

**DIRECTOR OF
PUBLIC HEALTH**
ANNUAL REPORT
2022

PUBLIC HEALTH EFFECTS
OF THE COST OF LIVING CRISIS

Wellbeing
WEST NORTHANTS



West
Northamptonshire
Council

Welcome to this year's Director of Public Health (DPH) Annual Report. West Northamptonshire Council has strengthened its commitment towards helping people live their best lives by adopting a fresh approach towards tackling poverty and deprivation, as set out in our Anti-Poverty Strategy.

This Annual Report strengthens the case for action, documenting the challenges that still face our residents and identifying actions we need to take, not just as a local authority, but as a whole health and care system. In the video showcase that accompanies this report, highlights the many brilliant projects and examples of partnership working that are already underway to help prevent and mitigate against the effects of poverty across West Northants.

Cllr Matt Golby,

Cabinet Member for Adult Social Care, Public Health and Wellbeing



I'm very pleased to introduce this first Director of Public Health (DPH) Annual Report for West Northamptonshire. The last DPH Annual Report was for the whole of Northamptonshire and focused on the work of the previous two years that addressed the biggest public health emergency in generations – the COVID-19 pandemic. In the last year we have been facing a second major threat to health and wellbeing in the form of a cost-of-living crisis.

The drivers and impacts of health inequalities were made even more clear through the pandemic. We have seen the positive impact that good work, education and warm and secure housing has on our physical and mental health. We have also seen those with low incomes being most vulnerable to losing one or more of these key determinants of health.

This report sets out the evidence that links different aspects of poverty with health consequences, as well as the level of need across West Northamptonshire – showing our continued focus in delivering our Anti-Poverty Strategy for residents.

We have also taken the opportunity to highlight just some of the amazing projects that have already been delivered in partnership with public sector, community voluntary sector and wider organisations as part of our Anti-Poverty Strategy work.

I'd like to extend my heartfelt thanks to all of the groups who have worked so closely on this agenda in recent years. Only a very small selection of examples were able to be included in this report, but we do encourage readers to find wider information on our anti-poverty projects published regularly as Health and Wellbeing Board updates.

In the accompanying videos we show just some of the local work already undertaken to deliver the strategy. We hope this will further galvanise the system to deliver even better health and wellbeing outcomes for our residents.

Sally Burns,

Director of Public Health



RELATIONSHIP BETWEEN POVERTY AND HEALTH

Poverty means not having enough money to meet basic living needs like food, clothing and warm shelter. This has a direct impact on people's physical health, as well as their mental health due to the stresses and strains of surviving without enough money.

The relationship between poverty and health is complex and works both ways – people who have poorer health are at greater risk of living in poverty.

We know that the longer someone lives in poverty, particularly in childhood, the worse their health outcomes are¹.

In communities where the percentage of households living in poverty is higher, healthy life expectancy is lower. An increase of 1% in the percentage of households living in relative poverty is associated with a 6-month decrease in male healthy life expectancy in that community.²

The national economic downturn has meant that the number of people struggling to make ends meet will have increased.

In West Northamptonshire we estimate as of 2019 that around 37,300 people (nearly 1 in 10 of our residents) were living in households receiving less than 60% of the average UK income; including 13% of children and 11% of older people aged over 60³. It's important to note that these figures may be falsely reassuring; as costs of goods increase faster than wages increase, we may see more people unable to afford basic goods, but the "relative poverty" numbers may not change.

Data from the 2021 Census found that 33.2% of households in West Northants were deprived on one factor of deprivation being either; education, employment, health or housing compared with 33.5% in England. In addition, 12.1% were deprived on two factors (14.2% England), 2.7% were deprived on three factors (3.7% England), and 0.2% were deprived on all four factors (0.2% England).⁴



1. Green et al. Timing of poverty in childhood and adolescent health: Evidence from the US and UK <https://doi.org/10.1016/j.socscimed.2017.12.004>

2. The Health Foundation. Relationship between poverty and healthy life expectancy by neighbourhood. www.health.org.uk/evidence-hub/money-and-resources/poverty/relationship-between-health-and-poverty?gclid=EAlaIqobChML_PDTgN6f_wIVBMbtCh1bPgenEAAYASAAEgJv0fD_BwE

3. Office for Health Improvement and Disparities (OHID). Public Health Profiles <https://fingertips.phe.org.uk/>

4. ONS. Census 2021. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/buildacustomareaprofile/2023-01-17

WHO IS MOST AT RISK OF LIVING IN POVERTY?

We know that certain groups are more likely than others to be living in poverty; families with children (particularly lone parents), people from certain ethnic minority groups, people with disabilities, people with long term conditions, carers and care leavers, those who are unemployed, those with irregular immigration status (vulnerable migrants) and other socially excluded groups including Gypsy Roma Travellers.^{5/6}

In West Northamptonshire:



2.4% of people aged over 16 are unemployed which is equivalent to over 8,100 people; ranging from 5.2% unemployment in Northampton town centre to 1% in Clipston, Naseby and Yelvertoft.



19.1% of households in West Northamptonshire privately rent, which is almost a fifth of households (20.5% England average) which is a significant increase from 6.5% in 2001.



The ethnic groups at greatest risk of living in poverty in the UK are Bangladeshi and Black African communities. Only 1.1% of the population of West Northants identify as Bangladeshi and 3.4% as Black African⁷.



5.9% of residents (around 25,000) say their life is limited by a long term physical or mental health condition or illness, compared to 7.1% across England.



8.2% (ASP⁸) of the population (around 34,000 people) aged 5 and over provide some level of unpaid care to others weekly, compared to 8.9% (ASP) across England as a whole.



The Cost of Living Vulnerability Index (CLV Index) is a measure developed by the Centre for Progressive Policy, that seeks to identify parts of England experiencing particular hardship in the current economic climate. The CLV Index includes six indicators: fuel poverty, food insecurity, child poverty, claimant count, economic inactivity and low pay.⁹ Compared with other local authorities in England, West Northants ranked around the middle in terms of overall cost of living vulnerability. Focusing only on the work-based indicator which includes rates of economic inactivity and low pay – West Northants was ranked 110 out of 307 (1=worst).



6.6% of households are lone parent households which is equivalent to 11,313 households, as opposed to 6.9% of lone parent households nationally. There has been very little growth compared to 2011.



5. UK Parliament. Poverty in the UK: Statistics. <https://commonslibrary.parliament.uk/research-briefings/sn07096/>

6. West Northamptonshire Council. Anti-Poverty Strategy 2022-25. www.westnorthants.gov.uk/community-safety-and-emergencies/tackling-poverty-west-northants

7. Runnymede Trust. The Colour of Money. www.runnymedetrust.org/publications/the-colour-of-money

8. Should this be an * instead as not actually a reference?

9. Centre for Progressive Policy. The levelling up outlook #5. www.progressive-policy.net/publications/the-levelling-up-outlook-5

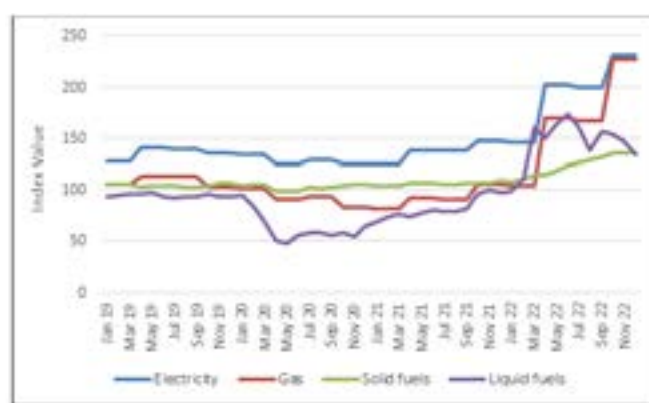


It was estimated that in 2020 approximately 12% of households were living in fuel poverty in West Northants, meaning that around 20,000 households were living in homes with an energy efficiency rating of D or lower and with a disposable income (after housing and fuel costs) that falls below the poverty line. Between January and December 2022, gas prices in the UK increased by 118% in real terms, therefore it is likely that the figure for those experiencing fuel poverty is a significant under-estimate.¹⁰

Fuel poor households and cold homes are linked to an increased risk of developing a wide range of health conditions, especially respiratory and cardiovascular, as well as poor mental health and unintentional injury¹¹.

In the winter, there are patterns of higher death rates which are likely linked in large part to the cold, often referred to as “excess winter deaths”. In 2019–20 West Northants saw an estimated 210 excess winter deaths¹². Estimates suggest that 10 per cent of excess winter deaths are directly attributable to fuel poverty¹³.

In our most deprived communities, 27% of gross income is spent on housing and power only (July 2022, Source: ONS), compared with 13% in the least deprived. Those most likely to be living in fuel poverty include; households living in privately rented accommodation (25% are fuel poor); those who are unemployed (37% compared with 13% general population); single parents of dependent children (27% are fuel poor compared with 10% of single people over 60).



Fuel price indices in the UK (2019-2022)

Homes that are cold and damp as a result of fuel poverty increase the risk of poor health and specific conditions such as lung and heart disease and in extreme conditions may lead to hypothermia.

Example projects

The Northampton Whole House Retrofit Project helps tenants living in older homes such as 1920s and 1930s built, that are managed by Northampton Partnership Homes (NPH). The Council was one of only 17 local authority areas to be awarded demonstrator funding from the Social Housing Decarbonisation Fund (SHDF) for this project.

This project has seen NPH work with leading domestic retrofit organisations to assess each home, taking a ‘whole house approach’ to understand which measures could make the most impact, such as external wall insulation, solar panels, loft insulation, changes to ventilation and new windows and doors.

All homes had a smart thermostat installed which is fitted with sensors that enable the project team to monitor the impact of these measures on internal air quality, temperature, and humidity levels. The device helps to identify households at risk of fuel poverty and has a clever function that allows NPH to communicate directly with the households.

This project won ‘Most innovative retrofit/refurbishment scheme’ at the Housing Digital Innovation Awards 2023. The energy efficiency improvements will help to protect households from the worst impacts of rising energy costs, saving them hundreds of pounds per year on heating bills, but will also have a huge impact on emissions - reducing the carbon footprint of the homes by up to 95% in some cases.

10. GOV.UK. Domestic energy prices indices. www.gov.uk/government/statistical-data-sets/monthly-domestic-energy-price-stastics

11. Institute of Health Equity. Fuel Poverty, Cold Homes and Health Inequalities in the UK. www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

12. Office for Health Improvement and Disparities (OHID). Public Health Profiles. <https://fingertips.phe.org.uk/>

13. Institute of Health Equity. Fuel Poverty, Cold Homes and Health Inequalities in the UK. www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

14. Office for Health Improvement and Disparities (OHID). Public Health Profiles. <https://fingertips.phe.org.uk/>

FOOD INSECURITY

Food security means having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. In 2020/21, 9% of households in the East Midlands – equivalent to around 15,600 households in West Northamptonshire did not have food security¹⁶; around half of these households will have had members of the family who have missed meals or had to eat less due to a lack of money for food.¹⁷

The Consumer Prices Index measures the change in average prices paid by consumers for goods and services and from January 2022 to December 2022, it increased by 9.2%. During this time, prices for food and non-alcoholic drinks rose by 16.9%, and the annual rate of inflation for this category has risen for 17 consecutive months. It is suggested that the last time the rate was higher than this was in September 1977, when it was estimated to be 17.6%.¹⁸ In our most deprived communities, 18% of gross income is spent on food and non-alcoholic drinks, compared with 12% in the least deprived. Family Spending ONS research suggests that even the lowest-priced food items have increased in cost by around 17% over the 12 months to September 2022¹⁹.

Consumer price inflation in the UK (2019-2022)



In 2021/22, 15% of schoolchildren in West Northants were eligible for free school meals (FSM), of which around 13% took up this offer. The proportion eligible for FSM across Northamptonshire has increased from 12% in 2015/16 to 16% in 2021/22, a pattern that follows the national and regional trajectory - though nationally there has been a greater rise in eligibility for FSM¹⁵.

Those who access food banks are a relatively small proportion, compared to those experiencing food insecurity. However, the large increase in food prices in 2022 has had a significant impact with increased demand for emergency food aid. This is evident in West Northants, with an average of 3,600 food aid parcels per week distributed by 29 food aid providers in December 2022. This does not include the additional 2,700 individuals per week (approx) paying for subsidised food from food clubs/community larders.

Food insecurity impacts on health and wellbeing across a person's life, from risk of health problems in new-borns, to links with impaired childhood development, risk of chronic diseases in adulthood and frailty in older age. 12% of deaths in Northamptonshire in 2019 were attributable to poor diets²⁰. Importantly, food insecurity means people going hungry, therefore potentially having low intake and low bodyweight, but it can also mean people only being able to afford poor quality processed foods which have high fat/salt/sugar, and can lead to higher rates of obesity.

15. GOV.UK. Schools, pupils and their characteristics. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics?msclid=ea854515aea311ec938b79fd152acd3as>

16. Office for Health Improvement and Disparities (OHID). Public Health Profiles. <https://fingertips.phe.org.uk/>

17. GOV.UK Family Resources Survey: Financial year 2019-20. www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020

18. ONS. Census 2021. www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/december2022

19. ONS. Census 2021. www.ons.gov.uk/economy/inflationandpriceindices/articles/trackingthelowestcostgroceryitemsukexperimentalanalysis/april2021toseptember2022

20. The Institute for Health Metrics and Evaluation (IHME). GBD Compare. <https://vizhub.healthdata.org/gbd-compare/>



Example projects

Food Aid Alliance West Northamptonshire (FAAWN) was established in 2020, bringing together a wide variety of food aid providers in the county in the midst of a pandemic. It was built on the success of the Northamptonshire Food Poverty Network, led by Northamptonshire Community Foundation (NCF) since 2005, but since this time the landscape of support has increased and now there are over 30 charities in West Northants alone that support people in financial hardship through the provision of food.

The charities and groups that are represented have a range of approaches to food aid provision including food banks, pantries/community fridges, food waste reduction schemes and food clubs. Although there are different models of delivery, there is a common purpose of intending to provide for those in financial hardship, and help them move towards greater financial stability.

FAAWN was established with the focus to bring together all food aid providers to work collaboratively, share good practice and training opportunities, share surplus resources and support with deficit and funding. The group meet together quarterly, and are governed by a Memorandum of Understanding which was agreed by FAAWN members in March 2023. This includes the process of appointing the FAAWN board and admission to the FAAWN.

The members of FAAWN work closely with other VCSE organisations to ensure that advice and signposting for welfare support is available for all accessing food aid. Many of the organisations provide additional support including life skills such as cooking or growing fruit/veg, budgeting or debt management, mental health and wellbeing support and advice/advocacy services to support with a wide range of socio-economic problems.

This wrap around support offer will only be enhanced by the Community Training Partnership, launching this summer, which will train front-line staff from across statutory and voluntary services in wellbeing and welfare rights issues.



GOOD WORK AND INCOME

Having a safe and secure job with good working hours and conditions (“good” work) can positively impact your health; having a purpose, regular social contact and feeling useful are all crucial for our wellbeing, as well as having an income that allows us to secure the material things we need for good health. Broadly, unemployment is a major risk factor for slipping into poverty, however in this current economic climate even working families are struggling to make household budgets stretch.

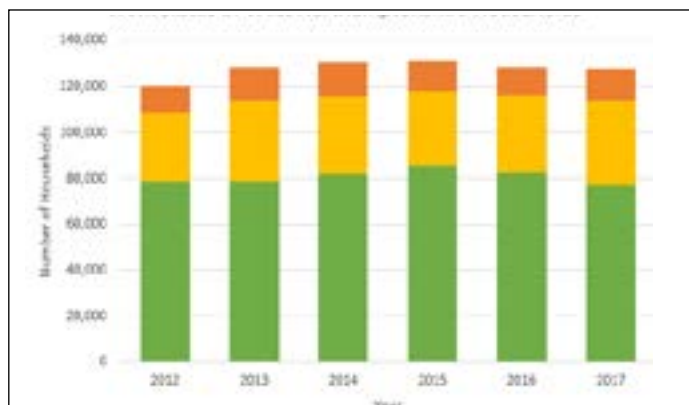
In Northamptonshire we have generally high rates of employment and low rates of unemployment. 62.9% of people aged over 16 in West Northamptonshire were in employment in 2021; among the top 20% of local authorities for high employment rates. However, despite high rates of employment we also have high rates of low paid employment with 14.7% in “routine occupations” which include HGV drivers, cleaners, porters, packagers, labourer and waiters (among the highest 40% of local authorities). In October 2022, 13.4% of adults aged 16 to 64 claimed Universal Credit in West Northants, which is a benefit that can be claimed for people on a low income or unemployed. In the area, there are also unequal access to jobs – in 2021/22 the employment rate for those with a physical or mental long term health condition (aged 16 to 64) was 7% lower than the overall employment rate.

Recent trends, exacerbated by COVID-19 has seen an increase of those who are of working age stop working and become ‘economically inactive’ by either taking retirement, some early retirement, or being unable to work due to long term sickness or caring responsibilities. The economic inactivity rate among adults aged 16-64 in West Northants has consistently been lower than the UK average until the start of the Covid-19 pandemic at which point it has risen similar to the UK average. In the financial year 2021/22, 18.8% of adults (nearly 47,000 people) aged under 65 were economically inactive in West Northants compared to 15.5% pre-pandemic (2018/19).²¹

The average annual income after housing costs across West Northants is £30,509 (compared with England £28,248), however this ranges significantly across the area. In the Castle, Abington and Phippsville, St George and Dallington Spencer area the average annual income after housing costs is £24,702, compared to Silverstone, Middle Cheney and Brackley which is £36,681.

The 2019 Index of Multiple Deprivation (IMD) is the official measure showing how deprived an area is relative to other areas in England²². It combines measures on seven different aspects of deprivation - income, employment, education, health and disability, crime, barriers to housing and services and the living environment.

This map focuses on income deprivation across West Northants and shows where neighbourhoods rank in terms of low-income households across England (red = neighbourhoods among the most income deprived 20% in England, dark green = among the least income deprived 20% in England). As shown in the map, in West Northants, the main areas of income deprivation were located around Northampton and Daventry.



Work status of West Northamptonshire Households

Source: <https://www.nomisweb.co.uk>

21. ONS. Economically inactive. www.nomisweb.co.uk/reports/lmp/la/1811939769/subreports/einact_time_series/report.aspx?

22. GOV.UK. English indices of deprivation 2019. www.gov.uk/government/statistics/english-indices-of-deprivation-2019



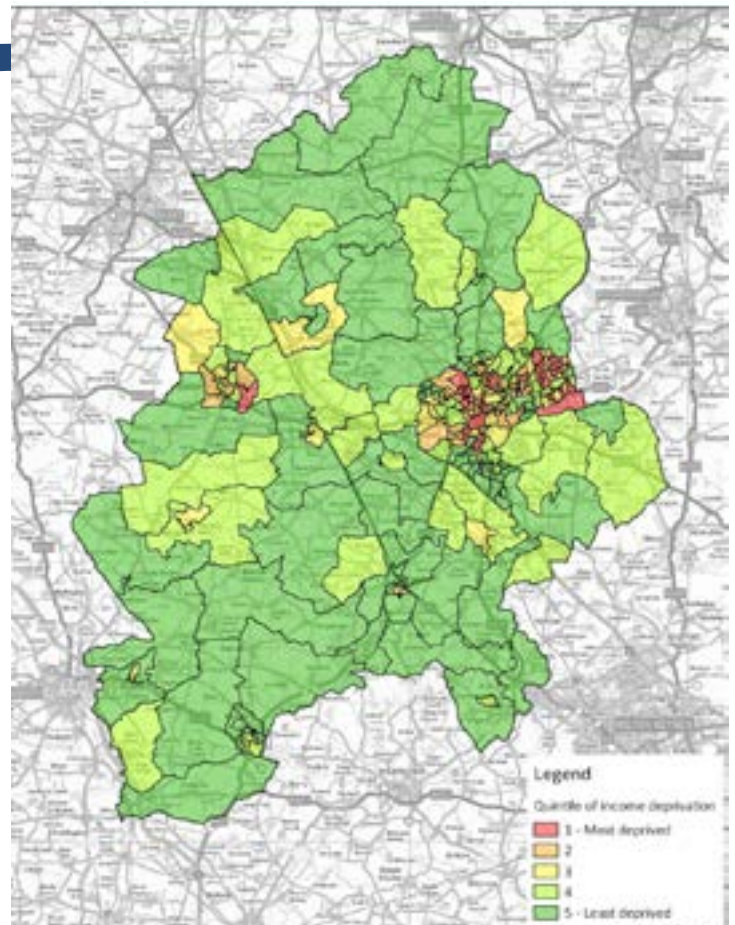
Example projects

WNCs free Employment Support Service is available to every resident and employer in West Northamptonshire. The service is available to support finding a new job as easy as possible and includes a variety of support, including mental health, training, upskilling, volunteering, searching for suitable roles and transportation issues to name a few.

With the ambition to work with every resident to access the support and training needed to find local employment and enable employers to utilise the skilled local workforce to grow their business they are supported by expert partners such as Daventry Volunteer Centre. Daventry Volunteer Centre supports residents of West Northamptonshire and provides intensive 1:1 support for anyone 19+ thinking about or looking for work. As well as traditional employment support such as CV writing and help with training and development costs, they offer a range of tailored, supported volunteer opportunities to directly help residents on their employment pathway. As well as this, they help broker jobs between people and employers to help take some of the stress of job searching away.

In addition, our Anchor Institutions Network are some of the largest employers in Northamptonshire and have the potential to create significant opportunities for our local population and are committed to reducing unemployment. With the recent formation of a collective network, the Anchor Institutions are hoping to provide more opportunities for our residents to gain meaningful work with a focus on ensuring employment is accessible and sustainable to all groups of people with different backgrounds and needs.

2019 INCOME DEPRIVATION DOMAIN OF THE IMD IN WEST NORTHANTS



HOUSING AND HOMELESSNESS

Housing conditions have a clear impact on a person's physical health, in addition to the availability and security of housing has on a person's mental health and wellbeing. A safe and settled home "is the cornerstone on which individuals and families build a better quality of life, access services they need and gain greater independence."²³

The recent Census found that regarding housing tenure, 14.4% of households in West Northants had social landlords (17.1% England), 19.2% private landlords (20.6% England) and the remainder 66.4% were owner-occupied properties (62.3% in England). It is important to note that this varies hugely across West Northants, with 60% of households in the St Michaels MSOA of central Northampton privately renting (2021 Census).

Private rental prices paid by tenants in the East Midlands rose by 4.3% in the 12 months to June 2022, being the highest annual growth in private rental prices in the UK²⁴. In West Northants, the highest monthly private rents were in South Northants in 2021/22 (£895), which was above both the Northamptonshire (£750) and England averages (£800)²⁵.

Summary of monthly private rental prices (1 October 2021 to 30 September 2022)

| Area | Lower range (£) | Median (£) | Upper range (£) |
|------------------|-----------------|------------|-----------------|
| Daventry | 700 | 800 | 950 |
| Northampton | 670 | 750 | 870 |
| South Northants | 775 | 895 | 1,085 |
| Northamptonshire | 650 | 750 | 875 |
| England | 610 | 800 | 1,100 |



23. The Health Foundation. How does housing influence our health? . www.health.org.uk/infographic/how-does-housing-influence-our-health
 24. ONS. Census 2021. www.ons.gov.uk/economy/inflationandpriceindices/bulletins/indexofprivatehousingrentalprices/previousReleases
 25. ONS. Census 2021. www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsummarystatisticsinengland



West Northamptonshire is also an expensive place to buy property with house prices nine times that of the average household incomes in 2021, which is similar to the England average of 9.1 but higher than the East Midlands average of 7.6²⁶.

Rising housing costs can lead to rent arrears and people being evicted from their property. People and households at risk of being evicted and made homeless or households currently unintentionally homeless are entitled to support from the local authority. In 2020/21 there were 2,045 households in West Northamptonshire that fit into this category – equivalent to 12 in every 1,000 households, the fourth highest rate in the region behind the three large cities of Leicester, Nottingham and Derby. In addition to the households that approach the council for support with homelessness we know there are many others experiencing having to sleep on friends' and family's sofas to get by, known as "hidden homeless". In 2018/19 it was estimated 1.2% of households in the region were supporting sofa surfers.²⁷

A much smaller group of people but with often much more complex needs beyond those of poverty and homelessness, are those who are rough sleeping. Many people who experience rough sleeping have overlapping poor mental health, substance misuse needs and experience of the criminal justice system, as well as other traumas that are worsened by the experience of sleeping on the streets. This is the extreme end of poverty – destitution – and has an extreme impact on health and wellbeing; the average age of death of people who experience rough sleeping is 45 for men and 43 for women²⁸.

Example projects

Poor housing, difficulty in obtaining and sustaining a tenancy, sofa surfing, homelessness and associated housing related matters have been identified as key factors in limiting people with a drug and alcohol misuse issue from entering or sustaining treatment or recovery programmes.

The Positive Housing and Safe Environments (PHaSE) project, delivered by Bridge Recovery Service in partnership with Orbit Housing, provides access to 20 properties across the county for people in recovery from substance misuse.

These properties are spread across communities, some are individual houses, and others are in blocks of general needs flats. There is nothing to indicate that these properties are any different from other properties, and the allocation of accommodation is not based on current town/district of current residence so that a person may choose to move between locations (within the county) to make a 'new start'.

PHaSE is not a forever home. Tenants are given an Assured Shorthold Tenancy valid for two years, with the aim that the people housed through the project are able to move into their own independent accommodation at some point within this period.

Once someone has moved in, Bridge's recovery staff and peer mentors will tailor any support that tenants may need. All new tenants will be helped to settle in, and then will get the individual support they need to successfully move on to the next chapter.

26. Office for Health Improvement and Disparities (OHID). Public Health Profiles. <https://fingertips.phe.org.uk/>

27. GOV.UK. English Housing Survey 2018 to 2019. www.gov.uk/government/statistics/english-housing-survey-2018-to-2019-sofa-surfing-and-concealed-households-fact-sheet

28. ONS. Census 2021. www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations#:~:text=Numbers%20of%20homeless%20deaths,of%20658%20to%20824%20deaths.

PLACE-BASED APPROACHES

Actively involving citizens and strengthening community assets is a key strategy in helping to improve the health and wellbeing of the poorest residents and seldom-heard groups, reducing health inequalities. This year, our Public Health and Communities Teams launched the 'Well Northants' programme towards addressing this. Community development workers were embedded within local communities with high deprivation (using IMD data), or shared experiences through inclusion health groups, to better understand local needs and assets, and support them to develop interventions to improve individual and community wellbeing. The model adopted for this work is based on the Well Communities Programme, running in London. This uses a framework known as the CSEAD process: Community and Stakeholder Engagement in needs Assessment and Local Programme Co-Design. This begins with talking directly to residents through street interviews, ensuring that their views are heard and that they are involved from the outset. Intelligence gathered from residents is then used to conduct a needs assessment, followed by a coproduction workshop with the community and stakeholders to develop an action plan.

Community development workers are working with local people and partners to develop neighbourhood action plans and to implement the actions and monitor progress. An example of a local activity underway is the empowerment of a group of vulnerable women, some of whom are involved in sex work, to set up their own peer led beauty and support session, with a team of volunteers accessing training on a pathway to employment. The aim is to provide a safe space for vulnerable women to come together and feel good about themselves, and to provide an opportunity to get to know other people with the same lived experiences. The volunteers involved have reported this has had a positive impact on their wellbeing, confidence and self-esteem and provided them with opportunities previously unavailable to them.



RECOMMENDATIONS FROM 2020-2022 DPH ANNUAL REPORT

| | Recommendation | Action taken |
|---|--|--|
| 1 | The exploration and delivery of health-related messaging with a sense of inclusivity. | In 2022/23 there was a significant focus on achieving inclusive health-related messaging throughout all of our communications, i.e. with regards to the information that we provided, as well as the methods we used to share it. This was achieved through a broad programme of engagement with diverse communities (including those with shared ethnic identity as well as communities of shared interest e.g. those with a disability). This engagement work is helping us to ensure our future communications are tailored to the needs of these communities. |
| 2 | The continuation of collaborative working alongside other public and voluntary services to ensure the safety and wellbeing of the population in North and West Northamptonshire. | We have worked collaboratively with a range of partners to deliver health and social care interventions such as; vaccination, health screening, training, incident and outbreak management and wider support to extremely vulnerable groups who have been adversely affected during the Covid-19 pandemic. This has included distributing financial support to families of children who receive free school meals, household support fund and physical support to clinically extremely vulnerable people during lockdown. Partners include; local and regional health partners, voluntary agencies, faith groups, local businesses and workplaces, UK Health Security Agency (UKHSA) and other regional and national government agencies, community organisations, event organisers and other local authority teams. |
| 3 | The Health and Social Care system across North and West Northamptonshire should further utilise data and intelligence about the impact of Covid-19 and other health-related matters to inform services or initiatives and meet the needs of local communities. | <p>Local surveillance on case rates, testing, incidents and outbreaks, vaccination, hospital admissions, mortality and staff absence, was benchmarked against regional and national intelligence, and used to inform local recommendations through briefing of multi-agency system partners of the LRF and forums, including the Contain Management Group, Covid-19 Health Protection Board, Strategic Coordinating Group, Tactical Coordinating Group, Oversight and Engagement Board and Cabinet briefings. Weekly briefings were also delivered to the local media informing them of the situation in Northamptonshire and included implementing improvements to address gaps identified. This helped to manage case rates in Corby, Kettering and Northampton when they featured in the top 20 areas with the highest case rate nationally and managing outbreaks in local settings in the national picture.</p> <p>We are in the process of collating data to inform our local view on the effect of Covid-19, from local, regional and national benchmarking and county-wide surveys. The intelligence will be analysed and used to produce a comprehensive impact assessment, which will inform the delivery and development of services which will address the ongoing issues relating to Covid-19 and other health related matters during the recovery phase.</p> |

RECOMMENDATIONS FROM 2020-2022 DPH ANNUAL REPORT

| | Recommendation | Action taken |
|---|---|---|
| 4 | <p>Priority should be placed on addressing the health inequalities exacerbated by the pandemic within and across the two unitary areas by ensuring access to services for all, particularly those who are rurally or socially isolated.</p> | <p>Addressing health inequalities is a priority set out in the Integrated Care Northamptonshire (ICN) Strategy. The strategy sets out 10 Live Your Best Life ambitions and the place-based approach we will take to achieve these. We are taking a joined-up approach across all the organisations and services involved in supporting our population and communities. This will be through a new very local approach with our communities central to our operating model – our Local Area Partnerships (LAPs’).</p> <p>The ICN finalised the Health Inequalities Plan in July 2022 which sets out the system ambition to address health inequalities and the approaches required to achieve that. A Health Inequalities sub-group of the Population Health Board has been established to coordinate and have oversight of the range of work across the system that will achieve this ambition. Health inequalities funding from NHSE has also been allocated to addressing health inequalities, and a process of identifying projects that align with the health inequalities plan is underway.</p> <p>Other specific programmes of work with reducing inequalities at the core include:</p> <ul style="list-style-type: none"> • Well Northants programme - using an asset-based community development approach to work with communities most vulnerable to health inequalities to improve their health and wellbeing, using participatory budgeting processes to involve communities in decisions about how to allocate funding to projects • the Northamptonshire Anchor Network brings businesses and public sector organisations together to commit to improving health and wellbeing outcomes for our local communities by empowering the next generation, providing employment opportunities and investing locally. |
| 5 | <p>Investment in services which improve physical and mental health and wellbeing of the local populations which are key to supporting the recovery from the pandemic and the future health of the population.</p> | <p>Over the past year there has been increased investment in healthy weight programmes. In addition to the Public Health funded weight management services (offered by Slimming World, Northampton Town Football Club and Solutions 4 Health), a grant from OHID was used to offer grants to local organisations to deliver targeted weight management services to address inequities in access to existing services and reach people from minority ethnic groups, the most deprived parts of the county, men, people with mental health conditions and people with learning disabilities.</p> <p>Public Health also funded a new service to promote growing and cooking healthy food, delivered through the Hope Centre in the West and Groundwork in the North. Public Health are also conducting a review of physical health pathways and services with a view to increasing physical activity levels and building it into treatment pathways.</p> <p>Stop smoking services continue to increase their reach year on year, with 3056 quit dates set in 2021/22 and 62% of these achieving a quit at 4 weeks. Tobacco Dependency Advisors are now working in Northampton General Hospital and Kettering General Hospitals and maternity services using funding from NHSE as part of the Long Term Plan tobacco control priority.</p> |

RECOMMENDATIONS FOR THE 2022 REPORT

1. Continue to deliver urgent support to those struggling right now – ensuring good access to rights advice and easy access to hardship support.
2. Ensure that the impact of financial stress on mental health is understood and addressed.
3. Continue to build on the collaborative working to ensure partnership working is at the centre of anti-poverty action including the wider Integrated Care System constituent organisations.
4. Take place-based and asset-based approaches linking with the work of the emerging Local Area Partnerships.
5. Develop longer-term strategic approaches to reduce and prevent poverty and its impacts, focusing on:
 - Fuel poverty and warm homes
 - Sustainable food
 - Skills and access to employment
 - Homelessness and rough sleeping.
6. Keep learning and reflecting and ensure that evaluation results in improved outcomes.

ACKNOWLEDGEMENTS

Thanks to those that have participated with the development of this report:-

Rhosyn Harris, Megan Denny, Victoria Rockall, Phil Veasey, Emma Brook, Emma Parry, Gareth Jenkins-Knight, Hannah Austin, Sadie Beishon, Simon Frost, Jamie Wooldridge, Chloe Gay, Julia Partridge, Annapurna Sen, Hannah Ellingham, Carolyn Howe and Paul Trinder.



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