

North Northamptonshire Health and Wellbeing Strategy 2024-2029



North Northamptonshire

**HEALTH AND
WELLBEING BOARD**

Foreword

As Chair of the North Northamptonshire Health and Wellbeing Board, I am delighted to introduce this Strategy. The aim of the Health and Wellbeing Strategy is to reduce health inequalities through partnership working. It is not just a paper exercise, but a live strategy which actively engages communities. It also provides a framework for projects in each of the key priorities to produce improved health outcomes.

Each priority has a sponsor from the Health and Wellbeing Board and dedicated support from the North Northamptonshire Public Health Team to drive delivery.

By working together, I am confident that we, as a system can make a positive impact on lives locally. By taking an innovative approach to delivery we can reduce the impact of ill health and poor wellbeing, enabling all our residents to thrive and lead healthier more active fulfilled lives.



Cllr Gill Mercer
Chair of the North Northamptonshire Health and Wellbeing Board



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Introduction

This strategy sets out the principles governing the work of the Health and Wellbeing Board (HWB) for North Northamptonshire Council, and system partners. It outlines the approach for improving the health and wellbeing of people who live, work, and visit the area in the coming five years (2024-2029).

The strategy reflects the ambitions of all partners which include North Northamptonshire Council, Integrated Care Board (ICB), NHS, Northamptonshire Healthcare Foundation Trust (NHFT), Community Stakeholders, Emergency Services, Voluntary, Community and Social Enterprises (VCSE), Residents and Local Businesses and the University Hospitals of Northamptonshire (UHN).

The purpose of the HWB Strategy is to:

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reducing health inequalities.

Identify a short list of shared priorities and outcomes for improving local health and wellbeing and reducing health inequalities.

Support effective partnership working that delivers improved health outcomes.

Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic and the current economic climate.

Guiding Principles for this Strategy

The Board will focus on the collaborative delivery of sustainable change for the agreed strategic priority areas. In order to achieve this, the Strategy will embed a methodology that is:

- responsive to need.
- builds on our assets in local communities.
- actively engages communities.
- focused on working jointly and with all stakeholders.
- can demonstrate short, medium- and long-term sustainable change.

Background

Health and Wellbeing Boards were created following the Health and Social Care Act 2012 and are designed to coordinate the strategic approach to health and wellbeing by the local authority, the NHS, and other significant partners.

Each board is required to produce a Health and Wellbeing Strategy to demonstrate how health and wellbeing will be coordinated at a local level. This brings together system partners to tackle inequalities and improve the health of local people. The specific activity documented within the Strategy is underpinned by the Health and Care Act 2022 amending section 116A of the Local Government and Public Involvement in Health Act 2007, formalising Integrated Care Systems (ICS) with the intention of improving population health through collaborative working.

This high-level strategy is data driven and has been developed from an understanding of health needs emanating from the Joint Strategic Needs Assessment (JSNA) and understanding need at local level through Local Area Partnerships (LAP) profiles. In addition, views from a range of stakeholders, including clinicians, politicians, and voluntary groups have been sought. It also builds on the extensive consultation done as part of the development of the Live Your Best Life Strategy and is aligned to that. As indicated previously, this forms North Northamptonshire's primary roadmap for Health and Wellbeing. It sets out a strong, collaborative, and unified vision to improve health and wellbeing, and reduce inequalities for those who live, work, and visit North Northamptonshire.

The Health and Wellbeing Strategy will sit alongside with the other strategies and plans developed by the Council, NHS, Central Government, and other organisations to create a happier, healthier North Northamptonshire where people are confidently empowered to understand how to live well and access services they need when they need them.

At the Health and Wellbeing Board meeting of 20th of June 2023, the North Northamptonshire Place development paper was presented, and it was subsequently agreed to develop a Joint Health and Wellbeing Strategy (NJHWS) in alignment with the Northamptonshire Live Your Best Life Strategy. Subsequently at the meeting of the Health and Wellbeing Board of 5th December 2023 it was further agreed that the developing strategy would be based on five key priority areas as outlined in the following paragraphs.

The five priority areas were chosen after considering findings from needs assessment focusing on areas where North Northamptonshire is an outlier as compared to similar Local Authorities; the Northamptonshire Integrated Care System (ICS) Live Your Best Life strategy; BIG50 vision for 2050, North Northamptonshire Place development (Sense of Place), and listening to the views of Stakeholders.

These stakeholders include local politicians, local health system representatives, the local VCSE, the Police, Ambulance and Fire services and university partners. The Board recognises that health and wellbeing is much more than just access to health services, and the HWB Strategy is intended to take into account the wider determinants of health¹.

1. <https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on>

The Five Key Priorities:

Smoking and Vaping

To reduce the prevalence of smoking and reduce inequalities in smoking in the North Northamptonshire population.

Keeping Active

To deliver opportunities that enable active lifestyles for people who live, work, and visit North Northamptonshire.

Mental Health and Wellbeing

To seek to reduce inequalities in access, outcome, and experience.

Children and Young People

To promote the health and wellbeing of children and young people and reduce health inequalities.

Financial Resilience

To build the financial resilience of households within targeted communities.

Governance

The Health and Wellbeing Board is responsible for day-to-day oversight of the Strategy. This includes:

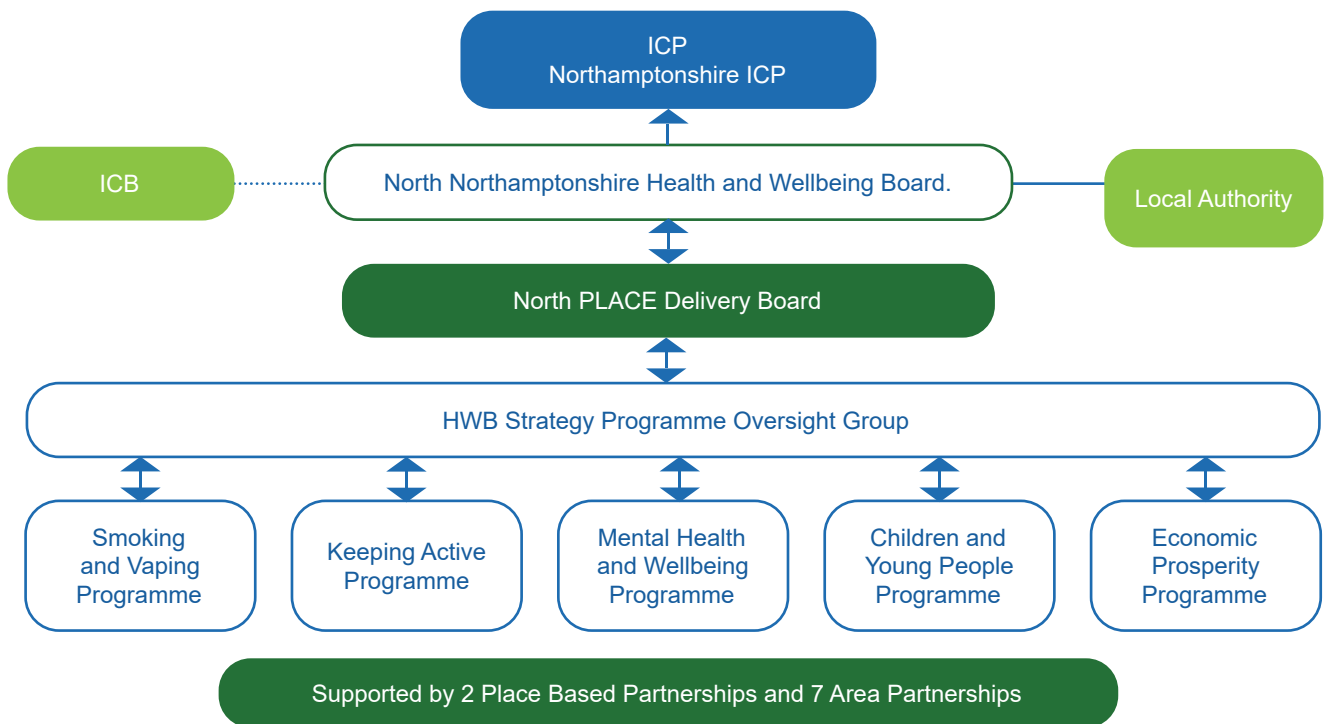
- Leadership: including having a board sponsor for each priority.
- Stakeholder focus: including making sure all stakeholders contribute to the development and implementation of HWB Strategy priorities.
- Coordination: of the strategic input is key and ensures that all partners work together
- Reviews: of the strategy, including formal updates on the progress made by all priority areas

The governance process ensures that the roles and responsibilities are clear. Coordination of the strategic input is key and enables all partners to work together and contribute to both the short term and long-term successes. Regular reviews of the strategy, including formal updates on the progress made in each priority area, is scheduled within the Board's standing agenda.

The action plans, which support delivery of activities, are iterative and considered live documents. Progress on the actions plans for each priority is tracked and monitored by the HWB Strategy Oversight Group. Membership is drawn from across the partnership specifically those more closely involved in the delivery of the specific priorities, including Executive Sponsors and public health specialists.

HWB Strategy Governance

The following diagram shows how the governance system works in relation to the HWB Strategy and its implementation:



Local Demography

The county of Northamptonshire is located in the centre of England and sits between the key cities of Oxford, Cambridge, and Leicester. Northamptonshire is located in the East Midlands region and is strategically well placed on key transport routes between London, Birmingham, and Leeds. Although a largely rural county with much of the land used for agricultural farming, around 70% of people in Northamptonshire live in urban and town areas.

North Northamptonshire is the 21st largest local authority in England and the 7th largest in the East Midlands. North Northamptonshire is the 5th most densely populated authority in the East Midlands, with an average of 364.4 usual residents per square kilometre.

Based on the 2021 Census, the population of North Northamptonshire was 359,525, and has grown by around 42,700 (13.5%) since the 2011 Census, which is a larger increase compared to growth seen in the East Midlands (7.7%) and England (6.6%).

As of 2021, 182,452 (51%) of the North Northamptonshire population were female and 177,070 (49%) were male. Around 1 in 5 people (18%) in North Northamptonshire were children aged under 15, nearly two-thirds were aged 15-64, while around 18% were aged 65 and over. Since 2011, the proportion of children under 15 has increased in North Northamptonshire by nearly 11% (compared with 5.0% in England), by just over 10% among those aged 15-64 (England 3.6%) and by around 30% in those aged 65 and over (England 20.1%).

97.4% of adults aged 16 and over in the 2021 Census identified themselves as heterosexual in North Northamptonshire (England 96.6%) and 2.6% as non-heterosexual (England 3.4%).

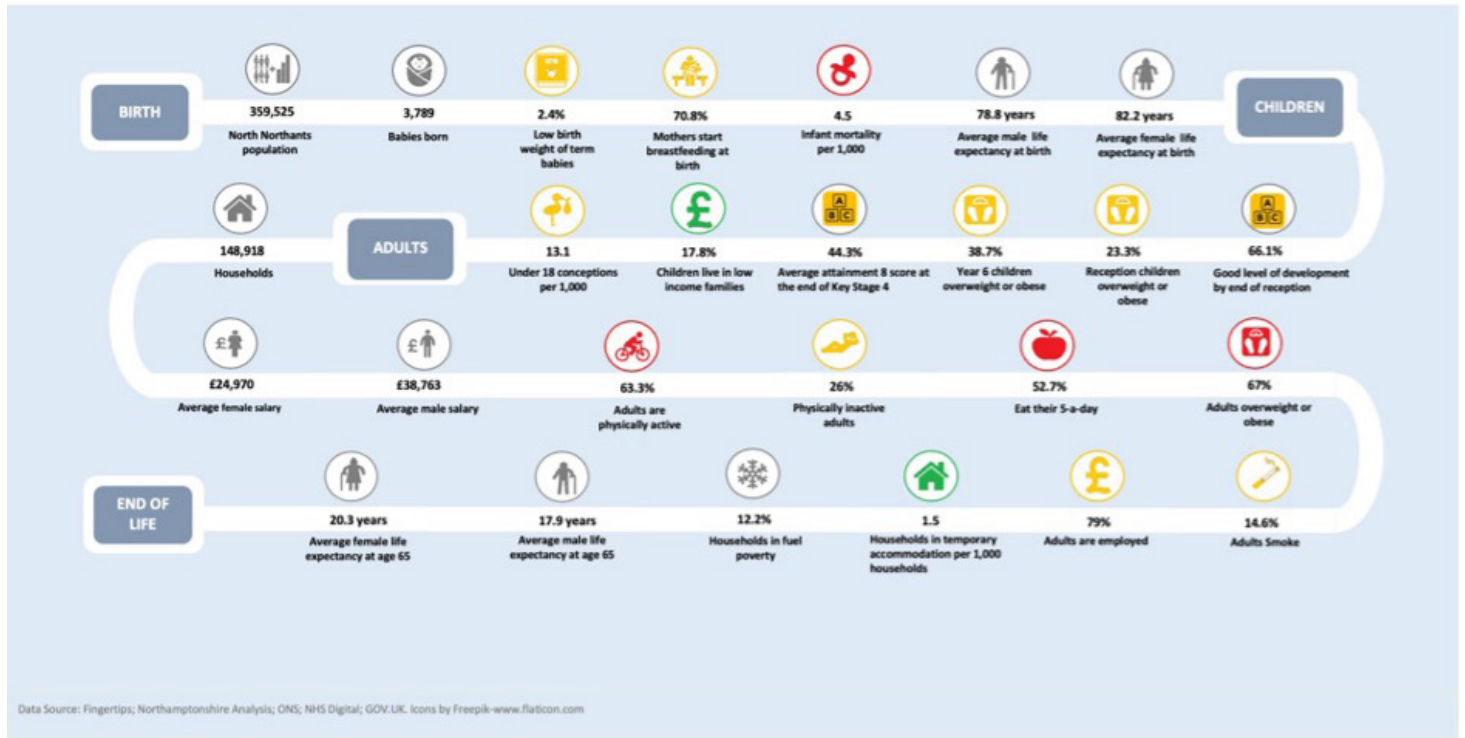
90.3% of people in North Northamptonshire described their ethnicity as White in the 2021 Census (England 81.0%) and 8.9% as Asian, Black or a Mixed minority ethnic group (England 16.8%).

15.5% of people living in North Northamptonshire in 2021 were born outside the UK (England 17.4%) and, of these, 3.9% had been living in the UK for less than five years (England 4.2%).

The majority of people (90.6%) spoke English as their main language in North Northamptonshire in 2021 (England 90.8%) and 1.8% could not speak English or speak English well (England 1.9%).

17.3% of people in North Northamptonshire in 2021 were classified as disabled under the 2010 Equality Act, which is comparable to the proportion seen nationally.

Health and Wellbeing in North Northamptonshire



Key details shown in the diagram above.

- North Northamptonshire population of 359,525 in 2021. 3,789 babies born in 2021.
- 2.4% of low birthweight babies born in 2021
- 70.8% of mothers start breast feeding at birth in 2020/2021
- Infant mortality rate of 4.5 deaths for 1000 population in 2020/2022
- Average male life expectancy at birth of 78.8 in 2022
- Average female life expectancy at birth of 82.2 years in 2022
- 66.1% of pupils attained a good level of development by the end of reception in 2022/2023
- 23.3% of reception children are overweight or obese
- 44.3% of children attained a score of 8 at the end of Key Stage four
- 17.8% of children live in low income families
- Under 18 conception rate of 13.1 per 100,000

Health Inequalities

Health inequalities are typically measured by differences in average life expectancy between different populations. In 2010, Sir Michael Marmot identified that “health inequalities result from social inequality; however, to reduce the steepness of the social gradient, actions must be universal, rather than being focused solely on the most disadvantaged”². This is known as proportionate universalism.

The latest estimates for life expectancy at birth show that between 2018 and 2020, males in North Northamptonshire can expect to live 78.8 years, which is comparable to the national average of 78.9 years. During the same period, average female life expectancy is 82.2 years, which is statistically significantly worse than the national average of 82.8 years.

Average life expectancy for both males and females are now at the lowest they have been in the past ten years in North Northamptonshire³. Healthy life expectancy shows the years a person can expect to live from birth in good health (rather than with a disability or in poor health).

2. Fair Society, healthy lives: The Marmot Review: strategic review of health inequalities in England:
 3. OHID Fingertips, Public Health Outcomes Framework post 2010

Between 2018 and 2020, the average healthy life expectancy for males in North Northamptonshire was 64 years while the average healthy life expectancy for females was 63.4 years. Both are comparable to the national averages.

Inequality in life expectancy at birth measures the relative difference in life expectancy between the most deprived decile of deprivation in an area with the least. Between 2018 and 2020, the gap in life expectancy at birth for males in North Northamptonshire was 9.7 years, and for females was 7.4 years⁴.

As of 2022-2023, there were 1,770 school pupils (3.2% of all pupils) that were reported to have social, emotional, and mental health needs. This is comparable to the proportion seen nationally (3.3%), however national data suggests this has steadily increased in the last seven years⁵.

As of 2021, 13.8% of children aged under 16 years in North Northamptonshire were living in relative low-income households. Relative low income is defined as a family in low income Before Housing Costs (BHC). A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income⁶.

As of 2022-2023, 11.2% of mothers in North Northamptonshire were current smokers at the time of delivery which is statistically significantly worse (higher) than the national average of 8.8%. Recent trends show that has reduced slightly from 12.2% in 2020/21⁷. As of 2022, 14.6% of adults aged 18 and over in North Northamptonshire were current smokers which is statistically comparable to the national prevalence of 12.7%. Additionally, 29.8% of adults aged 18-64 years who work in routine and manual jobs were current smokers in 2022⁸.

Between 2017 and 2019, the rate of lung cancer registrations in North Northamptonshire was 85.4 per 100,000 population, which is statistically significantly worse than England (77.1 per 100,000); and the rate of oesophageal cancer registrations was 19.4 per 100,000, which is statistically significantly worse than England (15.2 per 100,000)⁹.

As of 2022-2023, 67% of adults aged 18 and over in North Northamptonshire were classified as obese or severely obese (having a BMI greater than or equal to 25kg/m²) which is statistically comparable to the national prevalence of 64%. Recent trends show that adult obesity has fluctuated since 2015/16 and was highest in 2017/18 (69.5%)¹⁰.

As of 2022-2023, 63.3% of adults aged 19 and over in North Northamptonshire were physically active (doing at least 150 moderate intensity equivalent minutes physical activity per week) which is statistically comparable to the national prevalence of 67.1%. The proportion of physically active adults in North Northamptonshire has remained static in recent years¹¹.

4. Source: OHID Fingertips, Public Health Outcomes Framework

5. OHID Fingertips, Children and Young Peoples Mental Health and Wellbeing

6. OHID Fingertips, Public Health Outcomes Framework

7. OHID Fingertips, Public Health Outcomes Framework

8. OHID Fingertips, Local Authority Health Profiles

9. OHID Fingertips, Smoking Profile

10. OHID Fingertips, Local Authority Health Profiles

11. OHID Fingertips, Local Authority Health Profiles

Deprivation

The 2019 English Indices of Deprivation (IoD 2019) details the levels of deprivation across the UK. Living in areas of high deprivation is linked to premature mortality and poor health outcomes. The most deprived areas of North Northamptonshire are centred around the main urban areas of Corby, Kettering, and Wellingborough.

Within North Northamptonshire, 14.2% of the population (49,785 people) live in the 20% most deprived areas of England, and 18.7% (65,630) live in the 20% least deprived areas. Corby (24.4%) has the largest proportion of its population living in the 20% most deprived areas, followed by Wellingborough (20.7%), Kettering (11.8%) and East Northamptonshire (3.5%).

North Northamptonshire IMD 2019

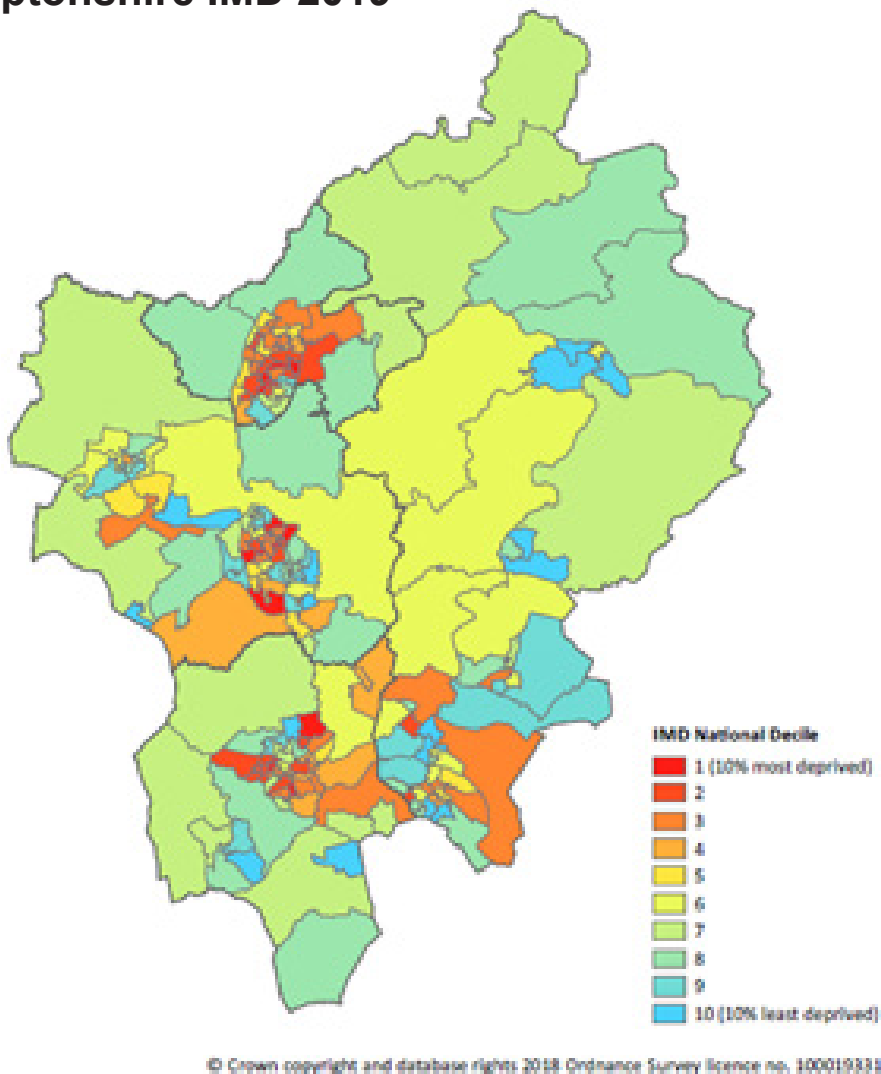


Figure 2: Overall deprivation in North Northamptonshire, 2019
Source: DCLG, 2019 English Indices of Deprivation

Delivery Models and Implementation

The most important aspect of the Strategy is the ability to operationalise it to drive tangible improvements in health outcomes. Board partners are taking an innovative approach to this by working together to address issues at a place level. This allows for flexible models of delivery: choosing those best suited to the issues identified and the place. Each key priority has its own separate delivery plan, and all will include the following details.

- Scope and objectives of the priority
- Outcomes
- Timelines - Short, Medium and Long-term
- Local Partners

As noted previously, the strategy has five key priorities which have been the focus of the four previous HWB Board meetings during 2023/2024 namely, Smoking and Vaping, Keeping Active, Children and Young People, Mental Health and Wellbeing, and Financial Resilience.

The Board considers each priority individually and collectively. This phased approach enables the HWB Board to give due consideration to each theme in turn and has encouraged an individual implementation process for each.

For example, a place-based focus has been taken for the implementation of Smoking and Vaping activity, where the Local Area Partnerships have been heavily involved in advising how to engage with local people on this crucial public health issue. In addition, the implementation of the 'keeping active' priority will ensure there is effective and efficient alignment between the North Northamptonshire Council Active Communities Strategy, and other activities coordinated by Northamptonshire Sport e.g. Move Northamptonshire, and the nationally coordinated Place Based Partnerships, Sport England.

To progress delivery, a Strategy Oversight Group has been formed, as set out previously. The Group will meet regularly and oversee the implementation of action plans for each of the five areas. Membership is drawn from relevant partners across all five priority areas. Where a workstream encounters a barrier to progress, this will be escalated to Board level with a request for the Board to identify potential solutions.

For each priority area there will be an executive sponsor, a lead from the Council and identified public health officer support. Each priority workstream will work in collaboration with local community partners to allow for innovative, effective, and shared working.

The Five Strategic Priorities

Smoking and Vaping

Why is this a priority?

Smoking

Although real progress has been made in reducing smoking prevalence, 14.6% of North Northamptonshire residents still smoke and this rises to 25-30% in some areas (e.g., 29.8% of adults aged 18-64 years who work in routine and manual jobs), meaning that too many people still smoke.

Smoking and the impacts of smoking are closely linked to inequalities, with smoking responsible for 50% of the difference in life expectancy between the most deprived and least deprived populations in England. Nationally, this also reflects inequalities with 24% of pregnant women in the most deprived populations smoking, compared to 4.3% in the least deprived populations¹².

The impact of smoking is felt across families and is often intergenerational – children are four times more likely to smoke if their parents' smoke. Exposure to second-hand smoke is common – both in the home and the car. Second-hand smoke increases the risk of heart disease, cancer, and respiratory conditions and is especially problematic if exposure occurs during pregnancy as it can lead to low birth weight, and an increased risk of still birth.

Having one or more smokers living in the household more than doubles the risk of sudden unexpected death in infancy. It is also a huge financial burden with spend similar to the average annual energy spend. This can increase the risk of children growing up in poverty.

Details of the impact on North Northamptonshire was tabled in the reports at the Board meetings of 19th March 2024 (Tobacco) and of 25th June 2024 (Smoking and Vaping Progress Update).

Vaping

Vaping in children and young people remains an issue of concern in North Northamptonshire. The number of young people using e-cigarettes has increased (based on annual data collected by Action on Smoking and Health, ASH)[1]. The majority of vapes used by young people are single-use disposable devices, which also have substantial waste and environmental impacts.

Regular use has remained steady over the last two years, but experimentation has increased by 50% with many schools reporting difficulties and struggling to know how best to address the issue.

A recent Northamptonshire school survey revealed that 47% of year 10 girls had tried vaping, 11% reported vaping regularly while in year 10 boys 30% had tried vaping, 6% reported vaping regularly.

12. [Stopping the start: our new plan to create a smokefree generation - GOV.UK](#)

Approach

What are we going to do?

Our Aim is: to reduce the overall prevalence of smoking and reduce inequalities in smoking prevalence between population groups in North Northamptonshire

To achieve this, we have four objectives:

1. Increase the number of people receiving support to stop smoking.
2. Provide targeted support to population groups with higher levels of smoking.
3. Implement prevention activities focused on smoking and vaping in children and young people.
4. Disrupt the sale of illegal tobacco and e-cigarette products and reduce underage sales of tobacco and e-cigarette products.

A workstream of activities will deliver each objective, with a live delivery plan to be available on the HWB website.

Examples of key activities include:

To increase the number of residents supported to stop smoking: we will expand the Local Authority Stop Smoking Service team and strengthen NHS Tobacco Dependency Advisor Service, increasing capacity to deliver more stop smoking sessions and a wider range of engagement events. We will also strengthen the capacity of a wide range of services to deliver stop smoking brief interventions and improve referrals to stop smoking services.

To provide targeted support to population groups with higher levels of smoking: we will initially prioritise our routine and manual workforce, women in pregnancy, and people with severe mental illness. For our routine and manual population, a community engagement project through Corby Local Area Partnership aims to understand smoking at a community level. Insight will be used to develop and test more effective solutions, such as service delivery models. Effective solutions will be shared across North Northamptonshire.

To implement prevention activities focused on smoking and vaping in children and young people: we will develop guidance and assess training needs for schools and other settings to ensure everyone has the resources and skills to address smoking and vaping in children and young people. We will also work with children and young people to co-develop and co-deliver campaigns and interventions.

To disrupt the sale of illegal tobacco and e-cigarette products and reduce underage sales of illegal tobacco and e-cigarette products: we will raise awareness of the risks of illegal products and underage sales and how to report concerns, delivering a public facing campaign and delivering training to stakeholders across the system. We will also strengthen the joint working approach between key partners such as Trading Standards, Public Health, Licensing and the Police.

Progress will be reported through the HWB Strategy Oversight Group.

The Five Strategic Priorities

Keeping Active

Why is this a priority?

Keeping active is a positive contributor to health and wellbeing and a fundamental aspect of the overall Integrated Care System 10-year strategy Live Your Best Life, of which the Health and Wellbeing strategy is a part. The four key elements of this are: improvement in health and wellbeing, reduction in health inequalities, contribution to economic and social wellbeing and value for money.

Some of the positive benefits of exercise and keeping active are:

- Improvement in mental health and wellbeing, self-esteem, sleep patterns, and overall levels of confidence.
- Reduction in the risk of developing chronic diseases such as diabetes, coronary heart disease and some cancers.
- Build up and maintenance of healthy bones, joints and muscles, therefore helping with strength, flexibility, general fitness and wellbeing; reduction in joint and back pain.
- Improvement in coordination and motor skills, balance and mobility helping to reduce falls.
- Helping to achieve and maintain a healthy body weight.
- Improvement of community resilience.

It is important to understand that leisure, sport, and other activities are not just about enabling people to maintain an active lifestyle, it is also about promoting people's health, social and economic wellbeing. It enables people to build relationships with each other, to be socially connected, to provide opportunities to promote wellbeing and to help support good physical and mental health. Keeping active is key to reducing health inequalities across North Northamptonshire.

Access to local assets including leisure centres, sports halls, swimming pools, tennis courts, grass pitches play a crucial part in wellbeing. Access to these resources currently offer targeted support which may help reduce inequalities amongst vulnerable groups.

To stay healthy, the UK Chief Medical Officer advises that adults (aged 18-64) should try and be active every day and aim to do at least 150 minutes of physical activity over a week, through a variety of activities which should be age and ability appropriate.

Sport England Active Lives survey 2020/21 shows that North Northants has a significantly higher number of INACTIVE adults (31.4%) and children (33.5%) and has significantly lower numbers of ACTIVE adults (56.1%) and children (40.9%) than National/Regional/County levels¹³.

The North Northamptonshire Active Communities Framework is currently in its final draft stage. This report incorporates three strategies:

- Active Communities
- Leisure Facilities
- Playing Pitches

13. [Active Lives | Sport England](#)

These strategic themes will form the key documents underpinning the implementation of the Keeping Active action plan.

The North Northamptonshire Active Communities Strategy is the over-arching document that gives direction and vision to wider organisations, plus it sets the basis for future prioritisation and collaboration regarding increasing physical activity. It has four main themes.

- Healthy Communities,
- Connected Communities,
- Thriving Communities and
- Green Communities.

Approach

What are we going to do?

Our Aim is: to create cohesive communities where everyone can live active, healthy, happy and connected lives.

To achieve this, we have four objectives:

Healthy Communities – To improve health and wellbeing through the development and delivery of active wellbeing opportunities that increases participation in physical activity and movement.

Connecting Communities – Connecting people and communities through active wellbeing, movement, and physical activity to improve wellbeing and provide active wellbeing assets that communities are proud of.

Thriving Communities – Increased active wellbeing opportunities will contribute towards vibrant and safe communities where there are increased opportunities for training and development. Active wellbeing services are sustainable and contribute to the visitor economy in North Northamptonshire.

Green Communities – Active travel is the easy choice for residents and local developments embrace active environments. The Leisure Assets portfolio works towards reduction in energy use and decarbonisation.

Each of the themes will have priorities and actions to address issues and barriers to participation. They will support increased levels of activity targeting areas of identified need, health inequalities and social deprivation.

The North Northamptonshire Active Communities Strategic Partnership group has been established to oversee and monitor this work with the first meeting and workshop held in November 2024 to begin a collaborative approach to developing the action plan forming a workstream of activities, with a live delivery plan available on the HWB website.

Examples of key activities include:

Healthy Communities: Aging Well - Increasing participation in recreation, movement and physical activity as a tool for improving Health and Wellbeing, to reduce demands on health services in future years. We will collectively progress and produce a 'one service' local offer to ensure all opportunities are promoted and shared for older people to participate in physical activity and movement. We will continue to develop opportunities and programmes such as the Wellbeing Walks, Walking Sports and Get Up and Go for older people.

Connecting Communities: Delivering targeted active wellbeing programmes in the areas of most need. We will continue to develop place-based programmes across identified areas of need, gather insight, improve access, build capacity and increase opportunities for residents to participate in physical activity, make positive life changes and create regular long-term participation to improve their health, mental and physical wellbeing.

Thriving Communities: Upskilling the adult Active Communities workforce, including employees, coaches, volunteers and hard to reach groups to deliver wellbeing programmes within their communities.

Green Communities: Developing the Council's leisure services to be more energy efficient, environmentally sustainable and carbon neutral where possible.

Progress will be reported through the HWB Strategy Oversight Group.

The Five Strategic Priorities

Mental Health and Wellbeing

Why is this a priority?

People living with Severe Mental Illness (SMI) face one of the greatest health equality gaps in England¹⁴. Their life expectancy is 15–20 years shorter than that for the general population, and this disparity is largely due to preventable physical illnesses¹⁵.

An estimated 50% of deaths in people living with SMI are attributable to smoking¹⁶. Adults with SMI were from 2.5 to 7.2 times more likely to die before the age of 75 than adults without SMI¹⁷.

People with existing mental health problems are more likely to have a physical health condition, less likely to access preventive healthcare such as screening and vaccination programmes and more likely to be digitally excluded¹⁸.

Self-harm has increased over the past 10 years, especially in children and young people. It is often highlighted as a predisposition for suicide attempts and death by suicide¹⁹. The countywide Coroners' Suicide Audit found that 48.9% of those who died by suicide had a history of self-harm and/or previous suicide attempts. In 2023, the directly standardised rate (per 100,000 population) of hospital admissions as a result of self-harm in North Northamptonshire was 131.8, which is higher than the national average of 126.3²⁰. System partners are working together to further understand this data and inform interventions.

People in contact with secondary mental health services are significantly less likely to be in employment. Experiencing social inequalities increases the risk of poor mental health; housing insecurity is associated with poor mental health.

Access to support is also not equally distributed across the population. Groups who are more likely to experience poor mental health often experience the greatest difficulty in accessing services and have poorer outcomes and experiences.

There is an increased public and political recognition of the importance of mental health and wellbeing in recent years, together with a wide acknowledgement of negative psychological and social impacts of the COVID-19 pandemic. This has provided an opportunity to rethink our system level approach to mental health.

14. [One of the greatest health equality gaps in England](#)

15. [NHS England » Improving the physical health of people living with severe mental illness](#)

16. Tidey JW, Miller ME (2015). Smoking cessation and reduction in people with chronic mental illness. *BMJ* 351: h4065.

17. [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK](#)

18. Mental Health Foundation

19. [Children and young people's mental health - Health and Social Care Committee](#)

20. [Fingertips- Emergency hospital Admission for Intentional Self-Harm](#)

The Integrated Care Northamptonshire (ICN) Mental Health Prevention Concordat sets out the strategic, preventive, population health approach to mental health and wellbeing in the area. It recognises the social, economic, and environmental determinants of both positive wellbeing and mental ill-health. The Concordat was signed off by the North Northamptonshire Health and Wellbeing Board in 2022 and focuses on five key domains for local action:

- Understanding local needs and assets
- Working in partnership and alignment for co-ordinated approach
- Taking action on prevention/promotion of good mental health, and reducing inequalities associated with poor mental health.
- Defining success/measuring outcomes
- Strong Leadership and Direction

The detailed Concordat Action plan describes key programmes, initiatives, and activities under each of the domains including:

Engaging with partners and local communities to understand available data and information, mapping local services and assets, identifying gaps in local services (All-age JSNA and Audit of Coroner's Closed Suicide Cases).

Enhanced partnership working and joining up services across partners and local communities at system, place, and local area partnerships. Aligning strategies and plans (e.g., ICN and Health and Wellbeing Strategies, Place Development Programmes, Health Inequalities Plan, etc) to ensure service delivery at community level is responsive to individual needs.

Developing approaches to increase awareness of and support for positive mental health and wellbeing and reducing stigma related to mental illness. Work to improve quality of life in people with mental illness (e.g., all age mental health awareness and training for all who live and work in Northamptonshire).

Supporting the implementation of the Health Inequalities Plan, contributing to reducing health inequalities in people with severe mental illness and specific community groups (minority groups, homeless, those misusing drugs and alcohol, etc).

Agreeing, measuring, and reporting on identified outcomes, in line with the ICN Outcomes Framework and based on evidence of what works to improve mental wellbeing (e.g., school-based approach, frontline practitioners trained, and reducing suicide by 10% across the county by 2025 and self-harm admissions in 15–19-year-olds).

Strategic and operational countywide leadership and partnership provided by the Mental Health and Learning Disabilities and Autism (adults) and Children and Young People Collaborative, reporting to the ICN Partnership Board, Health and Wellbeing Boards, Place Development programme boards and Health Inequalities and Prevention Group.

Approach

What are we going to do?

Our Aim is: To develop a common understanding of improving public mental health, maximize the opportunities to promote mental health, prevent mental ill health and reduce inequalities in access to care and support within North Northamptonshire.

Promoting the mental health and wellbeing of North Northamptonshire people is everyone's responsibility. There is need to ensure commitment of all partners across the system to improve the mental health of local people by:

- Taking a life course approach to improve mental health.
- Promoting a more holistic approach to physical and mental health.
- Integrating mental health into all aspects of our work.
- Creating environments which are supportive of good mental health.
- Tackling the stigma associated with mental ill health.

The mental health theme of the Health and Wellbeing Strategy will enhance and not duplicate the work of the Mental Health Learning Disabilities and Autism Collaborative and the Population Health and Prevention Pillar that leads on the delivery of Prevention Concordat Action Plan. Taking a North Northamptonshire focus, the mental health theme will illustrate how all organisations represented on the Health and Wellbeing Board can contribute to improving population mental health.

To achieve this, our three key objectives are:

- Refining and strengthening our current work to **reduce self-harm and suicide prevention**.
- **Increasing the focus on reducing smoking in people with SMI** and opportunities to improve the physical health of people with SMI.
- **Reducing mental health related inequities** in access, outcomes and experience is a cross-cutting theme in all work areas.

A cross-agency group will consider mental health and wellbeing priorities taking a flexible and agile approach, which can adapt in response to emerging population mental health needs. Echoing other Health and Wellbeing Board themes, all actions will include a focus on reducing health inequalities. In developing the mental health themed action plan, the group will consider the promotion of positive mental health and wellbeing, prevention actions that can improve mental health and support for people who experience mental health problems. For example, actions around employment will consider how employers can support positive mental health, challenge stigma, provide support for those in employment to thrive in work and support those with mental illness to gain employment recognising fulfilling work can support recovery.

Progress will be reported through the HWB Strategy Oversight Group.

The Five Strategic Priorities

Children and Young People

Why is this a priority?

In North Northamptonshire, we're committed to ensuring every child has the best start in life. Early childhood experiences shape later life outcomes, such as social and emotional development, educational attainment, work outcomes and income, short and long-term health and wellbeing, and life expectancy. Parents have a critical role to play in their children's outcomes. Parents' life experiences, lifestyles, and behaviours before a baby is conceived, during pregnancy, and after a baby is born can positively or negatively affect their child and themselves.

In July 2024, a small cross-agency group met to consider the health and wellbeing priorities for children, young people and families in North Northamptonshire. Drawing on the children and young people's health needs assessment findings, system priorities and local data, and the group identified family resilience, behaviour change, low income, 'start well and thrive', parent family and carer support and healthy weight and healthy diet as emerging themes. An overview of children and young people's health and wellbeing in North Northamptonshire was shared with the Health and Wellbeing Board meeting on the 24th of September 2024, where the Board supported the recommendation that the initial priorities should be:

- **Family resilience** is one of the foundations of family health and wellbeing, and building resilience in children so that they can reap the maximum benefits from education is an essential marker for good health and wellbeing throughout life (Source²¹: The Health Foundation (2020)).
- Supporting children and their families to eat a **healthy diet, be physically active and maintain a healthy weight** in recognition that this is an important contributor to children's overall health and wellbeing.

Poor diet and lack of physical activity can cause poor outcomes and ill health. Being overweight or obese is harmful to children and young people. They are more likely to suffer stigmatisation, bullying and low self-esteem²², with a consequent impact on their emotional wellbeing and behaviour. Physically, they are more likely to have high cholesterol, high blood pressure, pre-diabetes, bone and joint problems, and breathing difficulties. Obesity is complex and driven by multiple and interacting behavioural, social, and environmental factors; thus, developing and implementing local interventions is challenging. Children and young people face unique challenges in maintaining a healthy lifestyle in today's environment. These include increased screen time, easy access to processed foods, and reduced opportunities for physical activity. Additionally, societal pressures and unrealistic body image standards promoted through media can negatively affect young people's relationship with food and exercise.

The National Childhood Measurement Programme (NCMP) was established in 2006 and involves measuring the height and weight of reception and year six children at state-funded schools, including academies, in England²³. The Public Health Outcomes Framework indicators include the NCMP data on overweight and obesity in children aged 4 to 5 and 10 to 11 years²⁴. As the data is robust at a local level, Public Health professionals and partners use the data to inform the development and monitoring of local childhood obesity strategies²⁵.

21. Health Equity in England: The Marmot Review 10 Years On (2020). Accessed at: [the-marmot-review-10-years-on-full-report.pdf](#)

22. [Puhl, R. M., & Latner, J. D. \(2007\). Stigma, obesity, and the health of the nation's children. Psychological Bulletin, 133\(4\), 557–580](#)

23. [National Child Measurement Programme: operational guidance](#) - GOV.UK

24. [Child and Maternal Health - Data | Fingertips](#) | Department of Health and Social Care (phe.org.uk)

25. [Public Health Outcomes Framework](#) – GOV.UK (www.gov.uk)

In North Northamptonshire, in 2023/24, 23.4% of children aged 4-5 years were overweight or obese, statistically significantly higher than the proportion in England (22.1%). In the same year, 36.9 % of children aged 10-11 years were overweight or obese, which is statistically similar to the proportion in England (35.8%). Whilst a small proportion of children in North Northamptonshire are underweight, 1.2% aged 4-5 years and 1.1% aged 10-11 years, the care and support these children need is encompassed in this priority.

Childhood obesity is strongly associated with socioeconomic deprivation²⁶, sex²⁷ and ethnicity²⁸. In North Northamptonshire, in 2023/24, children aged 4-5 years living in the most deprived areas of North Northamptonshire were 1.3 times more likely to be overweight or obese than those living in the least deprived areas. In the same period, children aged 10-11 years living in the most deprived areas of North Northamptonshire were 1.6 times more likely to be overweight or obese than those living in the least deprived areas.

In 2022/23, 55.6% of children and young people in North Northamptonshire met the Chief Medical Officers' guidelines of taking part in an average of 60 minutes or more of sport and physical activity a day (Active Lives survey, 2023²⁹). Nationally, there are significant inequalities in activity levels, with children and young people from the least affluent families (44%) less likely to play sports or be physically active than the national average. Girls (44%) are also less likely to be active than boys (51%).

Approach

What are we going to do?

Our aim is: to reduce the overall prevalence of childhood obesity and reduce inequalities in childhood obesity between different population groups in North Northamptonshire.

To achieve this, we have four objectives:

1. Using existing assets such as Family Hubs and the Healthy Schools Programme, implement primary prevention activities focused on increasing the proportion of children who maintain a healthy weight by eating a balanced diet and enjoying physical activity.
2. Working as a system, explore opportunities for school and community-based family weight management approaches as part of a system-wide approach to address childhood obesity. The effective use of NCMP data will ensure system partners can target interventions towards those with the most capacity to benefit.
3. Recognising the association between childhood obesity, poor oral health and deprivation (PHE, 2019³⁰), ensure that professionals working with children and families communicate consistent messages regarding infant feeding, healthy weaning and healthy family diets to reduce dental caries and admissions to hospital for tooth extractions with a proportionate universal approach.
4. Dovetailing with the 'Keeping Active' priority, work with partners to increase the proportion of children and young people who participate in movement and physical activity, setting the foundation for long-term participation that enhances their physical and mental health and wellbeing ensuring there is a focus on those who experience barriers to participation.

26. [Childhood Obesity: An Inequality Issue](https://www.parliament.uk) (parliament.uk)

27. [HSE 2019: Overweight and Obesity in Adult and Child - NHS England Digital](https://digital.nhs.uk) (digital.nhs.uk)

28. [National Child Measurement Programme, England 2019/20 School Year - NHS England Digital](https://digital.nhs.uk) (digital.nhs.uk)

29. Accessed at: [Children's activity levels hold firm but significant challenges remain | Sport England](https://www.sportengland.org)

30. Accessed at: [The relationship between dental caries and body mass index: Child level analysis](https://www.sportengland.org)

Examples of key activities include:

To increase the proportion of children who maintain a healthy weight, we will implement primary prevention activities including:

- Reviewing and enhancing our existing primary prevention approaches drawing on the expertise of system partners including Family Hubs and the Healthy Schools Programme.
- Tailor our primary prevention approaches to increase acceptability in different communities including families who are experiencing financial hardship and thus find it harder to eat a healthy diet.
- Building on existing work, further develop food policies in schools, expanding the approach early years settings, Family Hubs and other locations children regularly use.

Taking a system-wide approach to address childhood obesity, we will:

- Explore opportunities for school and community-based family weight management approaches,
- Review the current interventions for children who are overweight and obese, exploring opportunities to jointly commission weight management interventions for children.
- Effectively use NCMP data to ensure the interventions are targeted to those who have the most capacity to benefit.

Recognising the association between childhood obesity, poor oral health and deprivation (PHE, 2019), we will:

- Ensure that professional's working with children and families communicate consistent messages regarding infant feeding, healthy weaning and healthy family diets using a proportionate universal approach,
- Develop a local food policy to reduce sugar intake in children's settings throughout North Northamptonshire,
- Explore opportunities to extend the 'Supervised Toothbrushing' scheme My New Baby Tooth' Programme, focusing on areas with high deprivation and high levels of tooth decay,
- Continue to provide oral health training [Mini Mouth Care Matters Resources - Mouth Care Matters](#)

Dovetailing with the 'Keeping Active' priority, we will work with partners to:

- Increase the proportion of children and young people who participate in physical activity that enhances their physical and mental health and wellbeing,
- Ensure there is a focus on those who experience barriers to participating in physical activity, adapting service offers in response to their feedback,
- Clearly communicate the local physical activity opportunities including those that are free or low cost, recognising that children and young people living in areas of deprivation are less likely to be physically active.

Progress will be reported through the HWB Strategy Oversight Group.

The Five Strategic Priorities

Financial Resilience

Why is this a priority?

Strong financial resilience has a wide-reaching positive effect on the individual, their friends and families, local communities, businesses, and the wider economy. Where residents are unemployed, have low-income jobs or are reliant on benefits, have unstable or unsuitable housing, have low skills and qualifications, lead chaotic lifestyles due to multi-exclusion, their mental health and physical health and wellbeing and their ability to fulfil their potential is severely compromised. It can also lead to missed opportunities, exclusion and even stigma and discrimination. If people are prevented from accessing resources and experiences, it limits their ability to participate and feel valued and included in society.

Financial Resilience relates to feeling confident and empowered to make the most of your money and assets from day to day; the ability to deal with both expected and unexpected events, having the knowledge or being able to access the tools to feel more secure, in control and less stressed about money. This can have a positive effect on health and wellbeing, work, and relationships.

The **Cost-of-Living crisis** has been affecting people across the UK since 2022, with groups feeling the pressures differently. In data collected in August 2024, through the Office for National Statistics, the most important issue facing adults was the cost of living (86%).

In terms of financial exclusion, the worst affected residents tend to fall within certain Health Inclusion categories, which mirror the Core20Plus5 definitions. Residents with the following lived experiences are at greater risk of financial exclusion:

- The asylum-seeking process
- Homelessness and rough sleeping
- The care system
- The criminal justice system

The main characteristics and circumstances found to impact financial exclusion are:

- **Lifestyle:** Homeless people, ex-offenders, care leavers and asylum seekers often had short term priorities, impulsive behaviours, and disorganised lifestyles.
- **Financial and digital literacy:** These groups were often found to have limited understanding of how to use bank accounts, managing their money and making informed financial decisions.

Approach

What are we going to do?

Our Aim is: to improve the financial resilience of residents across North Northamptonshire.

To achieve this the aim needs to be adopted as everyone's business across the system so that all partners at all levels:

- Have a common understanding of the causes of and what it means not to be financially resilient;
- Maximise the opportunities to address the wider determinants that affect financial resilience in all the work we do;
- Reduce health inequalities associated with poverty and poor financial resilience.

This can be achieved by:

- Addressing the causes of deprivation
- Promoting a more holistic approach to the wider determinants that affect financial resilience
- Focusing on financial literacy
- Supporting residents to access skills, employability training and support
- Supporting residents to access all the benefits to which they are entitled
- Supporting residents to return to work following illness
- Targeting work with multi-exclusion communities
- Tackling the stigma associated with poverty
- Maximising grass roots initiatives such as through food banks, warm spaces, and community hubs and the wider VCSE

It is however critical that any actions associated with these ambitions be co-produced with residents who have lived experience.

Therefore, the first workstream will be to collate the data and intelligence to help us target the right places and the right communities and then using an asset-based approach to work with statutory partners, residents, the Local Area Partnerships, Family Hubs, and community partners develop a Theory of Change model which will adopt sustainable solutions for the short, medium, and longer term.

Progress will be reported through the HWB Strategy Oversight Group.

Demonstrating Impact

To demonstrate impact, the Strategy Oversight Group will review, and track delivery of the agreed Actions Plans linked to each priority ensuring that the guiding principles are at the core of any activity.

As noted, the Actions Plan are iterative with plans considered to be living documents, agile and reflecting the emerging need as the Strategy moves through its five-year period.

The first task of the new Strategy Oversight Group will be to sign off an early set of Action Plans for each priority and then track delivery through 2025 and beyond. The Group will provide clear updates to the Board on progress and impact of the individual action plans.

The Board commits to enabling improvement in health and wellbeing and will consider the Strategy and its implementation to be a success if tangible improvements can be demonstrated at the end of the five-year period.

- ✓ We will support more people to stop smoking.
- ✓ We will get more people physically active.
- ✓ We will integrate services through the family hubs to better support our children and young people.
- ✓ We will work collaborative through the MHLDA pillar of the ICS to improve the mental health and wellbeing of our people.
- ✓ We will coproduce new models of support to improve the financial resilience of our population.

