems. No one could say all of the strategies are not commendable and would be excellent to see come to fruition, but there is nothing to say how these are going to be achieved.

How are these ideas to be funded?

1. I think there should be much more explicit reference to the ‘food environment’ within the strategy.

Diet / food plays a huge role in wellbeing (Global Burden of Disease 2013) and we need to recognise that peoples food choices are influenced by what is available to them in their environment (workplace / school / local shops / town centres etc.)

We should be endeavouring to ensure that people in the county:
- have healthy food choices (at school / work / local retail centres etc)
- have opportunities to grow their own food should they wish (allotments / community gardens etc)
- have access to information and advice about healthy diets

In my opinion, this is a list of visions rather than a strategy. A strategy is defined in my concise Oxford Dictionary as “a plan of actions or policy in business or politics”. There is no plan here.

Need to look at innovative ways of communicating it, most people will not know what it is or what it means, local consultation and engagement

As a rural county definitely more services and support in rural areas
dementia services and care

More help and assistance for the disabled, both physical and mental help

Need to tackle sexual health issues, unplanned pregnancies are still high.

Education on self managing minor illness

Adults lifestyle issues i.e. impact of cardio disease, respiratory, diabetes ensures people are not kept in hospital for long periods because care at home is not ready. Delay in discharge is known to cause a deterioration in health especially in frail and elderly

Recognising the importance of implementation, we would like to see more in the 'approach to delivery' section and offer the following three sub-points for consideration:
Comment

1. Resourcing
The strategy is derived from a local needs analysis and evidence of effective interventions. However, we question whether the draft strategy sufficiently reflects the impact that the significant financial constraints on the public sector will have on the resources available for implementation.

2. Governance
The ‘approach to delivery’ section of the strategy makes reference to the governance arrangements. We would like to see the document go further in responding to the lessons learnt from recent, system-wide change initiatives and the impact of the ‘new models of care’ described in the Five Year Forward View.

3. Implementation
We were pleased to see a recognised, evidence-based transformational change approach described in the approach to delivery section. Although included implicitly, we would like to see a more explicit reference to continual engagement of, and communication with, all stakeholders (including the public, patients/customers and staff) throughout the lifetime of the strategy.

We would be happy to support the preparation of the next draft/final strategy if this would be helpful.

Mental Health is not mentioned specifically.

The Joint Strategy needs to reflect more fully its commitment to parity of esteem toward Mental Health.

There doesn’t appear to be a section in the consultation to comment on the "Approach to Delivery". Clarity would be welcomed on the "Shared Leadership" and "Effective Governance" sections to ensure that the boundaries between this strategy and the management of other programmes, e.g. Healthier Northamptonshire, is clear and distinct.

As outlined in the previous sectioned we think there needs to be made more reference to social isolation (not necessarily the same as loneliness), and the geographical variances across the County with regards to pockets of deprivation (not always centred on the main urban populations). In addition the imperative to ensure public, private and community sectors work together to not only inform how to access but support being able to access services and information.
**Comment**

| Inclusion as one of the Key Strategies in Northamptonshire in Priority 4 “Creating environment for all people to flourish”, of the Northamptonshire Local Nature Partnership (LNP) “Health and Wellbeing in the Environment Report: Natural Environmental Solutions for a Healthier Northamptonshire”, that has previously been sent to the Northamptonshire Health and Wellbeing Board and is hoping to be considered for discussion at the March 2016 Board.  
The Northamptonshire LNP is a statutory body in the county, and this report provides strong evidence-based backing for natural environmental solutions and support for the public health agenda, and aligns with the PHOF indicators. It has gained formal recognition from Director of Public Health England Sustainable Development Unit, Dr David Pencheon, and is seen as best practice in this area. |
|---|
| Yes.  
Health protection – screening and immunisation. Community safety and crime and the links with health. We have the highest violence of any County of its equivalent size. Outlier for violence crime. Inquisitive crime also on the increase to feed drug habits and lack of employment. |
| The opportunities for Creative activity to support wellbeing could be emphasised more strongly in the document. |
| There should be a clearer focus on vulnerable people and their families (e.g. People with mental health conditions, learning disabilities or drug dependency). |
| The Board needs to consider the questions and issues raised  
• The timescales are generational  
• How will the ‘everyone is responsible for children and young people’ be implemented?  
• How will the Board persuade people to adopt healthier lifestyles?  
• How will the Board look to ensure that the longer term needs of the client are considered before they are unable to continue living in their own home or hospitalised?  
• How will the Board support the provision of more housing for older people and the Adult Social Care Accommodation Strategy?  
• How will the Board persuade people to use leisure facilities, green spaces etc?  
• P6 – Under Vision & Principles it states…. “We want to meet the aspirations of local people |
Comment

and organisations to have better-than-average health and wellbeing outcomes”. What is “average”? And is this really aspirational? We used to strive to be the’ fittest county by 2020’ – have we given up on that?

Would have liked to see the inclusion of a draft action/delivery plan at this stage of the process. Adequate funding will be required; if all agencies work together in partnership it should improve and help resources at community level. The Daventry and District Forum look forward to having the opportunity to influence development of the more detailed operational plans in the future.

Whilst ... appreciate that this is being published as a high level strategic document partners were disappointed not to see any indication of an action/delivery plan at this stage of the process. The Partnership Board looks forward to having the opportunity to influence development of the more detailed operational plans in the future.

The implementation of the strategy, and any underpinning plans, needs to be system-wide owned, system-wide delivered and system-wide monitored, with the flexibility to respond to local needs. There needs to be a stronger sense of the evidence that the strategy was built on, and a greater emphasis of the role of research in evidence-based decision making.

We welcome the opportunity to work with organisations that constitute the Board to deliver professional development and training, and contribute research evidence to the messages and information provided to the public to promote improved health and wellbeing.

The Board needs to consider the questions and issues raised

- The timescales are generational
- How will the ‘everyone is responsible for children and young people’ be implemented?
- How will the Board persuade people to adopt active healthier lifestyles?
- How will the Board look to ensure that the longer term needs of the client are considered before they are unable to continue living in their own home or hospitalised?
- How will the Board support the provision of more appropriate housing for older people and the Adult Social Care Accommodation Strategy?
- How does the closure of Olympus care homes and cessation of the ‘Steeping Stones’ project support the draft Health & Wellbeing Strategy?
Comment

- How will the Board persuade people to use leisure facilities, green spaces etc?

The missing thing is the money to do these things properly. We all believe in your aims but we all know we will not get them.

Question 6a

On a scale of 1-5, where 1 is 'Low priority' and 5 is 'High priority', how much of a priority is this to you?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Low priority1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>High priority5</th>
<th>Rating Average</th>
<th>Response Count</th>
</tr>
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<tr>
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<td>2</td>
<td>2</td>
<td>17</td>
<td>53</td>
<td>97</td>
<td>4.41</td>
<td>171</td>
</tr>
</tbody>
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Answer Options | Rating Average | Response Count |
<table>
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<tr>
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<th></th>
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<tbody>
<tr>
<td>answered question</td>
<td>4.41</td>
<td>171</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>74</td>
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</tbody>
</table>

Question 7

This draft strategy is for the people of Northamptonshire and we want to make sure that everyone can understand it. It is important that the language and wording used is clear and easy to follow.

Can you help us to rate how clear the strategy is to read and understand by using a scale of 1-5, where 1 is 'Very Unclear' and 5 is 'Very Clear'?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Very Unclear1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Clear5</th>
<th>Don't Know</th>
<th>Rating Average</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>11</td>
<td>41</td>
<td>78</td>
<td>60</td>
<td>5</td>
<td>3.97</td>
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Answer Options | Rating Average | Response Count |
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<th></th>
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<tbody>
<tr>
<td>answered question</td>
<td>3.97</td>
<td>199</td>
</tr>
<tr>
<td>skipped question</td>
<td></td>
<td>46</td>
</tr>
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</table>

Question 8

Please tell us in which capacity you are completing this consultation questionnaire.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>82.9%</td>
<td>165</td>
</tr>
<tr>
<td>Organisation</td>
<td>17.1%</td>
<td>34</td>
</tr>
<tr>
<td>If an organisation, please tell us the name of the organisation.</td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

Answer Options | Response Count |
<table>
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<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>answered question</td>
<td>199</td>
</tr>
<tr>
<td>skipped question</td>
<td>46</td>
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</table>
## Question 8a

Which borough or district of Northamptonshire do you live in?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby</td>
<td>4.9%</td>
<td>8</td>
</tr>
<tr>
<td>Daventry</td>
<td>12.8%</td>
<td>21</td>
</tr>
<tr>
<td>East Northamptonshire</td>
<td>17.1%</td>
<td>28</td>
</tr>
<tr>
<td>Kettering</td>
<td>9.8%</td>
<td>16</td>
</tr>
<tr>
<td>Northampton</td>
<td>31.7%</td>
<td>52</td>
</tr>
<tr>
<td>South Northamptonshire</td>
<td>7.3%</td>
<td>12</td>
</tr>
<tr>
<td>Wellingborough</td>
<td>12.2%</td>
<td>20</td>
</tr>
<tr>
<td>Not applicable - responding as an organisation</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4.3%</td>
<td>7</td>
</tr>
</tbody>
</table>

answered question: 164  
skipped question: 81
WRITTEN RESPONSES

A. Kettering Borough Council

Kettering Borough Council welcomes the fact that the proposed strategy identifies the importance of the role local environment has in the health and wellbeing of local residents, and the need for it to make a positive contribution. This better reflects the view that a major influence in the health of individuals are factors described as the “wider determinants of health”. However, there could be a greater focus on these aspects which would impact on a greater proportion of the population as a whole.

An environment that enables a default to healthy choices will enable a greater number of residents to take responsibility for their own health and wellbeing. It also highlights a need for better working across organisational boundaries.

However, there is very little indication of how any of this will be delivered. Whilst we appreciate that this is a strategy document, it would have perhaps been more meaningful to have some indication of what it is expected to deliver. This would enable a better judgement of its adequacy.

It is important that any strategy is able to be delivered. With the proposed budget cuts and the potential impact these will have on the funding of the voluntary sector, as well as specific services run by the County Council where is the recognition of this position?

There are a number of other specific areas that could be addressed better in the proposed strategy. These are outlined below.

- Although ‘health inequalities’ are mentioned in the original preface, there is little reference to this in the ‘how will we get there’ sections. This may come in the operational plan that will underpin this, but it would be good to have a recognition that targeted work needs to be undertaken to close, rather than widen the gap. Targeted and accessible support is key, not, for example, referrals to weight watchers or universal schemes which those in more deprived areas will not or cannot attend or sustain.

- Targeted project work between organisations would help reduce inequalities and keep costs low.

- In priority 2, access to food/ healthy eating ‘education’ outside of ‘tech’ is not mentioned.
• Priority 3. There needs to be explicit recognition that emotional, physical and social support is not just about befriending and social prescribing. The promotion of existing services to those in more deprived and isolated areas who do not engage in the system to be referred/‘prescribed’ – for example, health walks and walking football in Kettering, are helping the right people according to our case studies. We need to join forces to work together to reach those people with the worst health.
• Schemes need to be cost effective and simple.
• Organisational barriers need to be removed, for example around data sharing.
• Priority 4 refers to people feeling safer but there is no reference to how the strategy will deliver this. Should a link be made to the work of the Community Safety Partnerships?
• Lastly, there does not appear to be any wider references to employer responsibility i.e. to their customers (the public) with the products and services they sell/ market. There would only seem to be references to employees.

These points may be addressed to an extent through the operational plans, but it its felt that they deserve to be highlighted to reflect their key importance.

The test of any strategy is getting the delivery mechanisms right, including working with partners in a truly collaborative way.

In order to make a longer term change to the health of the population a greater emphasis needs to be placed on addressing the wider determinants of health; whilst the strategy does this to some extent, it could do more.

B. Children, Families and Education, Northamptonshire County Council

1. Vision
‘Help people help themselves, as individuals, families and communities, to improve health and wellbeing and reduce health inequalities’.

We agree with the vision and support the inclusion of families and communities. However it is important to recognise that families with young children may need additional help to improve their health and wellbeing and that for children and young people accessing services can be challenging and being young an additional barrier to reducing health inequalities.
It is surprising that increasing the health and wellbeing of all our residents is not included as a priority.

3. Population
It would be helpful to include some more demographics on schools in the child data. This could include the significant level of in year admissions data, school year profiles and ethnicity information.

4. Priority 1 - Every Child gets the Best Start
CFE support this priority as being consistent with the ambitions for children adopted within CFE, and with partners and related strategies as listed. We would suggest that the following should be noted and considered:

- ‘1001 Days Manifesto’ should be included as a key strategy, along with Public Health and Wellbeing and CFE’s Commissioning Intentions. Additionally we would expect to see partnership documents regarding Domestic Abuse; Homelessness strategies; Drugs and Alcohol; and Education included here as key to the success of any strategy focusing upon overall Health and Wellbeing.
- Whilst we recognise and support the importance of the ‘early years’ we would suggest that more emphasis may also be required throughout childhood and adolescence; for example, to secure the ‘Best Start’ may also require ongoing support and help as transitions and the other challenges of growing up appear.
- The emphasis upon early help and prevention is vital, and it is welcomed within the Health and Wellbeing Strategy, however, inadequate attention is paid to the role of the services and policies within Children, Families and Education as a measure and determination of health and well being, for example;
  - The impact that growth in the population child and young people will have upon the requirements for school;
  - How outcomes outside of health and wellbeing, e.g. within education, impact;
- Within the ‘where are we now’ section, and “what would progress look like” there is no reference to the specific needs and impacts of children experiencing difficulties, e.g. child protection / child in need; looked after children; children experiencing domestic abuse; children experiencing sexual exploitation; children who are excluded from school etc.
- Within the ‘Where do we want to be?’ section, there is no indication as to how these outcomes will be achieved; how activities / outcomes will be prioritised; the factors that
prevent children who become health adults and contribute to a health society; and, what healthy choices are (that young people will want make). Without this information it is not possible to be confident that the strategy could be successful.

- Also, in this section, mention should be made of the use of evidence based interventions to achieve positive outcomes, and what the drivers for change are.
- It is important to recognise that priority 2 and 4 are supportive of and relevant to the success of Priority 1.
- Within the section ‘What would progress look like’ it would seem helpful to add in something regarding the involved and engagement of children and young people. Additionally, we would expect to see specific mention of the groups described above (i.e. looked after children, children in need etc) in this section to support CFE’s drive to improve outcomes for all children.
- In the ‘How will we get there section’ we believe that there should be reference to how ‘prevention, early intervention and early diagnosis will begin from conception’; that the reference information sharing should be strengthened to identify the key points of risk; that the role of parenting, and the needs of families experiencing domestic abuse or requiring CAMHS services should be referenced in the sentence regarding ‘a family-based approach’; that the role of early help should be referenced within the bullet point regarding the voice of the child; and that greater description should be provided to improve understanding of the remaining bullet points. The effect of being NEET should also be included.

5. **Priority 2: Taking Responsibility and Making Informed Choices**

We would suggest that, in common with Priority 1, no reference is made to the impact of domestic abuse upon the health and wellbeing of adults in the county. Additionally, we would have expected specific mention of the impact of economic / income inequality and of education profile particularly in disadvantaged communities. These comments apply to every section of this priority.

Within the key strategies, again in common with Priority 1, reference should be made to the appropriate strategies around domestic abuse and homelessness, and also education and work, to provide a full picture of the work taking place in the county to help people to help themselves.

In line with these comments, we would expect to see outcomes around education, work, reduction in domestic abuse and homelessness etc. within ‘what would progress look like’; the outcomes as currently described are too ‘health’ focused with no ‘wellbeing’ focus. No reference is made to the role of community safety, and of employment.
6. **Priority 3: Promoting Independence and Quality of Life for Older Adults.**
We have no specific comments upon this priority.

7. **Priority 4: Creating environments for all people to flourish**
We would again expect reference to domestic abuse and partnership activity to reduce or even eliminate this within this section.

In the second paragraph, we would expect to see mention of the role education and skills plays in encouraging and supporting healthier lifestyles.

In the third paragraph there is insufficient reference to closing the gap between the poorest and wealthiest in the county, in terms of health and wellbeing.

There is insufficient reference to the role of skills and work in ‘how we will get there’, nor to how the voluntary and community sector will play, similarly these issues are insufficiently referenced in ‘what will progress look like’. For example, a strong and vibrant community sector will be a significant outcome, supporting the creation of environments for ‘all people to flourish’.

6. **Other comments**

Page 5, final paragraph, states that the strategy will be “underpinned by an operational plan that sets targets for performance”; we would want to ensure that we are fully engaged with the development of this plan and look forward to hearing from you regarding how this will be achieved.

The sources of claims made in the document, for example “people aged 40 to 60 are the least satisfied with their lives” and “there isn’t enough support for people in their own homes” after they have been discharged for hospital (and elsewhere) are not given; there is a danger that the message will be lost due to disputes around the validity of such claims if sources are not provided throughout and suggest therefore that they are included in the final draft.

**The following sections respond directly to the questionnaire, focusing initially specifically upon priority area 1.**

7. **Focus areas within priority 1**

Comments are asked specifically in relation to the **proposed focus for this priority** ensuring children and young people:
a) Are listened to about the issues that affect them and are part of the solution

We agree that this is an essential part of the achievement of change and that it is important for service delivery to be informed by children and young people themselves, however, this requires skills and training to ensure the methods of engagement with CYP are effective. Enabling and listening to the voice of the children and young people is part of service planning, commissioning and service delivery within CFE, in addition to involvement of children and young people in recruitment. Advocacy for children and young people is key to helping all children participate in their services. Reference to Arnstein’s Ladder of Participation may provide a useful reference point. The Children’s Rights service should perhaps be referenced here.

b) Develop the skills and tools to cope with life’s challenges

We agree with this focus. Skills and tools to cope with life’s challenges are particularly important at times of transition for all children and young people. For vulnerable children and young people challenges may be particularly difficult for them to cope with; part of their vulnerability can be lack of support from families and or other adults. The impact of challenges and the ability to cope can vary amongst children and young people, and can relate to their educational, social, health or economic factors. A reference to ‘building resilience’ may prove to be useful as shorthand for this process.

Skills and tools would include helping CYP to recognise when they need help and know who to ask for it; this might be access to information, confidence, and / or resources. Throughout CFE there are direct service areas that impact on the abilities of CYP to develop skills and tools - Education in schools and colleges, provision of PSHE, universal provision of support and advice, targeted and intensive interventions for children and families, including parenting and corporate parenting. They all include aspects of development of skill and tools, resources and information about coping with challenges, changes and opportunities.

c) Are able to recognise when they need help and know who to ask for it

We would suggest that this is too restrictive; many children and young people are capable of making their own decisions and this may therefore need to read “and know either who to ask for it or where to get good information about it”.

Throughout the document there is an important emphasis on working across organisational boundaries and a key aspect of this is to provide consistent and up to date information about where help and support is available for children, young people and families.
d) Are surrounded by family, friends and teachers who promote healthy choices.

We agree with this focus but would comment that this is in fact a very broad theme and aspiration and depends on a range of information and education activities to ensure that CYP are surrounded by people who know about and can promote healthy choices. The negative role of domestic abuse, neglect, and other forms of abuse should not be neglected. This focus is also linked to the others in terms of ensuring good information and timely appropriate advice being available.

e) Grow into healthy adults

The description of the focus within the priority is articulated within the paragraph about what progress will look like – achieving the successes in these areas will help CYP grow into healthy adults. There is reference to positive mental wellbeing and this focus exists in CFE services and is described as emotional wellbeing which helps with the ability to cope with challenges CYP face. We think it would be helpful to specifically address mental health problems and support emotional wellbeing through effective joint commissioning between health and LA commissioners.

8. Other questions

(Question 6a)

What is missing from the strategy – what is the key point that is missing?

There is insufficient emphasis upon inequalities across the county and specifically upon the challenges of access and engagement with children and young people.

How high a priority is this?

We would suggest that this should be of relatively high priority (4 on the scale provided)

(Question 7)

Is the language and wording of the strategy clear and easy to follow?

We would question the title of the document; ‘Supporting Northamptonshire to Flourish’ may not be indicative of a strategy to improve health and wellbeing to members of the public. We suggest that members of the public should be asked their views on this specifically, to ensure that they are fully engaged with both the strategy and the process to implement it.

On the whole the strategy is written in straightforward language, however, there are a number of phrases that may be inaccessible to some readers, for example:
Page 5: “This strategy makes explicit our commitment to addressing the wider determinants of health and wellbeing ...”

Page 6: “To reduce the social gradient of health, our approach must be universal but proportionate to the level of disadvantage”

Page 11: “Embed specific spatial priorities to guide planners...”

This list is not exhaustive. We would suggest that alternate wording where such ‘academic’ phrases are used might aid many readers, or, alternately, that a plain English version of the document is produced in order to ensure engagement and understanding.

(Question 8) In what capacity are you answering this? This response is given by the Directorate Management Team of Children, Families and Education, NCC.

C. SHOOTING STARS NETWORK, Children’s Rights Service, Northamptonshire County Council

“The Shooting Stars group met this Monday as part of their full workshop day and we did have a chance to go through this.

There’s nothing to feedback really as the group were very happy with the Easy Read presentation and felt happy with the content and key messages. “

D. The Shadow Board - Young People, Northamptonshire County Council

The Shadow board young people gave feedback on the content of the questionnaire and also the feedback on the content was good with no changes they thought.
LIST OF ORGANISATIONS RESPONDING TO THE CONSULTATION.

Action on Hearing Loss
Alzheimers society
Aynho Parish Council
Borough Council of Wellingborough
CERF . The Institute of Health and Wellbeing’s Community Engagement in Research Forum
Corby Borough Council
Corby Health and Wellbeing Forum
Daventry Area Community Transport
Daventry District Health and Wellbeing Partnership Board
Daventry Fire Station, Northamptonshire Fire and Rescue Service
Deafconnect
East Northants Health & Wellbeing Forum
Enhancing Early Years Group
Ex LINK
Kettering Borough Council
Kettering Health and Wellbeing Forum
Local Councillor
Northamptonshire County Council
NHFT (Adult Services, Planned Care)
NHS Corby CCG
Northampton General Hospital
Northampton General Hospital NHS Trust
Northampton Health and Wellbeing Forum
Northamptonshire Police
Northamptonshire Health Foundation Trust
Northamptonshire Healthcare NHS Foundation Trust
Northamptonshire Hearing Advisory Service
Northamptonshire Local Nature Partnership
Northants Fifty plus Network
PPI
Relative Values
Serve
Service Six
South Northamptonshire Health and Wellbeing Forum
The Daventry and District Forum.
University of Northampton
Voluntary Impact Northamptonshire
Wellingborough Health & Wellbeing Forum
Wellingborough Homes
## Appendix 4

**EQUALITIES MONITORING DATA**

(Data supplied from individual respondees)

### What gender are you?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31.8%</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>65.6%</td>
<td>103</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2.5%</td>
<td>4</td>
</tr>
</tbody>
</table>

answered question: 157  
skipped question: 88

### Are you currently Pregnant or have you had a baby in the last 6 months?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
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<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>95.9%</td>
<td>142</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3.4%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question: 148  
skipped question: 97

### How old are you?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9</td>
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<tr>
<td>10 to 19</td>
<td>1.9%</td>
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</tr>
<tr>
<td>20 to 29</td>
<td>3.1%</td>
<td>5</td>
</tr>
<tr>
<td>30 to 49</td>
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<td>41</td>
</tr>
<tr>
<td>50 to 64</td>
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<tr>
<td>65 to 74</td>
<td>27.0%</td>
<td>43</td>
</tr>
<tr>
<td>75+</td>
<td>5.7%</td>
<td>9</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3.1%</td>
<td>5</td>
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answered question: 159  
skipped question: 86

### Do you have a disability?

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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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</thead>
<tbody>
<tr>
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<td>23.6%</td>
<td>37</td>
</tr>
<tr>
<td>No</td>
<td>70.7%</td>
<td>111</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5.7%</td>
<td>9</td>
</tr>
</tbody>
</table>

answered question: 157  
skipped question: 88
If Yes, please tick the appropriate box(es) which best describes your disability?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>31.0%</td>
<td>13</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>45.2%</td>
<td>19</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>21.4%</td>
<td>9</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>4.8%</td>
<td>2</td>
</tr>
<tr>
<td>Sight Impairment</td>
<td>2.4%</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>14.3%</td>
<td>6</td>
</tr>
</tbody>
</table>

answered question: 42
skipped question: 203

What is your religion or belief?

<table>
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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>37.1%</td>
<td>56</td>
</tr>
<tr>
<td>Christian</td>
<td>47.0%</td>
<td>71</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Jewish</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Muslim</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Buddhist</td>
<td>0.7%</td>
<td>1</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>11.3%</td>
<td>17</td>
</tr>
</tbody>
</table>

answered question: 151
skipped question: 94

Other religion specified:

- Thelemite
- I'm 'spiritual' rather than 'religious.'
- Confused
- Pagan
- Spiritual, with faith, but not religious
- Humanist

What would you describe your marital status as?

<table>
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<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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</thead>
<tbody>
<tr>
<td>Married</td>
<td>66.5%</td>
<td>103</td>
</tr>
<tr>
<td>Single</td>
<td>18.1%</td>
<td>28</td>
</tr>
<tr>
<td>Civil Partnership</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>8.4%</td>
<td>13</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5.8%</td>
<td>9</td>
</tr>
</tbody>
</table>

answered question: 155
skipped question: 90
### How would you describe your ethnic origin?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
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<td>English</td>
<td>83.8%</td>
<td>129</td>
</tr>
<tr>
<td>Scottish</td>
<td>2.6%</td>
<td>4</td>
</tr>
<tr>
<td>Irish</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Welsh</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Northern Irish</td>
<td>0.6%</td>
<td>1</td>
</tr>
<tr>
<td>Gypsy or Traveller</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other White Background</td>
<td>1.9%</td>
<td>3</td>
</tr>
<tr>
<td>Indian</td>
<td>1.3%</td>
<td>2</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.6%</td>
<td>1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.6%</td>
<td>1</td>
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<tr>
<td>Chinese</td>
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<td>0</td>
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<tr>
<td>Other Asian Background</td>
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<td>0</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
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<td>1</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other mixed / multiple background</td>
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<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
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<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Black Background</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5.2%</td>
<td>8</td>
</tr>
<tr>
<td>Other Ethnic group (please specify)</td>
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</table>

**answered question** 154  
**skipped question** 91

**Other ethnic groups specified:**
- British
- British
- White British

### If you are 16 or over which of the following options best describes how you think of yourself?

<table>
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<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>3.9%</td>
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</tr>
<tr>
<td>Gay Man</td>
<td>0.6%</td>
<td>1</td>
</tr>
<tr>
<td>Gay Woman / Lesbian</td>
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<td>4</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>81.3%</td>
<td>126</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>11.6%</td>
<td>18</td>
</tr>
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</table>

**answered question** 155  
**skipped question** 90

### Is your gender identity the same as the gender you were assigned at birth?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
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<td>148</td>
</tr>
<tr>
<td>No</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4.5%</td>
<td>7</td>
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**answered question** 155  
**skipped question** 90