Prevention is better than cure

Prevention is at the heart of Northamptonshire’s approach to health and wellbeing.

The health and wellbeing landscape is changing but preventing ill health continues to be at the centre of Northamptonshire’s approach to delivering public health and wellbeing outcomes for people in the county.

By finding ways to encourage or support specific behaviours or activities, it is possible to achieve real improvements in people’s health and wellbeing.

One way this will be achieved is through the brand new community interest company First for Wellbeing, which was launched in April with a clear focus on prevention and a remit to help people improve their own health and wellbeing, and in doing so, prevent future medical appointments.

At the same time the county’s new health and wellbeing strategy for 2016 to 2020 has been published, putting prevention, early help and early intervention front and centre of its approach to delivery. This is particularly important with regard to ensuring children have a healthy start to their lives, as their early years have lifelong effects on their health and wellbeing and so must be improved to achieve long-term improvements overall.

And in response to the NHS Five Year Forward View document, health and social care partners in Northamptonshire have also been developing a Sustainability and Transformation Plan (STP). This too is underpinned by a commitment to taking action on prevention.

With estimates that 1 in 5 deaths in Northamptonshire are potentially avoidable and that more than 60% of these could be prevented, it’s clear that effective prevention has a key role to play in improving the health and wellbeing of Northamptonshire’s population.
Contents

News
First For Wellbeing Page 3
Happiness in Northamptonshire Page 4
Alcohol puts more pressure on hospitals Page 6
Adverse Childhood Experiences in the spotlight Page 8
Drugs treatment success Page 9
New Health and Wellbeing Strategy Page 10

Features
Avoidable deaths Page 12
Lifestyle trends Page 16

Culture & lifestyle
Is nature the best medicine? Page 24
Libraries and wellbeing Page 26

Preventing falls Page 27
Cold homes Page 29
Social isolation Page 31
Children’s health Page 35

Healthier workplaces Page 40
Staying healthy with HIV Page 42
Libraries business support Page 43
Tobacco control Page 44
Public health finances Page 46

Sport
Walk this way - 20 million steps Page 50
Women’s Tour Cycling Page 52
Getting Northamptonshire moving Page 53

Editor’s letter
Welcome to Northamptonshire’s Public Health Annual Report for 2015/16. This year we have decided on a new format – a newspaper style, to make it as readable and engaging as possible.

A shorter version is also planned to go out with local newspapers to help make sure as many people as possible get the chance to learn about how we are doing in Northamptonshire across a wide range of health and wellbeing themes.

Over the last 5 years we have seen significant improvements across many public health outcomes. These include teenage conceptions, premature and preventable mortality, particularly cardiovascular disease and female respiratory disease, excess weight in four to five year olds and childhood immunisation.

We have continued to move forward in key areas such as our 2020 mass participation programme, creating more healthy workplaces, ensuring more children are a healthy weight and of course, the creation of our exciting new community interest company, First for Wellbeing.

As ever, there is plenty of work still to be done but we remain committed to working with our partners and communities to achieve better health and wellbeing outcomes for our residents.

Thank you to everyone who has contributed to this report, in particular Stephen Marks from the specialist public health team who co-ordinated it, and thank you for taking the time to read it.

Professor Akreem Ali, Director of Public Health and Wellbeing

Groundbreaking new wellbeing organisation launched

New social enterprise First for Wellbeing was officially launched in April 2016, bringing an integrated health and wellbeing service to Northamptonshire.

This groundbreaking new approach to improving health and wellbeing is a partnership between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton. It’s part of the council’s Next Generation strategy and is considered to be the first of its kind for delivering a diverse range of services for an entire county.

Our aim is to deliver a seamlessly-integrated set of services to help people live their healthiest, happiest and best life they possibly can.

Janet Doran
First for Wellbeing Managing Director

It is about having a profound sense of happiness and balance across all aspects of our life – from physical and emotional health to our work and home life – and is really about being our best self, or the best we possibly can be. “Wellbeing is how we feel about and experience our life,” she said.

First for Wellbeing has been set up to address – and prevent – long-term poor physical and mental health in the county. For more information, visit www.firstforwellbeing.co.uk

The launch of First for Wellbeing in April 2016.
More Northamptonshire people are completely happy compared to the UK as a whole.

That’s one of the findings of a recent independent survey of emotional wellbeing commissioned by the county’s director of public health.

5,500 people took part in the survey between October 2015 and January 2016 and answered face to face questions about their emotional wellbeing.

Emotional wellbeing is where people have a sense of pleasure about their lives, and feel a sense of purpose, that their lives are meaningful and worthwhile.

The pleasure and purpose aspects of mental wellbeing need to be underpinned by resilience – this is the ability to bounce back when the going gets tough. Some resilience is within the individual but most of people’s ability to cope with hard times and adversity comes from the social groups and networks they are part of.

The survey measured the wellbeing scores of six key emotional health and wellbeing measures and found that on a number of measures the population of Northamptonshire as a whole appears to have more positive emotional wellbeing compared to the UK.

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

The overall measure for emotional wellbeing (WEMWBS) put the wellbeing score of Northamptonshire as 53.3, compared to the UK score of 51.6. The same measure shows that Corby, Daventry and East Northamptonshire are the districts with the highest scores, and Wellingborough and Northampton the two lowest scores.

Office for National Statistics (ONS) Personal Wellbeing measure on life satisfaction

Significantly more people in Northamptonshire (36%) reported higher life satisfaction than the UK average (29%). Results show that Daventry and South Northamptonshire have higher life satisfaction than the county average.

ONS Personal Wellbeing measure on feeling that what one does in life is worthwhile

Overall most people are at the positive end of the scale, showing that they feel the things they do in their life are worthwhile. People in Daventry are higher than the Northamptonshire average, but Corby people are lower than the county average.

ONS Personal Wellbeing measure on happiness yesterday

More Northamptonshire people are at the ‘completely happy’ end of the ONS Happiness spectrum, compared to the UK as a whole. The survey results also show that Daventry people are happier than the rest of the county but Corby is at the lower end of the scale.

ONS Personal Wellbeing measure on anxiety yesterday

More Northamptonshire residents are ‘not at all anxious’ (37%) compared to the UK as a whole (31%). Kettering has higher levels of anxiety than the county average.

New Economics Foundation (NEF) social trust

People in East Northamptonshire and Daventry tend to feel that most people can be trusted (higher levels of social trust) whereas people in Wellingborough and Northampton demonstrate lower levels of social trust.

The full survey report can be accessed here: https://www.northamptonshireanalysis.co.uk/

Recommendations:

• The Health and Wellbeing Board should make full use of the survey findings to implement the refreshed Health and Wellbeing Strategy 2016-2020.

• First for Wellbeing should consider making use of market segmentation approaches described in Appendix A of the survey report to target their delivery of public health preventive services.

• The Director of Public Health should consider commissioning further research to find out why Corby is able to buck the trend on certain wellbeing measures as well as investigate the cohort with the poorest mental wellbeing to help inform the future targeting of interventions. Visually mapping the cohort with the poorest emotional wellbeing will help inform future targeting of interventions and campaigns to promote behaviour change.

These results show that despite being one of the more deprived and less healthy parts of the county, Corby appears to have higher wellbeing than the Northamptonshire average in terms of the WEMWBS measure. But Corby also has one of the lowest mean scores when it comes to the ONS life is worthwhile and happiness yesterday measures.

This research also highlights that a quarter of Northamptonshire residents have a WEMWBS score of 48 or lower – this is the threshold score below which people with the poorest emotional wellbeing are to be found.

So what are the key factors that can have an influence on emotional wellbeing?

Demographics:

• Living in a more deprived area and belonging to a less healthy group.

• Having a low income or having past, current or future money worries

• Being a young family with dependent children, and/or being a lone parent

• Being an older person, potentially living alone or caring for a close family member (especially amongst those aged 65+)

• Renting either from a Housing Association or in the Private Rented Sector (and therefore likely to live in a more transient community)

• Being unemployed, and so not having the purpose, identity and income that work provides, nor the daily interaction with colleagues

• Having no qualifications or low educational attainment

Social:

• Being less satisfied with the local area lived in (particularly amongst 18-24 year olds, and those living in social housing) – these are key ‘disenfranchised’ groups

• Not feeling able to influence decisions affecting the area lived in (particularly amongst those renting from a housing association, without qualifications, unemployed groups) – these are key ‘disenfranchised’ groups

• Not feeling a ‘sense of belonging’ to the local neighbourhood (particularly amongst those 18-44, those renting from a housing association or in the private rented sector) – these are key ‘disenfranchised’ groups

• Those having less interaction with their neighbours and local communities

• Those who are socially isolated and lack strong personal relationships – either parents of young children or older people. Crucially, those who are not in a longer-term more stable relationship, those who do not interact with their neighbours, those who live alone, and those not in employment (who do not interact daily with work colleagues).

Health:

• Those who self-assess their own health status as poor

• Those with poor physical health and mobility

• Those who display less healthy / more risky lifestyle behaviours – smoking, alcohol consumption, low levels of physical activity, poorer diet.

The survey makes a series of recommendations on how the local health and social care economy can respond to needs, inform service delivery and target areas for improvement.

The full survey report can be accessed here: https://www.northamptonshireanalysis.co.uk/

byTheme?themeId=35&themeName=JSNA&type=Resources
Alarming increases in hospital admissions because of alcohol

Northamptonshire is experiencing an alarming increase in the number of people admitted to hospital because of alcohol. The increase has been identified across most districts in the county, with South Northamptonshire seeing the fastest increase (31%) over the last six years, and Corby maintaining the highest rates overall.

Alcohol-related hospital admissions are a way of understanding the impact of alcohol on the health and wellbeing of a population.

Drinking alcohol can increase the risk of ill-health, including heart disease, stroke and cancer. It is also a factor in injuries, such as falls, and also violent crime. In fact, in 2014 to 2015, around half of all assault cases recorded in Northamptonshire’s A&E departments involved alcohol and the potential cost of alcohol-related hospital admissions is estimated to be up to £20 million each year in Northamptonshire based on bed days alone.

Alcohol-related admissions are measured in two ways – a broad measure that looks at the wider impact of alcohol on health services and a narrow measure which records hospital admissions where the primary reason is alcohol-related. Both show that the number of hospital admissions related to alcohol are increasing. The broad definition estimates 12,185 alcohol-related admissions in Northamptonshire during 2013/14, with provisional figures suggesting this increased to around 13,633 the following year. This is equivalent to approximately 7% of all hospital admissions that year and an 11.9% increase, compared to the England increase of 1.6%. The narrower definition estimates 4,169 alcohol-related admissions in 2013/14 and a provisional increase to 4,651 in 2014/15. This is approximately 2.4% of all admissions and an 11.6% increase, compared to the England increase of 0.84%.

Data also shows that alcohol-related admissions increase with age, with a peak in women aged 55 to 64 and a continued increase peaking in men aged 75 years and over. The sharp increase in admissions in 2014/15 has seen significant increases for females aged 16-24 years and 65 years and over. For males the significant increases are seen in all age groups 45 years and over.

Alcohol profiles for Northamptonshire from Public Health England also show alcohol-related cancers are significantly worse than the national average and alcohol-related cardiovascular disease shows the greatest increase in hospital admissions. The main report and local profiles can be found on Northamptonshire Analysis.

Just 58 people were referred from hospitals to community treatment; however, the majority of patients admitted with an alcohol-related condition would not have been suitable for structured treatment. Lower level support for those people who have high (but non-dependent) levels of alcohol is currently being explored.

Further work is also required for alcohol-dependent people who receive detoxification in hospital to facilitate treatment or relieve the symptoms of an underlying, related illness. While this deals with the immediate effects of alcohol, it does not fully address the underlying addiction, which can lead to relapse and further admissions to hospital if treatment is not followed up in the community.

National guidelines, local services

The county council commissions treatment services that provide support to high-risk and dependent drinkers, including alcohol detoxification in the community which reduces the demand for inpatient detoxification in hospital. Treatment services saw around 1,600 clients with problematic alcohol use during 2014-15, of which 96 received detoxification in hospital to facilitate treatment.

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Drinking alcohol can increase the risk of ill-health. Department of Health guidelines have lowered the male unit limit from 21 units per week to 14 (same as women) in recognition of the health risks posed by drinking.

Fourteen units is equivalent to six pints of average strength beer or 10 small glasses of low strength wine. These changes provide a unique opportunity for discussion around people’s drinking habits. First for Wellbeing will be commissioned to provide low level intervention to help people adopt safer drinking behaviours.

There is also scope to review how treatment services work with hospitals, with the aim of increasing referrals from hospitals to community services for problematic drinkers, and to refer patients requiring detoxification and/or observation to community services where appropriate.

Recommendations:

- Hospitals and community providers to develop a joint training and awareness programme to embed the importance of ongoing community support to tackle the roots of alcohol addiction, to avoid repeat admissions and to provide those who are addicted with a better opportunity for recovery.
- All people who drink alcohol in Northamptonshire should be made aware of the risks they are taking, as well as the associated harms, and be supported in reducing the amount or stopping altogether. Earlier interventions (as a part of MECC) and ‘Identification and Brief Advice’ sessions to be delivered across communities as appropriate.
- All stakeholders and providers contribute to the development of a robust and sustainable treatment pathway between health and community settings for alcohol addictions and relapse prevention.

Drinking can increase the risk of ill-health.
Impact of adverse childhood experiences under the spotlight

The impact of Adverse Childhood Experiences (ACEs) such as child abuse, neglect and dysfunctional home environments can reduce people’s life chances and increase health inequalities. It would also reduce the wider health impacts which, in time, would put pressure on the NHS and other local support services and save money.

These Adverse Childhood Experiences are linked with an increased risk of health-harming behaviours, with research showing those who experienced four or more adverse experiences during childhood are nearly 11 times more likely to use heroin or crack cocaine. Those living in more deprived areas are more likely to be affected.

Adverse experiences have also been found to have an impact on people’s genetic and neurological functioning through their lives. In Northamptonshire, the Director of Public Health commissioned a study to understand which local communities have higher levels of Adverse Childhood Experiences and find out what impact they have on people’s health and wellbeing.

The study was carried out between June and September 2015 and involved nearly 8000 adults across Hertfordshire, Luton and Northamptonshire who were asked about their experience of adverse experiences in their own childhood and their current health-related behaviour.

Results showed that 24% of adults in Northamptonshire who took part in the survey had suffered verbal abuse when they were children, 14% had experienced physical abuse and 6% sexual abuse. Participants were also asked about their childhood household and the survey found that a fifth (20%) had experienced parental separation, 17% domestic violence, 12% experienced mental illness in the household, 12% alcohol abuse, 4% drug use and 3% incarceration.

Compared with people with no ACEs, those with 4+ ACEs are:

- 2 times more likely to binge drink and have a poor diet
- 3.4 times more likely to be a current smoker
- 4.7 times more likely to have had an unintended teenage pregnancy
- 7.7 times more likely to have been the victim of violence in the last 12 months
- 10 times more likely to have been the perpetrator of violence in the last 12 months
- 6.6 times more likely to have used heroin or crack cocaine

The full report can be accessed online.

There is already a lot of work going on locally to tackle Adverse Childhood Experiences, including the Troubled Families Programme. However, interventions are only available for those identified by local safeguarding systems with the very highest levels of need but a more universal approach across the local authority commissioned services would benefit many more children.

Recommendations:

- The survey results need to be included in training programmes for staff delivering 0-19 services to raise awareness about the impact of Adverse Childhood Experiences on health-harming behaviours and the benefits for future generations of preventing these.
- First For Wellbeing needs to consider including this training requirement in their revised specification for 0-19 services for 2016/17.
- Northamptonshire County Council Children’s Services should review its commissioned parenting programmes and consider making these available to a wider range of parents.
- For all 0-19 universal services (commissioned by First For Wellbeing) and safeguarding services (commissioned by Northamptonshire County Council) data on adverse household factors needs to be routinely collected and available for analysis; this includes data on parental separation, domestic violence, mental illness, alcohol abuse, drug use and incarceration; this requirement needs to be included in contract specifications.

Big step forward for drugs treatment welcomed

Northamptonshire is now above the England average for successful completions of treatment for opiate drugs.

Users of opiate drugs, such as heroin, codeine and methadone, are the largest and most complex group needing substance misuse treatment. During 2015 – 16, Northamptonshire’s substance misuse treatment services have driven performance for users of these drugs above the England average for the first time since recommissioning the services in February 2013.

The local improvement in performance comes at a time when national performance for opiate clients is falling.

This achievement reflects a long-term high standard in the treatment system’s outcomes, which are measured as part of the Public Health Outcomes Framework in terms of successful completions as a proportion of all clients treated over a rolling 12 month period. A successful completion is where the user exits treatment with no problematic substance use and complete abstinence from opiate drugs, and does not subsequently return to treatment within 6 months. As 18 months’ worth of data are considered for the indicator, changes in performance must be sustained in order to affect the overall indicator trend.

The chart below shows how Northamptonshire’s performance compares to the national average from figures published by the National Drug Treatment Monitoring System between April 2013 and December 2015. The dotted lines represent periods of missing data.
New Strategy to help Northamptonshire ‘Flourish’

A strategy mapping out health and wellbeing priorities for Northamptonshire over the next four years has now been published.

Called ‘Supporting Northamptonshire to Flourish’, the strategy will inform decisions about how local health and social care services are provided and ensure they are focused on the needs of the local population.

The joint process allows local organisations to analyse the wider perspective of wellbeing, and reach a consensus on the priorities to be addressed across the health and social care system, and how to make best use of collective resources to achieve them.

The new Supporting Northamptonshire to Flourish strategy includes four key priorities:

Priority 1: Every child gets the best start

Giving every child the best start in life is fundamental to the philosophy and approach of the new strategy. Lots of good work is already being completed across Northamptonshire to ensure children grow up in safe, healthy environments and the new strategy builds on this to ensure that:

- More families get help 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 injuries;
- Fewer young people self-harm;
- Fewer young people misuse drugs and alcohol;
- More children and young people have positive mental wellbeing.

Priority 2: Taking responsibility and making informed choices

Supporting adults to take responsibility and make informed choices in their everyday lives is the second priority for Northamptonshire. The new strategy suggests approaches to ensure that within Northamptonshire:

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

Priority 3: Promoting independence and quality of life for older adults

The residents of Northamptonshire are getting older and an increasing number of local people are aged over 70. The new strategy aims to promote partnership working to ensure:

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

Priority 4: Creating environments for all people to flourish

The strategy recognises that the social, economic and environmental conditions in which people live, work and play influences the health and wellbeing of individuals and communities. It aims to achieve that:

- Health and wellbeing outcomes in Northamptonshire’s most deprived areas improve;
- 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.
1 in 5 deaths could be avoided EVERY year

With research showing that a fifth of all the deaths in the county are potentially avoidable, effective action across prevention, diagnosis and treatment is needed to continue to reduce people dying prematurely.6

People in Northamptonshire are living longer than ever before but too many people are still dying young.

And for those who are living longer, too many years are spent in ill health.7

In fact, it’s estimated that 1 in 5 deaths are potentially avoidable in Northamptonshire and more than 60% of these could be prevented by wider public health involvement, such as getting people more active, encouraging them to stop smoking and tackling the wider determinants of health.

In Northamptonshire 1 in 3 deaths occur before the age of 75 (are premature), and two thirds of these – an average of 1,500 people each year – are potentially avoidable. Although the county has a similar rate of premature deaths than the England average, when compared to similar areas the county is ranked worse, placing 12 out of 15 areas.8

Some improvements have been made in reducing premature deaths, with significant reductions seen in heart disease and stroke, respiratory disease in females and communicable diseases. However, preventable deaths for liver and respiratory diseases are not decreasing. There also continues to be more chance of avoidable deaths for those living in more deprived areas.

Lifestyles, such as whether a person smokes, drinks alcohol, what they eat and whether they take regular exercise, affect health, in particular cancer, cardiovascular disease and diabetes which are significant areas for avoidable deaths.

Our lifestyle choices make the greatest contribution to premature death and disability. Lifestyle choices explain 40% of ill health in England and in particular unhealthy diet and tobacco are the two largest contributors (diet accounts for 10.8% of total disease burden and tobacco 10.7%). Lifestyle risk factors make up the majority of the top 10 risk factors for ill health and death, covering obesity and diet, tobacco, alcohol and physical activity.9

Any intervention that reduces these lifestyle risks will have a large effect on the health of the population.

What is an avoidable death?

The majority of premature deaths (two thirds) are caused by diseases and illnesses that are largely avoidable.10

Avoidable deaths are defined as deaths caused by conditions where effective public health and medical interventions are available.11 While some conditions may be considered to be avoidable this does not mean that every death by this condition could have been prevented.

Deaths in Northamptonshire

During 2012 to 2014 there were 17,520 deaths in Northamptonshire and of these, the three main diseases were cancer, circulatory diseases and respiratory diseases.

Cancer: accounts for 29% (just over 5,000) of all deaths across 2012 to 2014. Of these cancer deaths, nearly a third (29%) were due to stomach and digestive diseases and a fifth (21%) due to lung cancer. Of the total deaths nearly half (49%) were premature (aged less than 75 years).

Circulatory disease: accounts for just over a quarter of all deaths (26%; 4,604). Nearly three quarters of these (73%) are due to 4 diseases:• Ischaemic heart diseases other than heart attacks – 31%
• Cerebrovascular diseases – 24%
• Acute myocardial infarction (heart attacks) – 14%
• Hypertensive diseases – 5%

Of these total deaths, just over a quarter (28%) are to people aged less than 75 years.

Respiratory disease: accounts for 14% (2,459) of all deaths across 2012 to 14. Of these 74% are due to chronic obstructive pulmonary disease and pneumonia. Of the total deaths less than one in five (22%) are to people aged less than 75 years.

Across four main diseases more than 60% of premature deaths are considered preventable (potentially avoidable through public health interventions).

Cardiovascular Disease (CVD)

This includes coronary heart disease, stroke and peripheral arterial disease. It is one of the major causes of death and is associated with a large burden of preventable illness and death.12

Over the last decade there has been a 50% reduction in the county for preventable cardiovascular disease deaths in those aged under 75 years. This is a similar to the reduction seen across the rest of the country.

There have been huge gains over the last decade in terms of better treatment and improvements in lifestyle which will have contributed to this reduction13 but when compared with similar areas the county has one of the highest death rates. The lowest death rate is in South Northants and the highest is in Corby where both heart disease and stroke are significantly higher than the national average.

In more than 90% of cases the risk of a first heart attack is related to nine potentially modifiable risk factors such as smoking, poor diet, alcohol and diabetes.14

Cancer

More than half of the cancer deaths in Northamptonshire are preventable (see table 1). Prevention offers the most cost-effective long-term strategy for the control of cancer.15 The rates of premature and preventable cancer deaths in the county are similar to England and there has been an 11% reduction in preventable cancer deaths in those aged under 75 years in the last decade. This is slightly lower than the reduction seen across the rest of the country (15%).

Corby has a significantly higher death rate from premature cancer than the national average and data shows decreases in death rates across most districts.

Most of the preventable cancers are linked with modifiable lifestyle factors. Cancer Research UK has estimated that in the last five years almost 600,000 cases of cancer could have been prevented in the UK by people not smoking, maintaining a healthy weight, not drinking alcohol, eating healthy diet, being physically active and avoiding excess UV

Table 1: Preventable premature deaths by broad disease type, Northamptonshire 2012-14

<table>
<thead>
<tr>
<th>Disease</th>
<th>All premature deaths</th>
<th>Preventable deaths</th>
<th>%</th>
</tr>
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<td>CVD</td>
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<td>4691</td>
<td>2922</td>
<td>62.3</td>
</tr>
</tbody>
</table>

Source: PHE, HSCIC and NCC SPH

Continued on page 14
radiation. The results from the Global Burden of Disease Study 2013 shows tobacco to be the leading risk factor for cancer in the region followed by diet and alcohol.11

Liver disease
Liver disease is one of the leading causes of death in England and people are dying from it at younger ages. Alcohol accounts for over a third of all cases of liver disease. More than three quarters of deaths in the county (77%) are premature and most liver disease is preventable (table 1).

Rates of premature and preventable deaths from liver disease are increasing which is similar to the national trend and a faster increase and higher rates seen in males. There has been a 31% increase in premature liver disease deaths since 2001 and 27% increase in those considered preventable. This is higher than the national increase of 12% and 14% respectively. Corby has a significantly higher rate than the England average and one of the highest liver disease death rates in the country. Rates are not decreasing in Corby, Daventry and Kettering.

Respiratory disease
Respiratory disease is the leading causes of premature deaths including chronic obstructive pulmonary disease (COPD) of which smoking is the major cause.

Respiratory disease deaths have reduced by 20% in those aged under 75 years which is in line with the national trend. Premature deaths considered preventable have decreased by 15% for males since 2001 but have shown no difference for females. Corby has one of the highest rates of preventable respiratory disease deaths in the country.

The full report can be found online.
Unhealthy lifestyles behind 40% of ill health

A person’s lifestyle, such as whether they drink or smoke, what they eat and if they exercise, all make a huge difference to their health and wellbeing.

In fact, our lifestyle choices make the greatest contribution to premature death and disability.

Lifestyle choices explain 40% of ill health in England with unhealthy diet and tobacco being the two largest contributors.

Historically, research has tended to focus on these risk factors separately but recent reports observe that individuals often have more than one unhealthy behaviour, i.e., a person who smokes is also likely to drink and may not be concerned with healthy diet and exercise. This is known as clustering of lifestyle risks.

Clustering of lifestyle risks is more likely to be seen in men, younger people, lower social class households, single households, and those who are unemployed. It has reduced significantly from around a third of the population in 2003 to a quarter in 2008 but only in those in higher socio economic and educational groups. Those with no qualifications were more than five times as likely as those with a higher education to engage in multiple unhealthy behaviours, and the gap between the two has increased.

It is therefore important to address lifestyles that include multiple unhealthy behaviours with a focus on those with the greatest risk.

Smoking

Smoking and is one of the most important causes of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

In addition, smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother. Encouraging pregnant women to stop smoking during pregnancy can help long-term quitting, thus providing health benefits for the mother and reducing the infants exposure to second-hand smoke. Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour, an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

An estimated 19.3% of the population are smoking in Northamptonshire which has been slowly reducing over time.

Those in routine and manual jobs have significantly higher prevalence of smoking, with nearly a third (32%) smoking in the county, rising to 43.2% in Corby which is significantly higher than the national average.

Smoking prevalence is highest in Corby and Northampton districts, rising to 29.8% and 25% respectively.

Northamptonshire has a significantly lower rate at 9.5%.

The rate of successful four week quitters in the smoking population was significantly lower in Northamptonshire compared to England.

The rate of mothers smoking at time of delivery (15.1%) is significantly higher in Northamptonshire than England (11.4%) in 2014/15 has been for the last 5 years.
Unhealthy lifestyles continued

Drug and Alcohol misuse

Alcohol consumption is a contributing factor to deaths from a diverse range of conditions, as shown in Figure 3. In addition, drug use poses health risks to the individual and roughly 15% of people who use drugs develop dependence. Substance misuse can lead to an increased risk of developing physical and mental health problems.

A summary of key statistics for Northamptonshire is provided in the infographic to the right.

Northamptonshire was not significantly different from England in the proportion of opiate users who successfully completed treatment; however, it had a significantly lower proportion of non-opiate drug users completing treatment. Both of these indicators have improved compared to 2013, when a re-commissioning of substance misuse treatment services in the county caused a dip in performance. Furthermore, the non-opiate client group has increased by 62% from 437 treated in 2013 to 706 treated in 2014.

More detail can be found in the alcohol profiles from PHE and summaries produced on Northamptonshire Analysis.

Figure 3: Contribution of alcohol and drug use to disease, 2013 in the East Midlands

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-related neoplasm</td>
<td>0.01%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>0.01%</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>0.04%</td>
</tr>
<tr>
<td>Neurological disorders</td>
<td>0.15%</td>
</tr>
<tr>
<td>Diarrhea, lower respiratory, and other...</td>
<td>0.20%</td>
</tr>
<tr>
<td>Self-harm and interpersonal violence</td>
<td>0.24%</td>
</tr>
<tr>
<td>Transport injuries</td>
<td>0.45%</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>0.60%</td>
</tr>
<tr>
<td>Mental and substance use disorders</td>
<td>0.62%</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0.86%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>1.21%</td>
</tr>
</tbody>
</table>

Source: GBD Compare visualisation tool

Alcohol-related road traffic accidents 2012-2014

Northamptonshire: 40.2
East Midlands: 33.7
England: 26.4

Corby also has the highest level of alcohol specific mortality in the East Midlands and is significantly worse than the England average.

Source: Local Alcohol Profiles
**OBESITY**

Excess weight in adults is recognised as a major determinant of premature deaths and avoidable ill health. Men are more overweight or obese than women and on the whole levels increase with age.

There is growing concern about the rise of childhood obesity and the implications persisting into adulthood. The health consequences include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

More detail on child obesity can be found in the National Child Measurement Programme Profile.

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**Concerned about your wellbeing or the wellbeing of others?**

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- **Alcohol**
- **Financial support**
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Phone lines are open Monday to Friday, 8am to 6pm

Email us
info@firstforwellbeing.co.uk

---

**The county has the 3rd highest rate when compared to it’s statistical neighbours**

At district level, Corby, East Northamptonshire, South Northamptonshire and Wellingborough all have significantly higher rates of adult excess weight than the national average. Daventry, Kettering and Northampton have rates similar to the national average.

---

**Currently excess weight in children aged 4-5 years in the county is similar to the national average at 21.2% after having experienced a significantly lower rate than England for a couple of years.**

At district level, East Northamptonshire and South Northamptonshire currently have significantly lower than England rates.

The proportion of children that are overweight or obese rises with age. Amongst 10-11 year old children in Northamptonshire the rate of those with excess weight (32.4%) is similar to the national average; with the exception of Corby district, this is true of all districts in the county. The rate in Corby is significantly higher than the national average, at 37.6%.

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**Source:** Public Health Outcome Framework
Diet and physical activity

Diet
Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. These diseases, and type II diabetes, which increases CVD risk, are associated with obesity. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.14

Physical Activity
Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease compared to those who are not active. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health.14

Evidence shows health inequalities can be reduced by increasing participation in sport and physical activity as well as economic growth and improvements to community engagement.20 It is estimated that physical inactivity costs the national economy £7.4bn in healthcare, premature deaths and sickness absence. It is estimated savings can be made of between £1,760 to £6,900 per person in healthcare costs by taking part in sport along with improvements in numeracy levels and reduction in crime and anti-social behaviour.20

The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week compared to the national average of 57%.3

The active people survey reported that 59% of adults in Northamptonshire report undertaking 150 minutes of moderate physical activity per week compared to the national average of 57%.

Recommendation:
- All organisations across the health and social care economy (Hospital Trusts, CCGs, GPs/Primary Care, NCC, First for Wellbeing, NHFT) need to fully implement a co-ordinated programme of MECC (Making Every Contact Count) as part of the Sustainability and Transformation Plan.

In Northamptonshire, there is an estimated £12.3m of health costs due to inactivity and 319 deaths estimated to be preventable per year if 75% of the adult population aged 40-79 years were engaged in the recommended levels of physical activity.20

5 a day
In Northamptonshire the proportion of the population meeting the recommended 5 a day (53.8%) is similar to England (53.5).
In Northampton a significantly smaller proportion of people eat 5 portions of fruit and vegetables (48.6%).

Less (33%) people in Northamptonshire aged 14+ take part in sport once per week compared to a national average (37%).

In Corby a significant proportion of people report eating fewer portions of vegetables (2.02 portions) than England (2.27 portions).

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

The Chief Medical Officer currently recommends that adults undertake 150 minutes of moderate physical activity per week, in bouts of 10 minutes or more.
Is nature the best medicine?

Volunteering, exercise and community engagement are just three of the key health and wellbeing opportunities offered by green spaces in the county.

Northamptonshire offers a variety of green spaces, including formal urban parks, country parks, village greens, allotments and domestic gardens, through to canal and river corridors, forests, woodlands and natural or semi natural open spaces. These are managed by a wide range of organisations, trying to achieve a wide range of social, environmental and economic objectives.

Green spaces can support good health and wellbeing by providing opportunities for physical activity or for relaxation and stress relief. They offer chances to grow and learn more about food. They can provide local volunteering opportunities and can also help create a sense of pride and cohesion amongst communities, contributing to a feeling of safety and general wellbeing. This can bring benefits including lower overweight and obesity levels, improved mental health and wellbeing and more people rating their own health higher.

These health and wellbeing benefits are increasingly being recognised but across the county some people may have better access to green spaces than others, perhaps because of their location, the availability of transport, personal health and mobility, concerns about safety or simply a lack of knowledge that they exist.

The Northamptonshire Local Nature Partnership (N-LNP) is made up of a wide range of organisations that manage local environments including green spaces in the county. The N-LNP has recognised the important contribution that green spaces can make to community wellbeing and has researched and identified a range of initiatives that could be implemented to further maximise those benefits.

Recommendations:

1. The Northamptonshire Health and Wellbeing Board should consider how green spaces can best contribute to the delivery of the Northamptonshire Health & Wellbeing Strategy 2016 – 2020 as part of its developing environment / place workstream.
2. Those involved in planning and creating new developments in the county should ensure the effective incorporation of green spaces.

Northamptonshire’s country parks

Northamptonshire County Council owns six country parks which together receive more than two million visits a year. Management of the parks has been transferred to First for Wellbeing, ensuring they continue to be at the heart of the county’s wellbeing offer and public feedback gathered during the 2015 public consultation on the new First for Wellbeing organisation said they are among the most important places where people would wish to receive wellbeing services.

One well established ‘service’ in the parks is conservation volunteering with 2,799 person days of volunteering contributed in 2015 by a wide range of individuals including Moulton College placements, to newly retired people. Corporate groups such as Barclaycard have also been heavily involved as part of their corporate responsibility programmes. Conservation volunteering contributes to the wellbeing of those participating, as well as helping sustain improvements to the green spaces involved.
Not just books – a world of wellbeing at your local library

The county’s 36 libraries are at the heart of local communities in Northamptonshire, making them well-positioned to support health and wellbeing outcomes.

With 55,000 people visiting a Northamptonshire library every week, they offer many opportunities to make a difference to people’s wellbeing.

They have played an important role in key public health and wellbeing campaigns, including Wellbeing Week and 20 Million Steps, helping to increase awareness and encourage participation in mass participation events.

Families have benefitted from an increased health visitor presence, with monthly clinics and drop-in sessions in Northampton and South Northants libraries. Four breastfeeding support groups in libraries have benefitted babies and parents, with potential for more as part of the Baby Friendly Accreditation that libraries are currently working on.

The Bookstart scheme continues to operate in Northamptonshire, with Bookstart packs being gifted to families earlier than most counties nationally in order to maximise the opportunity for brain development and bonding and habit-forming behaviour. Bookstart packs are offered by health professionals when the baby is around six weeks old to support the early communication that is vital to a babies’ physical, mental and emotional development, giving babies a great start. This is supported by health visitor teams across the library network plus any babies that miss their development check at six weeks can get the Bookstart bag from their local library instead, where a trained communication champion will reinforce these positive messages to the parents.

The library service also successfully completed the Big Lottery Fund ‘Girl I Want to Be’ project in partnership with Pacesetter Sports and schools around the county. Targeted at potentially vulnerable girls in years eight and nine, the course gave participants increased chances in life, primarily through improved confidence and self-esteem and a chance to increase knowledge and explore sensitive subjects in a safe library environment. Feedback at follow up sessions revealed that one girl’s confidence had increased so much she had become a volunteer in a local charity shop whilst others had persuaded their whole families to become regular library users. The service is currently identifying further funding to continue rolling out the courses in libraries.

Working with customers and several charitable organisations, the LibraryPlus Quality Standards for presentation and behaviour have been updated and improved this year to incorporate principles of dementia-friendly spaces so that library staff consider lighting, colour, signage, furniture and layout to ensure a comfortable environment for those living with dementia and their carers.

Corby library hosted a pilot ‘Skilled for Health’ ESOL course in partnership with the adult learning service. It aimed to increase understanding of the UK’s health system and empower students to be able to make better choices around their health and wellbeing and participants reported increased skills, knowledge and confidence at the end of the course. There are plans to extend this scheme to other libraries.

Libraries have also adopted the Reading Agency’s “Reading Well Books on Prescription” and “Mood-boosting Books” schemes. Endorsed by health professionals, books can be recommended by GPs and other health practitioners which can be then requested and borrowed from any library free of charge. Many of the books in the scheme are known to be effective for those suffering with mild mental health problems including stress, depression and anxiety. Additional titles, recommended by local GPs, have been added to stock this year including materials supporting the “Living Life to The Full” online CBT course which is accessible via library computers.

Recommendations:
- Library services to assess the needs of their local communities and offer evidence based services
- Further promote Bookstart to hard to reach families
- Promote national health improvement campaigns based on need
- Ensure relevant library staff have attended baby friendly initiative training

Standing up for ourselves – preventing falls

A new strategy has been developed which aims to reduce the number of older people admitted to hospital because they have had a fall and injured themselves.

Urgent care services data (November 2014 to 2105) shows that falls were the second and third highest reason for admission to our hospitals (Kettering and Northampton General Hospitals respectively). This accounts for between five to 25 admissions a day in Kettering and 12 to 25 admissions a day in Northampton.

And nationally, evidence reviewed by the Kings Fund in 2013 suggests that one in three people aged over 65, and half of those aged over 80, fall at least once a year. Plus falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures and/or head injuries. Falls also cost the NHS more than £2 billion per year and also have a knock-on effect on productivity costs in terms of carer time and absence from work.

Getting more active is one way to reduce the risk of having a fall.
Standing up for ourselves – preventing falls
Continued from page 27

With around 117,433 people aged over 65 in Northamptonshire, year on year projections based on POPPI data (2014) suggest that without a radical change in how fall prevention is addressed, 31,757 people will experience a fall, 2,395 will be admitted to hospital as a result of a fall, 704 of these people will have sustained a hip fracture and between 70 and 90 of these people will die as a consequence of that fall.

But falls and fractures do not have to be an inevitable part of ageing. A wealth of evidence now exists that supports the positive impact of timely intervention in avoiding a significant proportion of falls and fractures. And when they do occur, the availability of high quality rehabilitation and reablement is key to supporting people to retain or restore their independence.

An extensive process of consultation and review has led to the production of a local framework document which sets out a strategic approach to developing a more integrated system-wide approach to falls prevention and bone health across Northamptonshire. Actions include a falls awareness training programme, the development of a network of accredited exercise classes for those at high risk of having a fall, home safety/hazard assessments and providing a central information hub for the public and professionals.

This aims to achieve a year on year reduction in people admitted to hospital as a result of a fall, 704 of these people will have sustained a hip fracture and between 70 and 90 of these people will die as a consequence of that fall.

Cold homes still affecting health
The impact of cold homes on people’s health and wellbeing continues to be a significant challenge in both the UK and in Northamptonshire.

For many years now, efforts have been made to improve housing in the UK to protect residents from the effects of winter weather, including better insulation and initiatives to improve heating systems in homes, help people to manage their energy use and increase their financial income to help them pay their energy bills.

Cold homes and health and wellbeing
Cold homes are linked to a range of health problems including increasing the risk of respiratory problems, such as asthma and bronchitis. It can make some existing health conditions worse including asthma and diabetes and can make it more difficult to recover after leaving hospital. Cold homes are also linked with increased risk of depression and anxiety.

Some groups are particularly vulnerable to the effects of cold homes, such as young children, older people and those with pre-existing health problems. They can affect other factors associated with wellbeing such as educational performance among children and young people, and employment by increasing rates of work absences.

The cost of fuel poverty (when people can’t afford to heat their home adequately) to the NHS in England is estimated to be £1.36 billion, not including associated social care costs. Fuel poverty estimates produced by the department of Energy and Climate Change and published during 2013 suggest that in 2013, 2.36 million households (10.4%) in England were in fuel poverty. In Northamptonshire estimates suggest a significant improvement in fuel poverty levels, from 11.2% in 2012 to 9.3% in 2013.

Northamptonshire has around 117,433 people over 65
16.6% of the population

<table>
<thead>
<tr>
<th>People</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>117,433</td>
<td>100%</td>
</tr>
<tr>
<td>31,757</td>
<td>26.8%</td>
</tr>
<tr>
<td>2,395</td>
<td>2.0%</td>
</tr>
<tr>
<td>704</td>
<td>0.6%</td>
</tr>
<tr>
<td>90</td>
<td>0.08%</td>
</tr>
</tbody>
</table>

Of those in long term care homes, some 2,295 will experience a fall necessitating an ambulance call out and transport to hospital (17% in residential homes and 57% in nursing homes).

(EMAS conveyance data, 2014)

While this is broadly good news, it still means that over 27,000 households in the county are likely to have been in fuel poverty.

There is also significant variation in fuel poverty levels across the county with Corby having the lowest average fuel poverty level of 8.0%, and Northampton at 10.3%.

When looking at estimates for smaller geographical areas, levels of fuel poverty of over 20% of households can be found in parts of the Boroughs of Northampton and Wellingborough.
The Northamptonshire Warm Homes Partnership, which is made up of local councils, is working with partner organisations to raise awareness of fuel poverty and provide advice and support to residents and communities. Highlights from 2015/16 include working with National Energy Action (funded by British Gas) to develop an affordable warmth action plan, energy awareness training for hundreds of front line staff to enable them to recognise the signs of fuel poverty and seek help for their clients, creating energy champions who can work with their communities, developing a directory of local energy advice and support services and providing advice to residents about energy efficiency and energy bills.

2015 saw the publication of guidelines by the National Institute for Health and Care Excellence (NICE), urging a series of actions to prevent people becoming ill and even dying due to cold winter temperatures. NICE is encouraging a range of organisations to take action to address the issue, including Health & Wellbeing Boards, health services, councils, energy companies, faith and voluntary groups, home care providers and domestic heating installers.

**Recommendations:**

- The Northamptonshire Health and Wellbeing Board should consider the levels and impacts of fuel poverty in the county.
- It should review the NICE guidance and the recommendations contained within it.
- It should also review the work that is taking place to address fuel poverty in the county, to ensure that partnership arrangements are effectively addressing the challenge of fuel poverty in the county.

Organisations in Northamptonshire are becoming increasingly concerned about the effect of loneliness and isolation on the health of the county’s residents as more and more research emerges about just how big an issue it may become.

Being isolated or lonely are increasingly seen as major factors in poor health and wellbeing, both physical and mental. The Marmot Review ‘Fair Society, Healthy Lives’ (2010) notes that individuals who are socially isolated ‘are between two and five times more likely than those who have strong social ties to die prematurely’.27

One often quoted study suggests that isolation can have a bigger impact on health and wellbeing than physical activity, obesity or even smoking 15 cigarettes a day.28

There is also evidence that people who are lonely are more likely to need or access public services, such as visiting their GP, being admitted to hospital or requiring social care support.29

Put simply, people with stronger social relationships and connections are likely to be healthier and happier than they would otherwise be.

Loneliness and social isolation are linked but are not exactly the same thing. People can be isolated (have little or no contact with other people or society) and not feel lonely. Alternatively people can feel lonely even if they have regular contact with others.

The causes of both of them can be complex. The Campaign to End Loneliness30 has listed potential community reasons for loneliness and social isolation, such as poor public transport, unfriendly physical environments, lack of facilities, population turnover, crime and fear of crime. Other identified factors are more to do with individual circumstances, such as being in later old age (over 80 years), low income, being in poor health, living alone and widowhood.31

Social isolation in Northamptonshire

It is difficult to know with great accuracy who is experiencing isolation and loneliness in Northamptonshire and what impact it is having on their wellbeing. However, a study undertaken in late 2015 used information about the likely causes of isolation and loneliness to build a picture of Northamptonshire and those areas where residents are more likely to be lonely or isolated.32

The study built on an approach originally undertaken by Essex and Gloucestershire County Councils. It used factors such as age, housing, car ownership, education, income, access to public transport and level of interaction with friends and neighbours to identify and map the geographical areas within the county that were most likely to include older people who potentially felt lonely and/or isolated.

Northamptonshire is home to around 118,000 people aged 65 and over, but while the older population were the focus of this study, it should be noted that loneliness and isolation are not limited to older people.
Is loneliness as bad as smoking? Continued from page 31

The map showed that, as expected, some rural communities could be home to people who were isolated or lonely, but it also highlighted that loneliness and isolation was highly likely in urban environments. In fact the most vulnerable households were most often in the larger towns in the county.

The key message from the study is that in order for older people to feel they can leave their homes, particularly in the evenings, and participate in society, they need to feel safe. The main barrier to feeling safe is the fear of crime. This is influenced by the actual amount of crime in the neighbourhood, but also the state of the environment (litter, graffiti, overgrown vegetation etc). A high population turnover, such as that found in areas with a high tenant population, is also most likely in areas where isolation can be expected.

Most recommendations are for a reduction in crime (and the fear of crime) and for more activities for older people in areas with high levels of population churn. The constantly changing nature of some areas erodes any sense of community which may have existed. Older people are likely to have lived in their homes for some considerable amount of time and may see these changes in their neighbourhoods as strange and intimidating.

Getting people out of their houses and interacting would help bring people in a similar situation together and allow them to form friendships and increase and enhance their levels of social interaction. However it is also probable that a similar targeting of activities for those who may be seen as being responsible for crime and anti social behaviour would enable older people who currently stay indoors to venture out more.

When designing the built environment, consideration should be given to ensure footpaths and pavements are smooth and in good repair, areas are open and feel safe through use of street lighting and any obstacles preventing a clear, open view are removed, to make the outdoors a friendlier place to be. Additionally the voluntary sector could play a role here, only a small proportion of the voluntary organisations aimed at older people work specifically in the field of reducing isolation and loneliness.

Recommendations:

- The Voluntary and Community Sector need to lead the development of a ‘social prescribing’ model of care and support across the county that includes approaches to address social isolation.

- Frontline services including the new First for Wellbeing organisation should consider the impact of isolation on their clients / patients, and support them or refer them to help.

The health of Northamptonshire’s future generation shows while the county as a whole is similar to national and regional averages, some areas do remain a concern.

Northamptonshire performs similarly to national and regional averages in most indicators related to health, wellbeing and education of children, young people and families.

However, areas such as smoking in pregnancy and breastfeeding continuation (six to eight weeks) are worse than the national trend. Therefore protecting babies from the damage of tobacco smoke and promoting breastfeeding before and after birth are areas which need more focus in order to give every child the best possible start in life. There has been an increase in self-harm and mental ill health in children and young people across the county and significant increases in the numbers of domestic violence incidents in certain areas of the county.

Steady increases in the numbers of overweight and obese children, particularly in Corby, also represent a real issue which will need to be addressed quickly.

New Psychoactive Substances (NPS), known as legal highs, are reported as being a problem by 10% of young people in treatment in Northamptonshire, compared to 2% nationally. Most young people in substance misuse treatment report an addiction to cannabis.

The numbers of children living in poverty in the highest area of the county, Corby, are three times higher than the lowest, South Northamptonshire. Families living in areas of deprivation generally have worse health outcomes. Thus children living in Corby have worse health outcomes than children living in South Northants.

Recommendation:

- As part of the Health and Wellbeing Board’s strategy to ensure ‘Every Child Gets the Best Start’, Northamptonshire County Council needs to review all of the services commissioned for children to make sure services are efficient and cost effective and that funding streams should be re-orientated towards prevention.

Playing the generation game

The Get Connected campaign raised awareness of loneliness and social isolation in the county.

The Get Connected campaign raised awareness of loneliness and social isolation in the county.

- The Get Connected campaign raised awareness of loneliness and social isolation in the county.

As part of the Get Connected campaign Deb shared her own story of overcoming social isolation. Visit www.northamptonshire.gov.uk/getconnected to hear more.
The number of mothers in Northamptonshire who start breastfeeding is improving but the rates of those who continue to breastfeed remains below the national average.

Breastfeeding offers health and social benefits to both mother and baby. Every day there are 24 opportunities for public sector organisations to make a difference and improve the health and wellbeing of babies and their families. These health benefits are sustained in the short and long term, making breastfeeding a key public health issue.

Breast milk provides a baby with perfect nutrition and everything they need for growth and brain development. It also plays an important role in protecting against childhood obesity together with the development of asthma and diabetes and mothers who breastfeed are less likely to develop pre-menopausal breast cancer, ovarian cancer and osteoporosis.

A recent breastfeeding support services needs assessment was conducted to understand the prenatal and postnatal needs of women in Northamptonshire. The evidence was reviewed and will inform plans to increase the rates of breastfeeding initiation and continuation locally.

In 2015 the national and local breastfeeding initiation rates were similar at 74.3%. Breastfeeding rates have improved locally since 2012 but evidence shows that breastfeeding initiation is particularly poor in disadvantaged groups and in white young women.
Breastfeeding initiation rates in Corby, Kettering and East Northamptonshire are significantly lower than the national average.

Northamptonshire’s overall breastfeeding continuation rates decline at a slightly faster rate than the England average and it is particularly noticeable in Kettering, East Northamptonshire, Wellingborough and Corby where the breastfeeding rates decline significantly compared with the England average. There is significant variation in breastfeeding initiation and prevalence at 10 to 14 days and six to eight weeks across GP practices.

Breastfeeding rates between initiation and six to eight weeks decrease least in the borough of Northampton compared to others in the county.

Breastfeeding mothers require support which is available twenty four hours a day, seven days a week. Midwifery services are able to facilitate breastfeeding support within maternity units, so health visitors have a clear understanding of mothers who may need breastfeeding support when they leave hospital.

Not all women initiate breastfeeding, further work is needed to understand why not and what the barriers might be.

Undertake further analysis of GP data and variation between practices.

Commission a peer support service to increase support within communities.

Recommendation:

- All of the commissioners and providers of breastfeeding support need to agree a jointly funded action plan as part of the countywide ‘Sustainable Transformation Plan’ led by the Health and Wellbeing Board.

Perinatal Mental Health

Perinatal mental health problems are those which complicate pregnancy and the postpartum year. They include both pre-existing mental health problems and those that arise during this time.

Childbirth has long been known to increase the risk to women’s mental health, particularly of developing a serious mental illness (postpartum psychosis and severe depressive illness). It is also known to be associated with an increased risk of recurrence of serious affective disorder (bipolar illness and severe depressive illness).

Women with chronic longstanding serious mental illnesses such as schizophrenia who become pregnant may experience a deterioration or recurrence of their condition during pregnancy and the postpartum period. Non-psychotic conditions, particularly depressive illness and anxiety are common during pregnancy and following delivery.

The separation of mother and infant can have serious effects on the mother-infant relationship and be difficult to reverse. Without appropriate intervention, maternal mental illness can have long-standing effects on infants’ cognitive, emotional, and social development and wellbeing.

At present in Northamptonshire, women who experience mental health problems during pregnancy or postnatal are managed within the general adult mental health services. There is no specialised perinatal mental health service in the county. Service delivery is outside of national guidance.

Recommendation:

- Corby and Nene CCGs need to commission perinatal mental health services that are based on need.

Never too late to stop smoking during pregnancy

Protecting their baby from tobacco smoke is one of the best things a parent can do to give their child a healthy start in life – that’s the message for parents in Northamptonshire.

Whatever stage of pregnancy a mother is at, it is never too late to give up or cut down, and both mother and baby will benefit immediately. In fact, because the most harmful effects of smoking during pregnancy occur in the second and third trimester, giving up smoking in the first three months of pregnancy reduces the risk of having a low birth weight baby to that of a non-smoker.

Cigarettes restrict the essential oxygen supply to a baby and contain over 4,000 chemicals and there is evidence that a baby born to a woman who smokes is twice as likely to be born prematurely, more likely to suffer from placenta problems around the time of birth, three times more likely to be underweight at birth, even if they are born on time and also, more likely to be a victim of cot death.

Plus if anyone else in the house smokes, the smoke can affect mother and baby both before and after birth. Second hand smoke can cause low birth weight and cot death. Babies whose parents smoke are more likely to be admitted to hospital with respiratory infections such as bronchitis and pneumonia.

Children whose parents smoke are more likely to suffer later on from illnesses that need hospital treatment, such as asthma. They’re also more likely to take up smoking themselves.

Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.

Smoking rates not only vary by region but also by age and social group; pregnant women from unskilled occupation groups are five times more likely to smoke than

Continued on page 38
Never too late to stop smoking during pregnancy
Continued from page 37

20% of our 100% of

Healthy weight in children
Organisations in Northamptonshire are working to ensure more children are a healthy weight.

All reception and year six children have their heights and weights measured by the school nursing service as part of the National Childhood Measurement Programme.

In Northamptonshire the prevalence of overweight and obesity for both year groups has either remained the same or become worse between 2013/14 and 2014/15.

13.6% of reception boys and 11.6% of reception girls are overweight and 9.3% of boys and 7.8% of girls are obese. And in year six 13.7% of boys and 13.9% of girls are overweight, 19.7% of boys and 17.3% of girls are obese.

Two programmes to improve healthy weight in children and young people in Northamptonshire are the Healthier Child Project and ‘Alive N Kicking’.

The Healthier Child Project has worked with 125 primary schools. The University of Northampton has conducted monitoring and evaluation.

The children surveyed identified a number of things schools and the Healthier Child Project can do to help them lead healthier lives, including:

- Address imbalance in provision of fruit and veg to KS2 and KS1 children
- More extra curricular activities
- Cooking classes
- Health posters
- PE more frequently (min of twice a week)
- Designated exercise areas

Head Teachers commented on the impact of the project:

- Increased resources
- Increased awareness of services available
- Provided some matched funding
- Improvement in staff wellbeing

population, our future

- Increase in coaching in PE and outdoor play
- Introduction of Change 4 Life
- Health and wellbeing as a high priority
- Signposted to other agencies / links

The research has established a number of recommendations that the healthy child advisors and schools will be prioritising to coordinate the approach to improving the health and wellbeing of our young people.

These include:

- Improving eating experiences via table based discussions and social etiquette
- Schools invest more time and energy developing parent-school relationships focused on children’s health
- Implement a ‘Healthier Staff’ initiative
- Understand that staff wellbeing is as important as the children

Child Sexual Exploitation (CSE):

- Rates of CSE have risen dramatically, from 28 in 2012 to 149 in 2014
- 64% of CSE incidents involve children known to social services
- Northampton accounts for 31% of the child population of the county but 46% of CSE incidents
- 91% of incidents involve girls, but only 49% of the county’s children are female
- 85% of CSE incidents involve White children

Recommendations:

- Ensure all NCC commissioned services are able to identify CSE.
- Ensure clear pathways of support are in place for those at risk to ensure their continued safety.
Healthy workplace brings benefits for all

Northamptonshire workplaces are under the spotlight as efforts increase to ensure they are healthy and happy environments for local employees.

Workplaces offer a major opportunity to drive health improvement. The work environment can have a positive impact on the health and wellbeing of employees, and promoting physical activity, mental wellbeing and healthy eating to staff can bring numerous benefits such as low levels of absenteeism, reduced staff turnover and a more productive, happier, healthier and engaged workforce.

The Faculty of Public Health states that “the workplace has a powerful effect on the health of employees. How healthy a person feels affects his or her productivity, and how satisfied they are with their job affects their own health, both physical and psychological. Evidence shows that, when organisations proactively improve their working environments by organising work in ways that promote health, all adverse health-related outcomes, including absence and injuries, decrease.”

During 2015-16 a “Healthier Workplace” programme has been developed across the organisation, and promoting innovation in terms of a link up with Trilogy around the refurbishment of the Cripps gym on their main site and the positioning of the hospital as a health and wellbeing resource for the local community.

“Theses initiatives fit well with the commitment made by NHS chief executive Simon Stevens in September 2015 to improve the health and wellbeing of 1.3m health service staff. “It’s time for the NHS to be the change we all want to see.”

For NHS staff in particular, the importance of actively promoting workplace wellbeing schemes was flagged up by a review led by Dr Steve Boorman which highlighted that NHS organisations which prioritise staff health and wellbeing:

- achieve enhanced performance
- improve patient care
- are better at retaining staff
- have lower rates of sickness absence

County council staff head out on a lunchtime walk as part of healthy workplace week 2015.

Healthy workplace focus for local NHS

Estimates put the cost to the NHS of staff absence due to poor health at £2.4bn a year – accounting for around £1 in every £40 of the total budget. This figure is before the cost of agency staff to fill in gaps, as well as the cost of treatment, is taken into account. Senior management teams across Northamptonshire’s NHS organisations have shown strong leadership and desire in implementing workplace health programmes over the last 18 months.

Kettering General Hospital (KGH) has been making significant strides in its ambition to be a health and wellbeing promoting campus and, according to their Chair, has recently been identified as the third most active NHS trust nationally in the Global Corporate Challenge. Northamptonshire Health Foundation Trust (NHFT) has developed a range of health and wellbeing initiatives for their staff, and is adopting a systematic approach to embedding this into their organisational culture. Northampton General Hospital (NGH) is similarly developing a staff health and wellbeing strategy for the county, promoted in the first instance by members of the Health and Wellbeing Board. The reach and influence of these organisations has been extensive given the size of the workforce covered – over 25,000 employees.

The approach has been to develop programmes that fit the size and scale of member organisations, and which facilitate healthy lifestyles, with an initial focus on promoting physical activity.

The work taking place across Northamptonshire to promote workplace health – via promotion of physical activity, healthy eating, positive mental wellbeing, smoking cessation and alcohol awareness and reduction – covers all of the areas set out by NHFT chief executive Simon Stevens and noted for action in the Five Year Forward View.

The focus of the local Healthier Workplaces programme has also been on mobilising local resources and making links across the statutory, voluntary and private sector. A Workplace Health Charter for Northamptonshire has been developed, as well as a set of metrics for use in evaluating the success of workplace health initiatives and the impact of the programme overall.

Close working links have been developed with Northamptonshire Enterprise Partnership (NEP) and with local Environmental Health officers, to make best use of their existing links with local businesses. Environmental Health officers have been trained up in the usage of the National Workplace Wellbeing Charter, to enable them to act as accredited assessors for those local organisations that chose to go forward for national accreditation and recognition in relation to their commitment to workplace health.

The next phase of the Healthier Workplaces programme entails not only widening the reach of the current initiative through working closely with NEP and local Environmental Health officers, but also successfully embedding the initiative into organisational structures and HR and management practices.

A revised Task and Finish group has been set up by the Health and Wellbeing Board to oversee this work, and to provide evidence of outcomes arising from the interventions undertaken.

The 2016 Workplace Challenge included a netball competition.
HIV - the Human Immunodeficiency Virus - infects and gradually destroys an infected person’s immune system.

People diagnosed with HIV today can have a normal life expectancy and live healthy and productive lives. People should not be afraid to have an HIV test – the earlier treatment starts, the better the outcome for patients.

Northamptonshire has a prevalence of 2 per 1000 for people living with HIV. The National Institute of Health and Social Care Excellence (NICE) suggests all local authorities with a prevalence of 2 per 1000 should expand testing in the community.¹¹

Late diagnosis of HIV in the county is worse than the national average at 57.5% locally.¹² This means nearly two thirds of people diagnosed with HIV could have accessed treatment earlier and potentially lived longer.

In 2015 public health commissioned two projects to reduce HIV and late diagnosis of HIV within the county.

Firstly, the NORTH project tests all new patient registrations in Corby, Kettering, Northampton and Wellingborough. The aim of the project is to increase HIV testing within primary care through education, raising awareness and reducing healthcare worker perceived stigma and developing systems of easy access to HIV testing with specialist follow-up care.

The NORTH project had high acceptance rates, only 18 patients declined to take the test offered (3%).

A pathway was developed to guide practices with testing and access to specialist follow up care. A total of 2138 tests have been performed as at 30.04.16. 2135 tests have been negative and 3 were a reactive result. Test coverage has been appropriately proportionate in terms of ethnicity and age group, meeting the needs of the population.

The second project is a self-sampling initiative. This is an online home sampling kit that will provide access to free remote sampling service that allows people to self-sample independently. It also allows appropriate onward referral for treatment and care following diagnosis with timely initiation of treatment when clinically indicated and rapid referral and signposting to free services for the prevention, detection and management (treatment and partner notification) of HIV and other sexually transmitted infections to reduce population prevalence and onward transmission. It has been possible to promote the service and key sexual health awareness messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences. It also ensures services are acceptable and accessible to people disproportionately affected by sexual ill health. 103 people were tested as part of the initiative in November 2015 with two positive residents identified to date.

The County Council and key partners have developed a joint plan based on best practice to reduce HIV prevalence and late diagnosis rates within the County. Actions include HIV testing in secondary care service, HIV testing in drug and alcohol services and review current outreach services.

Recommendations:

- Expand HIV testing in the community such as widening who is offered a HIV test by the GP.
- Test residents using hospital outpatient services if they have certain ‘indicator conditions’ that are known to be linked to HIV infection.
- Improve current outreach services to reach target groups within the county.

Northamptonshire County Council has helped 373 local businesses with free start-up advice and support since launching its Enterprise Libraries project two years ago.

The programme has resulted in 19 new businesses and 25 additional jobs since it began at Northampton’s Central Library in October 2013.

These figures are expected to rise to 46 new businesses and 99 jobs by 2017 as entrepreneurs currently working with the service launch and continue to grow their ventures. Enterprise Libraries provides support to entrepreneurs and small business owners who can benefit from workshops, intellectual property advice, online resources and one-to-one business support.

Northamptonshire was chosen as one of 16 areas nationally to deliver the Enterprise Libraries programme with support from the British Library, the Department for Communities and Local Government and Arts Council England.

One of the core aims of the Business & IP Centre programme is to promote social inclusion and participation of diverse and disadvantaged groups.

As trusted organisations and hubs of community learning, libraries are perfectly positioned to help new immigrants, ethnic minorities and women (groups traditionally under-represented in business) to branch out into entrepreneurship.

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The proportion of female attendees has steadily increased over the past year, peaking with 855 female attendees for April. This is extremely encouraging in the context of women accounting for just 18% of SME owners in the UK and shows that careful programming of activities and outreach brings in a wide and diverse audience.

Meanwhile the proportion of attendees describing themselves as Black, Asian or minority ethnic has decreased slightly with 14% of attendees identifying as minority ethnic compared with 16% in January and 25% in October. However the overall proportion is still high given that minority ethnic groups account for just 8.6% of the wider Northamptonshire population.

The amount of younger people using the service has remained more or less constant at 21%.

39% of attendees considered themselves to be self-employed, 25% were employees in an existing business and 17% were unemployed or looking for work, (although this is probably higher as some attendees report themselves as self-employed, while still in the planning stages of business development.

Consistent with results seen across the Business & IP Centre Network, the majority of the Centre’s attendees were in the earliest stages of business development, either planning (41%) or in the process of setting up a business (28%).

Attendees were interested in a wide variety of sectors. The most popular industry attendees were in, or intending to go into was creative/media on 19% followed by retail/wholesale/distribution and professional services/consulting on 16% each.

Business & IP Centre Northamptonshire continues to go from strength to strength in terms of its high approval ratings and positive recommendation of the service.
One in six county deaths linked to smoking

Smoking kills about 1,000 people a year in Northamptonshire – that’s more than one in six deaths in the county.

That’s why it’s recommended that there is a renewed focus on tackling smoking and tobacco control in the county.

Nationally there are around 8 million smokers in England and smoking causes almost 80,000 deaths per year. Treating smoking related diseases is estimated to cost the NHS £2 billion each year. Smoking rates across England have fallen since the eighties, from a third of the population in 1985 to less than a fifth (18%).

The Department of Health Tobacco Control Plan for England ran out at the end of 2015 and the government plans to publish a new tobacco control strategy for England this year.

The total annual cost of smoking in Northamptonshire is about £38 million. The 2013 JSNA for Northamptonshire estimated that there were about 119,000 smokers in the county.

The table below shows estimated smoking prevalence by district, demonstrating that future services need to be delivered according to need.

Table 1 Smoking Prevalence by district

<table>
<thead>
<tr>
<th>Smoking Prevalence 2014</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18.0%</td>
<td>England Average</td>
</tr>
<tr>
<td>19.3%</td>
<td>Northamptonshire</td>
</tr>
<tr>
<td>29.8%</td>
<td>Corby</td>
</tr>
<tr>
<td>14.2%</td>
<td>Daventry</td>
</tr>
<tr>
<td>19.9%</td>
<td>East Northants</td>
</tr>
<tr>
<td>15.7%</td>
<td>Kettering</td>
</tr>
<tr>
<td>25%</td>
<td>Northampton</td>
</tr>
<tr>
<td>9.5%</td>
<td>South Northants</td>
</tr>
<tr>
<td>16.3%</td>
<td>Wellingborough</td>
</tr>
</tbody>
</table>

Since the launch of the Tobacco Control Plan in 2011, a number of national policy changes have occurred. These include:
1. Prohibition of point of sale displays
2. Prohibition of smoking in cars carrying children
3. Standardised packaging of tobacco products
4. Proxy purchasing of tobacco products
5. A revised EU Tobacco Products Directive

Locally the primary focus has been reviewing the current smoking cessation service model to reflect NICE standards and needs across the county and we have been working with Northamptonshire Healthcare Foundation Trust to transfer the smoking cessation service into the new First for Wellbeing community interest company.

The focus for the smoking team over the next six months is:
- Pregnant women
- People from BME communities
- People in hospital settings i.e. ‘the stop before the op’ and emergency admissions
- Young people
- Men

Illicit tobacco sales

Part of tackling smoking is reducing illegal tobacco sales.

In 2015/16 Northamptonshire trading standards did the following to reduce illegal tobacco sales.

Seizures
The total number of packets of illicit cigarettes seized during the period is 29,481. The street value of these using the average price of £5 per pack is £147,405.00.

The total number of 50g pouches of illicit hand rolling tobacco during the period is 1018. The street value of these using the average price of £10 per pouch is £10,180.00.

Recommendations:

The focus for 2016 is for the county council to work with partners and stakeholders on the following areas which are also an important part of tobacco control

- Promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco
- Reduce the number of young people who take up smoking and to support adult smokers who want to quit, and consult on options by the end of the year
- Encourage more smokers to quit by using the most effective forms of support, through local stop smoking services
- Publish a 3-year marketing strategy for tobacco control
- Develop a tobacco control strategy
- Set up a tobacco control alliance

The county council needs to as a priority start developing the tobacco control alliance in Northamptonshire and some of the associated themes of work.

1. Illicit tobacco
2. Smoke free environments
3. Communication and engagement
4. Implementation of legislation

Yo-Yo and Scamp sniffing out illegal cigarettes as part of raids in July 2015.
FINANCE – summary of Public Health finances

Public Health and Wellbeing

What we spend (Gross Budget)

Public Health Division

Integrated Health and Wellbeing Division

Customer, Culture and Place Division

2015/16
\[£39.47M\]

2016/17
\[£36.60M\]

2015/16
\[£67.78M\]

2016/17
\[£64.42M\]

2015/16
\[£24.84M\]

2016/17
\[£21.80M\]

Includes adult prevention contracts

Customer Culture and Place Division

What we spend (Gross Budget)

Public Health Division

Health Improvement

2015/16 \[£15.52M\]

2016/17 \[£13.93M\]

Health Prevention

2015/16 \[£5.67M\]

2016/17 \[£5.34M\]

Wider Determinates (Drug & Alcohol)

2015/16 \[£10.17M\]

2016/17 \[£8.72M\]

Wider Determinates (Other)

2015/16 \[£4.86M\]

2016/17 \[£5.35M\]

Management & Admin

2015-16 \[£2.25M\]

2016-17 \[£2.26M\]

Public Health Reserve

2015/16 \[£1.00M\]

2016/17 \[£1.00M\]

2015/16 TOTAL \[£39.47M\]

2016/17 TOTAL \[£36.60M\]

Integrated Health and Wellbeing Division

What we spend (Gross Budget)

Third Sector Liaison

2015/16 \[£1.21M\]

2016/17 \[£1.20M\]

Commissioning Support and Advice

2015/16 \[£0.72M\]

2016/17 \[£0.55M\]

Healthwatch

2015/16 \[£0.36M\]

2016/17 \[£0.30M\]

Coroner Service

2015/16 \[£0.80M\]

2016/17 \[£0.80M\]

Community Safety

2015/16 \[£0.39M\]

2016/17 \[£0.32M\]

Adults Prevention contracts

2016/17 \[£2.84M\]

2015/16 TOTAL \[£3.48M\]

2016/17 TOTAL \[£6.01M\]

Customer, Culture and Place Division

What we spend (Gross Budget)

Nourish (School Meals)

2015/16 \[£10.02M\]

2016/17 \[£8.30M\]

Outdoor Learning

2015/16 \[£1.13M\]

2016/17 \[£1.11M\]

Countryside Services

2015/16 \[£0.65M\]

2016/17 \[£0.63M\]

Library Plus Service

2015/16 \[£5.32M\]

2016/17 \[£5.02M\]

Archives & Heritage

2015/16 \[£0.84M\]

2016/17 \[£0.83M\]

Children’s Centre Libraries

2015/16 \[£0.81M\]

2016/17 \[£0.84M\]

Knuston Hall

2015/16 \[£0.81M\]

2016/17 \[£0.84M\]

Management Team

2015/16 \[£24.88M\]

2016/17 \[£21.80M\]

Northamptonshire Sport

2015/16 \[£1.86M\]

2016/17 \[£1.86M\]

Registration Services

2015/16 \[£8.30M\]

2016/17 \[£8.30M\]

2015-16 \[£2.25M\]

2016-17 \[£2.26M\]

Third Sector Liaison Commissioning Support and Advice

2015/16 \[£0.65M\]

2016/17 \[£0.63M\]

2015/16 \[£0.23M\]

2016/17 \[£0.12M\]

2015/16 \[£1.00M\]

2016/17 \[£1.00M\]

2015/16 \[£0.45M\]

2016/17 \[£0.47M\]
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Thousands of walkers help smash record!

In September 2015, thousands of eager Northamptonshire residents once again took to the streets, country parks, footpaths and trails of the county, to help smash the second annual 20 million steps walking challenge.

This was the second year that residents had been challenged to drag out their trainers, walking boots and wellies to take a walk and log their footsteps, all in the name of encouraging us all to be more active.

The residents of the county did themselves proud. Over 30,000 children and adults got involved in the event in some way, while over 33 million steps were logged, smashing last year’s record by nearly 9 million steps.

Why walking?

It may not be running a marathon, climbing a mountain or competing in a triathlon, but quite simply taking a brisk walk can be one of the easiest ways to get more active, lose weight and become healthier.

To get the health benefits from walking, it needs to be moderate-intensity aerobic activity. In other words, it needs to be faster than a stroll, with a raised heart rate and breaking into a bit of a sweat.

People are encouraged to try to walk 10,000 steps a day. This may seem a lot but incorporating walking into everyday tasks may achieve this on its own, or try taking a bit of time out for a walk, maybe at lunchtime or after an evening meal.

20 million steps

The 20 million steps challenge is intended to get more people more active and to get everyone thinking about their own health and wellbeing. It is part of the county council’s Mass Participation Plan – intended to get more communities involved in fun, healthy activities.

It’s not just about being active though – people were encouraged to be sociable by joining up with family, friends and other groups of people to have fun while walking together. As well as the physical benefits, walking and being active more generally can have great benefits for mental wellbeing and self-confidence.

Of course, it’s no use just being active for one weekend of the year. Being physically active on a regular basis is important for our health. Walking is just one of the ways that we can achieve this.

Five reasons to get walking

- It’s free – there’s no need for expensive gym membership or special clothes
- Walking can be done almost anywhere, at any time, so it’s easy to take part
- Walking is perfect for anyone who has poor health or hasn’t exercised in a long time as people can start off as slowly as they need
- Walking is sociable as it’s a chance to spend time with family or friends
- Walking can also be done alone, and is an opportunity for some time out and space from a busy lifestyle.

As well as ‘walking the walk’, the 20 million steps campaign got people trying new things such as orienteering, sharing their experiences and encouraging each other on social media, volunteering to deliver walking events and learning about health and wellbeing via promotional campaigns and local media coverage.

More importantly, over half of the participants stated they would continue to participate in walking activities after the event.

Let’s get Northamptonshire walking!

Walking is fun, free and good for your health and wellbeing. That’s why everyone in Northamptonshire is being asked to go for a walk on 23rd - 25th September 2016.

Whether you go to a country park or take a stroll around town, together we can reach our goal of 40 million steps.

www.northamptonshire.gov.uk/20millionsteps
In 2015 Northamptonshire again hosted a stage of the Aviva Women's Tour elite cycle race.

This is another part of public health and wellbeing's mass participation plan and follows the hugely successful inaugural event in 2014.

Crowds turned out in force as Stage 3 of the Women's Tour took the international women cyclists on the roads of Northamptonshire, from the start in Oundle through to a thrilling finish in Kettering.

After a tough stage of 138 kilometres, Luxembourg national champion Christine Majerus sprinted to victory in Kettering town centre, holding off a group of chasing riders including Northamptonshire's Hannah Barnes.

amongst those lining the streets of the county were school groups, cycling clubs, local communities from villages on the route as well as local residents keen to see the spectacle as it flashed by.

There is a growing body of evidence to suggest that major sporting events such as the Women's Tour generate positive messages about participating in sport, especially among direct spectators.

One of the main purposes for hosting the event was that the excitement of elite cycle racing in the county encouraged and inspired the residents of Northamptonshire to be active and get out on their own bikes, whether this is joining a local cycling club, commuting to work regularly or just a leisurely ride out with family and friends.

As part of the hosting of the stage, local organisations were out in force, promoting the health and wellbeing benefits of cycling and being physically active as well as promoting the wide range of opportunities available in the county to cycle regularly. These include the ‘Cycle CoNNect’ bike hire scheme, Northamptonshire Sport, local cycle routes and promotional material, cycle training and organised rides.

As well as bringing international standard sport to Northamptonshire, the event also provides significant economic benefits to the county. This includes significant numbers of visitors to the area, along with exposure on national television.

Women's Tour 2016
The Women's Tour will return to Northamptonshire again in the summer of 2016. This year the county will host the final stage of the Tour on Sunday 19th June 2016, with a 113 kilometre route from Northampton to Kettering, which will determine who is crowned the overall Tour winner.

In order to get more people on their bikes, this year the hosting of a Women's Tour race stage will also involve a mass participation cycle event, giving everyone in the county from experienced cyclists to novices and young families the chance to get out on their bikes on part of the Women's Tour route. The cycle event takes place on 17th July, visit: www.northamptonshire.gov.uk/womenstour to find out more.

Physical activity is a key part of a healthy lifestyle. The proportion of adults (16+) who are considered physically active in Northamptonshire (at least 150mins physical activity per week) is marginally above the national average – 56.2% against 56.0%. However, there are significant differences across the county, from Corby at 48.6% to Daventry at 61.7%. This means that too many of us are simply not active enough.

Northamptonshire Sport is the local county sports partnership and is now part of the new First for Wellbeing organisation. It works with a variety of partners – Local Authorities, Schools, Sports Governing Bodies and Clubs – and is determined to get more people being physically active. It co-ordinates the delivery of a range of physical activity opportunities, of which

Continued on page 54

I cannot express how much this club has helped me. Without this club I would not have done any of these amazing things. I still can't believe, and don't think I ever will, that I am actually a runner!! I have found my confidence; I will now wear Lycra and not care!! I have lost 18 pounds so far and feel absolutely fantastic, but most of all I have met a new bunch of truly amazing friends who support me with every new challenge I take on.

- Kelly Anderson, a member of Redwell Runners, a new jogging group set up by Northamptonshire Sport as part of the ‘Jog Northants’ programme.
participation in traditional sport is just one part. Provision is for all, however certain activities are targeted at groups where physical activity levels are lower – women/girls, people with disabilities, older people and lower socio-economic groups.

A significant amount of effort is focused on children and young people, helping to develop the self-confidence and basic movement skills that will ingrain physical activity throughout their lives. Examples during 2015 include:

Sport Premium: supporting Primary Schools to improve the quality and quantity of their PE and School Sport provision

School Games: encouraging more young people to enjoy competitive school sport through more intra and inter-school competitions. In 2015 92% of Northamptonshire schools took part.

Change4Life Clubs: establishing lunchtime and after-school clubs in schools that engage the least active. Over 60 have been set up during 2015.

Young Leaders: building young people’s leadership skills and confidence through sport. In 2015 over 680 young people have been trained, either at Year 5 as a Sports Crew member or in 6th form as a Young Leader.

Satellite Clubs: creating ‘satellite’ arms of existing sports clubs within a secondary school, building a smoother pathway for young people into a community setting.

2015 also saw the establishment of a brand new, cutting edge, approach in secondary schools. ‘PE2020’ is a trailblazer scheme, funded by county council Public Health and delivered by the Youth Sport Trust, aimed at tackling the biggest issues facing teenagers today - rising numbers accessing child and adolescent mental health services (CAMHS), increasing levels of self-harm and decreasing levels of self-esteem. The scheme aims to strengthen young people’s capability and life skills through a new approach to teaching PE.

73% of secondary schools in the county have signed up to take part so far with the intention to bring all on board during the three year scheme.

Encouraging adults to continue with or get back into sport/physical activity is also a key aim of Northamptonshire Sport and its partners. The majority of this work is with the Governing Bodies of Sport and local community sports clubs.

Examples during 2015 include:

Jog Northants: creating new jogging groups around the county for new, lapsed and existing runners to take part. In 2015/16 over 747 new joggers joined the 2,500 already registered.

Training & Development: assisting those volunteering in local clubs as officials, coaches, administrators and referees – first aid, safeguarding, technical, masterclasses. Over 1,000 people accessed support in 2015.

Facility Support: supporting clubs and local organisations with capital funding bids, securing £328,000 in 2015.

Coaching Support: in 2015 the service provided regular info to over 1,500 registered coaches, scholarships valued at £10,000 to 78 coaches and 11,000 hours of high quality coaching into schools.

RideNorthants: programme of activity to encourage more people to cycle, for recreation and sport. Over 750 people have got back into riding via opportunities like SkyRide Local, Breeze and Ride Social.

Inspire and Include: supporting people with dementia to stay active and connected with people, by linking six care homes with six local bowls clubs. Launched in September 2015, fifty three people have been supported so far.

To achieve its goal of embedding sport and physical activity into many more people’s lives Northamptonshire Sport is reviewing plans in the light of the Government’s new strategy, “A Sporting Future”. This will see a shift towards more informal recreation, an understanding that most people don’t stick with the same sport for life, outdoor adventurous activities and a more customer centric approach.

Good progress has been made, especially with those predisposed to physical activity already. Getting those resolutely inactive to be active will prove the harder challenge.