Public Health Business Plan
2018/19
Northamptonshire – Changing Demographic

School Age Children
- School places & improvement
- Educational Psychology
- 0-19 School Nursing
- Education, Health and Care Plans

Maternity & Early Years Provision
- Children’s Centres
- 0-19 nursing (Healthy Start, Health Visitors)
- Smoking cessation
- Early Years providers

Working Age Population
- Economic development
- Physical Infrastructure
- Registrations Services
- Adult Learning
- Lifestyle choices
- Safeguarding and support of people with disabilities

Older People
- Prevention services
- Rehabilitation following illness or hospital stays
- Assistive technology
- Care at home
- Residential and nursing care

2011 Census Population

<table>
<thead>
<tr>
<th>Group</th>
<th>2011 Census</th>
<th>2021 Population Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>46,012</td>
<td>46,300</td>
</tr>
<tr>
<td>5-19</td>
<td>125,724</td>
<td>140,200</td>
</tr>
<tr>
<td>20-64</td>
<td>414,180</td>
<td>429,100</td>
</tr>
<tr>
<td>65+</td>
<td>106,036</td>
<td>144,600</td>
</tr>
<tr>
<td>Total</td>
<td>691,952</td>
<td>760,200</td>
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</tbody>
</table>

- 14,764 (11.6%) increase in 0-19 population
- 38,564 (36.3%) increase in 65+ population

Our residents will be empowered to take responsibility for their health and wellbeing, thus maximising their potential to live long and healthy lives.
Our Vision For Northamptonshire

To protect and improve the health and wellbeing of Northamptonshire citizens and reduce inequalities in order to enable people to live healthy, happy and productive lives.

When we think of health, we often think of diseases and conditions, hospitals and GP surgeries. However, good health and wellbeing are about more than just healthcare. A good start in life, education, suitable work and housing, and strong, supportive relationships all play their part. Our vision summarises this wider idea of good health and our plan sets out where we will focus the efforts of the newly restructured Public Health team so we can achieve this vision:

Basics of Public Health

Public health in Northamptonshire needs to go back to basics and address the fragmented approach that has developed in the local health and social care system. By aligning the work of a newly restructured public health team to the 10 key lifestyle risk factors responsible for over 88% of the burden of disease locally, and by developing comprehensive and inclusive plans that align with the key domains of Public Health to reduce risks and develop resilience in our communities, we will have a significant impact on health and social care outcomes across the county, reducing inequalities for those most at risk.

Embedding ‘Health in All Policies’

Health in All Policies (HiAP) is a collaborative approach to improving the health of a population by incorporating health considerations into decision-making across all sectors and policy areas. HiAP is based on the recognition that our greatest health challenges — e.g. non-communicable diseases, health inequities and inequalities, climate change and spiraling health care costs — are highly complex and often linked through the social determinants of health. Just one government sector (even the Local Authority as a whole) does not have all the tools, knowledge, capacity, or budget, to address this complexity. Only by embedding a HiAP approach to public health locally will we be able to create the right environment for Northamptonshire’s citizens to flourish.

Addressing Today’s Issues While Preventing Tomorrow’s

Prevention can be delivered at three levels according to need and desired outcome. The health and social care system in Northamptonshire does not currently deliver prevention appropriately across all three levels. Our plans for public health provide a structure to do so. This will relieve pressure on urgent and emergency services, Adult Social Care and other areas of significant demand and release funding for greater investment in ill-health avoidance in the long term.

Working Effectively With Partners

In order to make the changes required to local health outcomes, we will need to develop strong and lasting relationships with key partners in the health and social care system, in its widest sense.
Our purpose is defined by our Health and Wellbeing Strategy, our statutory responsibilities for Public Health and the activities we commission to deliver them. These are underpinned by our strategic key themes which make up the four portfolio areas the newly restructured Public Health team work to:

**Every Child Gets the Best Start in Life**
- Providing suitable housing for young families
- Engagement with early help & safeguarding processes
- Social housing provider staff – provision of advice and support to tenants with young children
- Communication of health & wellbeing information to tenants – information/newsletters etc. (‘Making Every Contact Count’)
- Adverse Childhood Experiences

**Taking Responsibility and Making Informed Choices**
- Regular, simple and consistent communication of health & wellbeing messages to tenants/residents
- Promotion of referrals into health & wellbeing support services
- Up-skilling front-line housing professionals to deliver health messages to tenants and residents – ‘Making Every Contact Count’ principles
- Identify social housing tenants at risk of adverse health outcomes through shared assessments and information sharing (health and wellbeing surveys?)
- Referrals from health providers to housing advice and support

**Promoting Independence and Quality of Life for Older Adults**
- Ensuring suitable housing availability for older people – e.g. through ‘social care accommodation sufficiency strategy for older people’
- Maintaining and improving housing standards (including energy efficiency)
- Assistive technology, (e.g. telecare & telehealth)
- Accidents/falls prevention initiatives
- Appropriate and timely housing improvements and adaptations to meet changing needs
- Programmes to address/encourage social interaction/isolation
- Facilitating discharge from hospitals (Housing support/officers based in hospital/health settings)
- Regular, simple and consistent communication of relevant health & wellbeing messages to older tenants
- Housing services relationships with adult social care/care providers
- Sustainability and Transformation Plan

**Creating an Environment for all People to Flourish**
- Supporting improvements in housing to reduce the negative affects of poor quality housing (improving physical activity/play and leisure/access to healthy food/social interaction/access to services etc.)
- Enhancing the resilience of our businesses and communities to better cope with disruptive challenges
- Influencing sustainable development to deliver long term improvements to the environment
- Tackling social inequalities and their impacts on the health and wellbeing of the population
Making The Case For Prevention

By 2020, our residents will be empowered to take responsibility for their health and wellbeing, thus maximising their potential to live long and healthy lives. We will shape and influence health and wellbeing strategy and partnerships in Northamptonshire so they are coherent, sustainable and geared to have a positive impact on our principal health and wellbeing outcomes (such as increasing longevity, tackling the major causes of premature mortality and improving mental health). By striking a balance between effective promotion and provision of health improvement and protection, we will ensure that we are commissioning the right services, on the right basis, which will influence the behaviours and lifestyle choices that cause poor health and drive higher demand and costs into the county’s Health and Social Care economy.

We want the Health and Social Care system in Northamptonshire to deliver prevention appropriately across all three levels. We will create the structures to do so, which will relieve pressure on urgent and emergency services and release funding for greater investment in avoiding ill-health in the long term. Prevention can be delivered at three levels according to need and desired outcome:

**Primary prevention:** activities designed to reduce instances of illness in a population and thus reduce (as far as possible) the risk of new cases appearing and/or reduce their duration

**Secondary prevention:** activities aimed at detecting and treating pre-symptomatic disease to avoid development, increase effectiveness of treatment and/or reduce cost

**Tertiary prevention:** activities aimed at reducing the incidence of chronic incapacity or recurrences in a population, thus reducing the functional consequences of an illness, including therapy, rehabilitation techniques or interventions designed to help the patient to return to educational, family, professional, social and cultural life

Public Health holds many of the answers to the problems our healthcare system currently faces if we work with the system and adapt local work to address local need.

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**Tackling the Top 10 Health Risks**

1. Tobacco smoke
2. High blood pressure
3. Obesity
4. Poor diet
5. High cholesterol
6. Low physical activity
7. High blood pressure
8. Poor air quality
9. Drug and alcohol misuse
10. Low mental wellbeing

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**Tackling the root cause of health problems**

We want the Health and Social Care system in Northamptonshire to deliver prevention appropriately across all three levels of support. We will create the structures to do so, which will relieve pressure on urgent and emergency services and release funding for greater investment in avoiding ill-health in the long term.

We will do this by working with partners to address the root causes of poor health and social outcomes, often referred to as the wider determinants of health.

Wider Determinants of Health: From Dahlgren & Whitehead

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Northamptonshire County Council
Funding and Resources

### Budget

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>2018-19 £m</th>
<th>2019-20 £m</th>
<th>2020-21 £m</th>
<th>2021-22 £m</th>
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<tr>
<td>Original Base Gross Budget</td>
<td>51.983</td>
<td>50.501</td>
<td>49.344</td>
<td>49.334</td>
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<tr>
<td>Inflation</td>
<td>0.089</td>
<td>0.096</td>
<td>0.149</td>
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<td>Reduced PH Grant spend</td>
<td>(0.918)</td>
<td>(0.918)</td>
<td>0.000</td>
<td>0.000</td>
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<td>Gross Expenditure</td>
<td>50.154</td>
<td>50.332</td>
<td>50.481</td>
<td>50.631</td>
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<td>Total Forecast Income</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Public Health Grant</td>
<td>(34.784)</td>
<td>(33.866)</td>
<td>(33.866)</td>
<td>(33.866)</td>
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<td>Other External Income</td>
<td>(10.785)</td>
<td>(10.785)</td>
<td>(10.785)</td>
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<td>Total Income</td>
<td>(45.569)</td>
<td>(44.651)</td>
<td>(44.651)</td>
<td>(44.651)</td>
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<td>Net Budget</td>
<td>5.585</td>
<td>5.681</td>
<td>5.830</td>
<td>5.980</td>
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### Resources

#### Public Health Grant
The Public Health grant is expected to reduce by circa. £0.9m in 2019/20. The grant is currently ring-fenced, meaning it can only be spent in accordance with certain conditions that are focused on improving the health of the local population. This arrangement is expected to remain in place until the end of 2019/20. Public Health services will then be funded from local business rates. Northamptonshire County Council is currently committed to retaining investment in public health in 2020/21 at the same level as 2019/20.

### Spending Pressures

#### Increasing Demand
Many of the Public Health grant funded services we commission are demand-led, meaning that the level of activity the service undertakes is difficult to predict. If demand rises, this can result in a financial pressure. The services where this is a challenge, and where the new team will be focusing efforts to control spend, are:

- NHS Health Checks
- Sexual health services
- Incident response (e.g. flooding, infectious disease outbreaks, etc.)
- Coronial services (e.g. body removal, storage, post mortem services, etc.)

### Public Health

#### Restructure
In order that the Director of Public Health (DPH) can execute their statutory duties, expert support is required. This has been inadequate within NCC for some time. Following the appointment of a new DPH, the Council has committed to a departmental restructure which will see a new Public Health team being formed, including specialist trained Public Health Consultants, Principals and Practitioners. They will be supported by expert commissioners, analysts, emergency planners and subject matter experts.

* Assumes the additional £180k funding to implement the community based solution will be funded centrally
* Assumes the same level of external income and PH Grant from 2019-20 to 2021-22 and any reductions in grant income will be offset by reduced expenditure
## Funding and Resources

### 2018-19 Budget Summary for Public Health and Wellbeing

<table>
<thead>
<tr>
<th>Service Type</th>
<th>2018-19 Commitment</th>
<th>Public Health Grant (ringfenced)</th>
<th>Income</th>
<th>NCC Budget</th>
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<tr>
<td></td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
<td>£k</td>
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<tr>
<td>First for Wellbeing Managed Services</td>
<td>12,614</td>
<td>776</td>
<td>8,452</td>
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<td>First for Wellbeing Commissioned Services</td>
<td>4,909</td>
<td>4,869</td>
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<td>Management, Commissioning &amp; Central Support Services</td>
<td>1,102</td>
<td>373</td>
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<td>730</td>
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<td>First for Wellbeing CIC - Total Annual Budget*</td>
<td>18,625</td>
<td>6,018</td>
<td>8,452</td>
<td>4,155</td>
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<tr>
<td>Services Outside First for Wellbeing</td>
<td>30,996</td>
<td>27,233</td>
<td>2,333</td>
<td>1,430</td>
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<td>Frailty Programme</td>
<td>1,533</td>
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<td>0</td>
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<td>Services Outside First for Wellbeing Total</td>
<td>32,529</td>
<td>28,766</td>
<td>2,333</td>
<td>1,430</td>
</tr>
<tr>
<td>Overall Total</td>
<td>51,154</td>
<td>34,784</td>
<td>10,785</td>
<td>5,585</td>
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<tr>
<td>Total Available Funding</td>
<td>51,154</td>
<td>34,784</td>
<td>10,785</td>
<td>5,585</td>
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<tr>
<td>Budget (surplus)/overspend</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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