



# Integrated Care Northamptonshire Strategy Live your best life

2022 / 23

Development overseen by  
Northamptonshire strategy development board

## Please Note

This draft strategy still requires further proofing of the language, content and images.

Version control: V3 10/22

# Contents

Contents	XX
Foreward	XX
Executive Summary	XX
Introduction	XX
Partners working together	XX
Shared vision, aims and ambitions	XX
Our case for change	XX
What we plan to do together	XX
Outcomes Framework	XX
Our Ten Ambitions	XX
Community engagement framework	XX
Integrated care system operating model	XX
How we move forward together	XX

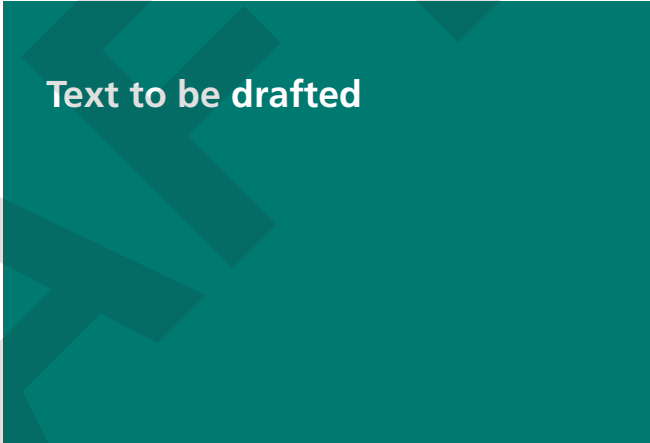
# Foreward



Text to be drafted

Body Text to be drafted

Text to be drafted



Text to be drafted



**Statistic**  
Text to be drafted



**Statistic**  
Text to be drafted



**Statistic**  
Text to be drafted



# Executive Summary



Text to be drafted

## Subheading

Text to be drafted





# Introduction

## We are delighted to launch our ten-year Live Your Best Life Strategy for the people and communities of Northamptonshire

Our strategy for us means people have equity of opportunity to be the best version of themselves and the best outcomes for everyone. We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone.

Our strategy outlines ten core ambitions key for the people of Northamptonshire to live their best life.

These are:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps people and families out of poverty
- Good housing in places which are clean and green
- Feel safe in homes and when out and about
- Connected to family and friends
- Chance for a fresh start
- Access to health and social care when they need it
- Valued for who they are



Our strategy focusses on improving a set of outcomes for the health, care and wellbeing of local people which will realise these ambitions.

These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together



**It is only by both working together with our communities across the whole of Northamptonshire, -whilst recognising their distinct characteristics - that we can make a real and lasting difference to the health, care and wellbeing of the more than 800,000 people that we serve who face different challenges and have different opportunities.**

Our shared vision and aims will be delivered through our ambitions and strategic outcomes framework. As we deliver our 10 ambitions we will need to focus on prevention and wellbeing if we are to reduce inequalities and boost the economic and social wellbeing of Northamptonshire.

This builds upon the aims and priorities set out in many local health, wellbeing and care strategies already in existence across Northamptonshire providers and commissioners and outlines our intentions as an Integrated Care System moving forward. It is based on the available data and evidence locally, nationally, and internationally. We have taken into consideration our refreshed Joint

Strategic Needs Assessment, and health and wellbeing trends in Northamptonshire.

We recognise that the health, care and wellbeing of our population is proportionally impacted by the following estimates:

- the health and care received 20%
- lifestyle choice 30%
- population genetics and wider economic, physical and social environments 50%

Although estimates vary, it is the wider determinants of health that have the largest impact.

**To enable our communities and residents to truly flourish, we need to understand what drives our health and wellbeing. The circumstances in which people are born, grow, live, work and age provide the foundations for people to live healthy or unhealthy lives.**





# Partners working together





# in partnership with all our voluntary sector and social enterprises



West  
Northamptonshire  
Council



North  
Northamptonshire  
Council



Northamptonshire  
Integrated Care Board



University Hospitals  
of Northamptonshire  
NHS Group



Kettering General Hospital  
NHS Foundation Trust



Northampton General Hospital  
NHS Trust



VOLUNTARY  
IMPACT NORTHAMPTONSHIRE



Northamptonshire  
Children's Trust

Uo  
N University of  
Northampton



Northamptonshire Healthcare  
NHS Foundation Trust

healthwatch  
North Northamptonshire  
West Northamptonshire





# Partners working together

## Who we are

- We're working together. An Integrated Care System is where community, local government, VCSE, universities, anchor institutions and NHS organisations work together to improve your health and wellbeing. You've told us how important this is and we are now committed to work together in this way.
- This is OUR Strategy. Every area in the country now has a strategy and ours is AMBITIOUS. We want to support you to live your best life by having the best health and care system in the country. We will do this by helping you to avoid ill health whilst also having access to excellent care when you need it.

## Why we need to work together

- We've been listening and will continue to do so. A variety of different engagement exercises have taken place over the recent past by a full range of public services. We have used all the data from these engagements to build a picture of your views. You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. You have also told that you want access to local activities and tidier green spaces. However, the biggest message by far from engagement was easy access to information about services, support and community activity.
- We will continue to listen to your views with an ongoing programme of community engagement to make sure we are responding to the issues which matter most to you.
- Our local population is changing. We are increasingly affected by significant population growth. Clearly, it's a good thing that we're all living longer – however more of us are living with multiple long-term conditions and dementia. We are also increasingly affected by deprivation.
- We're 'Thinking Differently'. New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We will focus on research, development, innovation and evaluation so we can also make a difference by building better networks and relationships, opening access to services and information, and developing the potential in our local communities.





## Anchor Institutions

We have already said that socio-economic factors play a huge role in determining people's long-term health, and contribute significantly to health inequalities. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in our local area. They have sizeable assets that can be used to potentially support our local community's health and wellbeing and tackle health inequalities, for example, through training, employment, professional development, and buildings and land use.

Anchor institutions are defined more by their link to a place than their sector. We will continue to explore the opportunities with the many private and voluntary sector organisations across Northamptonshire that hold a significant interest in the long-term development and health of our local areas.

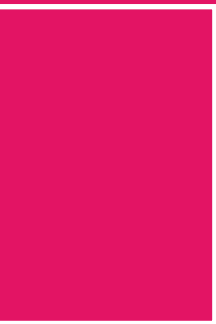
## Health Protection

Our local authorities, Public Health and UKHSA will work closely together as a single public health system through joint working, with clarity on roles and responsibilities, which is crucial for the safe delivery of health protection. The DPH will work with local NHS and Non- NHS partners to ensure that threats to health are understood and appropriately addressed.





# Shared vision, aims and ambitions





**Our shared vision and aims will be delivered through our ambitions which are underpinned by the:**

- 1. Outcomes framework**
- 2. Community engagement framework**
- 3. Integrated care system operating model**





# Shared vision, aims and ambitions

## Shared Vision

We want to work better together to create a place where people and their loved ones are active, confident and enjoy good health and well being. A Northamptonshire where people can see and feel a bright future for themselves and their families, take personal responsibility for their own health and wellbeing, and can reach out to quality integrated support and services if and when they need help.

## Shared Aims

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

## Shared Ambitions

We want the people of Northamptonshire to have:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Housing that is affordable, safe and sustainable in places which are clean and green
- Safety in their homes and when out and about
- Feel connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are

The detail of each of the ambitions are further expanded from page 21 of this document and sets out what good looks like for our population.





# Our case for change





# Our case for change

## Population growth

Northamptonshire's location and setting make it an attractive county to settle in; over the last decade our population has grown at a faster rate than most local authorities not just in the region but in England.

While the population that has grown the most over that time is those aged over 70, we have also locally seen a big increase in the numbers of children aged 5 to 15. Conversely, the numbers of babies born in the county has been slowly decreasing over the last ten years.

This change in population presents real challenges for us as an integrated care system in terms of the likely continuing increase in demand for public services at the same time as a pull in our workforce being attracted to nearby commutable cities of London, Leicester and Birmingham.

If we are to meet these needs, we need to change how we work as a system.

In 2021 the population of West Northamptonshire was 425,700 and North Northamptonshire 359,500

In the last 10 years the population has increased by over 42,000 in North Northamptonshire and over 50,000 in West Northamptonshire (an increase of 13.5%).

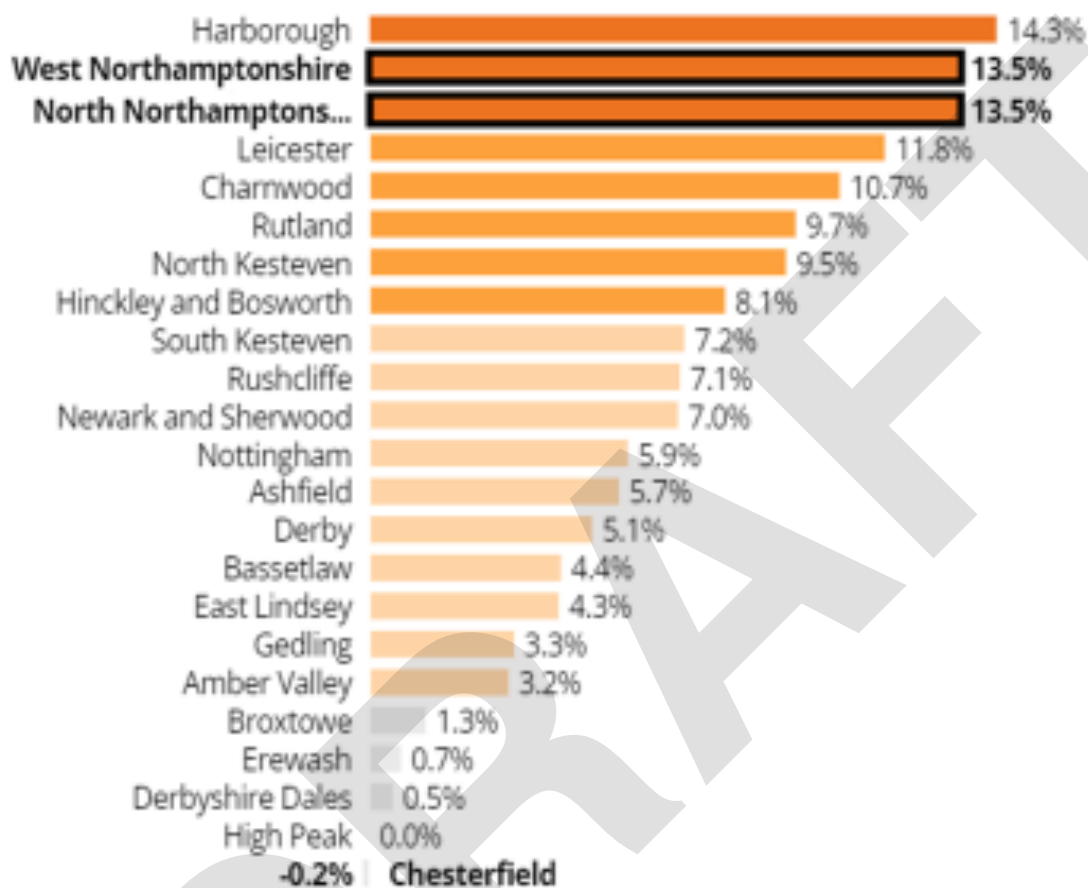
This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million and among the highest population growth in the region.

West Northamptonshire is now the 13th and North Northamptonshire the 21st largest local authority in England, out of 128 Local Authorities in England.



## Population change of local authorities in the East Midlands between 2011 and 2021 (Percentage change)

### Population change of local authorities in the East Midlands between 2011 and 2021 (Percentage change)



Source: How the population changed, Census 2021 - ONS



### Demographics











We know that while the county as a whole is less diverse than the England population, there is huge variation in the shapes of our communities. This can very broadly be divided into much less diverse rural communities and much more diverse towns and urban areas. Understanding our communities better and how they differ will be key to ensuring that our integrated care system delivers better outcomes for all.




















# Health and Wellbeing in North Northamptonshire, August 2022






## Start Well

-  3,789 babies were born in 2021.
-  12.2% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
-  The population of North Northamptonshire was 359,500 in 2021.
-  70% of children achieved a good level of development at the end of reception class in 2019.
-  14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
-  24% of children in reception class were overweight or obese in 2019/20. This is similar to the England average.\*
-  34% of children in Year 6 were overweight or obese in 2019/20. This is similar to the England average.\*
-  69% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
-  The Chlamydia detection rate was 1,330 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
-  There were 14 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17 in 2020. This is similar to the England average.

## Live Well

-  A 2018 based projection estimated there were 150,136 households in North Northamptonshire in 2021.
-  The average salary (persons) in 2020 was £30,189. This was an increase of 9% compared to 2019.
-  79.6% of adults were employed in 2020/21. This is better than the England average.
-  10% of households experienced fuel poverty in 2018.
-  There were 323 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
-  62.6% of adults were physically active in 2020/21. This is worse than the England average.
-  53% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
-  70% of adults were overweight or obese in 2020/21. This is worse than the England average.
-  There were 431 alcohol related hospital admissions per 100,000 population in 2020/21. This is better than the England average.
-  18% of adults smoked in 2019. This is worse than the England average.
-  There were 11 suicides per 100,000 population in 2018-2020. This is similar to the England average.
-  There were 196 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
-  There were 4 deaths from drug misuse per 100,000 population in 2018-2020. This is similar to the England average.
-  38 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is better than the England average.
-  There were 28 deaths in under 75s from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
-  There were 24 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is worse than the England average.
-  There were 60 deaths from preventable cancers per 100,000 population in 2017-2019. This is worse than the England average.

## Age Well

-  There were 1,893 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is better than the England average.
-  The average male life expectancy was 79.2 in 2018-2020. This is similar to the England average.
-  The average female life expectancy was 82.4 in 2018-2020. This is worse than the England average.

\* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

Produced by Public Health Intelligence, North Northamptonshire Council. All figures have been calculated using the latest district level data available in August 2022 and rounded to whole numbers. Icons by Freepik from flaticon.com.

# Health and Wellbeing in West Northamptonshire, August 2022



XXXX



XXXX



XXXX



XXXX

## Start Well



4,647 babies were born in 2021.



12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.



The population of West Northamptonshire was 425,700 in 2021.



72% of children achieved a good level of development at the end of reception class in 2019.



14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.



21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.\*



30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.\*



73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.



The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.



There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

## Live Well



A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.



The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.



78% of adults were employed in 2020/21. This is similar to the England average.



9% of households experienced fuel poverty in 2018.



There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.



63% of adults were physically active in 2020/21. This is worse than the England average.



52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.



69% of adults were overweight or obese in 2020/21. This is worse than the England average.



There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.



15% of adults smoked in 2019. This is similar to the England average.



There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.



There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.



There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.



42 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is similar to the England average.



There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

## Age Well



There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.



The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.



The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

\* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.



# Case for Change

## Starting Well

It is in early childhood (and even earlier during pregnancy) that the foundations for future health and wellbeing are built. While for many of our children in Northamptonshire there are good opportunities for healthy development, for some more vulnerable, particularly those children who need support from health and care services (including looked after children, children with disabilities), those building blocks for healthy development (such as access to play and leisure activities, a supportive education environment) might be harder to come by. It is only by working together as a system that we can make sure all children in Northamptonshire have all they need to thrive.

## Living Well

Our living and working conditions, the environment we live in and our relationships and social networks continue to shape our health and wellbeing through adulthood. The diseases that are responsible for most of the ill health and early deaths in Northamptonshire - cancers, heart disease, chronic lung disease, musculoskeletal diseases and poor mental health – are all hugely shaped by these social, economic and environmental factors. While rate of death and disability due to these conditions may be similar in scale to the national average in Northamptonshire, the volume of hospital care required is significantly higher than the national average suggesting that the county is much better at treating these conditions when they cause problems, than preventing them.

## Ageing Well

In Northamptonshire, too many older people get admitted to hospital and stay too long, resulting in a greater chance of them losing their independence and not being able to return to their home or needing long term care and support. While the foundations for healthy ageing are laid in middle age, there are things that we can continue to do throughout older age to stay fit, well and resilient. There are huge opportunities in working together as an integrated care system to ensure that Northamptonshire provide the right condition for older people to avoid having to stay in hospital and leave their homes.

## Resource utilisation

We recognise as a system that the way we utilise our collective resources and assets needs to change and this is our opportunity to do that more effectively to support delivering our ambitions. We are committed to work together to understand how we can further consolidate and strengthen the way we deliver financial sustainability and value for money for Northamptonshire.

## Inequalities

Northamptonshire benefits from high employment levels and a beautiful rural setting but many in our communities face the same challenges affecting people nationally around poverty (including food poverty and fuel poverty), a lack of affordable housing, and crime and safety in our neighbourhoods as well as issues such as a lack of access to green space. These all have a significant impact on the health of our children, young people and adults alike and affect our ability to be able to engage in healthy behaviours like eating well, moving more, sleeping well, drinking less alcohol and stopping smoking.



Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions.

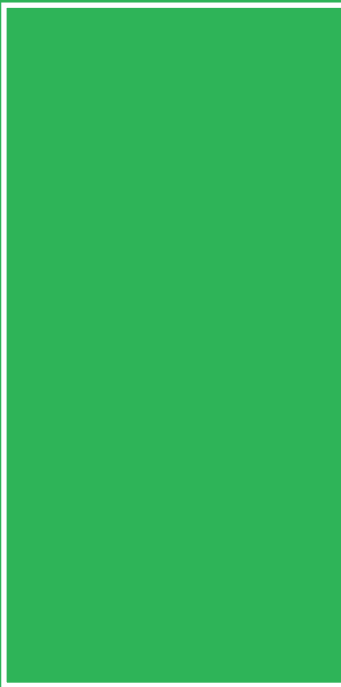
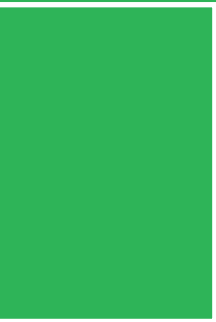
Some of our local communities and specific groups for example travellers, migrants, carers are among the most disadvantaged in England. It is unacceptable that life expectancy on average can be as much as 8.25 years less depending on where you live. The top 3 broad causes of death that contribute the most to the gap in life expectancy between the most and least deprived areas in Northamptonshire are Cardiovascular disease; Cancer and Respiratory disease. This is why we are committed to working together to tackle the health inequalities caused by deprivation.

You can find the strategy here:

[www.icnorthamptonshire.org.uk/health-inequalities](http://www.icnorthamptonshire.org.uk/health-inequalities)



# What we plan to do together







## Our strategy is focused on

- Our Ten ambitions that all partners across our system have collectively committed to delivering over the next 5 to 10 years.
- Our ten ambitions are underpinned by our Strategic Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

To support our residents with these ten ambitions we have to collaborate, not just with our partners and local business but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

**Our shared vision and aims will be delivered through our ambitions which are underpinned by the:**

- a) Outcomes framework**
- b) Community engagement framework**
- c) Integrated care system operating model**

## Our ten ambitions

1. Best Start in Life
2. Access to the best available education and learning
3. Opportunity to be fit, well and independent
4. Employment that keeps them and their families out of poverty
5. Housing that is affordable, safe, and sustainable in places which are clean and green
6. To feel safe in their homes and when out and about
7. Connected to their families and friends
8. The chance for a fresh start when things go wrong
9. Access to health and social care when they need it
10. To be accepted and valued simply for who they are

## Outcomes Framework

We have developed the Outcomes Framework and its purpose is to outline priority outcomes, based on the needs identified in the joint strategic needs assessments. The Outcomes Framework provides a mechanism by which we can measure joint efforts in driving progress on the most important outcomes for our local population.

The Outcomes Framework has been shaped around the ten "Live Your Best Life" ambitions and fundamentally underpins this ICN strategy. It sets out the short, medium and long term outcomes the whole ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing. We will be developing measures throughout our new operating model described in the next section. These will be at System, Place and LAP levels based on JSNA data, local insights data and what local people agree are priorities. This will allow us to measure and report whether we are successfully delivering our outcomes or whether we need to reorganise and refocus our resources.

Through this framework we will show:

- How outcomes for residents are being achieved across the system
- Focus plans and inform priorities on an annual basis through clearly articulated measures; and
- Support organisations to work as one system to deliver impact and continually improve.

The framework describes for each of our ambitions :

- Where we are now
- Our approach to achieving our ambition
- The outcomes we want to achieve



# The best start in life

## Where we are now

Our population aged 5-15 has grown by nearly 20% in the last 10 years but this is likely to slow in future as birth rates fall;

Risks of birth complications and poor health in newborns is higher than it ought to be due to high levels of smoking and obesity in pregnancy;

Looked After Children (LAC) in Northamptonshire get poorer access to regular health and dental checks than LAC in other areas;

Not enough children are starting school with the skills they need to succeed;

Organisational boundaries continues to be a barrier to better care for children and young people.

## Our approach

Everyone will recognise their role in our collective responsibility to improve children and young people's health and wellbeing, including parents, families, friends and schools;

Our communities will raise children to become healthy adults, who themselves raise healthy families and are net contributors to a healthy society;

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

Our children and young people will have a voice in the decisions that affect them, supporting them to be involved in the identification of problems and creation of positive solutions;

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



## Outcomes we want to achieve

Women are healthy and well during and after pregnancy

All children grow and develop well so they are ready and equipped to start school

## You've said...

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

That advice and care should be provided as close to home as possible and for care to be received at the right place, at the right time.

Waiting times need to be reduced and for services to be equitable for all who access them.

# Access to the best available education and learning

## Where we are now

Too many young people are not reaching their educational potential, which limits their future options;

We have an increasing gap in attainment between the least and most disadvantaged children;

Northamptonshire has a higher rate of permanent exclusions from school than the England rate;

There are also a large number of children in county electively home educated

Too many children with special educational needs or disabilities are being educated outside of the county or at home

## Our approach

Schools in the county will be places that encourage not just academic achievement for all but also healthy social and emotional development

Families of all children, regardless of need, will be confident in the quality of the education they receive at schools within the county

Education settings will be trauma-informed environments so that those with challenging home lives and histories will not have their trauma compounded by school exclusions.

Further and higher education settings will provide the skills training that local employers are looking for in employees.



## Outcomes we want to achieve

Education settings are good and inclusive and children and young people, including those with special needs perform well

Adults have access to learning opportunities which support them with work and life skills

## You've said...

Access to special educational needs (SEN) support and education needs to improve.

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.



# Opportunity to be fit, well and independent

## Where we are now

Over one in four adults in the county are classified as physically inactive and almost two thirds are classified as overweight or obese;

Smoking is the single greatest risk factor for death and disability in the county with 16.4% of adults in the county being current smokers;

Around 90,000 adults in the county are estimated to be experiencing a common mental health disorder;

Too many young people have poor mental wellbeing and this is increasing

The severity of poor mental health in adolescence is also increasing resulting in high rates of admission to hospital for self-harm and eating disorders

## Our approach

The county's built environment and infrastructure will support people to be more active and make healthier food choices easier to make.

Taking up smoking will not be an easy or attractive choice for young people and adults who smoke will be supported with treatment to help overcome the addiction.

Long term conditions and their risk-factors will be spotted early and treated appropriately.

People recognise and have opportunities for all of the factors that promote mental wellbeing including: parenting and early years support, good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities.



## Outcomes we want to achieve

Children and adults are healthy and active and enjoy good mental health

People experience less ill-health and disability due to lung and heart diseases

## You've said...

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

The opportunity to receive care in your own homes to support independence is something that is important to you.

You would like to see better communication, so you can stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

# Employment that keeps people and families out of poverty

## Where we are now

We have relatively high rates of employment in the county but a large proportion of work available is very low paid;

Many people and families are not claiming financial support they are eligible for;

There are large gaps in employment for vulnerable communities such as those with serious and enduring mental illness and those with learning disabilities

## Our approach

Training and education settings, employers and recruiters as well as the job centres will work more effectively in collaboration to ensure that skills match.

The economy of Northamptonshire grows in a way that is sustainable not just environmentally, but also socially;

meaning that the increase in the county's revenue doesn't increase inequalities or create more environmental damage.

The right support will be given for those in groups who are under-employed to access jobs and remain in employment.

People, especially in under-served communities, get good information and advice on financial and other support available to them.



## Outcomes we want to achieve

More adults are employed and receive a 'living wage'

Adults and families take up benefits they are entitled to

## You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.



# Good housing in places that are clean and green

## Where we are now

The population of Northamptonshire has grown by over 13% in the last decade which represents among the highest growth in the country:

We have among the least affordable housing in the East Midlands with over 9,000 people were on a waiting list for social housing in the county;

While the county is largely green and rural, with much of land usage in the county agricultural, access to green spaces for man who live in our urban centres is poor;

Air quality in our largest towns is particularly poor and contributing to poor heart and lung health;

## Our approach

Our built environment will support and encourage more people to walk and cycle.

As well as more active travel, more transport via electric vehicles will ensure that air quality, particularly in our urban areas, is improved.

Our local housing market and social housing offer will ensure that all people and their families (but in particular vulnerable groups such as care leavers) have access to affordable safe and good quality and accommodation.

While new homes are being built across the county, priority will be given to ensuring that these new developments are green, with plenty of access to open green spaces, urban trees and other green and blue infrastructure.



## Outcomes we want to achieve

Good access to affordable, safe, quality, accommodation and security of tenure

The local environment is clean and green with lower carbon emissions

## You've said...

Investment is needed in local public green spaces as well as a focus on reducing litter and fly tipping to increase civic pride in residential areas.

# Feel safe in their homes and when out and about

## Where we are now

Though the rate has been gradually reducing over the past ten years there are still over 130 young people (under 17) entering the youth justice system each year;

Twice as many entrants live in the most deprived areas as the least;

The rate of violent offences is higher than the national average, and has increased significantly in recent years; A significant proportion of violent crime in

Northamptonshire is domestic abuse and the rate of incidents is increasing year on year;

Too many young people are ending up in hospital due to injuries including deliberate injuries; the rate is increasing in contrast with national patterns

## Our approach

People will feel safer walking around their communities and feel confident in being out and about in their local neighbourhoods.

Young people will grow up in families, communities and environments that are supported to be safe and nurturing, with plenty of opportunities for personal development and to have fun and enjoy.

Organisations will work together more effectively to ensure children and young people at risk of harm are identified at the earliest opportunity and protected.

Those who experience abuse at home and in their intimate relationships will be supported to have stability in their lives while being protected from perpetrators.



## Outcomes we want to achieve

People are safe in their homes, on public transport and in public places

Children and young people are safe and protected from harm

## You've said...

That community safety needs to be a focus and this includes improving the quality and safety of public spaces with improved safer footpaths, reducing anti-social behaviour as well as preventing gangs and grooming.



# Connected to family and friends

## Where we are now

Many of our neighbourhoods score poorly compared with the national average in measures of connectivity to key services, digital infrastructure and isolation

There is huge variation in digital exclusion across the county with high rates of exclusion both in our most deprived communities as well as less deprived rural communities

While lots of learning and positive action has been taken from the COVID-19 pandemic, social isolation remains an issue including for younger people in deprived urban centres.



## Our approach

Not only will digital infrastructure and technology be available to those most vulnerable groups, people will have the knowledge and skills to be able to confidently use it.

As well as being better connected digitally, transport will be sustainable and affordable to connect those at greatest need.

People who care for friends and family will be connected so that they have social contact but also access to support and services for their own mental and physical health.

People will have stronger relationship networks within their communities so that they can share knowledge, experience and give each other support.

## Outcomes we want to achieve

People feel well connected to family, friends and their community

Connections are helped by public transport and technology

## You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as have a clear understanding of where to go for support on grants, benefits and opportunities.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

# Chance for a fresh start

## Where we are now

To many people in the county have experiences associated with 'deep social exclusion' – namely, homelessness, substance misuse, history of offending and 'street culture' activities (such as begging and street drinking).

Too many preventable and early deaths happen due to drug use or in people experiencing rough sleeping

## Our approach

Rough sleeping in the county is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

People with addictions have access not only to effective treatment and support but also stable accommodation and environments that support recovery.

Employers, landlords and community groups are inclusive so that people with experience of any features of social exclusion may be offered opportunities to thrive.



## Outcomes we want to achieve

Ex-offenders and homeless people are helped back into society

People have good access to support for addictive behaviour and take it up

## You've said...

We know we need to talk to you more about areas of focus to improve the 'chance for a fresh start', therefore we look forward to talking to you and hearing your feedback about this soon.



# Access to health and social care when they need it

## Where we are now

We are missing opportunities to prevent disability and early deaths through screening and vaccination

Groups such as adults with serious and enduring mental illness, adults with a learning disability and looked after children are missing out on opportunities for more focused preventative health and care services through regular health checks.

The demand for some services (e.g. adolescent mental health services) is such that there are long wait

Older and frail people are staying longer in hospital than necessary and as a result are leaving in poorer physical condition

## Our approach

Organisations will be more health literate and recognise and address the barriers that people face in accessing preventative health services.

We will prevent chronic mental and physical conditions but also support those already diagnosed to have the skills and confidence to manage their own conditions.

People will be confident in managing minor illness at home but when acute care is needed, appropriate services will be staffed at a level to allow timely response

Hospital stays will be avoided where possible for those who are frail and be as short as possible for those who cannot avoid it..



## Outcomes we want to achieve

People can access NHS services and personal and social care when they need to

People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs

Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

## You've said...

Communications with patients' needs to be improved to enable an open dialogue about care available.

The opportunity to receive care in your own homes to support independence is something that is important to you.

Improving access to services including GP's, mental health support services for children and young people, bereavement support and those with dementia is needed.

Waiting times for services needs to be reduced.

# Valued for who they are

## Where we are now

Early conversations with people communities about what it means to the, to “be valued” tells us that:

### Belonging

People talked about wanting to feel connected, to feel like they had roots and a network in their community.

### Being yourself

People talked about being respecting and celebrating differences and being comfortable to just “be who you are.”

### Being considered

People talked about wanting their voice to be heard and to know that they are “thought of” in every decision.

### Being needed

People talked about wanting to help and support each other and feel helpful and needed.

## Our approach

People living and working in Northamptonshire will feel connected to their communities, respected and considered in decisions.

Stronger networks and relationships within our communities will mean that people are in a better position to be able to support each other.



## Outcomes we want to achieve

People are treated with dignity and respect, especially at times of greatest need like at the end of their lives

Diversity is celebrated

People feel they are a valued part of their community and are not isolated or lonely

## You've said...

Services need to be equitable for all who access them.

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.



# Working together to include the voice of people and communities in all we do

Collaborating as Integrated Care Northamptonshire (ICN) offers a great opportunity for health and care to work together more effectively.

- We have developed a Community Engagement Framework to shape our shared approaches for involving and working with people and communities.
- Our framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see. Through having a framework, we have clarity on our direction of travel, accountability for our actions and agreement on our communication and engagement priorities.
- Shaped together through co-design, and in the true essence of co-production we will continue to shape and evolve our approach. It is ambitious, but together so are we.
- It sets out our expected ways of working, our shared vision and our highest priority projects to help us to work together with people and communities, not just in pockets or on an ad-hoc basis, but across all we do in better and more authentic ways.

This framework and our approach was developed by and for members of Integrated Care Northamptonshire (ICN), in partnership with Traverse – an independent social purpose consultancy – and with a wide range of local partners and people through a co-design and co-production process. We co-produced our vision, ambitions and values for working together with people and communities below:

## Community Engagement Framework Our co-produced vision, ambitions and values

Our vision	Our ambitions	Our values
<p>“We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them. Everyone will know how their contribution has made a difference.”</p>	<p><b>We build trusting relationships and effective partnerships by embedding as consistent approach to co-production</b></p>	<p><b>Trusted</b></p>
	<p>We are all committed to genuinely hearing what people say, and feeding back the influence on our decisions and actions</p>	<p>Transparent</p>
	<p>We have genuine diversity and inclusion at all levels in the system, involving people-according to their needs and preferences</p>	<p>Authentic</p>
	<p>We prioritise the needs and issues that are important to people in communities</p>	<p>Accountable</p>
	<p>We evaluate what we do, share learning and celebrate our successes</p>	<p>Accessible</p>

You can read and find out more about the full Community Engagement Framework here: [icnorthamptonshire.org.uk/involvement](http://icnorthamptonshire.org.uk/involvement)

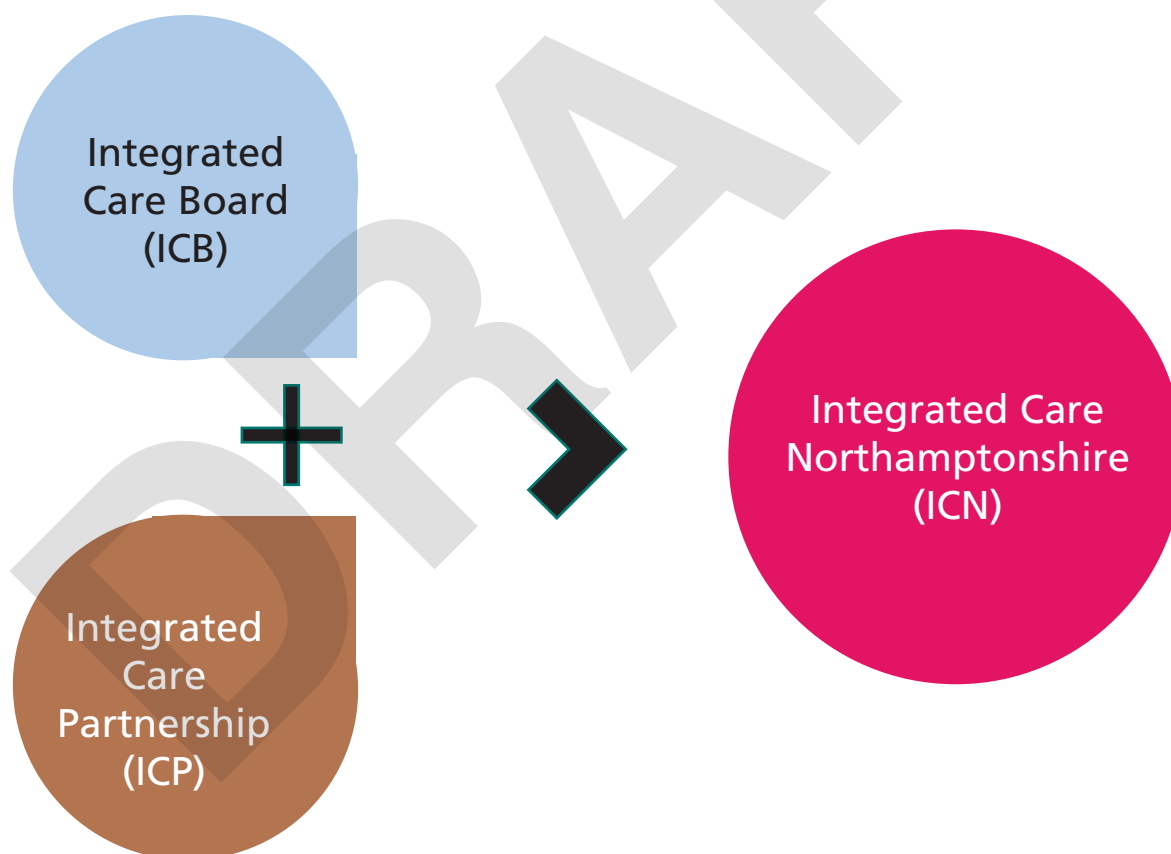
## Our delivery approach

We will work in partnership to deliver the aspirations and outcomes through a new way of working together. As Integrated Care Northamptonshire we have new opportunities to bring together services and staff on a systemwide, place and local community level relating to the needs of the population.

We will combine skills, knowledge and expertise from across communities, commissioners and providers and based on intelligence and insights identify where resources should be focused to deliver our ambitions and reduce inequalities. We will deliver improved outcomes by ensuring services are integrated at the right place that make sense to our population.

Our Integrated Care system is in a privileged position in that we had the launch of our two new Unitary Authorities in 2021 and the introduction of the new Integrated Care Board and Integrated Care Partnership in 2022 providing us with opportunities to work together differently and focus on improving outcomes for the population we serve.

### Our new integrated care system, Integrated Care Northamptonshire high level structure is illustrated below:



You can read and find out more about the full Community Engagement Framework here: [icnorthamptonshire.org.uk/involvement](https://icnorthamptonshire.org.uk/involvement)



# Our delivery approach

System operating model consists of the following components:

## An Integrated Care Partnership (ICP)

- Members of the ICP include a wide range of key players from the two local authorities, the voluntary sector, the NHS, and other public bodies that are key to delivering our aims
- The partnership is responsible for agreeing this strategy to improve health and well-being across the whole of Northamptonshire. It will use the best insights from data available, built bottom-up up from local assessments of needs and assets identified at place level and Local Area Partnership level.
- Our Health and Wellbeing Boards will also use this strategy as the basis of their Health and Wellbeing strategy and delivery planning.

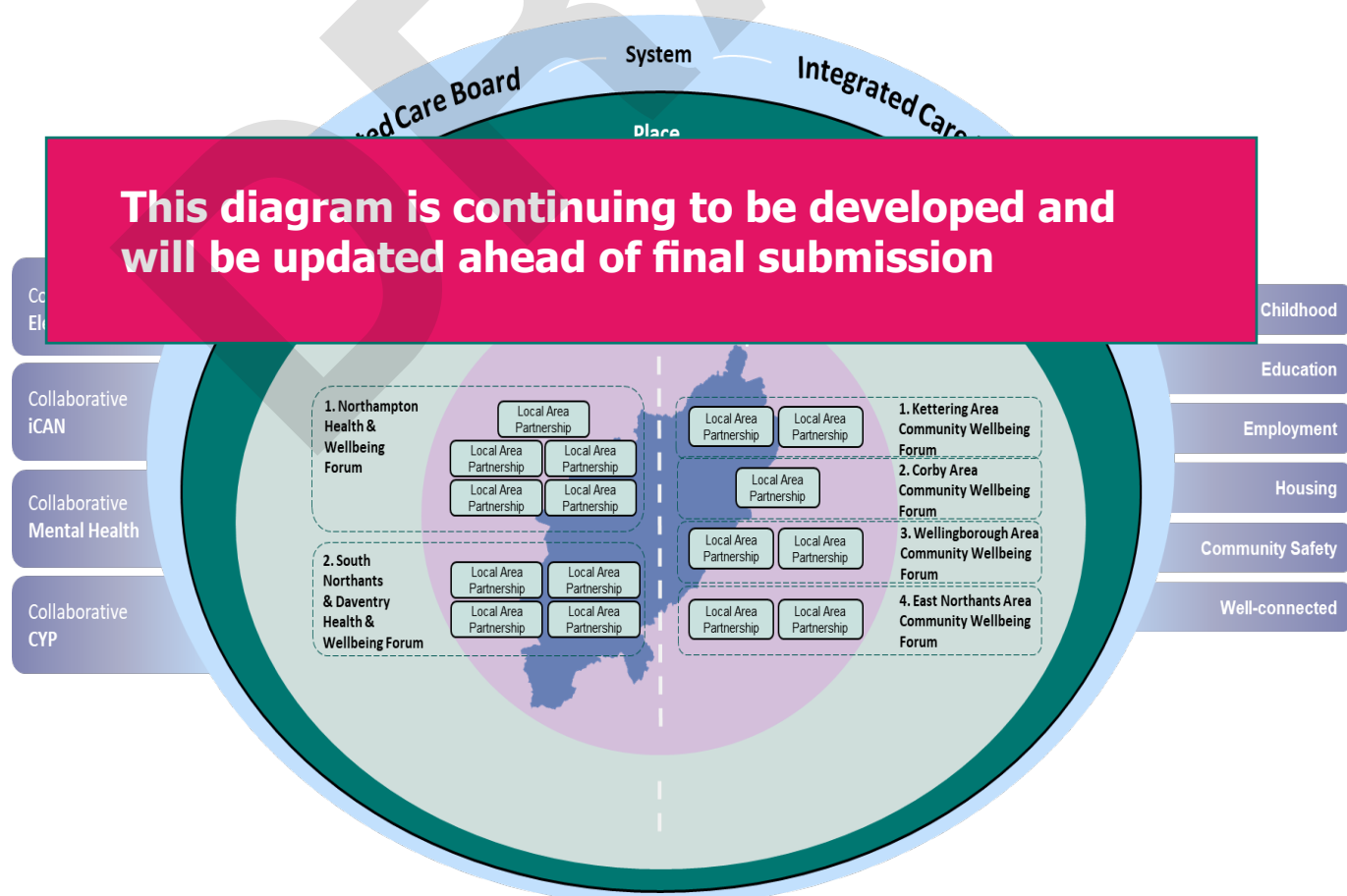
Both the ICP and the ICB work together to:

- Improve health and care outcomes
- Reduce inequalities in health and wellbeing outcomes
- Make best use of public funds
- Contribute to the social and economic wellbeing of our County

## An Integrated Care Board (ICB)

- Members of the ICB include a Chief Executive and Chair, senior representation from each local authority, senior representation from NHS provider organizations (the Hospital Group, Northants Health Foundation Trust, and primary care) and four non-executive directors.
- The ICB is responsible for commissioning healthcare services for the population. This includes hospitals, GP Practices and wider primary care, mental health, community services, ambulance services and some specialised services.
- As our system further matures the functions and budgets associated with commissioning healthcare services could be delegated to our Collaboratives and Places. As we integrate services and blur organisational boundaries, we will ensure we will use pooled budgets under s75 agreements where it seems sensible and where evidence shows it provides additional benefit.

Service design and delivery is organised across the geography of the County:



# Our delivery approach

## Through our places

### Two places - North and West Northamptonshire

- Six communities / localities: geographically smaller than the places, but are larger than the Local Area Partnerships (LAPs)
- Sixteen Local Area Partnerships

We aim to deliver our ten ambitions through 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).

#### Local Area Partnerships:

- They represent local areas and give a voice to residents, translating strategy into local action.
- They empower residents to co-produce new services and solutions for their local area.
- They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
- They empower local leaders to take accountability for local action.

#### Localities/Communities:

- They consolidate the views of residents, local providers and local area partnerships.
- They unblock challenges and identify at scale opportunities for their areas.,
- Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
- Local leaders influence policy to access the right resource and capabilities to deliver their functions.
- They support our collaboratives by identifying and co-ordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design

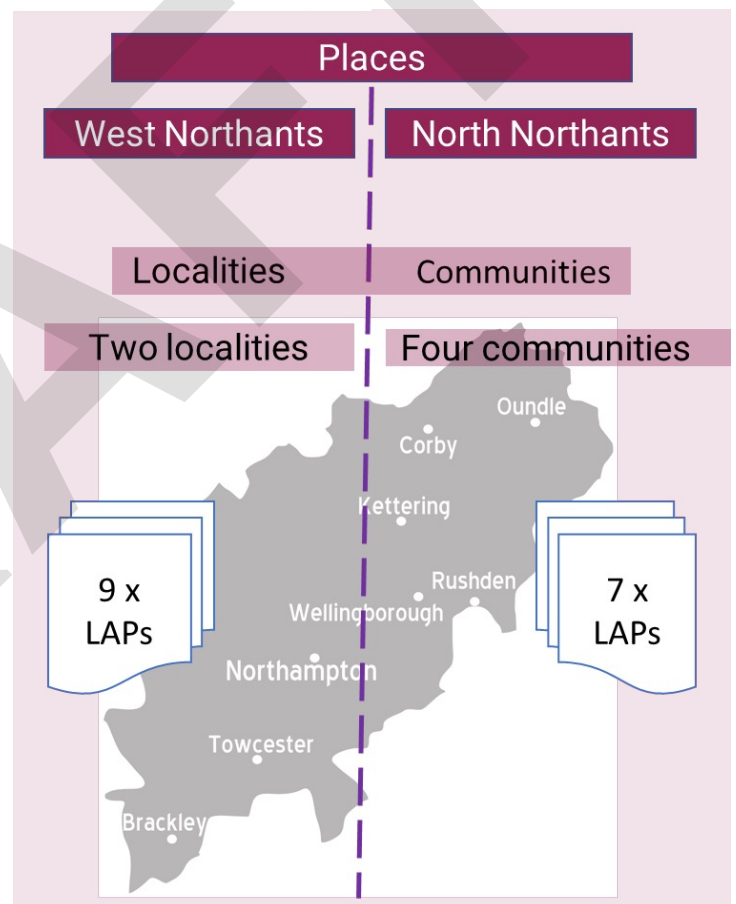
#### Places:

- The North and West Places in Northamptonshire mirror the two Unitary population footprints and boundaries.

#### Our Places:

- Initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities such as housing, policing, education, leisure, planning, community activities.
- Understand and work with communities by joining up and coordinating services around the needs of people.

We will actively and collectively engage, involve and co-produce with local people and communities to understand needs and priorities. This will be supported by local intelligence and local profiles to assist with identifying needs, priorities and actions.



- Our two Health and Wellbeing Boards enable key leaders from across North and West Northamptonshire to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.

# Our delivery approach

## Through our collaboratives that operate Countywide

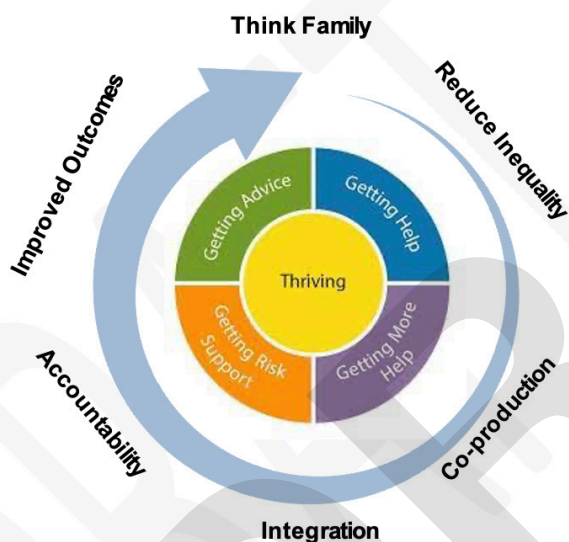
There is recognition that each of our four Collaboratives; Children’s and Young People, Elective Care, iCan, and Mental Health are at different stages of maturity and there are different planned approaches to delivery. However, their visions clearly demonstrate how by working in collaboration across identified populations they align and contribute to the delivery of our ten ambitions and underpinning outcomes framework.

### Mental Health, Learning Disabilities and Autism Vision

To coproduce seamless, responsive pathways of integrated mental health and care services across Northamptonshire that feel meaningful; person centred; agile; integrated and intelligent.



### Children and Young People Transformation Programme Vision;



### iCAN Vision:

Our vision is to support more people to choose well, stay well and age well at home resulting in reduced unnecessary admissions to hospitals and better outcomes for people. Where they do experience a crisis, we will ensure that they get the right care at the right time and in the right place ensuring, where possible, they return to independence and ideal outcomes.



### Elective Care Vision:

To improve health outcomes, inequalities and quality of life through all partners working together in a patient-centred approach, across the whole elective pathway. We will do this by transforming delivery of services to enable patients to be supported to keep well, but where required to ensure equitable access to timely treatment for patients across the county.





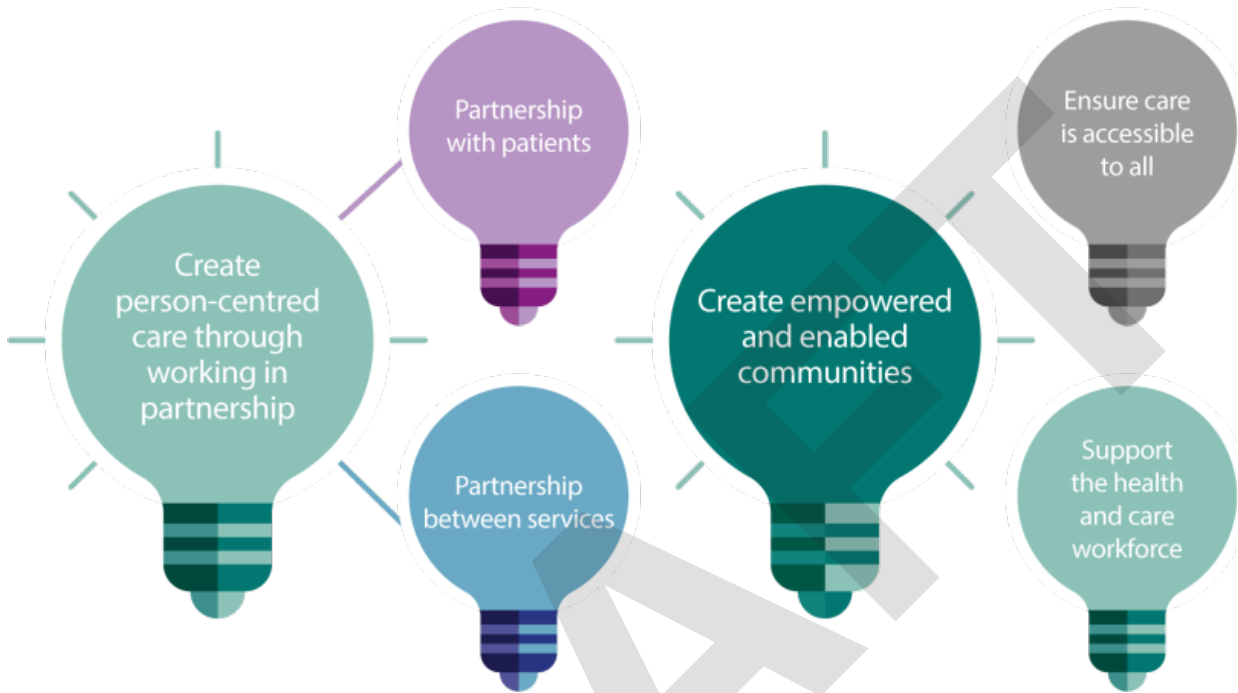


# How we move forward together



## Please Note - this section is under review and awaiting update

As the demographics of Northamptonshire's population changes, so does the demographics of the workforce.



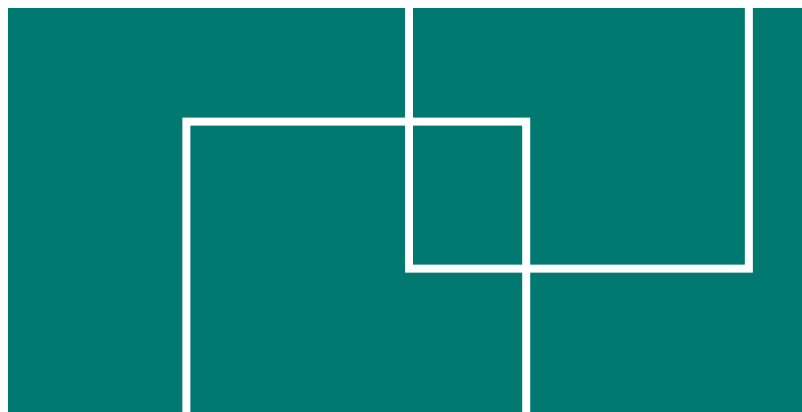
### This text will be reviewed and updated prior to final submission

Population growth locally, and aging population, and a sharp increase in school age children with not only shape the needs of the population, but also the workforce required to support them.

In taking a population health approach and targeting wider determinates of health challenge, will require a shift in resources e.g. more social care skills recognised  
Managing sickness and absence – our current absence is around 6%. This is higher than typical absence for this time of year (3-4%), but much improved from our early April position which peaked at 16%.

Workforce Planning - Our local Higher Education Institution has experienced disruption of student completion, as well as a challenge now facing our Trusts to retain and convert those brought in on Fixed Term Contracts to substantive posts. The disruption to 2nd and 3rd year students has impacted on our inflow of workforce for the coming year.

Vacancy rates are at well documented highs, especially in registered professions. This is a Northamptonshire issue, which will only be solved by working together.



# Digital Transformation Across Northamptonshire

## Our vision for Digital Transformation across Northamptonshire is to:

- Empower our population and workforce with access to digital solutions that are inclusive, integrated and high quality to revolutionise overall health, well-being and care
- Inclusive: Access to digital services that are easy to use and understand; supporting active management of health, care and wellbeing across diverse communities.
- Integrated: Access to digital tools that provide joined up health and care details; facilitating access to holistic information across care pathways.
- High Quality: Access to digital tools that are safe, reliable and efficient; enabling enhanced health, care and wellbeing experiences across our communities.

We have developed a Digital Transformation strategy to deliver our vision and meet digitisation requirements over the next three years and enable the effective delivery of integrated care.

For Northamptonshire, these ambitions were also considered in the context of:

- The 800,000 people that live in our county, all with different and distinct health and care needs
- High level and complexity of demands on our services that we are currently challenged to meet
- The desire to provide our population and workforce with the tools to proactively prevent and manage ill health
- The ability for digital solutions to enable a collaborative and seamless health and care experience
- How data can be utilised to best assess and identify ways to improve health and care outcomes
- The Digital Transformation programmes that have been implemented to date across ICS organisations




There are a number of core health, care and social drivers that have informed the need for transformation. These drivers reflect the key reasons why we need to transform and become more digital in order to provide the right care in the right setting across our communities and improve health and care outcomes for all. These transformation drivers include:

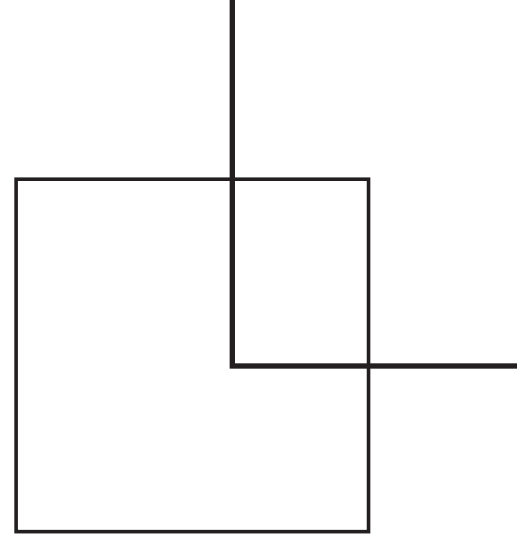
- Joining Up Health and Care Data
- Addressing Impacts of Covid-19
- Connecting Health and Care Pathways
- Developing Local Insights to Transform Care

With the possibilities of Digital Transformation in mind, it is the improved health, care and wellbeing outcomes for our population and workforce that remain at the heart of our continued transformation.





**Thank you to those involved in creating this strategy and the feedback shared from residents of Northamptonshire to help shape our areas of focus. As we work together with partners, anchor institutions and voluntary sector and social enterprises, we will continue to strive to meet our vision and ambitions to help residents 'live their best life'.**



**A signatory sign off page  
will be included here  
before final submission**



# Contact details

XXXXXXXXXXXXXXXXXX,  
XXXXXXX,  
XXXXXXXXXXXXXXXXXX,  
XXXXXXXXXX XXXXXX,  
XXXXXXXXXXXXXXXXXX,  
XXX XXXX

Phone: XXXXX XXXXXXXXX

Web: [icnorthamptonshire.org.uk](http://icnorthamptonshire.org.uk)

Email: [xxxxxx@nhs.net](mailto:xxxxxx@nhs.net)



ICNorthamptonshire



@ICNorthants



Integrated Care Northamptonshire



ICNorthamptonshire