Director of Public Health Annual Report 2016/17

A report by the Director of Public Health and Wellbeing, Northamptonshire, 2016/17
Report introduction

Last year’s Director of Public Health Annual Report included the results of a mental wellbeing survey for the people of Northamptonshire. This showed that there is a strong association between our wellbeing and where we live.

"People get pleasure, purpose and resilience from their neighbourhoods and communities; it is pleasure, purpose and resilience that shape our feelings of wellbeing."

This year’s report continues with this theme and looks at how where we live, work, learn and play affect our health and wellbeing in Northamptonshire.

Our health and wellbeing is largely influenced by the choices we make for ourselves and our families. But the conditions in the communities where the residents of Northamptonshire live, learn, work and play also play an important role in people’s ability to make those healthy choices.

Northamptonshire’s Health and Wellbeing Strategy for 2016-20 also states: “By creating communities that are strong and resilient, empowering people to pro-actively keep themselves well, and achieving parity of esteem between mental and physical health, the burden on our health and social care system will be eased. This strategy makes explicit our commitment to include housing, infrastructure and planning, public safety and crime, education and employment as wider determinants of health and wellbeing.”

The recently developed Northamptonshire Sustainability and Transformation Plan (STP) also commits to developing future health and social care services that build resilient and engaged communities and articulates a desire to explore place-based care which builds on the local formal and informal care networks that exist within the county.

Research shows that communities with low levels of air pollution, access to healthy foods, quality affordable housing, good schools and safe places to play are healthier than those that don’t. The economic, social and physical environments in Northamptonshire have just as much impact on our health as lifestyle and health and social services.

The diagram shown in figure 1 helps us to understand how place (where we live, work learn and play) affects the so called, ‘determinants of health’. For example:

- Healthy places improve air quality making active travel less harmful
- Healthy places help overcome health inequalities and help promote healthy lifestyles
- Healthy places make people feel comfortable and at ease, increasing social interaction and reducing anti-social behaviour, isolation and stress
- Healthy places optimise opportunities for working, learning and development
- Healthy places are restorative, uplifting and healing for both physical and mental health conditions

This report will cover:

Where we live

How we feel about where we live is very important for our health and wellbeing. This section considers how key agencies such as Northamptonshire Police, trading standards, First for Wellbeing, the British Red Cross and Northamptonshire Fire and Rescue are working to keep us safe and support community resourcefulness and resilience. The section looks at the role of vaccinations in safeguarding our health, as well as the importance of the home in supporting our wellbeing, including work to prevent falls, assistive technology and home adaptations to help people live at home independently.

---

Where we work

Workplaces offer a key opportunity to improve health and wellbeing, bringing benefits for employers, workers and the wider economy. This section will look at the strategic approach being taken in Northamptonshire to promote workplace health, including work being led by environmental health officers to promote the Workplace Wellbeing Charter as well as the development of First for Wellbeing’s workplace offer.

Where we learn

This section looks at the central role that schools play in influencing young people’s health, their role in promoting healthy choices and how this affects educational attainment. It includes an update on the Healthier Child Project, school nursing and also work taking place to support children and young people’s mental health and emotional wellbeing. Risky behaviours, such as using drugs, tobacco or alcohol are also looked at, as well as the work of the sexual health outreach team. Finally, e-safety is also examined, and the work happening in the county to tackle this growing issue.

Where we play (out and about)

The environments around us can have a significant impact on our wellbeing as they influence how we travel, socialise, spend their leisure time and more. This section will consider the links between transport and health and how active travel can address healthy physical activity levels. It will also look at what’s happening in the county regarding air quality and how our green and open spaces can benefit our health and wellbeing. Also under the spotlight are our urban spaces, and how our high streets can affect our health plus the Eat Out, Eat Well scheme which is working to increase our access to healthier food choices.

With particular thanks to all of the authors who contributed to this report (see page 42).

And to the many others who made comments and contributed in other ways.

As ever all mistakes are my own.

Dr. P J Barker
Acting Director of Public Health
Northamptonshire County Council
On behalf of the people of Northamptonshire
Safe and healthy in your community

Chapter leads: Emma Hildreth and Sandra Husbands

The Wellbeing Survey (JSNA 2016) showed that in general, people living in the more deprived communities, who felt unsafe and unable to influence decisions were most likely to have low mental wellbeing.

Which communities feel unsafe in Northamptonshire?

Feeling safe where you live is very important for wellbeing. A separate report is available The headline findings are that far more people feel unsafe outside at night (16% in Northamptonshire) than unsafe out in the day (2% in Northamptonshire). For people at home at night, 5% feel unsafe in Northamptonshire.

Figure 2 shows a map of where people feel unsafe outside in the dark in Northamptonshire.

Figure 3 shows a map of the rate of violent crime for the period 2013-16

These two maps do not match completely; one conclusion that can be drawn from this is that people’s subjective perceptions of safety may not match the reality of where crime is happening, but people’s perceptions and feelings of being unsafe are still important in whether their mental wellbeing is affected.

Figure 2: Percentage of respondents who reported feeling unsafe outside in the dark, mapped by Medium Super Output Area

Figure 3: Rate of violent crime per 1000 population by MSOAs 2013–2016
Night-time economy

With 16% of the Northamptonshire population feeling unsafe outside at night, the police and communities have an important role in keeping us safe.

The alcohol and hospitality trade makes up a significant part of local and national business providing jobs, taxable income and a diverse and vibrant social scene. Northamptonshire is typical of this with relatively vibrant night-time economy hubs in Northampton and Kettering and smaller centres of activity in Wellingborough, Corby and the other county towns.

This all comes with an element of risk to the health and wellbeing of the people using, living close to, and working in these environments, including the irresponsible use of alcohol, drug use, violence and anti-social behaviour, noise, accidental injury and vulnerability through sexual predation. Crime statistics and accident and emergency figures both point to Friday and Saturday nights between the hours of 23.00 and 05.00 being of highest risk to crime and injury through assault. In Northampton this risk is added to by a university student population bringing in even more young people from various areas of the country and abroad. Statistical detail based on A&E data July – February 2017

Northamptonshire Police crime figures shows:

- Men are nearly 3 times more likely than women on average to be assault victims
- Police assault figures show 14,660 crimes reported
- 3,503 assaults took place in town centre locations
- 3,462 assaults that took place were alcohol related
- It is highly likely that a very large percentage of town centre assaults will also fall into the alcohol related category and be related to the night-time economy, although exact analysis on this is available.

Much is being done by all partners within the industry to mitigate these risks but there is still work to be done and responsible authorities need to continue to monitor risk in their night-time economies and respond accordingly. Work already done or currently ongoing includes:

- Door staff and bar staff vulnerability training delivered by Northamptonshire Police since 2014 and ongoing
- Out Tonight – Do it Right safety campaign (Northampton Borough Council launched 18th March 2017)
- Kettering Vulnerability Campaign (to be launched Spring 2017)
- Funding of Street Marshalls in the Northampton night time economy
**Case Study – public health and alcohol licensing**

During 2016-17 the NCC Public Health team has worked closely with district council licensing teams to influence licensing decisions. This has involved identifying areas of the county which experience higher levels of alcohol related harm, such as alcohol related crime, incidents and A&E admissions.

When a licence application is received in these areas of higher alcohol harm, the public health team has reviewed the application and made recommendations intended to contribute to the licensing objectives and support community wellbeing. In doing so it has raised the awareness of the wellbeing implications of licensing and influenced a number of licensing decisions.

**Recommendations for further work include:**

- Widespread education in schools (Year 11 to 13) on safety within the night-time economy and safe alcohol consumption to be led by the county council and supported by all relevant partners.
- Continued rollout of vulnerability training by Northamptonshire Police for the hospitality and security industry.
- Consideration for safe havens/emergency triage and treatment during peak night time economy periods.
- Partnership work between police, health professionals and local authorities to develop Cumulative Impact Areas to make it easier for authorities to restrict the granting of alcohol licences in areas where it can be shown that the cumulative impact of alcohol is seriously damaging people's health and wellbeing.

---

**The role of trading standards**

One of the identified priority areas threatening Northamptonshire consumers is doorstep crime, when criminals attempt to sell goods or services on the doorstep that are of poor quality, unnecessary or grossly overpriced. In many cases, victims are completely unaware of the inflated prices for the goods or services and are pressured into having work done to their homes or gardens, or buying goods. This type of crime can have a real impact on the victim’s sense of confidence and security in their own home, especially if they are defrauded out of large sums of money.

In 2014-15 there were 17,264 reports of doorstep crime nationally (with a detriment to consumers of £22.1 million); locally in Northamptonshire in 2015-16 there were 219 reports of doorstep crime but it is known that many doorstep crimes remain unreported. Reasons for lack of reporting include fear of repercussions, fear of loss of independence, mental capacity issues such as dementia, loneliness and social isolation, embarrassment and self-blame or just not realising that they are a victim.

People who are lonely and/or socially isolated are at increased risk of doorstep crime as they have fewer opportunities to engage with others to discuss finances, scams or their own judgement. In addition, older adults are more likely to suffer with health problems or disabilities which can reduce their mobility and interaction with the wider community. Older victims of doorstep crime decline in health faster than non-victims of a similar age and may suffer long term stress, anxiety, fear, depression and shame.

As part of their preventative work, Trading Standards and Northamptonshire Police launched the Doorstep crime Action Network (DAN) in 2009 with a mission to bring together partner agencies to prevent older and vulnerable adults falling victim to doorstep crime. They are now working together to launch Operation Repeat: Reinforcing Elderly Persons Education at All Times, which will raise awareness of doorstep crime and scam offences by delivering training to health and social care staff, volunteers, support workers, carers and professionals who have individual contact on a regular basis with those in our community who may fall victim to such criminality.
The importance of local action in communities on improving our feelings of safety

It is self-evident that reducing crime is very important for improving wellbeing in our communities. The work of the police outlined above can only ever be effective by working with and developing communities.

Six community safety partnerships (CSPs) bring agencies together in Northamptonshire to tackle area-based anti-social behaviour and to case-manage individual perpetrators and victims. The work of the CSPs and their priorities is shown in the table below:

Table 1

<table>
<thead>
<tr>
<th>CSP</th>
<th>Priorities</th>
</tr>
</thead>
</table>
| Corby                        | • Violence (alcohol and the night time economy, youth violence and county lines)  
                                | • Interpersonal Violence (to include domestic abuse, sexual violence and child sexual exploitation)  
                                | • Early intervention and vulnerabilities (anti-social behaviour, hate crime, burglary and crime prevention, road safety, re-offending, on-line safety, Prevent and radicalisation and community confidence)  |
| Daventry and South Northamptonshire | • Anti-social behaviour  
                                | • Hate crime  
                                | • Domestic abuse  
                                | • Child sexual exploitation  
                                | • Rural crime  
                                | • Prevent radicalisation  
                                | • Safer roads  |
| East Northamptonshire        | • Youth violence  
                                | • Anti-social behaviour in targeted areas  
                                | • Early help and intervention  |
| Kettering                    | • Interpersonal violence (domestic abuse, child sexual exploitation)  
                                | • Violent Crime (night time economy, gang related crime)  
                                | • Serious Acquisitive Crime  
                                | • Anti-social behaviour  |
| Northampton                  | • Violent crime including domestic abuse, child sexual exploitation and gangs  
                                | • Serious Acquisitive Crime  
                                | • Anti-social behaviour  |
| Wellingborough               | • Organised violent crime and gang culture  
                                | • Substance misuse and supply  
                                | • Domestic abuse  
                                | • Acquisitive crime  
                                | • Anti-social behaviour  |
How is Northamptonshire County Council contributing to develop communities to improve safety and wellbeing?

First for Wellbeing is planning to develop community resourcefulness and resilience by using the model in Figure 4 below:

The above figure shows the First for Wellbeing holistic assessment approach against the Mental Wellbeing Impact Assessment (MWIA) tool. This is a nationally recognised tool that enables assessment of a service to ensure it has maximum impact on people’s mental wellbeing.

The information in **Black** is the wider determinants of health that affect mental wellbeing.

The information in **Green** is already being delivered under the First for Wellbeing model.

The information in **Purple** is the proposed development for the service in 17-18.
Strengthening community connections through volunteering

Volunteering is one way to achieve real improvements in people’s health and wellbeing. Volunteering can be defined as “any freely undertaken activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, a close relative”.

Physical, mental and social wellbeing can be significantly increased through volunteering, as it can offer people a positive life experience. Voluntary Impact Northamptonshire’s (VIN) own successful volunteering programme is described by one volunteer as a “win, win situation”. Volunteering also helps to develop an increased sense of self-worth and structure to an otherwise chaotic lifestyle.

Evidence shows that volunteering for local community groups can generate cohesion amongst communities that develop and promote engagement with disenfranchised groups and individuals. Volunteers are involved in a wide range of settings across health, public health and social care and increasingly they are an integral part to the services provided. Volunteering can help organisations achieve a range of social, environmental and economic objectives and it is a key measure of social wellbeing.

Organisations across the county are continuously in need of volunteers as services and funding are gradually depleting. Volunteering has particular benefits for people who have extra support needs but this group is currently under represented of people meaning that those with extra support needs are missing out on opportunities, skills and life experiences.

Voluntary Impact Northamptonshire is well positioned to support health and wellbeing outcomes, with some investment to develop a Wellbeing Team; VIN actively supports organisations and encourages them to adopt models of volunteering that can be structured in a step-by-step approach, graduating to more challenging roles as confidence and skills increase. One of the many positives of the services VIN provides is that it delivers the opportunity to talk individually face-to-face about any difficulties or concerns.

Along with partners, VIN is currently working towards a significant increase in volunteering to support community-based care and reduce pressure on NHS and Adult Social Care.

VIN is already working with Northampton General Hospital to build their volunteer strategy and support team, and has worked with Northamptonshire Healthcare Foundation Trust over the last few months to validate their processes, map and assure current volunteers, talk to the teams about what they want from volunteers and identify new roles.

Voluntary Impact Northamptonshire

Recommendation:

Social prescribing approaches that have been developed by First for Wellbeing need to be promoted by the County Council and the NHS working with Districts and Boroughs; this area of work should be promoted as a key strategic theme with leadership and accountability from the Health and Wellbeing Board.

https://www.kingsfund.org.uk/topics/primary-and-community-care/social-prescribing
How is our health and wellbeing affected by where we live?

Our health and wellbeing is affected by our living environment in many different ways, but this year we have chosen to look at community variation in immunisation.

When we think of medical treatments, it is usually about improving the health of the person on the receiving end. In fact, some treatments of individuals also protect the community; a good example of this is immunisation.

How vaccination helps individuals and the wider community

A contagious disease is one that is spread directly from person to person. When a high percentage of the population is vaccinated, it is difficult for infectious diseases that are also contagious to spread, because there are not many people who can be infected. For example, if someone with measles is surrounded by people who are vaccinated against measles, the disease cannot easily be passed on to anyone and it will therefore quickly disappear again. This is called herd immunity or community immunity, and it gives protection to vulnerable people such as new-born babies, elderly people and those who are too sick to be vaccinated. Herd immunity does not protect against all vaccine-preventable diseases. The best example of this is tetanus, which is caught from bacteria in the environment, not from other people who have the disease.

People who depend on herd immunity

Some people in the community rely on herd immunity to protect them. These groups are particularly vulnerable to disease but often cannot safely receive vaccines:

- People without a fully-working immune system, including those without a working spleen
- People on chemotherapy treatment whose immune system is weakened
- People with HIV
- New-born babies who are too young to be vaccinated
- Elderly people
- Many of those who are very ill in hospital

For these people, herd immunity is a vital way of protecting them against life-threatening disease.

A full update of local progress on immunisation can be found online.

Children are now also offered a flu vaccination at ages two, three and four years. This vaccination is delivered via a nasal spray and is an important addition to the schedule as it not only offers the individual child protection against flu, but it also protects the wider population such as younger siblings, parents, grandparents, carers, etc. Childhood flu vaccine is becoming more popular (2 year olds achieved 42.7% this year compared to 39.5% last year; 3 year olds achieved 39.7% compared to 35%; 4 year olds achieved 37.5% compared to 27.2%); however more parents need to bring their children for a flu vaccination if the full benefit is to be realised both for individuals and the community at large.

Similarly, flu vaccination in the older and at risk populations could be improved in Northamptonshire. The table below details local uptake of flu vaccine in these groups.

Table 2: Influenza vaccination uptake in over 65s, under 65 at risk and pregnant women, Northamptonshire and England, 2014-15 and 2015-16

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aged 65+</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>71.7</td>
<td>69.7</td>
</tr>
<tr>
<td>England</td>
<td>72.7</td>
<td>71.0</td>
</tr>
<tr>
<td><strong>At risk patient (aged under 65)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>46.1</td>
<td>40.9</td>
</tr>
<tr>
<td>England</td>
<td>50.3</td>
<td>45.1</td>
</tr>
<tr>
<td><strong>All pregnant women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northamptonshire</td>
<td>42.5</td>
<td>37.4</td>
</tr>
<tr>
<td>England</td>
<td>44.1</td>
<td>45.1</td>
</tr>
</tbody>
</table>
Variation in vaccination for influenza by community

The following figure shows a six month to 65 year variation in uptake by community (district/borough or by GP) with the 55% standard and a >65 year variation in uptake by community (district/borough or by GP) with the 75% standard.

Figure 5: Variation in uptake of seasonal flu vaccine 6 months to < 65 years by CCG locality for 16/17 flu season

![Bar chart showing variation in uptake of seasonal flu vaccine 6 months to < 65 years by CCG locality for 16/17 flu season.](source: ImmForm 2017)

Figure 6: Variation in uptake of seasonal flu vaccine 65 years and over by CCG locality for 16/17 flu season

![Bar chart showing variation in uptake of seasonal flu vaccine 65 years and over by CCG locality for 16/17 flu season.](source: ImmForm 2017)

Recommendations:

- Public health to support NHS England and primary care and hospitals with targeted social marketing and communication campaigns to improve immunisation uptake.
- Northamptonshire County Council Commissioners to develop Key Performance Indicators with providers of Adult Social Care to encourage the vaccination of key frontline workers.
- Public health to produce an analysis, by GP, of flu uptake for GP Federations to influence the practice of their primary care teams.
- NHS England to work with CCGs and Acute Hospital Trusts to streamline the midwifery process to promote uptake of influenza vaccinations in the antenatal period.
Safe and healthy in the home

Chapter lead: Stephen Marks

The place where we live and call home is an important factor in our wellbeing. It can affect us in so many ways, ranging from providing basic shelter and a roof over our heads through to providing a warm, comfortable, safe and pleasant living environment which is affordable and secure, where we can enjoy our lives and maintain our wellbeing and that of our families.

This chapter explores the different ways in which our home can influence our health and wellbeing, both negatively and positively, and thus why it is so important that we try to ensure people have access to a suitable home that meets their needs, which may vary greatly at different times of their lives.

Housing and neighbourhood conditions have been recognised as one of the key determinants of mental wellbeing. The Wellbeing Survey showed that those living in deprived neighbourhoods where there were large concentrations of social housing were more likely to have low levels of wellbeing. The following article shows some examples of work that is ongoing to tackle housing and neighbourhood conditions.

Accidents in the home – falls prevention and unintentional injuries

A key concern for local people, the NHS and adult social care services in Northamptonshire is the increasing number of people over 65 having injuries from falls and being admitted to local hospitals.

The rate reported for 2015-16 is 2,396 per 100,000 population, compared to 2,125 per 100,000 in England as a whole. Significant increases can be seen across both genders but more specifically in females aged 65 years and over and males aged 80 years and over. During 2016-17 work has been undertaken with both hospitals to raise awareness of falls and the importance of recording accurately if a person has been admitted with an injury that was caused by a fall.

Development of a local Falls Prevention Framework

The public health team and Nene and Corby CCGs have worked closely together to develop a system wide and integrated approach to falls prevention. Based on extensive engagement with a wide range of stakeholders, there is a shared vision and strategic agreement for a local Falls Prevention and Bone Health Framework.

The strategic framework, ‘Standing up for Ourselves’, sets out a five-year plan 2015-2020. Prevention is at the core of the framework, with a focus on awareness raising, self-management, and systematic risk assessment, including assessment of falls and trip hazards in the home.

Key elements of the framework, in keeping with best practice guidance, include:

- Advice and development of best practice including home hazard assessments across all local providers.
- Development of a free, on-line falls prevention training package for all staff.
- Development of a network of OTAGO\(^3\) strength and balance classes delivered across the county by accredited exercise professionals.

\(^3\) OTAGO is the name of an exercise programme; it is a set of leg muscle strengthening and balance retraining exercises designed specifically to prevent falls; it is individually prescribed and delivered at home by trained instructors.
Focus on home hazard assessment and reduction

Public health has invested in a dedicated project worker to implement the Falls Prevention Framework. To assist in helping people stay safe and healthy at home, a consistent and comprehensive approach to home hazard assessment across the county has been devised. This has entailed working closely with staff in statutory sector and voluntary sector services, including with the fire and rescue service’s Safe and Well initiative, to ensure their assessment incorporates falls prevention and appropriate follow on advice and support.

What will successful implementation of the falls prevention strategy achieve?

- A year on year reduction in people admitted to hospital with fractured neck of the femur and other fragility fractures, a challenging ambition for an ageing population.
- A reduction in deaths where the primary cause is attributed to a fall.
- Improved outcomes for those people who do fall – reduced numbers of injuries and higher levels of regained independence.

Once fully established, the holistic, balanced system proposed in this framework is expected to deliver considerable benefits for the health and safety of people in their homes.

Implementation of the strategy should reduce the incidence of falls in Northamptonshire by 15%-30%.

The Royal Society for the Prevention of Accidents (RoSPA) has recognised the work going on in Northamptonshire to prevent falls, and has included the county as one of its ten national exemplar sites; in addition RoSPA are helping with the delivery of awareness raising and training for frontline staff from statutory and voluntary sector services. This will improve the support available to people living in their own homes, as well as those people who are living in some form of supported or sheltered accommodation.

Recommendations:

- To build on the effective partnership working arrangements developed in the last year, and to continue extend the reach and beneficial impact of our network of OTAGO accredited strength and balance sessions. This includes encouraging GPs and health and social care colleagues to promote these sessions and refer people to them.
- Continue to extend falls prevention awareness, and recommend all front-line worker make use of the free e-learning package.
- Continue to enable people to take action to reduce their risk of having falls, and invite them to look at and contribute to the resources developed locally.
Cold homes and fuel poverty in Northamptonshire

Cold homes can increase the risk of respiratory problems, such as asthma and bronchitis, circulatory problems, such as cardiovascular diseases and stroke, and exacerbate existing health conditions, including asthma, diabetes and recovery following hospital discharge, while increasing the risk of falls and accidents in the home\(^4\). Home temperatures also have implications for mental health with lower temperatures linked with conditions such as depression and anxiety.

The problem has been described as a public health emergency and the cost to the NHS is estimated to be £1.36 billion each year.

Fuel poverty is defined as people unable to afford to heat their homes adequately. The most recent available figures (relating to 2014) suggest that approximately 9.5% of households in Northamptonshire were likely to be in fuel poverty. Although this is better than the England average (10.6%), it still means that nearly 28,000 households in the county are likely to have been in fuel poverty in 2014. The rates vary across the seven districts in the county, from 8.0% in Corby to 10.6% in Daventry.

At a smaller geographical scale, variation in fuel poverty is much greater, ranging from 2.3% to 25.3%. This variation will relate to factors such as household income and the construction and condition of the housing.

More detail can be found in Fuel Poverty in Northamptonshire Sept 2016.

Addressing the problem

Tackling the problem means addressing the root causes including energy inefficient housing, high energy prices, energy use behaviour and low incomes. The solution is to coordinate the efforts of multiple partners: local authorities, the NHS, social housing providers and the voluntary sector. Public Health England strongly recommends “that fuel poverty and reducing excess winter illness and death are considered as ‘core business’ by health and wellbeing boards”.

Citizens Advice helps close to 20,000 people a year; this group of people are five times as likely to live in a low-income household than an average member of the population\(^5\).

The local response has been to develop capacity to help those affected in practical ways. Energy advice is now embedded into routine advice work. Funding has been secured from Western Power Distribution, from government and through ongoing participation in national initiatives funded through OFGEM levies and fines on the energy sector; this funding has supported intensive, targeted and partnership based work.

Locally there has been work of national significance including the co-design of a “single point of access” proposition as recommended by NICE\(^6\), and as part of a team developing a tablet-based home energy assessment tool to support professionals undertaking home visits.

It will be for the Health and Wellbeing board to lead more coordinated efforts to address the problem of cold homes. From our perspective, the commitment

---

\(^4\) https://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf


\(^6\) https://www.nice.org.uk/guidance/ng6

---

Figure 7: Fuel Poverty by Districts and Boroughs, Northamptonshire 2011–2014

we have shown over the years has been matched by other organisations, especially within the voluntary sector. There is also a recognition from First for Wellbeing that this is a problem they wish to engage with.

**Recommendations**

- The Northamptonshire Health and Wellbeing Board should instigate a review of the support available in relation to energy efficiency and fuel poverty, to raise awareness of local initiatives and ensure they are joined up and co-ordinated as far as possible. This review should take into consideration the NICE Guidance on ‘Excess winter deaths and illness and the health risks associated with cold homes’.

- Energy efficiency advice should form part of the social prescribing model being developed as part of the Sustainability and Transformation Plan.

**Support at home – assistive technology**

Assistive technology can provide interactive support systems to enable people to enjoy a higher level of independence, activity, participation or wellbeing at home, rather than having to be hospitalised or cared for in a specialised facility. Assistive technology has the potential to optimise quality of life and reduce the stress on care facilities and other health resources.

The assistive technology team at Olympus Care Services in Northamptonshire completed 1816 new assessments during between 2015 and 2016, introducing assistive technology equipment to 1126 new customers as well as maintaining the existing customers already supported by the service. Olympus also launched the assistive technology online shop and virtual house, introduced new products and achieved silver standard Telecare Services Accreditation.

The Canary Monitoring System and the One Touch GPS pendant were introduced in 2015 and have already made a real difference by helping to support customers, carers and their families to remain safe at home. Canary is a discreet, monitoring and notification system that provides round the clock reassurance to family members whilst allowing the older or vulnerable person to stay in the home they love. Canary respects the privacy of people who need care and support and does not use cameras so no-one can be seen or heard.

**Home adaptations**

Many people are unaware of the demands placed on local housing authorities for home adaptations for disabled people. These adaptations are vital, not just to the individual but for health and social care services as a whole. Adaptations not only save lives, they prevent further admissions to hospital, and keep the individual out of primary care services, reducing the amount of social care they need and allowing them to live well and independently at home for as long as possible.

A stair lift can be requested and installed in a number of weeks, but the increasing pressures on health and social care and the drive to keep people at home for longer and living independently has resulted in more complex adaptations being requested and these take time and money. The most common adaptations are level access showers which have a huge impact on people’s lives by allowing them to independently bathe in a safe and secure environment often with minimal assistance. Extensions are also undertaken through the Disabled Facilities Grant (DFG) process with the maximum DFG award set at £30k. These extensions often enable children with life-limiting illnesses and disabilities to remain at home with significantly reduced health and social care interventions.

In 2015-16 more than 600 DFGs were completed across Northamptonshire costing more than £2.7 million, with an average grant costing £4.5k. For every £1 spent on DFGs that provide the adaptations there is an average £7 social care saving for older people, and this is higher for children. There are also significant savings for the health sector. In times of increasing financial challenges, the demand for adaptations has increased to assist health and social care in meeting their pressures.

The occupational therapists from Olympus Care Services play a pivotal role in assessing an individual’s needs in their home. These assessments form the basis of all adaptations and seek to meet the individual’s long-term needs. All councils in the county have been working together over the last few years to try and speed up the process including setting up a ground-breaking contractor’s register to ensure more contractors are available as the demand continues to increase.
British Red Cross – First Call service

The British Red Cross First Call service aims to help people in personal crisis remain independent in their own homes by providing practical and emotional support. This is provided by trained staff and volunteers for up to eight weeks. The service is free and is funded solely by the British Red Cross and supported 336 service users so far during 2016-2017.

The service offers tiered levels of support, from phone calls to regular home visits depending on the needs of the client. The service has a person-centred, goal setting approach. This has been developed by the British Red Cross and is unique to the organisation.

Our volunteers offer practical tasks, such as shopping, collection prescriptions, and filling out forms, contacting services, and light housework. The long-term aim is to empower the individual to achieve these tasks personally or to make suitable arrangements for continued provision.

The British Red Cross ethic is to help people to help themselves, so the intervention is time limited to ensure individuals do not become reliant on the service, but are empowered to make their own decisions, thus preventing the effects of loneliness and isolation on their mental health, and reducing the need for more intensive care. The service is as much geared towards prevention as it is supporting people following a crisis.

The British Red Cross works in partnership with other organisations, signposting where necessary to other relevant support agencies and facilitating access to these services by working with the individual to achieve this themselves.

Case Study

Mrs A, 82 years old was admitted to hospital following a fall; she had a history of falls and confusion and was referred to Red Cross First Call by the hospital ward staff. Though Mrs A said she managed well at home, her daughter who was helping her was finding it difficult to cope.

A First Call support worker visited Mrs A at home and found that she was sleeping on the sofa and neglecting her personal care, the house was dangerously cluttered and Mrs A was in danger of falling again. The support worker removed some out of date food from the fridge and cleared some space for Mrs A to move about safely.

The support worker spoke to Mrs A’s daughter who felt she was no longer able to provide the support her mother needed but did not know where to find help. They contacted adult social care who said they would carry out an assessment, but stated that Mrs A had refused care in the past.

They also referred Mrs A to the Falls Prevention team who sent in the Intermediate Care Team. The support worker discussed benefits with Mrs A and advised her to try and claim Attendance Allowance to help pay for the help she needed, and helped Mrs A fill out the paperwork.

Ms A has now accepted that she needs more help and adult social care has arranged for her to have a carer three times a day.
Safety in the home

Today’s Northamptonshire Fire and Rescue Service (NFRS) has a much wider focus than just the traditional blue light response to incidents. The core purpose is to Make Northamptonshire Safer and as such it has shifted our focus to helping to prevent incidents from occurring in the first place; this is done increasingly in collaboration and partnership with other agencies. Our work now includes home fire safety checks and fitting smoke detectors for the vulnerable, fire and crime prevention advice, arson reduction through the work of the Arson Task Force, youth engagement, dealing with anti-social behaviour, involvement in hate crime prevention and community engagement.

Our fire safety work within the home is at the front and centre of our day to day activity as this is where people are most at risk from being killed or injured in a fire. It is aimed at people who are more at risk from fire in the home than the general population, including people over the age of 80, people who smoke, use drugs or are heavy drinkers of alcohol, people who may have a disability or special need, people who may be at risk from domestic violence or people living in houses of multiple occupation.

At the core of home safety is our home fire safety check (HFSC) where staff visit someone’s home, make them aware of any fire risks and how to eliminate or reduce them. In addition they also advise on what to do if there is a fire and fit smoke detectors for those most at risk, as early detection of a fire is crucial in ensuring that people can escape. Since 2006 NFRS has completed some 60,000 checks, helping to reduce fire incidents in the home by 40% over the last 10 years.

During April 2015 to March 2017, 6180 home safety visits were completed, including revisits to those identified as very vulnerable.

Approximately 60% of these were completed by operational crews during localised targeted engagement activities, 39% were completed by prevention and community protection as a result of partner referrals or self-referrals that met the threshold for intensive support activity. 1% were completed by delivery partners, for example by Age UK Handyperson or Royal British Legion Poppy Calls.

Houses in Multiple Occupation (HMOs) have also been a priority since 2006, when the current fire safety legislation came into force. The fire and rescue service works closely with local authority housing teams and landlord forums to improve the safety within these homes. Since 2013 over 70% of formal enforcement activity has been in HMOs.

Our home safety work also works in hand in hand with our safeguarding responsibilities and leads to referrals to safeguard those who are most vulnerable and require help.

Recently our home safety work has been expanded to include Safe and Well visits, which include fire safety advice with the addition of advice on falls prevention, winter warmth, doorstep crime and scams awareness. This pilot commenced in May 2016 and has prioritised those most at risk. This Safe and Well concept has been well received by our partners, including Olympus Care, the Falls Prevention team and housing providers and has produced some positive outcomes for those involved.

Our aim now will be to expand this work in collaboration with our partners, voluntary sector and communities.

Recommendations

- First for Wellbeing to make the necessary links to support the Fire and Rescue Service in their community safety work.
- Public health to advise on supporting this work through the use of Making Every Contact Count (MECC).

Northamptonshire Fire and Rescue service offer home fire safety visits to local residents and offer advice on staying safe at home.
Safe and Well pilot project

Since May 2017 the prevention team at Daventry District Council has been trialling the Safe and Well visit for high risk and self-referrals. Over 800 Safe and Well visits have been completed with some headline figures below.

Immediate advice given/equipment installed:
- 50% of occupiers received advice on falls prevention
- 30% received advice about winter warmth
- 50% received advice about crime prevention
- 50% received advice about scams and junk mail.

Signposting and onwards referral
- 15% of occupiers were given further details to self-refer to GP/Pharmacist/NHS Falls Service regarding falls risk

Case Study

B was referred for a home safety visit by Northamptonshire Fire and Rescue Service because he needed a smoke alarm. He was reluctant to accept help. His home was poorly maintained, cold and neglected and B said that since his wife had passed away he "couldn’t be bothered with anything".

The Home Safety Team noticed that B had military service history and were able to engage in conversation and build some rapport and trust. B was shown literature for the Royal British Legion Services and after discussion was happy to be referred on to them.

B has since connected to military veterans to prevent isolation and used the Poppy Calls service for basic housing repairs. Winter warmth measures have also been provided via Care and Repair.

Winter warmth advice available through the Safe and Well Project.
Safe and healthy in the workplace

Chapter lead: Frank Earley

A strategic approach is being taken to promoting workplace health across Northamptonshire, with support and leadership coming from the Health and Wellbeing Board, and collaborative working taking place between organisations across the county.

This chapter describes innovative work that is being led by local environmental health officers, who are spreading the word about the benefits of workplace health schemes, and enabling local businesses to gain accreditation with the national Workplace Wellbeing Charter. The chapter includes information about the expert advice and practical support that is being provided to local organisations by First for Wellbeing, to help them develop effective staff health and wellbeing plans.

What do we know about the health of the working population in Northamptonshire?

Details about the labour force in Northamptonshire (ONS Annual Population Survey Oct 2015- Sept 2016) suggests that there are 367,800 adult residents of the county in employment – of whom 171,800 are women and 196,000 are men.

Over 80% of jobs are in the service sector, in line with the national picture, although there is a significantly higher proportion of jobs in the transport / storage sector locally (8.7% compared to 4.7% nationally). Similarly, manufacturing jobs are proportionately higher in the county (12.4% compared to 8.3% nationally).

Data published in the Health Survey for England 2013 suggested that people who do shift work (working outside the hours of 7.00am – 7.00pm) are exposed to greater health risks:

- Shift workers are more likely than non-shift workers to have a limiting longstanding illness, and they are also more likely to have more than one longstanding illness.
- Shift workers are more likely than non-shift workers to be obese, and men and women in shift work are more likely than non-shift workers to have diabetes (10% of men and women in shift work had diabetes, compared with 9% and 7% of men and women not in shift work).
- Cigarette smoking appears to be higher among shift workers than non-shift workers, with a larger difference among women than men. (26% of women in shift work smoked compared with 15% of women who did not do shift work).

In terms of the health profile of the local adult population, recent data suggests that:

- 67.7% of adults are overweight
- 26.3% of the adult population is obese

Smoking prevalence among adults in Northamptonshire is higher than nationally (18.9% versus 16.9%) (Public Health England Health Profiles 2016) and this is especially the case for those in manual employment (32% versus 28%).

Workforce and health data has been used to generate some indicative figures about the health profile of the workforce in Northamptonshire in the table below:

Table 3: Workforce and health for Northamptonshire

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Health risk</th>
<th>Indicative figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people in employment</td>
<td>367,800</td>
<td>17,397 people in Northants</td>
</tr>
<tr>
<td>Self-reported work related ill-health rate per 100,000 in employment in East Midlands</td>
<td>4730</td>
<td></td>
</tr>
<tr>
<td>Number of men in the workforce</td>
<td>196,000</td>
<td>132,692 local men in employment are overweight</td>
</tr>
<tr>
<td>Overweight</td>
<td>67.7%</td>
<td></td>
</tr>
<tr>
<td>Number of women in the workforce</td>
<td>171,800</td>
<td>116,309 local women in employment are overweight</td>
</tr>
<tr>
<td>Overweight</td>
<td>67.7%</td>
<td></td>
</tr>
<tr>
<td>Proportion / number of workforce in manual employment (categories 8+9)</td>
<td>69,200</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>32%</td>
<td>22,144 local people working in manual trades are smokers</td>
</tr>
</tbody>
</table>

Director of Public Health Annual Report 2016/17 | 19
What can we do to promote the health of people working in Northamptonshire?

Workplace health programmes have the potential to make a significant impact on the determinants of health, as well as providing tangible rewards to businesses in terms of reduced sickness absence, reduced staff turnover, higher levels of employee satisfaction and increased productivity. (British Heart Foundation and ERS Research and Consultancy report (2016); New Economics Foundation (2014).)

**Figure 9**

**What are the key benefits of investing in workplace health initiatives?**

**BENEFITS FOR EMPLOYERS**

- The potential economic return on investment (ROI) for a UK business that invests in workplace health initiatives is £4.17 for every £1 spent

- An employer who actively promotes wellbeing in the workplace is eight times more likely to have employees fully engaged in their work

- Promoting good health at work can see a 25 to 40% reduction in absenteeism

Source: British Heart Foundation 2016

**What are the key benefits of investing in workplace health initiatives?**

**BENEFITS FOR EMPLOYEES**

- Employees who take part in workplace health initiatives generally become more active, more fit, and less stressed

- Workplace health initiatives can boost employee morale and increase job satisfaction

- Being engaged in a workplace health initiative helps reduce the risk of illness and disease

Source: British Heart Foundation 2016
Not only is the business case for proactive workplace health schemes compelling, but recent statistics from the Health and Safety Executive (HSE) indicate that in the East Midlands the prevalence of self-reported illness caused or made worse by work in the last 12 months is 4,730 per 100,000 employed people. This is the highest regional prevalence rate in England, and if we applied this prevalence figure would equate in Northamptonshire to 17,406 people experiencing illness caused or made worse by work. (HSE 2016).

Strategic approach to promoting workplace health in Northamptonshire

During 2016 there has been a strategic approach to promoting workplace health in Northamptonshire which has been built upon the leadership shown by members of the Health and Wellbeing Board, and facilitated by using the extensive contacts and professional networks that Environmental Health and Northamptonshire Enterprise Partnership (now South East Midlands Local Enterprise Partnership) have with local businesses.

To support employers to meet the requirements of the Workplace Wellbeing Charter (see below), First for Wellbeing has developed a service to improve workplace health for business; this includes interventions to promote mental wellbeing in the workplace, as well as physical activity, smoking cessation, alcohol awareness, and other support.

![Figure 10: Three key elements of the workforce Wellbeing Charter Framework](image)

We know that some local organisations have already used staff surveys to help establish their own baseline measures to evaluate success including Northamptonshire Police who facilitated a staff survey exercise across all Health and Wellbeing Board member organisations providing valuable analysis about staff responses and perceptions. Further evaluation and analysis will take place during 2017-18.

**Workplace Wellbeing Charter implementation**

Environmental health officers (EHOs) have a long history of working with local businesses to secure employee health, safety and welfare. Northamptonshire’s seven districts and borough councils each have EHO teams whose workload is, in part, guided by the County Health and Safety Liaison Group work plan endorsed by the County Heads of Environmental Services Group. The latest work plan includes workplace wellbeing.

Environmental Health Northamptonshire has aligned their workplace wellbeing project to the Public Health England endorsed Workplace Wellbeing Charter, which provides an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce.

There is growing evidence to demonstrate that achievement of the charter can reduce sickness absence, increase happiness, lower staff turnover and boost productivity - this is good for employers, workers and the wider economy.
Through working closely with Northamptonshire County Council’s public health team and Public Health England, 16 local workplace wellbeing charter assessors have been trained to coach local businesses through the process and subsequently assess their eligibility to receive the charter. The network of assessors are now actively working with many local businesses as well as supporting their own organisations to achieve the charter, working alongside other professionals including First for Wellbeing which has provided and sign-posted wellbeing services to local businesses.

Environmental Health Northamptonshire is partnering with the University of Northampton’s Institute of Wellbeing to capture the impacts of implementing the Workplace Wellbeing Charter across Northamptonshire. They are looking forward to adding to the public health evidence base with details of the benefits of achieving the charter to the health and wellbeing of local workforces.

**Workplace offer through First for Wellbeing**

Launched in April 2016, First for Wellbeing provides a holistic, wholly integrated approach to health and wellbeing, providing Northamptonshire with support services, facilities and programmes designed to help people live the best life they possibly can and to support them to take responsibility for their health and wellbeing. The organisation is a Community Interest Company (CIC) founded by three key partners, Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust, and the University of Northampton.

First for Wellbeing has developed a diverse portfolio of support within companies across Northamptonshire and these range from one-off programmes to address specific needs, such as smoking cessation, healthy eating and stress management to longer multi-stream plans that include a range of its selected services and offers from external partners and providers. It also provides every client with a bespoke and tailored consultation service and their very own dedicated workplace wellbeing advisor.

Workplace health is now high on the agenda of employers across the county and nationwide with companies actively seeking support and advice. First for Wellbeing has already delivered a number of very successful projects including:

- A marketplace event with DHL Mothercare.
- Project for Travis Perkins to launch pilot with 1000 IT workers around desk exercise/stress interventions, Learn2B and Northamptonshire Sport input.
- Greencore - alcohol awareness and audits as a supportive mechanism to their implementation of an alcohol policy.
- Havelock school – First for Wellbeing to become workplace health provider.
- Wellbeing days delivered to staff at Northamptonshire Partnership Homes were extremely successful.

First for Wellbeing takes a systematic approach, drawing on the resources of colleagues and partners in the wider health and wellbeing environment in Northamptonshire, including Northamptonshire Sport, adult learning and Learn2B. It also signposts to other support networks and services as directed by the findings of the wellbeing assessments.

Dedicated wellbeing advisors act as a direct contact for each company, negotiating the best offer using all available resources, both free and paid-for to ensure maximum impact from this settings-based approach. First for Wellbeing can provide support to organisations to achieve Workplace Wellbeing Charter accreditation through our EHO partners in county.

First for Wellbeing will officially launch its offer across the county in 2017 after completing an extensive pilot scheme with Northamptonshire Police and Primark distribution centre.

*First for Wellbeing CIC Ltd is a community interest company; a joint venture between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton.*
Safe and healthy at work

Dame Carol Black (Government Advisor on Workplace Health) and Duncan Selbie (Chief Executive of Public Health England) commended the strategic approach being taken by Northamptonshire during the Healthy Workplaces Conference 2016 hosted by University of Northampton.

During the year ahead the county council will continue to take a collaborative approach, with key partners such as environmental health officers, First for Wellbeing, and Northamptonshire Growth Hub to develop and evaluate staff health and wellbeing schemes across the county.

Our measurements of success will include the numbers of local organisations undertaking and gaining accreditation to the Workplace Wellbeing Charter, as well as key metrics that from across our participating organisations, including staff sickness and absence rates, statutory health and safety reporting on injuries, diseases and dangerous incidents, health and safety data on days lost, annual incidents and near misses, and staff survey data.

Recommendations

- To continue to work through key local employers, including the member organisations of the Health and Wellbeing Board, to ensure they act as local exemplar employers in relation to staff health and wellbeing.
- For member organisations of the Health and Wellbeing Board and local businesses to continue to sign up to the Workplace Wellbeing Charter as a means of embedding good practice and gaining national accreditation.
Good health at a young age is a significant contributor to happiness and success in later life. Good health starts in the home, but the second most important influence is life at school.

Smart choices in relation to what we eat, how much we exercise, and what choices we make in relation to social pressures such as drugs and alcohol can shape the rest of our lives.

Schools, parents, community organisations and local agencies should increasingly work together to create a healthy, safe and respectful environment in school, after schools and in the community.

How education influences health

A substantial body of international evidence clearly shows that those with lower levels of education are more likely to die at a younger age and are at increased risk of poorer health throughout life than those with more education. There are multiple ways that education can influence health:

- Education and health behaviours - evidence suggests those with a higher level of educational attainment are more likely to engage in healthy behaviours and less likely to adopt unhealthy behaviours. This is particularly true in relation to physical activity, diet, smoking and sexual activity.

- Education and health knowledge – education is associated with greater knowledge of health conditions and treatment and self-management skills.

- Parental education and child health – education levels of parents can influence child and family health related behaviours.

- Education and social behaviours – education plays a crucial role in the socialisation process by supporting and embedding habits, skills and values conducive to social cooperation and increased participation in society. All of these factors contribute to increased levels of social capital which in turn is associated with better health.

- Education and personal behaviours/attitudes – education can contribute to psychological development through enhancing individuals’ self-efficacy. It can also increase psychological resilience and improve coping mechanisms.

Adolescence is a critical time for health. The first signs of many serious long-term conditions emerge at this age. It is a time when risk-taking behaviours begin, such as sexual activity, and when life-long health behaviours are set in place.

Adolescent health is not improving enough. There have been fewer health improvements or reductions in mortality amongst adolescents compared to the other age groups. Accidents and suicide are the leading cause of death in the age group and are both preventable.

From the age of four to sixteen UK children spend a significant amount of their time at school. This allows schools have the opportunity to play a vital role as promoters of health and wellbeing in the local community.

This chapter provides a snapshot of what the health issues pertaining to young people in Northamptonshire are, the work currently happening in schools, and the plans for the future.
What do we know about the health of the young people in Northamptonshire?

The key findings from child health profiles and local analysis show the health and wellbeing of children is mixed compared with the England average.

- Children and young people under the age of 20 years make up 24.7% of the population of Northamptonshire.
- The level of child poverty is better than the England average.
- Children in Northamptonshire have average levels of obesity; 8.6% of children aged 4-5 years and 18.5% of children aged 10 – 11 years are classified as obese.
- In 2014-15 children were admitted for mental health conditions at a similar rate to that in England as a whole.
- Children achieving a good level of development at the end of reception is significantly lower than the England average.
- Children in Northamptonshire that achieved GCSE (5 A to C including English and Maths) is significantly lower than the England average.
- Domestic abuse and violence is a national concern and Northamptonshire is no exception. Domestic violence rates per 1,000 population for over 18s and over 16s are increasing, though both are still lower than the average England rate.
- The proportion of young people who smoke cigarettes in Northamptonshire is slightly higher than our regional and national comparators.
- It has been suggested that Northampton is within the highest 10 areas in the country with women and girls who have experienced female genital mutilation (FGM) however the true extent is unknown.
- In March 2015 the office of the Northamptonshire Police and Crime Commissioner published their online safety consultation findings involving nearly 13,000 young people, parents and carers. The results highlighted the risks technology exposes children and young people to:
  - Access to age inappropriate material
  - Lack of awareness about security settings
  - Talking to strangers online and in some cases arranging to meet in person
  - Lack of parental supervision and understanding about online risk
  - Development of unhealthy relationships, attitudes and behaviours

We know that the health and wellbeing outcomes for young people differ across the boroughs and districts. For example children achieving a good level of learning at foundation stage has seen increases for the last 3 years, with Northamptonshire now being only 1% below the national performance of 66%. Corby is the lowest performing district with only 60% of children achieving this, compared to the children with the highest performance of 70% in both Daventry and South Northamptonshire.

Modelled data on smoking in young people is available at borough and district level as shown in the chart below. As the children grow older, the gap between Northamptonshire and the England average opens up. Just 0.1% separates Northamptonshire and England averages at age 11-15 but by ages 16-17 that difference has increased to 0.7%, in both cases the England average is lower. Smoking in young people is most prevalent in Corby, particularly regular smoking (defined as at least one cigarette each week).

![Figure 12: Modelled Smoking Prevalence Estimates (%) 2009-12](source: Northamptonshire Analysis Children and Young People Joint Strategic Needs Assessment (JSNA))
As part of the work undertaken to understand mental health concerns for children and young people in the county, a risk assessment was completed by the county council in February 2015. The purpose was to assess what was known and to forecast statistical need for the future, and make recommendations to address any gaps in service provision using evidence-based interventions. It showed higher numbers of children with mental ill health as a percentage of the overall population living in Northampton, Kettering and Corby.

Public Health Action Support Team (PHAST) projected a 16% increase on average in the numbers of mentally ill children by 2021. The biggest increase is predicted to be in Corby (30%).

For more information please see here.

What is currently happening in schools in Northamptonshire?

Northamptonshire schools currently have a wide variety of support to help the schools in promoting health and wellbeing but these are made in isolation of each other rather than as a coordinated offer. A description of the services and achievements is below.

Healthier Child

The Healthier Child project was created in 2014 by the NHS Northamptonshire Healthcare Foundation Trust, Northamptonshire Sport and Northamptonshire public health in response to the continually increasing prevalence of childhood obesity in our county.

It focuses on improving three key areas: healthy eating, physical activity (including PE and sport) and mental health and wellbeing.

- 84 local primary schools took part in the first (pilot) year.
- A team of four healthy child advisors now provide one to one support for over 128 local primary schools.
- 71% of schools on the programme have made progress in at least one of the three key areas.
- Five schools have now embedded all elements and completed the programme. They are now project ambassadors, supporting other schools in achieving their goals.
- More than 21,000 children have been impacted by the project to date.

Schools review and evaluate their efforts through a self-assessment framework which is utilised to develop bespoke action plans to improve nutritional standards, physical activity levels and mental health and wellbeing for children, families, school staff and the local community.

The healthy child advisors have formed strong links with local and national partners to deliver regular healthy lifestyle activities in schools. National campaigns such as Change4Life are also promoted throughout the academic year including the annual Healthy Schools Week and the County School Games.

The project also provides the school with access to services and free resources through established partnerships with adult and family learning, First for Wellbeing, libraries, country parks, highways, police, and many more.

Self Harm

Self harm is a crucial indicator that tells us about the mental wellbeing of our children; self harm is significantly associated with lower mental wellbeing.

An anonymous self reported survey in 2000 adolescents aged 13-18 years in England asked about whether the children had ever self harmed. The results are alarming. 15.5% of the children reported that they had self harmed. Applying these results to the 50,933 children aged 13-18 in Northamptonshire would mean that 7,894 children in Northamptonshire have self harmed at some stage of their lives.

Currently in Northamptonshire, work has been undertaken to streamline and reduce waiting times for the services that provide support to children and young people with mental health concerns. One of the ways that services have been streamlined is the expansion of the Referral Management Centre (RMC) to include a single point of contact for emotional health and wellbeing referrals.

Northamptonshire is aiming to use the findings in this study to reduce the need for adverse coping strategies, including self harm and foster strategies to promote the resilience needed to cope with emotional distress.
University of Northampton evaluation shows the project has made a contribution towards improving children’s health outcomes by influencing attitudes, behaviours and approaches at both a school and student level.

Teachers have also reported that children perform better through new schemes of wellbeing and behaviour management as well as eating healthier foods.

The project has also developed a school workplace health strand to help staff develop through local services such as Learn2b, wellbeing advisors and Northamptonshire Sport offering training, assessment and bespoke workplace initiatives. 41 ‘healthier child schools’ are actively involved in the national workplace challenge scheme.

The Healthier Child Project has created a huge advantage for all primary schools in the county to prepare for and meet the government’s objectives laid out in its new Childhood Obesity Strategy, published in August 2016 including achieving the new healthy rating scheme standards being introduced in September 2017, creating healthier environments and complying with the revised OFSTED regulations regarding health and wellbeing.

Emotional wellbeing

Northamptonshire has run Targeted Mental Health in Schools (TaMHS) projects since 2008, including the current collaborative partnership between child and adolescent mental health services (CAMHS), education psychology and specialist mental health teacher and parent support co-ordinators.

A programme is offered to a cohort of schools each year who are invited to sign up for:

- Free consultation concerning whole school provision involving an educational psychologist to develop an audit of needs and provision.
- Free three hours of input by the county’s educational inclusion officer for mental health – negotiated from a choice of capacity-building activities.
- Opportunity for training on anxiety or depression in children or free consultation or co-working a case with a specialist mental health practitioner from CAMHS.
- Three hours of free input by an educational psychologist.
- Staff from school attending at least four subsidised centrally organised TaMHS courses.
- Access to parent support co-ordinators to help to increase school capacity for supporting parenting.

The local TaMHS vision and aims are in line with the Department of Health publication Futures in Mind.

The Department for Education (DfE) recognises that “in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy”.

There is good evidence to support this and Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy.

The county is several years into TaMHS delivery across primary and secondary schools, which have benefitted from bespoke training and development of positive working relationships in addition to having a named CAMHS mental health practitioner link. Each school has access to the CAMHS community early response and intervention team consultation line, to discuss issues and emerging themes, as well as concerns and referrals of specific young people with consent from their parents or carers. This has seen much improved professional relationships and more appropriate CAMHS referrals, therefore creating a more efficient experience for families and young people above all.
Healthy relationships

Healthy relationships are essential to our health and wellbeing. Positive two-way interactions with our peers, family and colleagues are based on mutual respect, trust, equality, compassion and empathy and are essential for maintaining good health, making us feel valued and confident.

The sexual health outreach team, part of Northamptonshire’s Integrated Sexual Health Service (NISH) at Northamptonshire Healthcare NHS Foundation Trust, views the promotion of healthy relationships as fundamental to their county-wide sexual health support of young people and vulnerable groups.

Outreach work is centred on empowering individuals to make informed choices about their sexual health, and also encouraging positive working relationships with partner agencies and the public, echoing key public health early intervention priorities:

- reducing teenage pregnancy
- maintain positivity rates for chlamydia

Currently, 150 partnerships with local health and community-based services, including GPs, midwives, prisons, voluntary agencies, pharmacies, school nurses, education and mental health services, extend the arm of sexual health through offering key services: chlamydia screening programme and C-Card. Outreach seeks to tackle the stigma and embarrassment associated with sexual health by normalising testing and treatment. Through sensitive personalised interventions with chlamydia positive patients, they aim to arrange timely treatment, follow-up and partner notification. In 2015-16, Outreach chlamydia tested 7,504 under 25s, with 9%, average positivity rate, higher than national average. C-Card is accessible across 125 sites, offering chlamydia testing, condoms and pregnancy testing, with 60,000 condoms given out, alongside 1,161 pregnancy tests in 2014-16.

Risky behaviours

A lot is known about how young people put themselves at risk and which risks can be the most damaging but there is very little local information available to decide whether national estimates reflect the behaviours of Northamptonshire young people so specialist resources can be targeted where they are needed. To get this information public health commissioned a confidential survey to look at the health-related behaviours of young people and find out whether their needs are consistent across the county or whether different resources should be provided in boroughs and districts. This survey will take place in 2017 and be reported on in 2018.

Some of the most problematic and life changing behaviours that young people can experience come from drinking alcohol and taking illegal drugs. Evidence indicates that a number of risk factors increase the likelihood of young people taking drugs, alcohol or tobacco so the best prevention are activities focused on reducing these risk factors and building resilience. Young people who are truanting from school, offending, showing antisocial behaviour, experiencing early sexual behaviour or being exposed to parental substance misuse are more likely to misuse substances. The younger they start taking substances is a strong predictor of the severity of the problems they will face.

It is extremely important to get an accurate picture and ensure that the right prevention is in place to meet the problems. The latest dataset was produced from a national survey in 2014 and the estimates of use for Northamptonshire are based on these.

Drinking

Prevalence estimates for alcohol use in young people are available at a national level through surveys of secondary school pupils – ‘Smoking, Drinking and Drug Use among Young People in England’ (SDD). National prevalence estimates from 2014 would suggest that roughly 6,000 children in Northamptonshire aged 11 to 15 drink alcohol at least once per month, as shown in the table below. The prevalence of drinking increases with age; 0% of the 11 year olds surveyed reported drinking at least once a week, compared to 6% of 14-year olds and 10% of 15 year olds. However, the national estimates may not be representative of Northamptonshire’s population.
In the 2014/15 ‘What About YOuth (WAY)’ survey, young people aged 15 were asked to select the statements that best described them and their behaviours. Nationally, the declared level of frequent drinking for this age group was lower than that from the survey above (6.2% from WAY compared to 10% from Smoking, Drinking and Drug (SSD) Use survey). The WAY survey has the caveat that it is a home survey, and young people are more likely to report engaging in risky behaviours when the survey is conducted in a school setting. The WAY survey results are therefore likely to be underestimates of regular drinking, but do show that there is significant local variance. Northamptonshire’s prevalence of regular drinking amongst 15 year olds was similar to the England and regional averages at 6.7%.

### Drug Use

Prevalence estimates for illicit drug use are available at a national level for secondary school pupils from the SSD survey. It is hoped that in future years it will be possible to comment on local trends from the results of a comparable survey in Northamptonshire’s schools. Applying the national estimates to the local population produces the following figures for drug use in the past year. Over 4,000 secondary school pupils in Northamptonshire can be expected to have used drugs in the past year. The national survey results showed that 26% of pupils – equivalent to 10,811 young people locally – had been offered drugs.

#### Table 4: Frequency of Drinking among young people

<table>
<thead>
<tr>
<th>Frequency of drinking alcohol</th>
<th>National prevalence (2014 survey)</th>
<th>Equivalent Northamptonshire population (ages 11-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a week</td>
<td>4.0%</td>
<td>1,664</td>
</tr>
<tr>
<td>About once a fortnight</td>
<td>5.0%</td>
<td>2,079</td>
</tr>
<tr>
<td>About once a month</td>
<td>6.0%</td>
<td>2,495</td>
</tr>
<tr>
<td>Only a few times a year</td>
<td>18.0%</td>
<td>7,486</td>
</tr>
<tr>
<td>Doesn’t drink now</td>
<td>67.0%</td>
<td>27,865</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41,589</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Way Survey 2014/15

### Table 5: Drug use in Young People

<table>
<thead>
<tr>
<th>Drug used</th>
<th>National prevalence (2014 survey)</th>
<th>Equivalent Northamptonshire population (ages 11-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>6.7%</td>
<td>2,786</td>
</tr>
<tr>
<td><strong>Any stimulants</strong></td>
<td>2.1%</td>
<td>873</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.9%</td>
<td>374</td>
</tr>
<tr>
<td>Crack</td>
<td>0.3%</td>
<td>125</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.8%</td>
<td>333</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.7%</td>
<td>291</td>
</tr>
<tr>
<td>Poppers</td>
<td>0.7%</td>
<td>291</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>0.5%</td>
<td>208</td>
</tr>
<tr>
<td><strong>Any psychedelics</strong></td>
<td>1.3%</td>
<td>541</td>
</tr>
<tr>
<td>LSD</td>
<td>0.5%</td>
<td>208</td>
</tr>
<tr>
<td>Magic mushrooms</td>
<td>0.8%</td>
<td>333</td>
</tr>
<tr>
<td>Ketamine</td>
<td>0.4%</td>
<td>166</td>
</tr>
<tr>
<td><strong>Any opiates</strong></td>
<td>0.4%</td>
<td>166</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2%</td>
<td>83</td>
</tr>
<tr>
<td>Methadone</td>
<td>0.3%</td>
<td>125</td>
</tr>
<tr>
<td>Glue, gas, aerosols or solvents</td>
<td>2.9%</td>
<td>1,206</td>
</tr>
<tr>
<td>Tranquillisers</td>
<td>0.4%</td>
<td>166</td>
</tr>
<tr>
<td>Other drugs</td>
<td>0.3%</td>
<td>125</td>
</tr>
<tr>
<td><strong>Any Class A drug</strong></td>
<td>2.0%</td>
<td>832</td>
</tr>
<tr>
<td><strong>Any drug</strong></td>
<td>10.3%</td>
<td>4,284</td>
</tr>
<tr>
<td><strong>Any drug (excluding volatile substances)</strong></td>
<td>8.1%</td>
<td>3,369</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41,589</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Smoking, Drinking and Drug Use Among Young People in England 2014

While a fall has been seen in the numbers of young people drinking and taking drugs nationally there is still some way to go in preventing our young people from addictions to alcohol or drugs. It is of concern that there is not an accurate picture of the problem in Northamptonshire but the commissioned survey will provide a good baseline by 2018.
**Early interventions**

Northamptonshire Police, in partnership with local schools and the county council’s children’s services, is launching the Multi-agency Early Intervention Hub pilot on Northampton North East. The force originally looked at early intervention as a way of reducing violent crime, but quickly saw that working with partners could improve the lot of children and families on many levels. Early intervention is about tackling issues when they first appear, preventing them from escalating into demands on more acute (and more expensive) services later on.

Research shows us that adverse childhood experiences (ACEs), such as sexual abuse or being present during domestic violence incidents have a negative impact on a child’s development. With the right support, children can learn to overcome these experiences; without support, the likelihood increases that they will suffer negative outcomes, such as teenage pregnancy or alcohol abuse, and inflict ACEs on their own children.

Taking a new, partnership approach, the early intervention hub is designed to break this generational cycle, and result in:

- Improved health and wellbeing of families
- Reduced referrals to the Multi-Agency Safeguarding Hub, therefore allowing it to focus on safeguarding issues.

Schools are well-placed to spot early signs that all is not well at home, and to build relationships with pupils and their families. Dedicated early intervention officers (PCs and PCSOs) work with schools in the pilot area bringing a greater knowledge of the family’s circumstances to assist in making decisions about where the best help can be obtained. The uniformed presence will enable other agencies to get across thresholds to families where they know there are problems, but the parents are unengaged. Officers will be trained to deliver some interventions themselves, and act as role models in schools.

Similar models are working well in other parts of the country; if the pilot succeeds it will make its own case for being rolled out across the county.

**E-Safety**

The average time it takes to groom a young person online is 25 minutes according to some extensive research by the University of Swansea last year. Worryingly 1 in 2 children in every classroom aged 5 to 11 in Northamptonshire would go and meet someone they met online. Research shows that children and young people become vulnerable online through the interaction between opportunity and personal decision making, which is why 60% of child sexual exploitation now starts via the internet.

The March 2015 Police and Crime Commission Northamptonshire Online Safety consultation showed that moving forward, online safety education needs to be embedded within schools and within the home. Parents don’t seem to understand the risk the internet poses and often feel out of touch and ill-informed; 77% of young people in this county have no limits on the internet at home.

Online safety provision needs to be developed in secondary schools as provision seems to drop off when young people transfer from primary to secondary school. Currently an online safety strategy is being developed to bring work together for a more collaborative approach as work is being done but it is often duplicated or carried out in isolation. This current generation of young people have been labelled generation Z as they know no different than technology, however the impact that the internet is having on young people’s mental health is huge cause for concern.

There is no government guidance on how long a young person should spend online but anything close to the three hour mark now has proven links to anxiety and depression. The average teenage girl spends 1 hour 24 minutes a week perfecting a selfie, the average age a young person views pornography online is now 9 to 11 and on average, 11 to 16 year olds post something on social media 26 times a day.

Currently Northamptonshire Police and Northamptonshire County Council are working hard to deliver a strong consistent message around online safety across the county. Sessions with young people are being developed to provide them with the skills, knowledge, education and digital resilience to navigate their way safely through the internet and in February Northamptonshire Police launched Kayleigh’s Love Story, a true and tragic story about a young girl groomed online in Leicestershire.
School nursing

The school nursing service is provided within the 0-19 Integrated Pathway and delivers interventions and public health nursing activity as part of delivery of the Healthy Child Programme. The service aims to improve life chances and attainment of young people by ensuring that they have access to appropriate screening, vaccination against infectious diseases and other interventions and support throughout their school lives.

Screening is done at school entry, in Years 6 and 7, on entry to secondary school and prior to school leave dates up to the age of 16 years. Immunisations are offered to all school-aged children as part of the nationally directed schedule of vaccinations and Northamptonshire has an excellent record of attainment of high levels of immunisations.

School nursing activity is informed by school health profiles which are reviewed by public health qualified nurses and activities planned with schools to the provision of health promoting environments within the community of the school.

School nurses are involved in discussions with headteachers and others to develop a plan for the school which may include training for staff, interventions with young people, and immunisation sessions in schools for a variety of age ranges and targeted work where the school or health community identifies a particular issue of concern.

The service has recently undergone transformation work to develop an integrated pathway for 0-19 services. This will produce a number of benefits when the project is completed:

- Single point of access for parents, young people and professionals who would like to access the service.
- Better integration of services across 0-19 age range to ensure continuity of care and earlier identification of issues that require early help.
- More targeted interventions that will support school readiness.
- Development of co-located 0-19 teams to ensure equitable delivery of care and better use of resources.

Clinical team leads within localities provide clinical leadership to delivery teams and pathway leadership on specific health and wellbeing issues. The pathway focus areas are currently emotional health and wellbeing, nutrition, vulnerable families, tools and interventions and access to services. A school nurse growth and development programme has been running for the past three years and so far in partnership with the county council and The University of Northampton, 26 new school nurses have been trained to work in Northamptonshire.

School nursing has also introduced a number of initiatives to support young people, including:

- Developing CHAT Health, a confidential text messaging service for young people or parents/carer who wish to access high quality and supportive advice and information about their health and wellbeing. School nurses in Northampton are currently piloting delivery of the year 7 health assessment.
- Collaborative work with specialist children’s services is producing developments in the management of continence issues which will help young people who have continence problems and ensure active management of needs at an appropriate time.
• The children’s weight management team are a specialist team who pro-actively work with families to address childhood obesity and promote healthy life styles. The Alive N Kicking programme is evidence based and evaluation shows excellent outcomes. The 0-19 team is developing a programme of interventions to support home-educated young people who cannot access public health activities within school.

The transformation programme continues with the further integration of the health visiting and school nursing staff to maximise use of resources and clarify intervention and referral routes for children and families.

There are significant challenges to the service as a result of high number of children requiring safeguarding, and increased numbers of children who are looked after in the county.

What would a good health and wellbeing offer for school look like?

The nationally recognised Healthy Schools Programme was abandoned by the government as part of its austerity measures in 2013.

Some areas in England recognised the importance of this programme and continued with it recognising that it provides an excellent framework for providing guidance to schools on the physical and emotional wellbeing of children and young people.

The programme supports the links between health, behaviour and attainment. The programme is about creating healthy and happy children and young people who, as a result, do better in learning and in life. It uses a whole school approach to promoting health and wellbeing.

Based on the work of the Healthy Schools Programme a local health improvement offer for schools should include:

- Healthy Schools status (school health check).
- PSHE, including sex and relationship education (SRE) and drugs, alcohol and tobacco education.
- Teenage pregnancy and parenthood prevention and support.
- School food, nutrition and cooking.
- Citizenship, participation and sustainability.
- Physical activity.
- Social, emotional and mental health.
- Spiritual, moral, social and cultural development (SMSC).
- Pupil voice
- Staff training in awareness of early presentation of mental health issues

It is achieved by providing schools with the following:

- Central and bespoke training.
- In school support and training.
- External assessments of Healthy Schools and SMSC.
- Advice, information, signposting.
- Teaching resources and policies.
- Direct delivery in school.
- Online support through websites.

In conclusion Northamptonshire schools currently have a wide variety of services that are provided by different organisations to promote health and wellbeing. The one thing that is evident is that these services are not well connected, and delivered in isolation of each other.

Recommendations

- A strategic approach to health and wellbeing in schools that addresses the needs of the children and young people to be led by the council and supported by all partners.
- A coordinated health and wellbeing offer for schools that encompasses all the health and wellbeing areas to be developed by the county council, schools and relevant partners.
- The identification of health and wellbeing lead in each school to take forward the offer and embed into the school curriculum.
- A coordinated health improvement offer as part of a re-commissioned 0-19 service to be developed by public health.
- The findings of the health related behaviour questionnaire to be disseminated to all partners in 2018.

\[Image: Children from Rothwell Junior School take part in a 20 million steps challenge.\]
Safe and healthy out and about

Chapter lead: Stephen Marks

It is increasingly recognised that the environments around us can have a significant impact on our wellbeing, through both how they make us feel as well as through the influences they have on our everyday lifestyle choices. For example, the local environments will:

- Influence how we travel, based on the accessibility of local facilities and if we can go on foot, by bike, by public transport.
- Affect the quality of the air that we breathe, through local traffic management and the location of other pollution sources.
- Influence how we interact and socialise with our local community through location of services and community meeting places.
- Influence how active we are through the availability of open space, play areas and leisure facilities.
- Influence our food consumption through the availability and cost of different types of food.
- Influence whether we feel safe and comfortable in our local neighbourhoods.
- Determine whether suitable employment is available locally and how accessible it is.

This chapter considers the ways in which the environments we experience when we are out and about in our community can influence our health and wellbeing and how we can best manage them to improve wellbeing and reduce illness.

Transport

Travel and transport – walking and cycling in Northamptonshire

The connection between transport and health is intrinsic and influential. For example, cycling, walking and active travel can address healthy physical activity levels, traffic congestion and air quality can contribute invisibly to ill health and exacerbate existing health conditions such as asthma and road safety measures reduce death and injury and even road rage.

Walking and cycling policy and planning

Transport design and planning can have a strong positive influence on supporting good health and wellbeing, for example ensuring adequate provision for sustainable transport and active travel on any new development site, but require multi-disciplinary joined up thinking and policies. Public health is well-placed to pull them all together.

The National Institute for Health and Clinical Excellence (NICE) guidelines use the best available evidence to develop recommendations that guide decisions in health, public health and social care. The NICE guidelines for walking and cycling include encouraging people to increase the amount they walk or cycle for travel or recreation purposes. This includes ensuring that walking and cycling programmes are a core part of transport investment planning.

The Department for Transport’s Cycling and Walking Investment Strategy (CWIS) is currently in draft form. It proposes initiatives to double cycling by 2025, to reverse the decline in walking and to create better streets that are accessible for walking and cycling.

The Northamptonshire Cycling Strategy aims to increase the number of people choosing to travel by cycle for trips under 5 miles, through a combination of improvements to the on and off road cycling environment, promotion and training. Partnership working is encouraged through the Local Development Framework with borough and district Councils and with public health for investment in cycling and joint funding bids.

Only one percent of adults in Northamptonshire cycle five times a week.

Cycle CoNNect is a self-service bike hire scheme for getting around Northampton quickly and cheaply.
Physical exercise

In Northamptonshire’s Road Safety and Travel Choices Service the mission is to provide good cycling and walking infrastructure both on and off road to support cycling and walking for leisure as well as commuter journeys. The approach means splitting the population into different demographics according to their circumstances and experience: adult/child experienced rider/novice/never learned and then providing information utilising different channels including the CycleNorthants website and promotion of related activities. Cycling in the county now has good momentum and focus is broadening to achieve similar with walking which has low barriers to inclusion and strong positive health impacts.

In Northamptonshire 47% adults walk ten minutes, five days a week which is below the national average of 50% for England. Only one percent of adults in Northamptonshire cycle 5 times a week which is below 2% in England as a whole. There are also eight air quality management areas in Northamptonshire with seven in Northampton itself. Walking and cycling for local trips could greatly improve the local air that we breathe.

A recent YouGov poll for Sustrans showed that only 9% of UK parents say their children get the 60 minutes of exercise a day needed for basic good health. There is a wealth of research that tells us walking and cycling to school is important for young peoples’ health and safer and better infrastructure is needed to reduce inactivity in children.

A similar tested approach – information, education, promotion and physical infrastructure – is applied to other aspects of travel including motorcycling and public transport which both help to reduce congestion and influence air quality.

Despite the range of initiatives to encourage healthier and more sustainable travel, traffic congestion, air quality and physical inactivity continue to be significant issues in the county.

Recommendations

- Active travel (cycling, walking and public transport) needs to be genuinely prioritised within transport systems to promote physical activity, reduce congestion and protect air quality.
- Economic development objectives of transport decisions need to be effectively balanced with health and wellbeing implications, recognising the economic benefits of a transport system that supports health and wellbeing and reduces congestion and pollution.
- The uptake and use of lower polluting vehicles should be encouraged through appropriate transport policy, infrastructure provision and promotion.

Case Study

Total Transport Project – various local organisations delivering health, education, social care and related services spend significant sums on transport for their service users. The Total Transport Project has been initiated to try to create more efficient and joined up transport services, which would improve access to services and facilities, while potentially also contributing to more sustainable travel patterns locally, thus reducing congestion and air pollution.
Air pollution

Having clean air to breathe is fundamental to our health and wellbeing, but unfortunately we can’t always guarantee it, depending where we live, work or visit. Over the past 12 months, awareness and concerns regarding air pollution have been heightened even further, particularly in relation to the emissions from road traffic and more specifically diesel vehicles. This has been at international, national and local levels.

In particular, the more vulnerable members of our communities are likely to be those affected the most, such as the young, the old and those with existing medical conditions such as respiratory diseases and cardiovascular disease.

There is substantial evidence that poor air quality contributes significantly to illness and premature deaths. The Department of Health’s (DH) Committee on the Medical Effects of Air Pollutants (COMEAP) estimated the burden of particulate matter air pollution in the UK in 2008 to be equivalent to nearly 29,000 deaths and an associated loss of population life of 340,000 life years lost. Further work is being done to understand the impact of nitrogen dioxide.

Air quality and Northamptonshire

Air pollution is an important issue for Northamptonshire, particularly at a time when plans for significant major new developments and economic growth are being implemented.

Measuring the exact health impact of air pollution locally is extremely difficult, because air pollution usually contributes to and exacerbates a range of illnesses, rather than being the sole cause of illness or death. Estimates produced by the Department for Environment, Food and Rural Affairs (DEFRA) suggest that around 5.2% of deaths in the county are attributable to particulate air pollution. This is higher than for the East Midlands and England.

Addressing air quality in Northampton

Northampton Borough Council, as the environmental health authority, has been leading work to address air quality in the town.

Over the past two years Northampton Borough Council has been developing its Low Emission Strategy (NLES) to support and implement measures and projects to reduced road transport emissions in the next five years.

The primary driver behind this strategy had been as a result of elevated ambient concentrations of Nitrogen Dioxide (NO2) which are recognised by the declaration of AQMAs at seven locations across Northampton. The declaration of an AQMA is a legal obligation placed upon Northampton Borough Council where it identifies an excess of any of the seven health based objectives for specific pollutants.

Northampton Borough Council has developed its low emission strategy with support and input from the local public health team. Local health data has been provided to identify prevalence of specific health conditions for example asthma and chronic obstructive pulmonary disease (COPD), and mortality which can be attributed to exposure to poor air quality.

Air quality is particularly an issue for Northampton. While there is one Air Quality Management Area (AQMA) in South Northamptonshire, there are seven AQMAs designated in Northampton, primarily related to pollution from road traffic in the town centre.

This does not mean that air quality is not an issue for the other districts, as significant health impacts can occur at air pollution levels below those required for an AQMA to be designated.


Having access to good quality green, open spaces can benefit our health and wellbeing.
In addition to health evidence for NO₂ this work has also addressed another pollutant which has links to transport related sources, known as fine particulate (PM₁₀ and PM₂.₅). Fine particulate (currently just PM₁₀) is also included as one of the seven health based objectives, but the council has not had cause to declare any AQMAs as a result of this. However for fine particulate this is referred to as a non-threshold pollutant, and even at concentrations below the objective health effects will still be felt. It is also worth noting that fine particulate is listed on the Public Health Outcomes Framework. NO₂, however is not, yet the majority of declared AQMAs in the UK are due to high levels of this pollutant.

A range of health problems are attributed to exposure to high levels of nitrogen dioxide and particulate matter, the most obvious being respiratory conditions, asthma and coronary heart disease, but evidence is now also showing a strong association with cancer, strokes, low birth-weight babies and even childhood cognitive development. These health conditions impact both on quality of life and life expectancy. The Public Health Outcomes Indicator for air pollution points to as many as one in twenty deaths each year in Northampton being attributable to particulate air pollution.

Northampton’s AQMAs have been declared where there is housing near busy roads. However relevant exposure may also be considered where there are schools or hospitals, in close proximity.

Presently the council is finalising the draft of its NLES before it is reported to cabinet for adoption. Current timescales for completion of overview and scrutiny indicate this will be adopted by May/June 2017.

Although the NLES is not fully implemented the council has sought to pursue some of the policies to set about addressing local air quality. For example the council has completed a public consultation with the Hackney and Private Hire Trade in Northampton to set an emission standard for taxis.

The NLES has also produced a supporting technical document for planned new development specifying that all new development should incorporate low emission measures where practicable.

In addition to the NLES, the Council has identified new areas of exceedance for NO₂ on the Drapery near to the bus station, and Abington Square where Wellingborough Road, York Road, Kettering Road and the Lower Mounts converge. The council is obligated to designate these areas as new AQMAs and is currently working through the declaration options. As a result of these new declarations, the council will be working on the feasibility options for a Clean Air Zone.

Addressing air quality locally
Although some of the factors influencing air pollution are controlled nationally, such as vehicle taxation and air quality legislation, there is scope to influence air quality locally through activities such as traffic and parking management, street design, road layouts, public and school transport policies, planning, idling of vehicles and more.

Recommendations
- Greater joined up working between relevant functions such as environmental health, highways, planning and public health should take place to address air quality.
- Further efforts to create more sustainable travel patterns should be made – recognising the benefits in terms of physical activity and wellbeing in addition to air quality.
- Northampton Borough Council to work collaboratively with Northamptonshire County Council and other partners in the creation and implementation of their Low Emissions Strategy for Northampton.
- Planning policy and planning decisions should consider air quality implications, in order to improve air quality and reduce negative health impacts.

Physical activity in the great outdoors.
Green and open spaces

There is an increasing body of evidence suggesting that having access to good quality green, open spaces can benefit our health and wellbeing.

Wellbeing

Access to green, open spaces such as parks, woodlands and allotments can contribute to both physical and mental wellbeing, providing opportunities for us to incorporate physical activity into our everyday lives, from playing football at the park to walking through the woods.

It can also support our mental wellbeing by reducing stress and anxiety, improving our mood and providing opportunities to engage with our local communities, thus contributing to our own perception of our individual wellbeing. Allotments and community gardens can also enable us to learn more about and experience growing healthy food.

Access

Inevitably, access to green, open spaces will vary for different people and communities depending on where they live. Therefore the health and wellbeing benefits of green, open spaces may not be available equally to all sections of the community. Increasingly, evidence suggests that areas with more accessible green space are associated with better health and wellbeing.

Quality

An important aspect of the wellbeing benefits of green spaces is the quality of the green space, ranging from the design and layout, to how well the spaces are maintained and how accessible they are to all sections of the community. Poor quality spaces, for example poorly maintained, derelict and unwelcoming, can feel like places to avoid and thus make people feel less happy and comfortable with their local area.

What’s happening?

Physical activity

In Northamptonshire we know that 26.7% (146,000) adults are considered inactive, plus another 13% (71,000) who are insufficiently active. We also know that there are significant variations geographically across the county and between demographic groups of people.

Use of outdoor space

Estimates suggest that around 19% of the population regularly utilise outdoor space for exercise or health reasons.

Table 6:
Utilisation of outdoor space for exercise or health reasons. March 2014 – February 2015

While this is comparable to estimates for other parts of the East Midlands, it demonstrates that there is scope to significantly increase the proportion of the community that is using outdoor space for exercise or health reasons.


Making use of open spaces

Northamptonshire offers a variety of green spaces from urban parks, country parks, village greens and allotments 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.

Planning policies have also been developed to seek to ensure that green spaces are incorporated effectively into new developments, recognising their importance in terms of many aspects of quality of life. Green spaces and ‘green infrastructure’ feature heavily in the two Joint Core Strategies that cover the county.

The Northamptonshire Local Nature Partnerships is seeking to make linkages to health and wellbeing and achieve improvements through the management of green spaces in the county.

Northamptonshire Sport – physical activity in the great outdoors

Recognising the potential the outdoor environment offers, Northamptonshire Sport has developed a number of programmes in outdoor spaces and places to support people in becoming more active, and improving their health and wellbeing.

One of the most successful outdoor programmes run by Northamptonshire Sport is Jog Northants. The project started in 2012 with the aim of developing a series of jogging groups across the county, utilising the outdoor environment on people’s doorsteps.

Beginners’ jogging groups were started taking participants on a 12-week journey from not running at all, to running for around 30 minutes without stopping. In each group, one or two people trained up to become leaders and took ownership of their own jogging group, enabling more groups to be started.

Over 4000 people have taken part in one of these jogging groups, there are currently 40 groups running across the county and in January 2017, 13 new beginners’ groups started, with over 400 new runners this year.

At one group (Redwell), they have also trained up a mental health ambassador to support anyone in the club with mental health worries too.

Around 80% of the runners who have accessed and continue to access a Jog Northants group are female. Campaigns such as This Girl Can have helped to inspire women and girls to take part. In one local group, a 73 year old lady joined this January with her daughter and 12 year old grandson.

There are currently 28 leaders and 32 assistants all over the county helping to run the Jog Northants programme. Many of these leaders were beginners who could not run when they started out so they have all the skills to support beginners and understand their worries and challenges.

Future plans include sustaining the current groups, finding any geographical gaps and identifying potential leaders to support new groups. Some work with male only groups could help engagement with males. Training and development of the leaders remains a key focus to ensure high quality delivery.

Northamptonshire Sport also runs a wide variety of other programmes that use the open space and green environment including the Workplace Challenge competitions, Business Games, 5K Run Series, ParkRun, Club Development activity, Facility Development, Tour Ride, SkyRide local led rides, Breeze rides and the 20million Steps Walking campaign weekend.

Challenges and opportunities

There are a number of challenges involved in making sure that all sections of communities can access them and thus the health and wellbeing benefits are maximised.

- Costs of maintaining green, open spaces - many open spaces are managed by public authorities which is challenging at a time of decreasing budgets.
- Development pressures - with ongoing pressure to achieve economic development and provide more housing through new development, it may be challenging to protect and maintain existing green, open spaces. However the creation of new developments also provides an opportunity to create new green spaces and secure funding for their management.
- Encouraging use – providing good local green spaces is just the beginning. We need to work with our communities to raise awareness of them and to encourage their use by local residents and visitors.

Enjoying Northamptonshire’s country parks.
Urban spaces and streetscape

Local street networks, including high streets and retail areas help create jobs and support local economies, whilst also providing us with opportunities to buy things, access services and interact with our local communities. In many ways they provide people with a range of opportunities to support their health and wellbeing, but, they can also encourage unhealthy lifestyles.

A number of different elements of the urban environment can influence our daily lifestyle choices:

- Design and layout of streets and urban spaces is important. It can encourage and make walking and cycling easier, for example with clearly marked routes which are safe and accessible. It can also make urban spaces accessible to those with mobility issues.
- Providing appropriate shade and shelter can ensure people can take a rest out of the rain or sun, helping them to stay comfortable and encouraging them to spend more time in an area.
- The most attractive urban areas can become visitor attractions in their own right.
- Street trees and green spaces can make an urban area more attractive while achieving the recognised benefits to wellbeing of access to nature.
- The availability of attractive communal spaces can provide opportunities for social interaction and community activities. Incorporating places to sit will enable them to rest and relax.
- Safe and welcoming – feeling safe and secure is an important part of our individual wellbeing, as well as being a major factor in determining whether we will spend time in an area.

Access to facilities – in order to maintain our wellbeing, we need to access a range of facilities, such as leisure opportunities and health services.

In 2015 the Royal Society for Public Health (RSPH) published a report entitled Health on the High Street

Based on the method used by the RSPH, Northampton came fifth on the list of unhealthiest high streets across the country, from a total of 70 UK towns and cities that were considered.

The report was a valuable prompt for us to consider locally how our local high streets influence the health and wellbeing of our local communities and the way in which we can influence and manage them. Creating high streets and town centres that support healthier lifestyles can contribute greatly to wellbeing locally and support economic prosperity.

Recommendations

- The Northamptonshire Health and Wellbeing Board should engage more pro-actively with providers and managers of green spaces as well as planning authorities to improve access to quality green, open spaces, as part of delivery of priority four in the Northamptonshire Joint Health & Wellbeing Strategy.
- Health services should consider how they could systematically make better use of green, open spaces to support the wellbeing of their service users, as part of local approaches to health promotion and preventing ill health, for example social prescribing.
- Planning policies and decisions should seek to maximise the opportunities for physical activity in a way which recognises and provides for the use of tracks, trails and open spaces as well as traditional sports facilities.
- All major planning decisions to have Health Impact Assessment conducted.
- Communities are encouraged and supported to manage/maintain green space infrastructure within the county.
- Workplaces should be supported to encourage employees to use nearby open / green / urban space to be active at lunchtimes or around work.

Lifestyle choices are significantly influenced by the environment around us.
**Recommendations**

- Planning authorities should ensure that planning policy and decisions create streetscapes and urban environments using the ‘Healthy Streets’ approach\(^8\) that support and encourage healthy lifestyles and choices, such as active travel, healthy diets, engaging with the local community and accessing community facilities.
- The county council public health team should continue to work with local planning authorities and put in place processes to ensure it can contribute to planning proposals and decisions which support health and wellbeing.
- That all organisations involved in shaping our high streets and retail environments seek to create ‘Healthy High Streets’ and ‘Healthy Towns’; urban environments which encourage and support healthier lifestyles.

**Food retail**

The food that we eat is a major factor in our health and wellbeing. Eating a balanced and healthy diet can contribute massively to us feeling fit and well, while a poor diet can have significant negative impacts on our wellbeing, in both the short and long term.

Food is a significant factor in a number of the major wellbeing challenges being faced by the county. For example 2015-16 figures from the Public Health Outcomes Framework (PHOF) suggest that in Northamptonshire 67% of the adult population were overweight or obese, with levels of 32.6% for 10-11 year olds and 22% for 4-5 year olds. In addition only 51% of the adults in Northamptonshire were meeting the recommended levels of eating five portions of fruit or vegetables on a usual day.

Being overweight or obese greatly increases the risk of a wide range of illnesses and long term conditions such as Type 2 diabetes, heart disease and cancer, while also having an effect on mental wellbeing.

The types of food that are readily available to us is a big influence in determining what we eat, for example the food that is available in our workplaces, schools, leisure centres, community facilities and local high streets or shopping areas.

In order to try to increase the availability of healthy options in various restaurants and food businesses in the county, environmental health teams from the district and borough councils have been working together on the Eat Out, Eat Well scheme.

---


– Public Health Today, Spring 2017 Edition
Eat Out Eat Well

Addressing issues of public health and wellbeing is at the heart of much of the work of the environmental health profession. Environmental health departments across Northamptonshire adopted the Eat Out, Eat Well award in May 2015. The award predominantly aims to promote healthier menu options in privately run businesses across Northamptonshire such as in pubs, workplace canteens and other food businesses providing food for the population.

The awards are delivered predominantly by environmental health officers at the end of a food inspection but some boroughs have been able to engage with the voluntary sector and a number of volunteers are delivering the scheme in Daventry District Council.

A significant number of premises have made improvements to menus or cooking menus which has resulted in healthier choices for customers. Plus an increased number of food handlers have received nutritional training.

Recommendations

- Local organisations should promote the Eat Out, Eat Well scheme to local businesses and residents, in order to increase its impact and benefits.
- Organisations with food retail outlets could explore achieving the Eat Out, Eat Well accreditation.
- District and borough councils should consider how planning policies can be used to influence the food choices available in local communities in order to promote healthier lifestyles.
Acknowledgements

Thank you to all of the authors who contributed to this report.

• Simon Aston – online safety officer, Northamptonshire County Council
• Sue Birchenough, NHS England
• Annalee Bougourd, senior communications and marketing specialist (Public Health), Northamptonshire County Council
• Tracy Bovingdon, commercial director, First for Wellbeing
• Cazz Broxton, CAMHS, Northamptonshire Healthcare Foundation Trust
• Stephen Campbell – therapy and assistive technology manager, Olympus Care Services
• Jane Carr – former chief executive, Voluntary Impact Northamptonshire, now operations director at First for Wellbeing
• Ed Cooke – environmental health manager, Daventry District Council
• Tracy Dempster, Northamptonshire Healthcare Foundation Trust
• Lucy Douglas-Green – acting deputy director of Public Health & Wellbeing, Northamptonshire County Council
• Darren Dovey – chief fire officer, Northamptonshire Fire and Rescue Service
• Frank Earley – service development relationship manager (adults), Northamptonshire County Council public health team
• Mark Evans, chief inspector, Northamptonshire Police
• Kevin Fagan – community partnerships manager, Daventry District Council
• Carol Gamble – trading standards community safety manager
• Rajwinder Gangotra – service development relationship manager, Northamptonshire County Council public health team
• Emma Hildreth – communities manager, Northamptonshire County Council public health team and Northamptonshire Police
• Annette Hollesen, performance analyst, Northamptonshire County Council
• Chris Holmes – director, Northamptonshire Sport
• Sandra Husbands – consultant in public health, Northamptonshire County Council
• Nicky Hyde-Pulley – Northamptonshire Highways
• Lisa Knight-Smith – sexual health outreach team, Northamptonshire Healthcare NHS Foundation Trust
• Victoria Leitner, Healthy Child Advisor, First for Wellbeing
• Martin Lord – chief executive, Central and East Northamptonshire Citizens Advice
• Stephen Marks – service development relationship manager (place), Northamptonshire County Council public health team
• Eleni Middleton – team leader (health protection), Kettering Borough Council
• Kelly Morris – Service Relationship and Health Protection Manager, Northamptonshire County Council
• Luiza Morris Warren – business intelligence manager, Northamptonshire County Council
• Terry Pearson – commissioning manager, Northamptonshire County Council public health team
• Neil Polden – senior environmental health officer, Northampton Borough Council
• Inge Pye – public health analyst, Northamptonshire County Council
• Martin O’Connell – licensing sergeant, Northamptonshire Police
• Lisa Riddaway – joint commissioning manager NHS Nene and Corby CCGs
• Nicky Sellars – project worker falls prevention, Northamptonshire County Council public health team
• John Soto – independent living manager, British Red Cross
• Jenny Walker – environmental protection manager, East Northamptonshire Council
• Nikita Wiseman – public health project officer, Northamptonshire County Council
## 2016-17 Report Recommendations Update

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendation</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness survey</td>
<td>The Health and Wellbeing Board should make full use of the survey findings to implement the refreshed Health and Wellbeing Strategy 2016-2020.</td>
<td>The survey findings have informed the development of the 2016-20 health and wellbeing board strategy.</td>
</tr>
<tr>
<td>First for Wellbeing</td>
<td>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.</td>
<td>First for Wellbeing and public health are engaged in a joint piece of work matching the survey findings to service use to inform marketing strategies/targeting need.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Further research has not been commissioned at this stage.</td>
</tr>
<tr>
<td>Hospital admissions due to alcohol</td>
<td>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.</td>
<td>Following meetings a community alcohol pathway has been put in place with both hospitals and community using AUDIT score as the standard assessment tool. A new walk in detoxification centre has been created in Northampton (which serves both Northampton and Kettering hospitals). This facility helps people through the alcohol addiction and provides the best available treatment, advice and support in Northamptonshire. We have reduced waiting times to a minimum and have increased the range of treatment options as we know this is important. We are linking this to accident and emergency departments to see if we can share this expertise with patients who present with an alcohol related illness.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>--------</td>
</tr>
<tr>
<td>Hospital admissions due to alcohol (continued)</td>
<td>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 Making Every Contact Count) and identification and brief advice sessions to be delivered across communities as appropriate.</td>
<td>Earlier identification of alcohol problems is happening now through the work done by First for Wellbeing although this needs to reach many more people. In addition, First for Wellbeing delivers training sessions on alcohol awareness to front-line staff across the county so that they can be enlisted to help with earlier identification and referral to treatment services.</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
<td>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.</td>
<td>This is being developed by the Task and Finish Group for adverse childhood experiences.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Adverse childhood experiences (continued)</td>
<td>Northamptonshire County Council children’s services should review its commissioned parenting programmes and consider making these available to a wider range of parents.</td>
<td>This is being reviewed as part of the 0-19 contract.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>This is being developed by the Task and Finish Group for adverse childhood experiences.</td>
</tr>
<tr>
<td>Unhealthy lifestyles</td>
<td>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 Making Every Contact Count (MECC) as part of the Sustainability and Transformation Plan.</td>
<td>A full time Project Officer was appointed at the end of January 17, and is looking to embed MECC as mandatory training within local authorities and NHS trusts as a priority. Development work is currently underway on the training workshop to encompass a wider range of health and lifestyle areas, to allow MECC to deliver messages on additional public health priorities.</td>
</tr>
<tr>
<td>Green spaces</td>
<td>The Northamptonshire Health and Wellbeing Board should consider how green spaces can best contribute to the delivery of the Northamptonshire Health &amp; Wellbeing Strategy 2016 – 2020 as part of its developing environment / place work stream.</td>
<td>This is being considered as a priority for the regular developmental sessions for health and wellbeing board members in 17/18.</td>
</tr>
<tr>
<td></td>
<td>Those involved in planning and creating new developments in the county should ensure the effective incorporation of green spaces.</td>
<td>The public health team is working with planning colleagues / teams to incorporate health considerations into planning policies and thus planning decisions.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Library Services</td>
<td>Library services to assess the needs of their local communities and offer evidence based services.</td>
<td>Libraries continue to pro-actively support their local communities by assessing needs and spotting gaps in provision. This year, examples have included the Pink House Craft Group at Oundle Library, supporting people with early onset dementia and low level mental health issues, a number of reminiscence groups, knit and knatter groups, adult colouring and coffee mornings to tackle social isolation, grief counselling at Kingsthorpe Library, autism support at Corby Library, and Nordic Walking from Towcester Library. The adult public library user survey and the family survey gathered feedback about existing and future services in the library. Action plans are currently being drawn up to make improvements based on this feedback.</td>
</tr>
<tr>
<td></td>
<td>Further promote Bookstart to hard to reach families.</td>
<td>Bookstart, co-ordinated by libraries, is promoted to 100% of new births in the county through health visitors. The partnership with registrars now based in libraries gives us a second opportunity to promote Bookstart to every family, including the hard to reach, as part of our wider 0 to 5s offer.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| Library Services Continued | Promote national health improvement campaigns based on need. | The library service promoted a number of national health improvement campaigns with particular focus on the local priorities around smoking cessation, alcohol consumption, weight management and healthy living. Campaigns have included:  
• 20 million steps campaign  
• Dementia Awareness Week  
• Mental Health Awareness Week  
• Diabetes awareness week  
• World Mental Health Day  
• Alcohol Awareness Week  
• Dry January  
• Make A Change Week in January, which saw libraries work with partner organisations using health data to theme the events around local needs and priorities in each library. |
| | Ensure relevant library staff have attended baby friendly initiative training. | All the early years workers and many customer advisors delivering services to 0 to fives have attended this training. |
| Cold homes | The Northamptonshire Health and Wellbeing Board should consider the levels and impacts of fuel poverty in the county. | It should review the National Institute for Health and Care Excellence (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.  
Martin Lord (Citizens Advice) has raised the issue of fuel poverty and the NICE guidance with the Health and Wellbeing Board. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendation</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation</td>
<td>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.</td>
<td>Social isolation will be addressed through the social prescribing model/process that is being developed as part of the Sustainable Transformation Plan (STP) prevention work.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Children’s Health</td>
<td>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 reoriented towards prevention</td>
<td>Public health services for children will be reviewed as part of the 0 to 19 contract development.</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>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.</td>
<td>This is due to be part of a work stream via the Local Maternity Services Board.</td>
</tr>
<tr>
<td>Perinatal health</td>
<td>Corby and Nene CCGs need to commission perinatal mental health services that are based on need.</td>
<td>This is due to be part of a work stream via the Local Maternity Services Board.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children’s sexual exploitation (CSE)</td>
<td>Ensure all county council commissioned services are able to identify CSE.</td>
<td>• For all county council services commissioned through the children, families and education directorate there is a standard clause in the specification templates that requires providers to be able to identify key themes (including CSE)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All providers are directed to the Northamptonshire Safeguarding Children's Board site for further information, resources and training on CSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The county council is currently rolling out a training programme aimed at voluntary and community providers which will include some council-commissioned services. This will consist of a number of CSE awareness events hosted across the districts and boroughs throughout 2017.</td>
</tr>
<tr>
<td></td>
<td>Ensure clear pathways of support are in place for those at risk to ensure their continued safety.</td>
<td>A CSE toolkit is available across all partnership agencies providing information, guidance and resources, together with a CSE risk assessment tool. The toolkit is in the process of being updated. Professionals across the partnership agencies are asked to complete the assessment tool to assess whether the young person is a victim of or at risk of CSE with a view to making a referral to RISE.</td>
</tr>
<tr>
<td>Children and young people living with adults with drug or alcohol misuse</td>
<td>Partners need to implement 1001 critical days across Northamptonshire.</td>
<td>Further work needs to be done with Local Maternity Services Board.</td>
</tr>
<tr>
<td></td>
<td>Work with partners and residents to reduce smoking in pregnancy.</td>
<td>Ongoing work with First for Wellbeing and maternity services.</td>
</tr>
<tr>
<td></td>
<td>Public health and partners in social care and CCGs to achieve a greater understanding of health needs in particular groups of young people, such as looked after children, care leavers and mental health (in particular self-harm).</td>
<td>To be included in work programme plans for needs assessments in 2017-18.</td>
</tr>
<tr>
<td></td>
<td>Provide public health input to the developing work on domestic violence to better identify risk factors and the impact on children.</td>
<td>To be included in work programme plans for needs assessments in 2017-18.</td>
</tr>
<tr>
<td>Topic</td>
<td>Recommendation</td>
<td>Update</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td>--------</td>
</tr>
<tr>
<td>HIV</td>
<td>Expand HIV testing in the community such as widening who is offered a HIV test by the GP.</td>
<td>Self-sampling is currently being tested as an approach to expand HIV testing in the community after the successful completion of the GP HIV testing pilot (The North Project).</td>
</tr>
<tr>
<td></td>
<td>Test residents using hospital outpatient services if they have certain indicator conditions that are known to be linked to HIV infection.</td>
<td>A testing initiative is being developed and will be implemented during 2017/18.</td>
</tr>
<tr>
<td></td>
<td>Improve current outreach services to reach target groups within the county.</td>
<td>Outreach services will be recommissioned during 2017/18 and a specific requirement is to further increase their effectiveness in targeting specific high risk groups.</td>
</tr>
<tr>
<td>Smoking</td>
<td>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.</td>
<td>Waiting for national tobacco strategy to be published.</td>
</tr>
<tr>
<td></td>
<td>Promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encourage more smokers to quit by using the most effective forms of support, through local stop smoking services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publish a 3-year marketing strategy for tobacco control.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop a tobacco control strategy.</td>
<td></td>
</tr>
</tbody>
</table>