



West
Northamptonshire
Council

Carer Strategy

2024 - 2029

Draft v0.9

Foreword

Many people become carers for someone that they know and love at some point in their lives– it may be a relative, friend or neighbour. For many, this will be a natural role that is taken on and is done without knowing how it may impact them. Many do not even consider themselves as a carer.

Information from the 2021 Census, shows us that there were 31,000 carers in West Northamptonshire that identify themselves in a caring role. This is 7.5% of the local population and includes people from a variety of ethnicities and ages, including children. However, only approximately a third of these carers are currently known to our services, therefore may not be benefitting from information, signposting and support that is available to them. This is something we are committed to improving, to ensure we continue to work closely and support our local carers.

Being a carer is a truly selfless role, often putting the needs of a loved one before their own, however it is not easy and does not go unnoticed. Today, the demands both on our carers themselves and care system are greater than ever before – and they are set to continue to grow. Carers are vital in supporting people to stay as healthy as they can be and live fulfilling lives, but carers need looking after too.

Here at West Northants Council, this new carer strategy puts a spotlight on our carers and how we will provide the vital support and information for you. Over the next five years we will focus on a series of priorities chosen by local carers following a detailed self-assessment against our statutory duties and engagement with the people of West Northamptonshire.



Councillor Matt Golby
Chair of the
Health and Wellbeing Board

This strategy has been developed together with local carers living in West Northants, and recognises the increasingly important role that carers play in our society and how together with partners, we must improve the help and support available to them. This includes localised support where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy.

We know we cannot achieve this alone. It is only by working together with our partners such as; health and voluntary sector organisations, as well as continuing to work closely with our carers themselves that we can effectively implement actions that support our carer priorities, with the right measurements in place to ensure our actions are making a difference.

There is a journey ahead of us and I am passionate that together we will make a difference to our carers and give the right support to help them continue to provide such a tremendous contribution to their families, communities, workplace and society.

Carer foreword

Being defined by one word is a big responsibility that can either make or break our universe but it is one that is taken for granted, carer. Most of us have been defined from a young age never knowing that it was a choice that we could challenge. The new strategy that we are embarking on hopes to help clarify what that role is, how to attain the help needed and challenge the stigma and stereotyping of what a carer knows and understands about the person in their care. The biggest gain to this document is how to be kind to ourselves as carers.

To my mind, this role acts as the gateway, glue and fixer for the service, staff, patients and pretty much anyone who needs us. It is the ambassador who connects, listens, and advises, mostly in the background ensuring the person being cared for is well versed and emotionally ready for the challenge of each day and situation.

Our healthcare system is so important as it is something everyone will have to access at some point in their life, from the time we come into this world and until we leave it. We are part of the privileged few that can work to make it better and in doing so, have an obligation to do it well through values of compassion and culturally aware environments.



Pat Marshall
Carer expert by experience,
& co-producer of this strategy

The world around us is changing and our healthcare processes, training, and access to services, needs to change with it. We need to work together to change attitudes one step at a time in our diverse community and with this, show generations to come that community spirit and understanding, leads to happy minds and bodies within our county.

Nothing great is ever easy to attain, but the right attitude and understanding of when to use skills and knowledge developed from strategic awareness, in-depth operational and inter-personal expertise, will help our partnership translate into a successful venture for all.



Introduction

This strategy is for all unpaid carers that live in, or care for someone that lives in, West Northamptonshire.

Who is a carer?

A person that provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, that is paid to support people.

Think Local, Act Personal definition (TLAP)

The strategy sets out what we will do to improve the health and wellbeing of carers. We will ensure carers are respected and that we understand more about what it means to be a carer. We will develop high quality support services for carers that meet their needs and improves their lives as carers. We will recognise carers and value them as partners in delivering services.

This strategy has been written with carers that are experts by experience (EBEs). EBEs are local people that are carers themselves. They have been part of a co-production group to write this strategy from a West Northamptonshire carer viewpoint.



What is co-production?

When you as an individual are involved as an equal partner in designing the support and services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.

TLAP definition



The vision

For this strategy, we worked together with carers to create a vision for the future so all carers can:

- Recognise they are performing a caring role
- Know where to go to ask for support
- Carry on in the caring role if they choose to
- Have access to timely, good quality information and advice when they need it
- Receive training in the condition for the person they care for, if they want it
- Live their best life alongside being a carer
- Be able to work, take part in education and activities alongside their caring role
- Take a break from caring when they need it
- Receive help and support to remain physically and mentally well
- Receive support to plan for the future, both in the caring role and afterwards

For every hundred carers in West Northamptonshire...

Number of carers per household

78 homes have 1 carer
19 homes have 2 carers
2 homes have 3 carers
1 home has 4 or more carers

Unpaid care hours

52 provide 19 hours or less a week
20 provide 20 - 49 hours a week
28 provide 50 or more hours a week

Male and female carers

49 are men
51 are women

Carers by age

2 are aged 15 and under
5 are aged 16 - 24
9 are aged 25 - 34
24 are aged 35 - 49
37 are aged 50 - 64
14 are aged 65 - 74
7 are aged 75 - 84
2 are aged 85 or older

Carer statistics*

For every hundred carers in West Northamptonshire...

Carers that also work

36 carers also work full-time
19 carers also work part-time
45 carers do not work outside of caring

Main carer language

95 speak English or Welsh
2 speak other European languages
2 speak Asian languages
1 speaks an African language

Ethnicity of carer

89 are white
4 are Black, Black British, Black Welsh,
Caribbean or African
4 are Asian, Asian British or Asian Welsh
2 are Mixed or Multiple ethnic groups
1 is from another ethnic group

Carers and disability

64 are not disabled under the Equality Act: No long-term physical or mental health conditions
18 are disabled under the Equality Act: Day-to-day activities limited a little
10 are not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited
8 are disabled under the Equality Act: Day-to-day activities limited a lot

Increase in carers

The 2021 census showed that the population of West Northamptonshire had increased by 13.5% since the previous census. This was the second highest increase in population in the East Midlands.

If that percentage increase was applied to carers, by 2031 there could be 36,006 carers in West Northamptonshire. This represents:

- 428 more carers per year and is over and above those that cease to be carers
- The total number of carers increases by 36 new carers every month and will continue to rise as the population increases.

Engagement

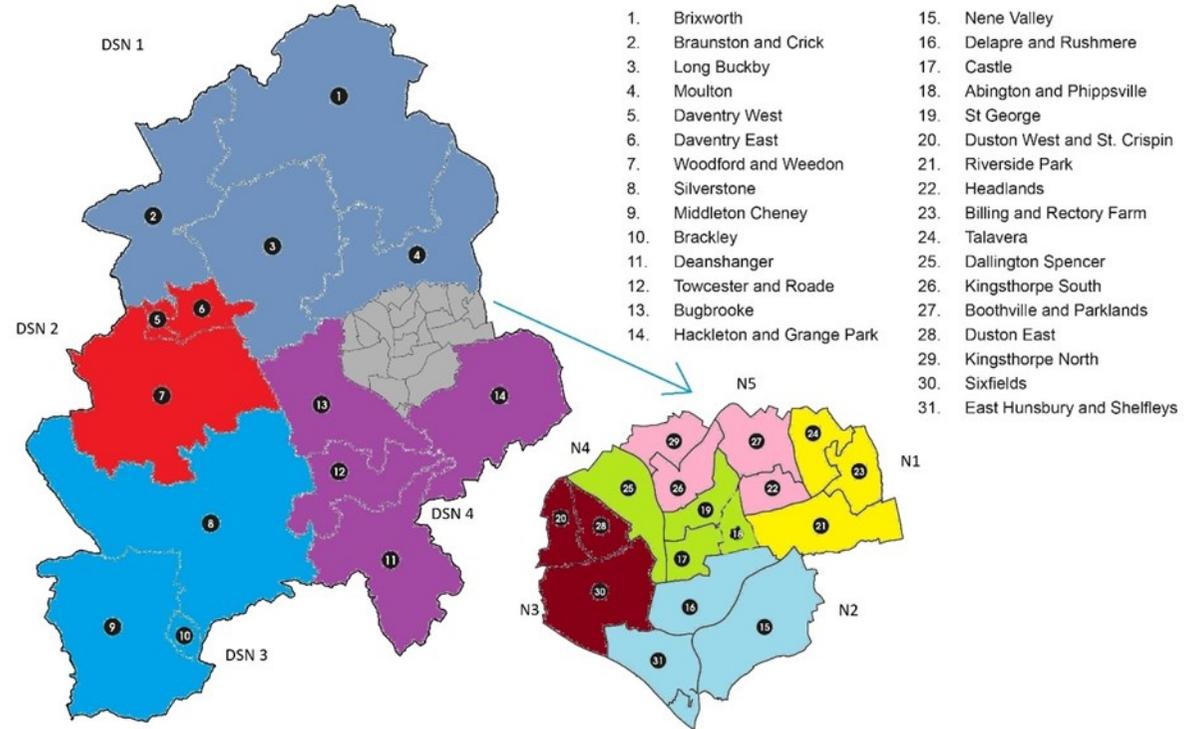
Before we could write this strategy, we wanted to seek the views of carers in West Northamptonshire.

We held face-to-face engagement events in each of West Northamptonshire's Local Area Partnerships.

We held these events at different times of the day to give carers the best opportunity to attend one of the sessions if they wished to. These included mornings, afternoons and evenings. We held two online events and offered an online written questionnaire. The results of the engagement were shared with the EBEs and helped them to decide on a list of priorities to support carers. These priorities are the main themes of this strategy.



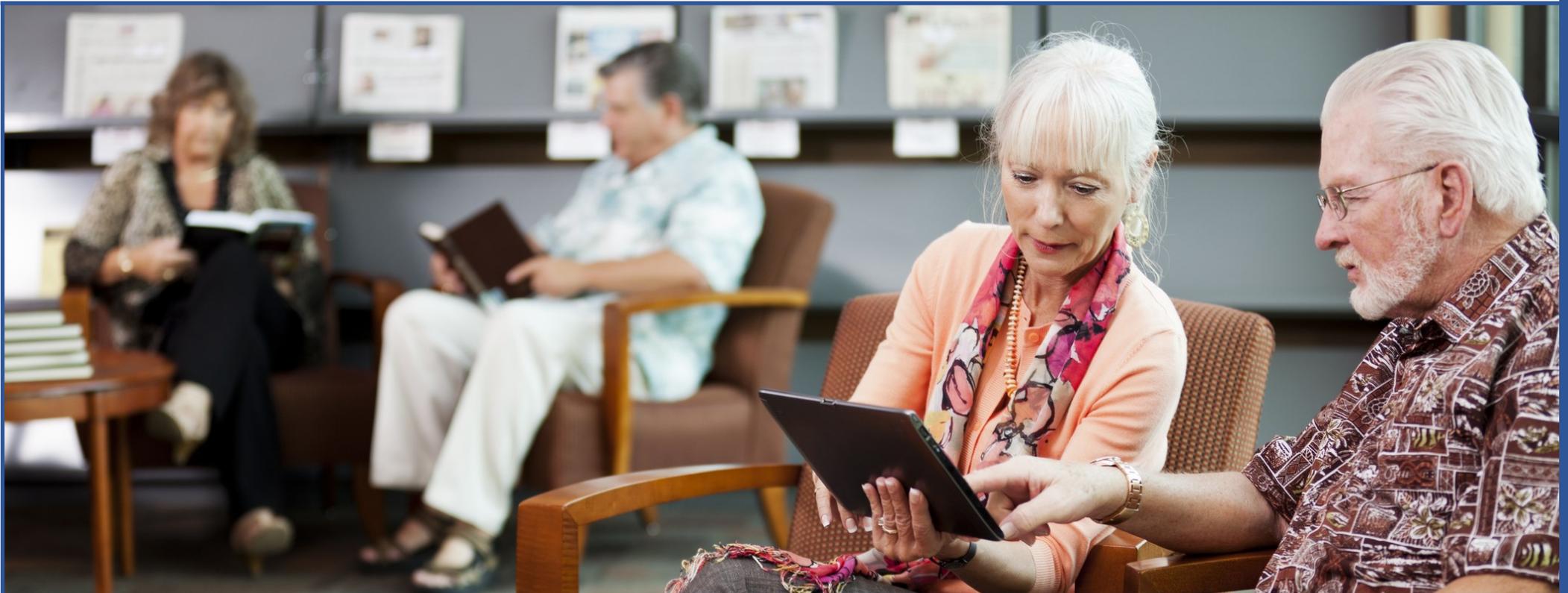
West Northamptonshire Unitary | Electoral Wards



Why a strategy?

The strategy will be a framework for developing support for carers. Not just as a one-off but as a progressive process of positive change over the next 5 years. It recognises the increasingly important role that carers play in West Northamptonshire, alongside the wide variety of caring roles and the diversity of those within these roles, and it acknowledges that carers need more help and support than has been available in the past. Furthermore, this support should be joined up, particularly when accessing services across both health and social care.

The Care Act (2014) and Children and Families Act (2014) set out what support local authorities must provide for carers, as well as the cared for person. West Northamptonshire Council delegated these responsibilities when it commissioned Northamptonshire Carers to deliver these services for its residents.



Where are we now?

Unpaid carers contribute the equivalent of 4 million paid care workers to the social care system. Without the unpaid carer, the system would collapse, so it is vitally important that we continue to support and aim to improve support where we can. Northamptonshire Carers have been commissioned to provide services on behalf of the council for a number of years. However, what professionals are aiming to deliver and unpaid carers' experiences of support and services they receive might be different. To better support unpaid carers in West Northamptonshire, commissioners and services need to maintain a good understanding of their populations. To understand how unpaid carers feel as we start this new strategy, we looked at the recently completed national carer survey. This found in West Northamptonshire:

- Carers who accessed services were generally happy with them
- Only 1 in 5 carers said they had as much control as they needed
- 7 out of 10 carers said that the information/advice they received was helpful
- Overall carers reported feeling tired, depressed and stressed

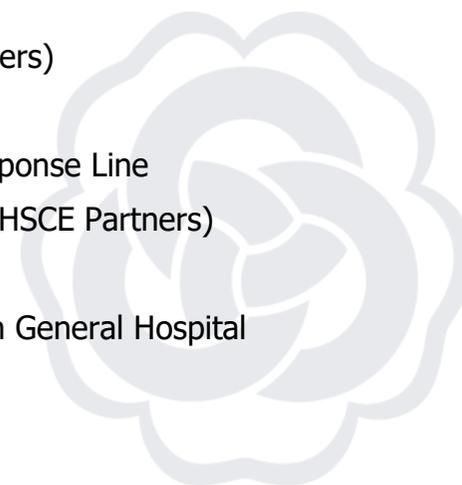
What support can carers currently access in West Northamptonshire?

Carer support services are provided by Northamptonshire Carers. Northamptonshire Carers are commissioned by to provide these services as well as carer assessment and reviews.

Their website has lots of useful information and can be accessed on the following link: www.northamptonshire-carers.org/

Examples of services currently offered for carers across West Northamptonshire:

- > Statutory Carers Assessments and Support Services
- > Universal Carers Support Programme including general advice and guidance, helplines etc, Emergency Respite Care and Sitting Services.
- > Targeted Carers Support Programmes for Mental Health & Learning Disabilities, Children and Young Carers, Bereaved Persons and Dementia
- > GP Accreditation Schemes
- > Breathing Space and Long Covid Support
- > Primary Care Network Age Well Team Members
- > New Long Term Condition Groups – Dementia/COPD/Diabetes/Sickle Cell/Fibromyalgia
- > Befriending (through VHSCE Partners)
- > Test and Learn Schemes
- > Dementia Proactive and Crisis Response Line
- > Community Responder (through VHSCE Partners)
- > Overnight Sitting Service
- > Discharge support at Northampton General Hospital
- > Social Prescribing delivery partner



Carer self-assessment

To check the council was satisfying its statutory duties under the Care Act (2014), we carried out a carer self-assessment at the end of 2023. The self-assessment identified ways in which the council could improve its offer to carers. They are:

Help support people to recognise themselves as carers

People may not recognise themselves as a carer as they support someone they may do in a natural caring role e.g. their child. However, the difference is providing support to someone that might be ill or have a disability.

Identify more carers for support

Northamptonshire Carers keep a record of people that receive services. There are currently 10,984 (Dec 23) known to the service. According to census records (2021), as many as 33,007 could be a carer in 2024 over the age of 5, so there is a shortfall of as many as 22,000 carers in those known to services. These carers may not be receiving any support at all or not all of the support they could be accessing. Indeed, they may not yet recognise themselves as carers.

Personal budget

Improve the assessment of a carer and in particular the calculation of a personal budget. A personal budget is money that is allocated by a local council to pay for care or support to meet eligible, assessed needs. The money comes solely from adult social care. An individual can take a personal budget as a direct payment, or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two. Many of the services carers receive are through Northamptonshire Carers and would be classed as a managed budget. Some carers choose to receive a Carers Support Payment as a Direct Payment but there are inconsistencies in this process. People may attend several of the support groups offered but the cost of this is not included in a carer's personal budget. The support a carer receives is developed with the assessing person and written into a Support Plan.

Carer and the cared for person assessments

Currently, council staff assess a cared for person and Northamptonshire Carers assess the carer. The Care Act (2014) states that with consent, the cared for person should be consulted as part of the carer assessment and vice versa. However, there are inconsistencies with how this is delivered.

Reviews of carer support plans

The self-assessment highlighted that not enough carer reviews had taken place. This is where a carer's support plan is reviewed to see if the support has met the assessed need or if the plan needs to be changed. These should be after six months when a Direct Payment is given and yearly for the support plan.

National strategy

There is no current government national strategy for carers. The last strategy was, Carers at the heart of 21st-century families (2008-2018) and the, Carers Action Plan 2018 – 2020

NHS Long Term Plan

The NHS Long Term Plan published in 2019 set out some priorities for carers:

- More options for phone or screen-based consultations at home, rather than hospital out-patient appointments – which can be difficult to attend.
- Consultants going out to GP surgeries, rather than expecting patients to come to them.
- The roll out of 'top tips' for GPs, which have been developed by young carers, which include access to preventive health and social prescribing, and timely referral to local support services.
- Improving the recognition of carers and the support they receive. This includes a plan to introduce quality markers for primary care that can highlight best practice in carer identification and support. It will also include the adoption of carers' passports in health settings.
- New commitments to helping carers when things go wrong. For example, the plan suggests that more carers will understand their 'out of hours' options.
- More carers will have "contingency conversations" so carers have appropriate back up support in place, if and when they need it.
- An ambition to 'bring down waiting times for autism assessments' and the aim to 'improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing', plus to ensure that the NHS is 'working more effectively with people with autism and their families'.
- The plan states that the NHS wants to 'provide the right care for children with a learning disability'.
- Mental health support available to a wider range of children and young people through community services and schools in England.
- A new approach to young adult mental health services for people aged 18-25 with an aim to support the transition to adulthood.
- Increased early detection of cancer through better testing and giving every child diagnosed with cancer, a comprehensive DNA test to determine the best way to target treatment.

The National Institute for Health and Care Excellence (NICE) carer guidance

NICE guideline [NG150] Published: 22 January 2020

Nice carer guidance covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support. It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care.

The guidance includes two quality standards and covers the following topics:

- Information and support for carers
- Identifying carers
- Carers' assessments
- Helping carers stay in, enter or return to work, education and training
- Social and community support for carers
- Training to provide care and support
- Psychological and emotional support for carers
- Support during changes to the caring role and during end of life care

Care Act (2014)

The Care Act (2014) introduced a series of duties for councils specifically aimed at carers. The following is a summary published by Partners in Care in December 2023:

- Carers have parity of esteem (placed on an equal footing) with those they care for. They have entitlements to care and support in their own right and can be eligible for support, even if the person they care for has refused support or is not eligible.
- Councils can meet a carer's needs for support by providing this to the person being cared for, even where the carer is not eligible (subject to their consent).
- Councils must provide and maintain an information and advice service for all carers about what can be done to help them (and those they care for) prevent, reduce or delay the development of longer-term needs for care and support, and to help them look after their own wellbeing.
- A carer's eligibility for an assessment is based solely on them having the 'appearance of need' for care and support. Councils must offer an assessment on this basis.
- Councils have a duty to conduct a 'transition assessment' when a child, young carer or parent-carer is likely to have needs for support when they, or the person they care for, transitions to the adult care system.
- Eligibility for support is based solely on whether the carer's role has (or is likely to have) a significant impact' on their wellbeing and as a result they are unable to achieve one or more of the wellbeing outcomes described in the Care Act; this is a lower threshold than the person being cared for, whose eligibility is based on being unable to achieve two or more of these outcomes.

- There are no requirements for carers to be providing substantial and regular amounts of care, or for a set number of hours, to be eligible for an assessment or support. This is important where carers may be providing care that fluctuates over time.
- Councils must arrange an independent advocate for any carer who would find it difficult to participate in their assessment and support planning where there is no-one else to help.
- Councils need a process in place for carers which effectively mirrors the requirements of assessment and care planning for people who draw on services - including offering carers who are "able, willing and [have] capacity to undertake it" what is called in Chapter 6.44 of the guidance a 'supported self-assessment.' Where a carer does not wish to self-assess, then councils must undertake another type of assessment.
- Carers must be given a written copy of a council's decision about their eligibility for support.
- Carers eligible for support must get a support plan, including a personal budget "sufficient to meet their care and support needs" that can be spent in a number of ways. Carers must always be offered the option of taking some, or all, of their personal budget as a direct payment.

Children and Families Act (2014)

The following are from a Local Government Association (LGA) guide.

Local authorities must:

- Assess whether young carers in their area have support needs and, if so, what those needs are.
- Ask the young carer and their parent for their views during the assessment.
- Take reasonable steps to identify young carers in their area who have support needs.
- Ask anyone else the young carer or their parent wants them to ask about their needs as part of the assessment (e.g. a young carer's support worker, or the parent of a friend of a young carer).
- The assessment must be appropriate and proportionate to the needs and circumstances of the young carer.
- The council must consider the young carer's: age, understanding and family circumstances; wishes, feelings and preferences; what the young carer is looking for from the assessment ("outcomes"); any differences of opinion between the young carer, the young carer's parents and the person cared for (in relation to the care).
- Before the assessment the council needs to give information about the assessment that mean the young carer, their parent, the cared for person, or anyone else the young carer or parent wants involved in the assessment can take part in the assessment.
- The assessor must be appropriately trained; have enough knowledge and skills to carry out that assessment.

- The LA must consider any other assessment that's been carried out either for the young carer or the person who is cared for (where relevant).
- The local authority must assess: the amount, nature and type of care the young carer provides; the extent to which this care is relied upon by the family, including the wider family, to maintain the well-being of the person cared for; whether the care which the young carer provides impacts on the young carer's well-being; whether any of the tasks which the young carer is performing when providing care are excessive or inappropriate for the young carer to perform having regard to all the circumstances, and in particular the carer's age, sex, wishes and feelings.
- After the assessment the council must: give a written copy of the assessment to the young carer and their parent (and anyone else the young carer or their parent asks them to), decide whether the young carer has support needs, if services the Council provides could meet those needs, and whether to provide services. This could involve giving help to the person that the young carer looks after, so that the young carer does not have to do so much caring.
- After the assessment the council must decide: If any of the young carer's needs for support could be prevented by providing services to: the person cared for, or another member of the young carer's family; what the young carer's needs for support would be likely to be if the young carer didn't have to do any / all of the caring; any actions to be taken as a result of the assessment; and the arrangements for a future review.
- The council must also identify the young carer's friends and family and consider how they can help to meet the young carer's outcomes.

A young boy with dark hair, wearing a grey hoodie and a black harness, is seated in a wheelchair. He is smiling and looking towards a young woman with long blonde hair. The woman is also smiling and looking down at an open book she is holding. The book has a yellow cover. They are in a brightly lit room, possibly a library or a community center, with shelves and books visible in the background.

Strategic priorities

After reviewing the self-assessment and engagement feedback, the co-production group decided on a series of priorities for this strategy.

Those priorities are listed in the following pages, along with some actions needed to support their implementation.

Priorities

Reduce the waiting time for a carer assessment

Supporting carers to recognise themselves as carers

Identifying carers for support

Carers and cared for person more joined up assessment

Actions to implement these priorities: we statements... We will...

1. Introduce a triage system for carer referrals (carer crisis will be a priority)
2. Launch a campaign for the right to an assessment
3. Provide information for carers at the time of the cared for person's diagnosis

1. Initiate a raising awareness campaign using social media and target hard to reach groups
2. Tell carer stories so people identify with their own life
3. Produce podcasts for carers

1. Provide a one-stop information shop for carers that will move around the LAPs
2. Use plain, non-jargon language (and in other than English)
3. Use existing resources and learn from others

1. Review assessments (WNC and Northamptonshire Carers)
2. Scale assessments according to need, circumstances, choice and in a sensitive way
3. Carry out a joint assessment with consent

Priorities

A one stop shop for carers to go to for advice, support and signposting

A directory of support for carers that's easy to follow

Increase the respite choice and availability

Support when carers are at crisis point in a timely manner with agreed timescales

Actions to implement these priorities: we statements... We will...

1. Provide a One-stop information shop for carers - move around the LAPs
2. Provide information, support, signposting and social opportunities
3. Work with NHS colleagues to support understanding more about conditions

1. Produce a WNC carer guide
2. List forms of support, benefits, legal (PoA, mental capacity), DVLA guidance, advocacy, debt management, rights, Blue Badge
3. Include a glossary of terms and FAQs.

1. Understand what respite means to different people and support them to obtain respite
2. Ask you what it means to have your own time as a carer
3. Commission respite services with carers using co-production

1. Support carers in a timely manner
2. Triage and provide response times depending on need
3. Explore alternatives to attending hospital such as using paid crisis workers at short notice

Priorities

Carers voices and views heard and respected by professionals as an EBE

Keeping carers healthy: physically and mentally

Carer training, specifically in the condition that the cared for person has

Future planning, particularly for degenerative and terminal conditions

Actions to implement these priorities: we statements... We will...

1. Use the experience of carers in training professionals
2. Use advocacy groups or develop a carer support worker to represent carers
3. Improve transparency, use language that is easy to understand and we will be more caring

1. Ask what the carer wants
2. Improve the quality of our assessments and be more in-keeping with the Care Act
3. Review the carer support plan not longer than annually

1. Provide free carer training and inform carers that it is available
2. Work with health colleagues for specialist condition-specific training
3. Link to training that is already out there and provided by others

1. Incorporate this into the guide - knowledge of advance care plans etc
2. Support carers to plan early
3. Provide information on Advanced Decisions to Refuse Treatment, wills, who pays for what, NHS Continuing Healthcare etc

Priorities

Carers help shape the market with commissioners

End of life support for carers

Address the postcode lottery for services and support, particularly in rural areas

Address the transport limitations

Actions to implement these priorities: we statements... We will...

1. Ask carers what the gaps are for them and involve carers in provider forums so they can influence others
2. Use co-production to develop services that are fit for purpose
3. Use carers for scoring tenders

1. Support carers with dying well
2. Teach carers the signs of end of life in carer training, so they are prepared
3. Work with NHS colleagues to improve support for carers when the cared for person is in hospital

1. Ensure there is consistency in services provided across WNC
2. Assess for gaps in services based on location
3. Identify additional sources of funding (or re-direct) where there are gaps in services resulting in a post-code lottery

1. Include what transport is available in a carer guide for WNC
2. Explore a volunteer driver scheme
3. Deliver more services locally, so that carers do not have to travel

Overarching Priority

Work towards health and social care being more joined up to avoid multiple conversations. This includes commissioning carer services.

Actions to implement the priority.
We will...

1. Work more closely with the NHS to reduce multiple conversations
2. Explore further knowledge sharing between WNC and the NHS
3. Work towards commissioning carer services jointly

An action plan will be developed for this strategy with input from a variety of groups and services, including Young Carers and people from communities that are underrepresented in services.



Outcomes Framework

Our experts by experience have included a set of I statements. The I statements can be used to hold the council to account on successful delivery of the strategy:

- I recognise myself as a carer
- I feel that what I do as a carer is recognised, understood and valued
- I feel the communities around me understand my situation and support me to have a choice which is meaningful and appropriate
- I feel that I am supported to look after my own health and wellbeing
- I have access to good quality information and advice which is relevant to me in my caring role
- I have access to training on the condition the person I care for lives with
- I am signposted to support which enables me to maintain my caring role
- I get to have a break and some time for myself which will give me an opportunity for a life outside of caring
- I am able to balance caring with my education, paid work, volunteering, and / or personal interests
- I am listened to and feel part of the team, planning and delivering care for the person I care-for, and developing service models with commissioners as an equal
- I know where to get help from when I need it including when things go wrong, challenging decisions, and getting my voice heard as an equal
- I feel supported when I am no longer able or willing to be a carer or my caring role ends
- I can make plans for the future

Outcomes Framework

We will measure progress against the priorities in this strategy and strengthen transparency and accountability. Importantly, we will measure how well care and support services achieve the outcomes that matter most to people. Our EBEs felt we should do this after the strategy has been in place for two of the five years it runs. This would then give us the opportunity to change focus, if this is required.

There are several ways we can check the progress of the strategy. From a purely numbers point of view, we can look at:

- How many more people are identified as carers
- How many people receive a carer assessment and have their support plan reviewed at least yearly
- How many people are given advice on benefits and services
- How many people are signposted to access services designed to support carers
- How many people take part in training
- How many people take part in hobbies or courses
- How many people access respite services
- How many people are supported to produce crisis plans
- A reduction in the number of people experiencing carer crisis
- How many people are supported to plan for the future

These are useful measures for the council. However, what matters to individual carers are the effects on them of being in a carer role, when they might have a job, other people and themselves to care for. This affects their quality of life and both physical and mental

health. Our carer experts by experience wanted us to look at measuring this, so we will introduce some tools, collectively known as patient reported outcome measures. These are specifically designed for carers around their quality of life and what is known as carer burden; how hard caring is for them and how it affects their wellbeing. By using these tools when first working with carers and then at intervals thereafter, we can show that the support they are receiving is helping and for the carer to see that they are benefitting from these interventions.

We will also use a health inequality impact tool. There is considerable evidence of significant inequalities in health. Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across society. Tackling health inequalities is therefore a core part of improving access to services, quality of services, and health outcomes for the whole population.

Health inequalities may be brought about by:

- Different experiences of the wider determinants of health, such as the environment, income or housing.
- Differences in health behaviours or other risk factors, such as smoking, diet and physical activity levels.
- Psychosocial factors, such as social networks and self-esteem.
- Unequal access to or experience of health services.

These conditions influence our opportunities for good health and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.



West
Northamptonshire
Council

Feedback

Please send any feedback you have on this strategy to:
carerstrategyfeedback@westnorthants.gov.uk