



Making Your Voice Count

An Exploration of Mental and Physical Wellbeing in Northamptonshire



March 2025





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Introduction and Background

In January 2023, the 10-year *Live Your Best Life Strategy* was published by Integrated Care Northamptonshire with the aim of improving the outcomes for the health, care and wellbeing of local people¹.

The strategy outlined 10 Core Ambitions which included:

- 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.

The Make Your Voice Count Project was designed with the aim of gaining a greater understanding of people's current physical and mental health and their wellbeing, including how they manage their wellbeing, with an aim to support individuals within the community through our findings. One of Healthwatch North and West Northamptonshire's (HWNW) core functions as an organisation is to hear the views and experiences of health and social care from the people within our community. A common theme found within the feedback we receive from engaging with individuals locally is focused around mental and physical wellbeing, so we utilised this information and decided to embark on a 4-month campaign to engage with people locally and to hear their views and experiences with their own health.

¹ <https://www.icnorthamptonshire.org.uk/icp/#IntegratedCareNorthamptonshireStrategy2023-IntegratedCareNorthamptonshireStrategy2023>



The project wanted to look at what influence's peoples mental and physical health, what they feel is working well to support this and what they feel could be improved. To ensure that the data we were collecting could directly influence the local public health systems, we met with members of North and West

Northamptonshire's Councils to discuss our project. Together we looked at some of the wider determinates of health and wellbeing as outlined in the 10 Core Ambitions of the *Live Your Best Life* strategy. We also consulted Joint Strategic Needs Assessments (JSNAs) which were used to ensure we were familiar with the local area's deprivations and areas where health inequalities were evident, as well as to review demographic data to help structure our approach^{2,3}.

HWNW created a Task and Finish Group comprised of members of HWNW's Planning Group, Authorised Representatives from the organisation, as well as members of the West and North Northamptonshire councils, to develop the project approach and survey questions. The group helped to construct and pilot the survey, which ensured that the questions were coproduced and reviewed prior to the survey launch.

Methods

For this project, our Task and Finish group led the development of the survey and its' data collection strategy. The group designed the questions, key themes and topics which would be used within the research for the project, this was done based on previous identification of what would support local strategies and priorities. The aim of this project was to understand people's experiences of managing their mental and physical wellbeing, exploring what are helpful supports and strategies and to identify the current barriers and types of support individuals would like to have available to them, in order to better manage their health and wellbeing.

The data collected was both qualitative and quantitative, prioritising the use of free text boxes where appropriate, which allowed for individuals to share their views on the questions in their own words. All qualitative feedback was

² <https://www.westnorthants.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment-jsna>

³ <https://www.northnorthants.gov.uk/health-and-wellbeing-board/reports-and-assessments/jsna-local-insight-mapping>



thematically analysed to group identified patterns and the common themes we heard from participants.

The key theme questions that were asked to be included as part of the research were the following:

- Thinking about future health and wellbeing
- Rating current mental and physical wellbeing
- Taking steps to prevent new or additional health conditions that could require ongoing medical care
- Rating current ability to manage one's own health and wellbeing
- Naming three things that work well to positively support your mental and physical wellbeing
- Identifying information, services and support that would be helpful in preventing poor overall health and/ management of existing conditions
- Naming three things people liked and disliked about living in Northamptonshire

In addition to the survey questions, we also collected select demographic data that the Task and Finish group felt relevant to the project. The demographic questions asked were the following:

- Age
- Gender
- Current financial situation (relating to the cost of living and ability to afford necessities and spare income, as well as its known impacts on mental health⁴)
- Postcodes
- A "tell us about yourself" which included the ability to choose factors such as; housing status, sex workers, refugees, LGBTQ+, travellers, veterans, neurodiversity, autism, learning disabilities, a disability or sensory impairments, ethnic minorities and living in deprived areas

Survey Distribution and Engagement

The survey was made live on July 8th, 2024 and ran until November 1st, 2024. The survey was shared by HWNW extensively across social media and HWNW online

⁴ <https://www.mentalhealth.org.uk/explore-mental-health/cost-of-living>



resources. Local partnership agencies and organisations were encouraged to share with their service users as well as their newsletters and social media. We encouraged participants to answer our survey through the virtual/online link, but we also offered to provide printed versions to any individuals who could not access the survey online and for those experiencing digital exclusion.

HWNW created online marketing materials and graphics, as well as physical posters and flyers with the survey QR codes, which were shared when undertaking community engagement and provided to local services and community partners (see appendix A).

HWNW shared the MYVC campaign and survey links through the following resources:

- Healthwatch North and West Northamptonshire website
- 4 of the HWNW monthly newsletters
- Healthwatch Northamptonshire volunteer communications
- Facebook posts
- X (formally Twitter) posts
- Instagram posts
- A guest slot on NLive Radio

The survey was also shared at 12 community events that Healthwatch North and West attended during the life of the project as a part of the campaign's engagement. These included:

- Northampton Carnival
- Oundle Library
- Irthlingborough Library
- Corby Pride Celebration
- Wellingborough's Party in the Park
- Breathing Space Northampton
- Party in the Park Rushden
- Daventry Emergency Services Day
- Healthwatch North and West Northamptonshire's Community Picnic
- University of Northampton's Careers Event



- Delapre Abbey/ The Lowdown's Youth Day
- Chatty Café Kettering

The events which HWNW staff attended offered opportunities for our team to engage with the public and to encourage individuals to scan the QR code to take part in our survey, or to answer our survey on a paper version - ensuring we were mindful of those who may experience digital exclusion.

Our focus group partnerships

In addition to our survey which was shared with the residents of Northamptonshire, we also conducted 6 focus group sessions with different community partner's service users and 1 informal discussion around the focus group topics with the Protected Traveller community. We designed the focus groups to ask two of the questions we included in our survey, which were about what individuals liked and disliked about Northamptonshire.

This was a valuable approach because it allowed us to connect with groups of participants on a personal level, allowing for reflection, group discussion and the collection of qualitative data. Individuals were able to provide their opinions in a safe and confidential environment supported by their peers. The approach for the focus groups was to first have a Healthwatch representative conducting the focus group to begin the session by introducing and explaining the purpose for the MYVC project and the intended impact of the project, emphasising how sharing their voices could influence local service change.

When hosting our focus group sessions, we incorporated the feedback we received about the environment and local area offers with a discussion around how one's physical environment can affect an individual's mental and physical wellbeing. The focus groups approaches were adapted to fit the needs of those participating, ensuring that we approached the topics with care and allowed for all participants to have a chance to share their experiences and views.

Our partnership with Northamptonshire Carer's Breathing Space allowed our organisation to access an older demographic of individuals including those



individuals who are experiencing dementia, vulnerable individuals and individuals who are in care.

Our partnership and research with Bridge substance misuse service in Corby allowed our organisation access to those who have experienced drug and alcohol dependence and may have experienced homelessness or being vulnerably housed. Choosing the Corby group's location allowed us to hear from individuals who are living in an identified area of economic deprivation.

Our partnership with Age UK's Northampton Day Centre allowed us to hear the voices of those who are in care and their carers, an older demographic of individuals and those who are experiencing dementia.

Our partnership with the Gypsy/ Roma/ Traveller community within West Northamptonshire occurred at an established Permanent Traveller site. For this engagement we were accompanied by someone that the residents had built up trust with and who was able to introduce us to the residents. Everyone that we spoke to had low literacy levels, with many unable to read or write at all. This was information that was disclosed to us as we talked to them, and on this basis, we did not ask anyone to complete the survey and instead asked the residents the two focus group questions. Everyone that we spoke to was reassured that all identifiable information would be redacted so as not to make them identifiable.



Key Findings Discussion

Based on our data and thematic analysis of the information we received from our survey and focus groups, we found key findings and made some conclusions that we feel are important to highlight. Our findings from the survey and focus groups gave insight into the barriers individuals locally feel they face when it comes to staying well and living their best lives, including lack of support, environmental challenges and ways the local area could improve. We also heard some positives of what works well for people and what they appreciate about their local area, including services and environment. From the 482 people who took the survey, 273 people fully completed the survey and 209 partially completed the survey, we found that we had a diverse spread of ages and we also heard from those who have disabilities, those who are neurodivergent and other factors like those who were from ethnic minority backgrounds and more. Some key findings have been identified and numbered below:

1. Social Connection

During analysis, a key theme we identified was the importance of social connection to others, whether that be with friends and family or other people within the local community. When discussing mental wellbeing, it was clear that there were benefits to having peer support as well as taking part in charitable service, when considering individuals' wellbeing. We found that those who came from ethnic minority backgrounds had higher ratings for their perceived mental wellbeing, this may be due to the structure of their specific cultures, which often emphasised the importance of family and spending time with others - there may be lessons we can learn from exploring more into this topic.

2. Public transport

For those who live in rural parts of the county, having social connections is important and access to this can pose a challenge. If services can not be accessed easily by those who need them, then the service cannot be effective. Transport is an important part of this, people noted the lack of continuity of public transport across the county and some mentioned that some services run late in some areas and that some services do not run as frequently as required.



The cost of transport is also a barrier as it can be costly and with 45% of participants stating that they have little to spend outside of necessities, the cost of transport needs to be taken into account (15% also stated they lived in a poorer part of Northants). It is important to be mindful when planning services and to not assume that everyone drives or has the financial ability to do so. How we fund social transport services (e.g. Wellibus⁵ service) needs to be a priority. Any changes to transportation services must consider the impacts of isolation that may occur as a result of limited links, especially in rural communities.

3. The importance of physical activity

We found from the feedback received that exercise is the primary driver for maintaining physical health, with over a third of participants highlighting this as an effective tool. In comparison to the other top supports, exercise was mentioned almost twice as often as healthy eating. Although health interventions were the third most popular response, they only made up 8% of all the responses. The difference between exercise and movement (35%) and healthy eating (18%) is worth highlighting as it could suggest that those who responded considered exercise and movement as much more of a positive impact on their physical health than a healthy diet. Those with disabilities and those from ethnic minority backgrounds had lower levels of physical health, likely due to financial barriers and a lack of awareness of the importance of keeping active and taking steps for positive physical wellness, increasing promotion of ways to maintain physical health to these groups would be of benefit.

4. Health services and tools for wellness

We found that many individuals were keen to utilise existing health services and wanted to seek the best approaches and tools for physical and mental wellbeing. Some were unaware of what services were available to them, so we feel there could be more of a focus on the promotion of the health and wellbeing services which are available across the county. It is important to ensure services are available in a variety of ways including virtual options for those who live in remote areas, ensuring that support services offer evening options to promote better take-up of services by those in need and those who work regular office hours.

⁵ <https://www.rushdentowncouncil.gov.uk/news/2023/03/wellibus-transport-service>



5. Supporting those who are neurodivergent

We found that those who reported being neurodivergent were seven times more likely to rate their mental health as very poor and twice as likely to rate their mental health as poor. There is a vast gap between those who are neurodivergent and those who are neurotypical. We identified themes around the qualitative feedback, which showed that over half of neurodivergent individuals stated that they struggled to access mental health services and GP services, citing issues with access to appointments and feeling judged when seeking support. We found that of the participants who were neurodivergent, almost half, also reported having a disability.

6. Access to green spaces

One of the top three things people liked about Northamptonshire was the presence of and ability to access green spaces, with over a third of individuals listing this as something they valued. In the top postcodes, we found that almost half of individuals (49%) found value in the green spaces they had access to. Having the ability to be in nature and enjoy the beauty of local parks is something that promotes positive mental wellbeing.

Individuals also stated they would utilise green spaces for exercising when possible, which is a low-cost option for exercising if it is accessible for individuals.

7. Lowered wellbeing ratings for those with disabilities

When we considered why individuals felt that their mental and physical wellbeing was acceptable or lower than acceptable, we looked into those who reported having a disability and found that these participants had rated their mental and physical health as poor, which was much lower than those without disabilities. The financial position of those with disabilities was worse than those without disabilities, with a higher percentage stating they did not have enough money, often ran out of money or had just enough for necessities and little else. From this we can conclude that a combination of a lack of funds only worsens the mental and physical health impacts individuals with disabilities face. However, the majority of those with a disability stated that they were thinking about and taking steps to prevent new or additional health conditions.



8. Stress and coping strategies

Across the responses we received, a theme we identified was the impacts of stress and poor mental health on people's ability to make good choices across various domains. People felt that if they were stressed or struggling with their mental health, they would not be able to make adequate or positive decisions that would support their mental and/or physical wellbeing.

Individuals did identify some good coping strategies for those who felt that they had very good or good mental health ratings, such as talking with friends and family, utilising physical activity such as going for a walk and engaging in hobbies and activities for pleasure.

9. Barriers to support

When discussing if there was anything that stopped participants from getting support when they required it, to maintain their physical or mental wellbeing, we found that 38% stated that a barrier was accessing health services. Many individuals voiced their dissatisfaction with the services, especially with primary care services- this includes GP practices and speciality health departments. People also voiced concerns over judgement from health service professionals as a factor that stopped them from engaging in services. These feelings of distrust and inability to access the right care indicate that individuals may be unaware of the options available to them locally and a decline in the quality of support offered. We also found that a key factor people did not like about living in Northamptonshire was a lack of health services and a lack of local amenities.

10. Environmental factors impacting wellbeing

When we asked participants what they did not like about Northamptonshire the common themes were; dissatisfaction with local infrastructure, rundown town centres, a loss of county identity/overdevelopment of the area and feelings of safety concerns. These factors directly correlate to people's mental wellbeing and ability to maintain their physical safety. If people do not feel safe being out in their local areas, especially at night, then people are less likely to go out to engage in social groups or physical activities. Similarly, if people feel frustrations with the maintenance of their local areas, including their neighbourhood and roads, people will feel the effects of this on their mental wellbeing and will be



less likely to pursue services and social connections within the main town centres. For those living in areas of deprivation, for example in the areas in Northampton, the Northampton town centre is a place which is central and commonly used to make social connections. If people perceive this area as run-down or unsafe, fewer people will utilise the local organisations and businesses which may offer support services.

We saw the positive effects of appreciating a sense of community in Corby when we engaged with Bridge service users who expressed that they valued the sense of community within their town centre and appreciated the community services which offered support they could access within Corby.



Recommendations

Based on the feedback from the participants when expressing their needs and what they would like to see offered within the community and what was identified within our key discussions, we have made the following recommendations:

1. Continue to fund organisations that encourage a sense of community and social connection and increasing the offers for those between 35 and 64 years of age.

Because almost a third of people felt that social connection was the biggest factor to what supports their mental health, it is key to ensure that local authorities and VCSE funders continue to prioritise and ensure that funding for community services is maintained. We feel that it is important for the funding for social programmes to be stable and not a year-on-year offer, as this will ensure stability for service users.

Increasing offers for those individuals between 35 and 64 would be of great benefit as there are more offers for those who are of an ageing population of 75+ and young people, compared to service offers for this age range of working individuals. We recommend that more is done to offer social groups for this age demographic, as this will boost positive wellbeing and decrease dissatisfaction with the lack of support services.

2. Increase the availability and affordability of public transport.

It was a clear need within North and West Northamptonshire, that there was not enough public transport available to individuals, especially in rural areas. By increasing this, more individuals will have the opportunity to utilise health and wellbeing services, and it will enable those who are experiencing economic deprivations and those in rural areas to engage with services.

It is also important to be mindful of ensuring that current public transport options are kept affordable, to ensure that individuals facing economic deprivations can afford to utilise services.

3. Increase the reach of support services and community social groups.



Due to limited transport, limited funds and limitations for individuals with preexisting conditions who report their mental health being poor, there needs to be an emphasis on ensuring that mental health supports reach the individuals who need them the most.

We recommend increasing the awareness and availability of support services for individuals within local areas. This includes continuing to offer online support services for those who are unable to travel, as well as increasing local support offers and community groups for individuals. We recommend also placing a focus on the top postcodes which were identified in our report, mainly in Northampton, where many individuals are living in areas of deprivation and would benefit from low or no-cost wellbeing services. The largest cohort of ages was between 45 and 54, however, there is little offered to support this age range.

4. Increase support for neurodivergent individuals

With a large cohort of those with neurodivergent minds struggling with their mental health, it is clear that there is a need to support these individuals, especially those with disabilities.

We urge local authorities and health care services to increase the available support for those who are neurodivergent, being mindful of their needs and lack of access to services.

5. Service improvement

As many people voiced dissatisfaction around the quality and availability of mental and physical wellbeing support and health care services, this is an area we recommend for review. To ensure the best service delivery, it is important that services undergo regular service reviews with their service users – with a “you said, we did approach”.

Ensuring communities’ voices are heard in the service experience feedback is key as meaningful user engagement is needed, including reaching out to those who have stopped engaging/do not continue to use a service to find out why this occurred. The use of peer-to-peer feedback is important to allow for open discussion around issues that services and individuals may face.



6. Increase awareness of coping strategies for stress to benefit mental wellbeing

When we asked participants how they would manage their ability to manage their health and wellbeing, we found that the reason why people felt they could not manage this well was largely due to the effects of stress and poor mental health. We recommend that work is done around how to identify and use effective and safe coping strategies within universal services for adults. For example, this could be done by distributing helpful materials about how to manage stress and ways to increase positive mental wellbeing, such as encouraging individuals to exercise, guidance on how to achieve restful sleep and/or how to seek positive social connections. This information could be distributed through local GP services, primary health services and places of employment.

7. Maintaining funding for green spaces

With the large number of individuals who said the best thing about Northamptonshire was the presence of green spaces, ensuring that these green spaces continue to be accessible and maintained is key. There is a need to ensure funding is sustained to upkeep and ensure the accessibility of council managed green spaces, due to the importance of positive mental health and physical wellbeing.





What people told us

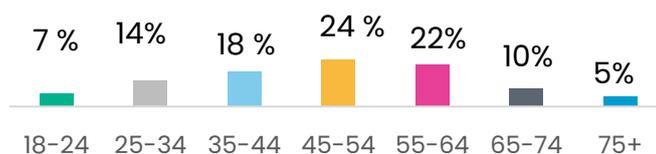
We received 209 partially completed and 273 fully completed survey responses during the campaign, everyone who took part in the survey was a resident of Northamptonshire, except for those in CV1, CV21 and MK4- this was 2% of individuals- however, we chose to include their views as they work or attend services within North or West Northamptonshire. Every question was optional, meaning not every participant completed every question within the survey- all figures provided in the data analysis are based on the number of individuals who chose to respond, and this will be reflected in the question analysis. Below are the findings of our research.

Demographics

Age

As part of the collected data, participants were asked to fill out a few key demographics to assist with our data analysis, this helped to give insight into participants to better understand our collected findings. Participants were asked about their ages, and participants ranged from 18 to 75+. The largest cohort of participants (24%) were between 45 and 54 years of age, followed by those between 55-64 (22%). Young people between the ages of 18 and 24 made up 7% of the participants and 5% of the participants were over the age of 75- showing we heard from the ageing population as well as the voices of young people within our community.

Participants Ages





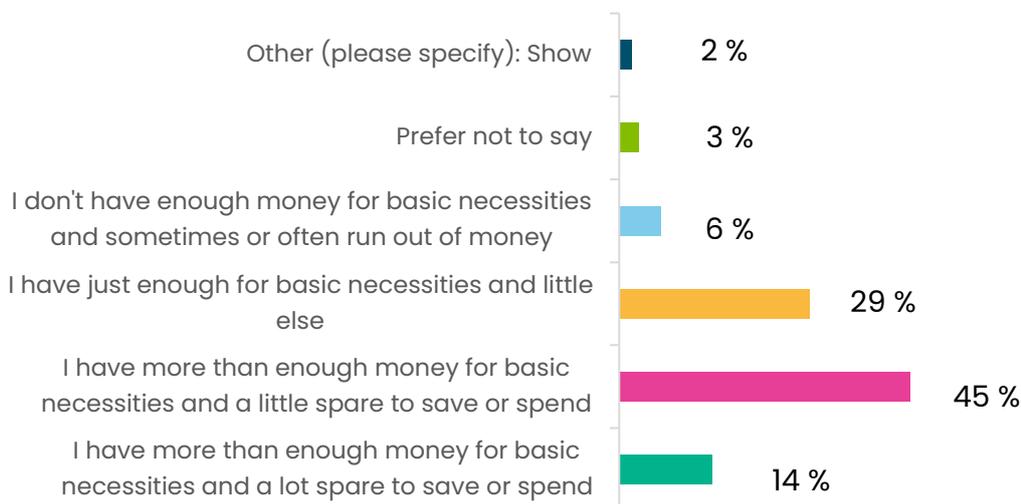
Gender

Over two-thirds of the participants stated that they were female (77%). The other 23% stated that they were male, and 1 person said their gender was not the gender they were assigned at birth.

Financial Status

We asked participants to describe their current financial situation ranging from not having enough money for basic necessities to having enough for basic necessities and a lot of extra income for spending/saving. We felt this would help us to reflect on the current state of individuals and the effects of the cost-of-living crisis. We found that 45% of respondents felt that they had enough money for basic necessities and a little spare to spend or save. The next largest group of individuals stated that they have enough for basic necessities but little for anything else, at 29% of participants. Those who found they sometimes or often ran out of money and those who had enough for basic necessities made up a combination of 35%, which reflects the high levels of deprivation within our local areas.

Which of the following describes your current financial situation?

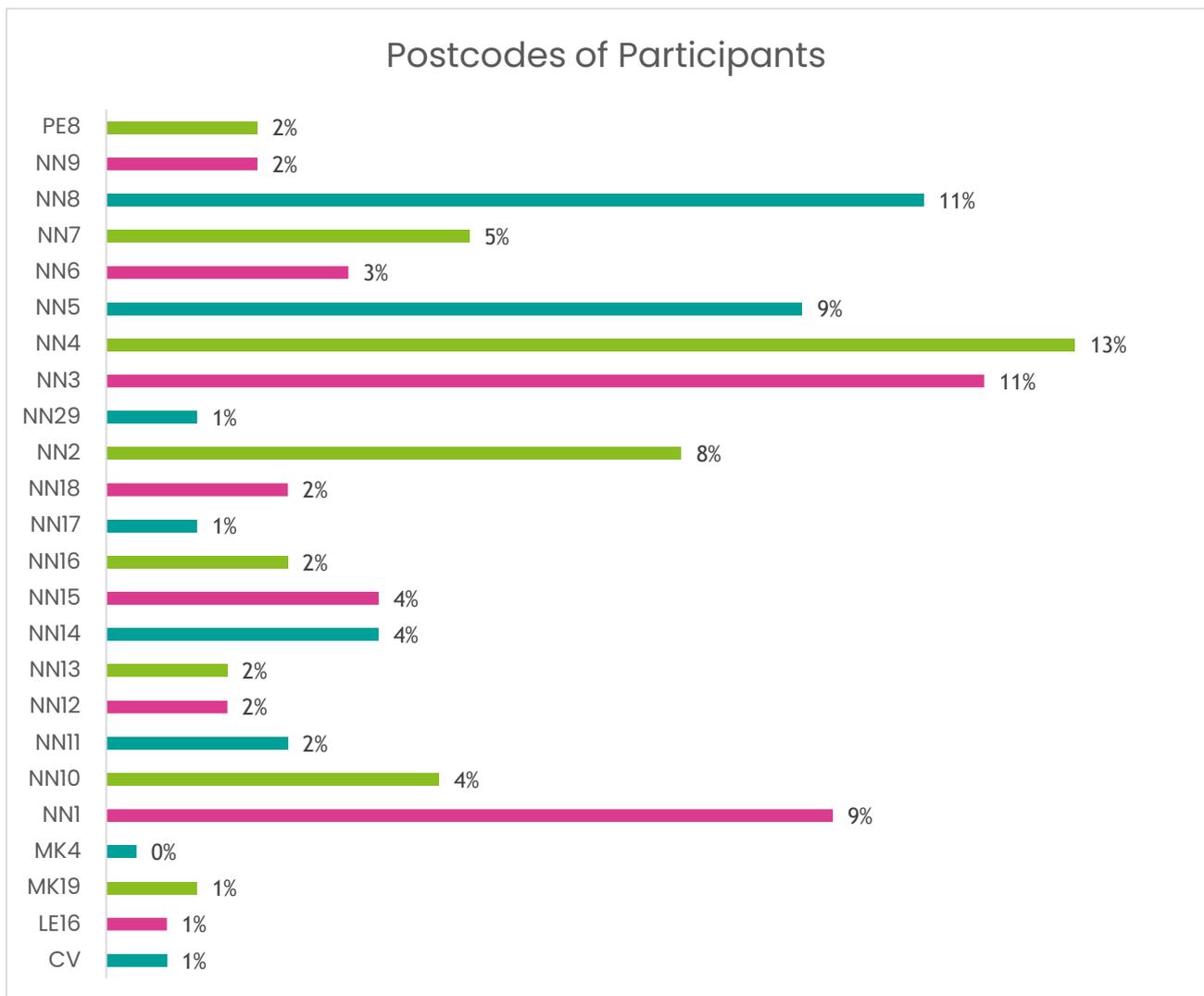


Postcodes

We asked participants to provide the first 3 to 4 characters of their postcodes, this was done so that we could locate the areas our participants resided in within Northamptonshire.



The postcode that had the highest number of participants (13%) was NN4 which includes the neighbourhoods of Electoral Wards of Castle, Abington & Phippsville, St George, and Dallington Spencer⁶. According to WNC, the NN4 area is one of the areas within Northampton which has the highest levels of health inequalities and an area of deprivation, known as Northampton Central. The second highest number of participants lived in the areas of NN3 (11%) and NN8 (11%). NN3 is a local area within Northampton that makes up the neighbourhoods of Billing and Rectory Farm, Riverside Park and Talavera, known as Northampton East. NN8 is the central area of Wellingborough, which includes the neighbourhoods of Queensway, Croyland Park and Little Irchester. The third highest percentage of participants lived in NN1 (9%) and NN5 (9%), both of which are areas with Northampton, being Northampton North and Northampton West, within NNC. These collectively indicated that 42% of participants were within the above areas of West Northants.

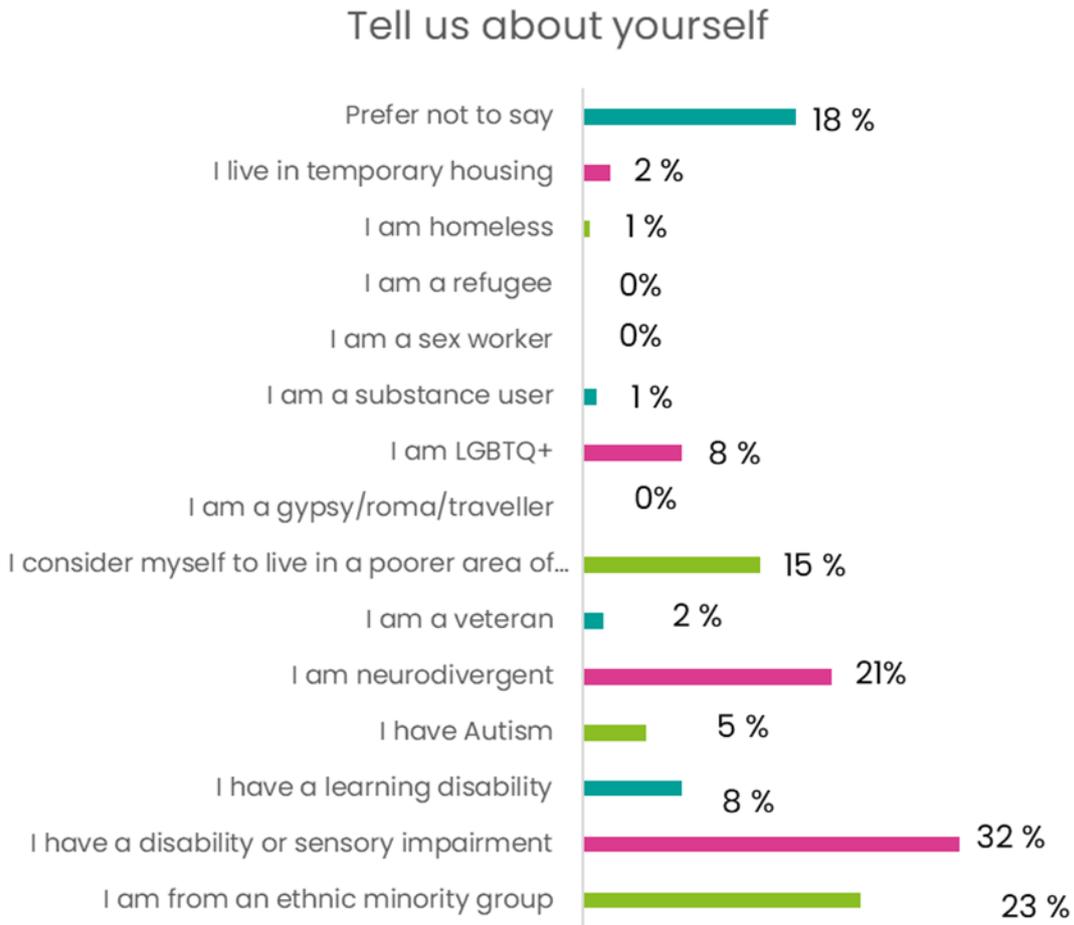


⁶ <https://www.westnorthants.gov.uk/health-and-wellbeing-board/local-area-partnerships>



Tell us about yourself

We asked participants to tell us more about themselves, of the options we provided, individuals could select any number of unique identifiers that they felt applied to them.



The most chosen answer (32%) was those who reported having a disability or sensory impairment, the next most selected answer was those who reported being from an ethnic minority group, which was 23%. The third most chosen cohort was those who stated they were neurodivergent at 21%.



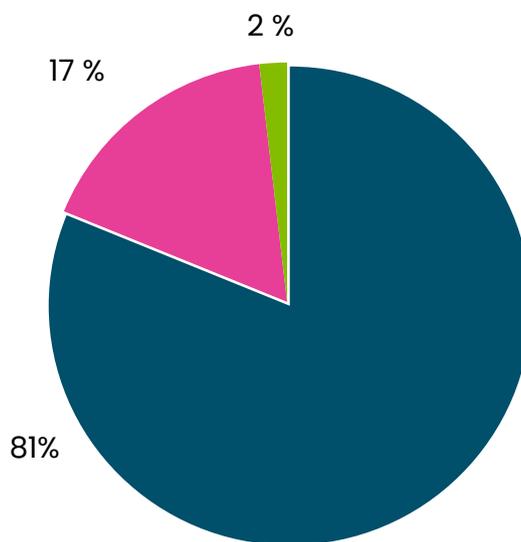
MYVC Survey Data

Within the twelve questions from the survey, the majority of the questions offered an opportunity for participants to include their views within free text boxes. All free text responses were collated and thematically analysed; to highlight the views and voices of the participants we have included selected quotes for each question where people chose to share additional details, these quotes have been provided without accompanying demographic data to ensure anonymity but have been selected for impact and thematic evidence.

Future Health

We asked people about whether they think about their future health to gauge people's views on health and wellbeing management. Of the respondents over three-quarters (81%) of those who answered said they do think about their future health and only 2% said they did not think about it. The remaining 17% stated they did think about their future health sometimes.

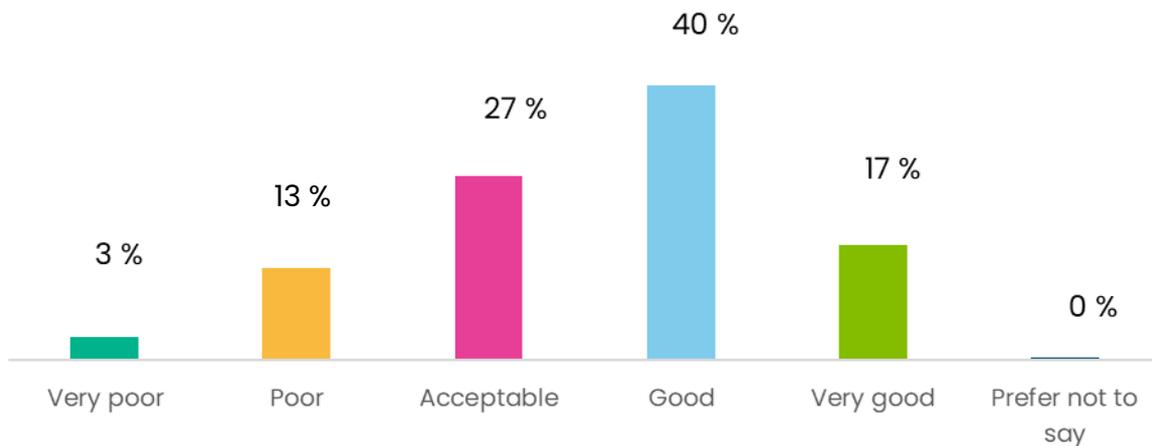
Do you think about your future health?





Rating Mental Wellbeing

Please rate your current mental wellbeing?



We asked individuals to rate their current state of mental wellbeing; 57% rated their wellbeing as good or very good. The remaining 43% rated their wellbeing as acceptable or less than acceptable/ poor or very poor. We analysed the free text responses which were attached to the individual's answers who chose to explain why they had chosen their rating.

Of those who rated their current wellbeing as very good (17%) they said that they felt happy and positive as well as having effective coping strategies which enabled them to have successful management of their mental health.

People said:

"I think I am pretty well-balanced and resilient. I enjoy my life."

"I feel happy and resilient and actively take steps to maintain my emotional wellbeing."

"I am fortunate to have a job that I enjoy, a home that feels safe, and a wide circle of family and friends."

The majority of the participants rated their mental wellbeing as good (40%), the main theme for those who said good felt that their use of effective coping strategies and having a positive and content outlook on life was given as a reason to choose this answer.



People said:

"I am a positive person, I have faith that whatever life's obstacles, tomorrow is another day – No rain, no flowers!"

"I work hard at keeping my mental health stable as I am prone to bouts of low mood. I walk my dog and see friends and family often to keep my mood positive."

Of those who rated their mental wellbeing as acceptable or less than acceptable, there were some common themes mentioned when they told us why they had chosen their answers. A key theme mentioned was the impact of current life issues such as work stress and balancing the various demands placed upon them.

People said:

"Balancing work, home life etc can be difficult, and I generally find I'm putting my wellbeing on the back burner."

"There is a lot going on in my personal life."

Those who chose lower ratings for their mental wellbeing also discussed the impacts experienced by their preexisting or underlying mental and physical health issues. A theme which was identified in both these categories was a general feeling that there was a lack of support available to individuals locally for both mental and physical health issues, because of this people felt an impact and a reason for their lowered perception of their mental health.

People said:

"I would have scored higher but am struggling with my physical wellbeing."

"I have both physical and mental health conditions that make life hard"

Those who rated their answer as acceptable (27%) listed the impact of life events, underlying health conditions and a lack of support as a reason for this answer.

People said:



“Balancing work, home life etc can be difficult, and I generally find I’m putting my wellbeing on the back burner.”

“I would have scored higher but am struggling with my physical wellbeing.”

“I have been poorly lately and do not seem to be able to get help through the NHS.”

The 3% of those who said their mental health was poor said the impacts of work, personal issues and underlying medical conditions were the reason for this answer.

People said:

“Highly stressful job, recent immediate family bereavement have negatively impacted my mental health.”

“I have both physical and mental health conditions that make life hard.”

All of those who listed their mental wellbeing as very poor said that mental health issues were the reason for this choice.

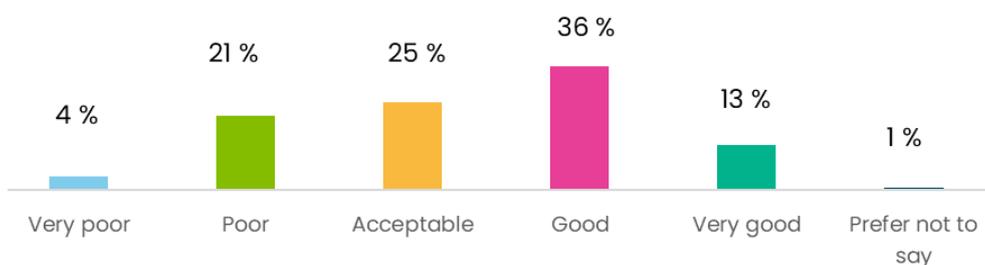
People said:

“I have always suffered with mental health and was late diagnosed with ASD and ADHD (mid-thirties). I loved walking and yoga and since lockdown, I am a recluse and due to several health issues struggle to do those things. ”

“I suffer with severe anxiety and depression.”

Rating Physical Wellbeing

Please rate your current physical wellbeing





We asked individuals to rate their current state of physical wellbeing, 49% rated their physical wellbeing as being good or very good- 50% rated their physical wellbeing as acceptable, poor or very poor.

In relation to their physical health, the largest proportion of people (36%) rated it as good. The themes which emerged from what these individuals said were that they had specific health issues and felt like they had room for improvement in relation to their physical health was the reason for their ratings.

People said:

"I have a few health conditions, but thankfully they do not impact heavily on day-to-day life. I'm able to keep active and do the things I want."

"There is always room for improvement, while I have no health conditions I could be exercising more and eating more nutritiously."

Of the 13% of people who rated their current physical health as very good, the theme that emerged was that their regular engagement in exercise was the reason for their rating.

People said:

"I stay active and train most of the week and I've been injury free for a while now. For me that means I can perform my daily tasks (and more) without pain or discomfort."

"Because I'm physically healthy, I walk well, eat well and live well."

For those who felt their physical wellbeing was acceptable (25%) the impact of ongoing health issues, weight management issues and the feeling that they could do more to improve their health were given as to why they chose this for their answer.

People said:

"I wouldn't describe myself as physically unfit or unhealthy, but there is room for improvement."

"Probably in better condition than some, but not as fit as I used to be (putting on weight). Eating healthier now but much less active with limited drive to change."



Just under a quarter of those who answered (21%) rated their physical health as poor, with the impacts of underlying health conditions and weight management issues being the reason for this answer choice.

People said:

"I have a chronic disease which affects me every day - i am always optimistic but struggle physically with so many aspects of the disease."

"I've been hospitalized twice this year, the 2nd time resulting in an operation, this meant I have been very nonactive since Christmas, have gained nearly 10kgs, and get out of breath just walking up shallow hills."

4% rated their physical health as very poor and stated that problems managing their existing health condition and weight management issues were the reason for this.

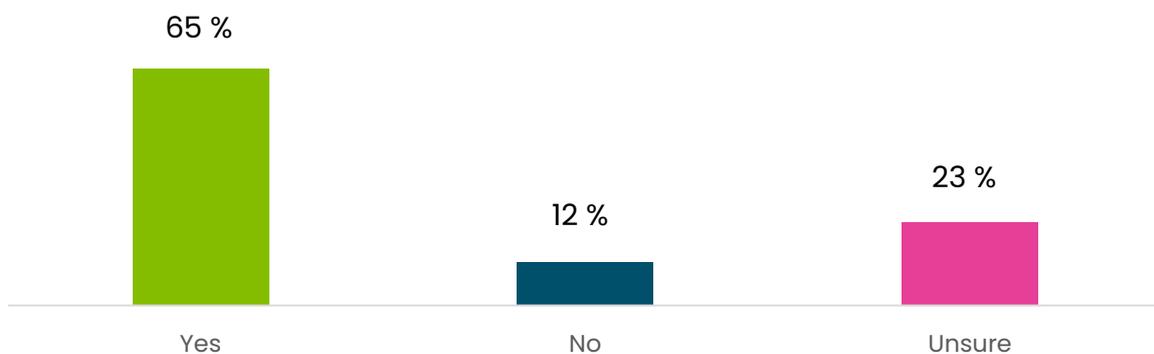
People said:

"It's a vicious circle for me with mental health and physical health and I'm in my forties now and my body does not respond how it used to adding to my MH and as a result my physical health. "

"After a knee injury last year. Most days are a struggle to stand/walk for 8 hours for work."

Health Prevention

Do you take steps to prevent new or additional health conditions that could require ongoing medical care?





We asked participants whether they take steps to prevent new or additional health conditions that could require ongoing medical conditions. Just under two-thirds (65%) of those who answered stated that they took steps to prevent new or additional health conditions. The most popular themes identified through the free text box provided were that individuals felt they did so with their diets, exercise and proactive attitude to health. Provided answer themes also included people listing the medical interventions they receive, as a way they try to prevent new conditions from arising.

People said:

"I keep informed on health issues and care."

"I ensure I undertake physical a activity I enjoy every day, I eat healthily by ensuring I have plenty of fruit and vegetables, reduce excess sugar and salt, have a balanced diet, avoid eating excessively, reduce processed foods, reframe challenges with a positive angle and have a generally positive outlook on life - enjoying the 'little things'."

"I go for annual vaccinations, annual health checks and ongoing chiropractic appointments."

"I take statins, and am active, I eat fairly healthily, don't smoke and only drink occasionally."

Another portion of respondents (23%) were unsure if they took any steps to prevent future health issues and 12% said that they did not, with lack of time being the main reason identified for this.

People said:

"Just don't have the time to think about me."

"Not enough time."

Barriers for Support

We asked participants if there was anything which stopped them from getting support when they required it, concerning their mental and physical wellbeing. There were several themes which arose in response to this question, with access



to health services (including availability and waiting times) being the main reasoning mentioned (38%).

People said:

"I do find it hard to access Drs these days when I have concerns, just to the sheer overwhelm on the NHS due to increasing population, decrease in GPs etc and find it very stressful. I therefore find I do limit my attempts at accessing the GP to things I know are "important" issues and try to let little niggles slide, both to save myself the difficulty and to ensure I don't waste their time..."

"The wait for NHS physio was over a year so I had to go private and this is expensive to have it very often."

Another common theme identified was the feeling that there was a lack of information about the type and variety of services that were available (3%) as well as a dissatisfaction with current services offered (8%), giving reasons as to why individuals felt they were experiencing barriers in service and support.

People said:

"I am trying to find what is available. I do use the local volunteer action who are marvellous..."

"Not having people in services that can relate to me culturally is a barrier, as advice will not be tailored to what works for me."

People also said that their anxiety and their fear of judgement from professionals had stopped them from accessing the support they needed (16%).

People said:

"Fear, judgement and not being listened to."

"A bit ashamed to be honest."

Financial concerns and worries around the impact on their employment were also mentioned by participants (8%).

People said:

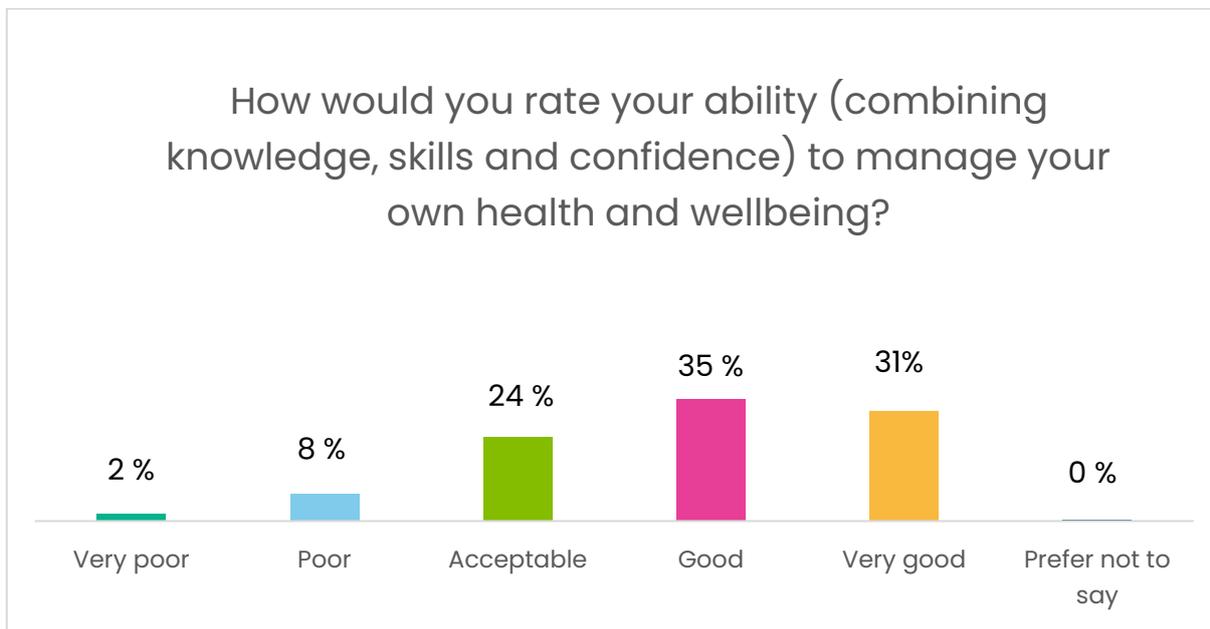


“It’s costly when you think about it in holistic terms (taking care of your body, mind, digestion etc).”

“Worrying about taking time off with illness.”

45% of the participants who responded about their ability to manage their well-being as poor or very poor responded that lack of access to GP, healthcare services and mistrust in the healthcare system stopped them from getting the support they needed to manage their health and wellbeing.

Ability to manage health and wellbeing



We asked participants how they would rate their ability to manage their health and wellbeing. Of those who answered, the highest proportions (two-thirds of participants) were for those who rated their ability to manage their own health and wellbeing as good (35%) or very good (31%). 24% felt their ability to manage their health and wellbeing was acceptable, 8% felt it was poor and only 2% felt it was very poor.

The reasons people cited for why people felt their personal health and wellbeing management was not good, were due to the effects of stress and/ or poor mental health on their lifestyle choices and ability to manage wellbeing. People said that stress/mental health impacted their ability to make good choices (21%) around their health and wellbeing as well as affecting their ability to make good decisions.



People said:

“Stress can negatively impact my ability to plan ahead for a healthy lifestyle. I.e. stops me thinking about a healthy dinner option – then default to something easy to “chuck in the oven” to save time/effort.”

“I can get easily stressed and this will affect my activity levels in a negative way and my food choices in a negative way. However, I am aware when I am making these choices and sometimes avoid doing something about it until I feel better.”

Individuals also reported that they felt a lack of motivation and sense of isolation (21%) because of mental health/stress issues, which made it difficult to make good health choices.

People said:

“Stress affects my ability to manage my wellbeing because it makes me shut down at times and not prioritise what is best for me.”

“Massively on motivation to do physical activity, food choices and lifestyle choices.”

The physical health impacts of mental health/stress, including issues around the ability to rest and sleep (10%) were also highlighted as having an impact.

People said:

“Stress is serious. This can impact my blood pressure leaving me in hypertension.”

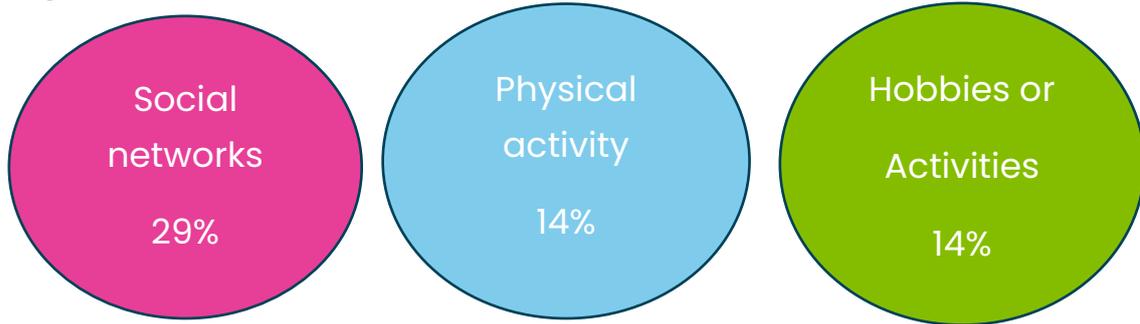
“Stress causes me to sleep poorly. I also reach for the quick fix food choices/high sugar. When I’m tired, I don’t always feel motivated to get up and move.”

What works to positively support mental health

In a free text question people were asked to name three things that work well to support their mental health, through thematic analysis- common themes were collated, below is a visual representation of the three main themes.



Top 3 responses



Three themes mentioned most often across all of the provided supports were social networks (29%), physical activity (14%) and hobbies or activities (14%).

People said:

“Openly talking about what’s going on in my life with family.”

“Going for a walk when you need to.”

“Having projects/gardening, decorating, learning new things.”

Social connections, including family, friends and social networks were mentioned by twice as many people as the next two most popular answers, indicating the collective importance of socialising.

This question had a wide variety of themes mentioned in the answers. The other themes that made up the top six things that people felt worked to support their mental health were:

- Work/life balance

“Having a balanced lifestyle.”

“Working from home/flexible working.”

- Being outside

“Being around nature, trees, fields, birds, rivers.”

“Getting to quiet outdoor spaces.”

- Positive mental attitude

“Taking responsibility for my own life and decisions.”

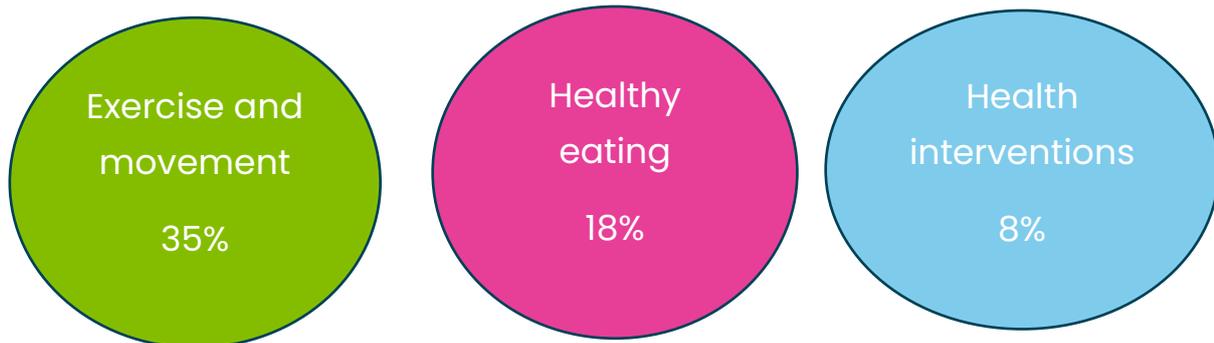
“Trying to stay positive.”



What works to positively support physical health

In a free text question, people were asked to name three things that work well to support their physical health, through thematic analysis common themes were collated and below is a visual representation of the three main themes.

Top 3 responses



The three themes mentioned most often were exercise and movement, healthy eating and health interventions.

People said:

“Opportunities to do the physical activities I enjoy.”

“Making good choices in food/ nutrition.”

“Adhering to medication regime & advice.”

The other themes that made up the top six things that people felt worked to support their physical health were:

- Sleep

“Listening to my body, rest and recovery.”

“Quality Rest/Sleep/Quiet.”

- Social connection

“Having time for myself & family.”

“Integration, volunteering, events, Socials.”

- Access to nature



“Being able to get into the countryside easily.”

“Getting to quiet outdoor spaces.”

Information, services and support that would help prevent, poor overall health and/or manage existing conditions

We asked participants what services, information and supports they felt would be helpful to them to support the prevention of poor overall health as well as the successful management of any existing conditions. This question allowed individuals to respond in a free text box and the responses were thematically analysed, we identified 8 common themes to discuss from the data.

Participants' top responses fell into three themes: access to mental health support (14%), timely GP/health interventions (27%) and access to online tools (12%).

People said:

“Improved choices, for mental health support (Outpatient Care).”

“Although difficult to do, opportunities in the evening to connect. Not feeling like I'm being a drama queen. I'd like to see a doctor to talk a few things through but feel others need the appointment. Also, it's not an emergency and so I don't want/need a same day appointment.”

“A messaging service/chat bot such as WhatsApp to be able to ask health related questions. Good Facebook groups relating to the topic I need. Well informed websites with lots of accessible information.”

Another theme mentioned by respondents was around access and accessibility (9%), which mentioned access to GP/hospitals and other healthcare providers e.g. Physiotherapists and specific medical specialities. People mentioned the difficulty accessing GP appointments, long waiting lists at hospitals and with other healthcare providers, as well as the lack of out-of-hours access to GP and other types of healthcare.

People said:

“Just quicker appointments and follow up waiting, not knowing is counterproductive to good health.”



“Evening and weekend doctor’s appointments and support groups.”

Another theme worth mentioning was the desire for improved access to exercise classes and/or wellbeing facilities (14%), with people stating that this would be beneficial to their ability to maintain positive wellbeing.

People said:

“Single parent support with childcare to allow time to exercise. Group classes with a childcare element. Gym membership that included a childcare element.”

“More advertising on local sporting activities.”

Access to support tailored to their specific condition (7%) was also suggested as something that could be useful in managing existing conditions.

People said:

“Greater understanding and support for Women’s health – endometriosis”

“Easier support from GP, more online appointments maybe.”

“Long Covid support which I understand is no longer funded so we are left to get on with it. Support group for people living with chronic pain to reduce isolation and build connections with others.”

Trusted peer support and mutual aid were also given as examples of services that would be of benefit (6%).

People said:

“A drop in that was more of a social event than a sit in a circle setting, with a mix of people and professionals.”

“Having someone to talk to that is neutral – won’t judge you and listens. Sometimes it’s not about needing help but just someone to talk too.”

The final theme mentioned for this question was access to trusted and useful information that was up-to-date and relevant to the individual (4%).

People said:

“It is important to be able to find trustworthy advice – knowing where best to find this, in various formats, would be beneficial – and to help those



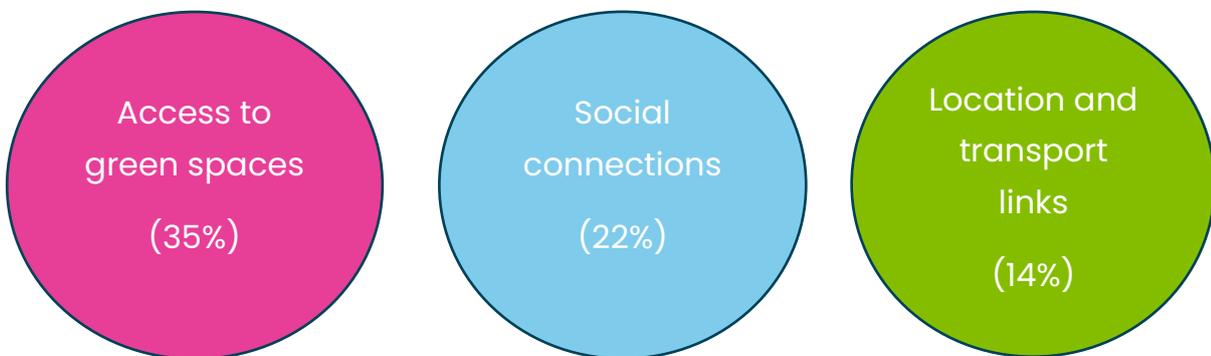
who have family members with conditions and how best we can support them as a family.”

“Good reliable advice from NHS/trusted source which is easily accessible.”

Environment

We asked individuals who participated in our survey as well as our focus groups what three things people both liked and disliked about living within North and West Northamptonshire, our findings are detailed below.

Three things you like about living in Northamptonshire



The three themes mentioned most often were access to green spaces (35%), which was the most popular suggestion by a large proportion, social connection (22%) and location and transport links (14%).

People said:

“Countryside – just a short drive away to masses of it!”

“Rural enough that is plenty of green space around and waterways.”

“Good communities and opportunities for involvement.”

“Have some good family and friends in Northampton.”

“It’s very central to reach a lot of other parts of the country.”

“Close to good travel networks.”

The amenities available within the county (11%) and the support available from local charities (2%) was also seen as a very positive part of living in Northamptonshire.



People said:

"Most amenities needed are easily accessible."

"Having EnFold (charity)."

"Lots of choices for food, shopping and gyms."

"Access to Deafconnect charity that supports Deaf & Hearing Loss."

"Great charity services."

"Northamptonshire Mind."

"Bipolar club meetings."

"Lots of help groups."

Focus Groups Responses

Each focus group was asked the question: "What do you like about Northamptonshire?"

Four focus groups were conducted at Northamptonshire Carers Dementia Groups, one at an Age UK Day Centre in Northampton and one at The Bridge Programme in Corby, there was an informal discussion with the residents of a Permanent Traveller site in West Northamptonshire where residents were also asked the two focus group questions.

Across the 6 focus groups, 2 of the top 3 themes were the same as those that appeared in the survey answers. What individuals in the focus groups liked about Northamptonshire was the access to the green spaces, the county's location and its easy access to other areas.

Where the focus group differed from the survey answers was that most of the focus groups rated facilities such as sports clubs and access to third sector/ VCSE support organisations such as Northampton Carers and Corby Heritage Centre as the third most popular response to the question.

In contrast to the other focus groups the participants in Corby mentioned the sense of community they felt in the town and the sense of community felt within the people of Corby, as one of the top 2 positive things about living in the county.



The Permanent Traveller community discussed enjoying the environment and area as well as appreciating the benefits of the location they lived; they felt that it was accessible to local amenities.

Three things you do not like about living in Northamptonshire



When participants were asked what they did not like about living in Northamptonshire, a larger number of themes were mentioned than which were included in the three things people like about living in the county.

The top three themes mentioned were found to be the poor infrastructure, rundown town centres and lack of health care services.

People said:

"Dreadful road surfaces in local areas."

"The lack of planning regarding the infrastructure needed to support all the building going on across the county."

"Town centre is not an attractive or inviting space to be."

"How run down it is, embarrassing to take people to town centre."

"Having to travel far to access a general hospital for minor issues."

"Lack of secondary healthcare facilities."

Individuals also voiced concerns about crime within their local areas and the general experience of not feeling safe within their communities. People also highlighted concerns about levels of deprivation and poverty.

People said:

"Some areas do not feel safe to walk/run through alone."

"Increase in crime, especially knife crime and attacks on people."



“The funding system does not recognise pockets of deprivation so many hidden needs.”

“Too many people living rough.”

People voiced dissatisfaction with local government and a loss of county identity, giving reasons to why people felt that they disliked living in their county.

People said:

“The multiple councils. Very disorganised, poorly communicated and inefficient.”

“Poor council that don’t seem to care about people.”

“Losing its rural identity.”

“Lack of community or we lack pride in our communities.”

People also mentioned a lack of amenities within the area, although we found during our analysis that the amount of people who reported this was much less than those who had said the amenities available were something they like about living in Northamptonshire.

People said:

“Not many opportunities for teenagers that are not from disadvantaged backgrounds.”

“Travel outside of the county to see/visit interesting attractions.”

People described frustrations about the “overdevelopment” that has occurred within the county and that there was a lack of support services, as something they did not like about living in the county.

People said:

“Excessive housing and road development.”

“Destruction of green space for housing, factories etc.”

“Lack of support for young people.”

“Struggling to access help for my family.”



Focus Groups Responses

Four focus groups were conducted at Northamptonshire Carers Dementia Groups, one at an Age Uk Day Centre in Northampton and one at The Bridge Programme in Corby, there was an informal discussion with the residents of a Permanent Traveller site in West Northamptonshire where residents were also asked the two focus group questions.

Each of the five focus groups were asked the question: “What do you dislike about Northamptonshire?”

When asked this question the answers from the focus groups again mirrored that of the survey respondents, with themes around the poor infrastructure, run downtown centres and a lack of health services being at the top of the group’s responses, with a particular highlight in the perceived lack of mental health support. People also discussed their dissatisfaction with their ability to access primary care services, such as GPs and dentists.

The Permanent Traveller community we spoke with discussed specific issues around the site where they lived, highlighting environmental issues such as foul smells from the sewers they lived nearby, and noise pollution experienced at night from nearby businesses. It was also discussed similarly to the feedback from the survey that there was a perceived lack of safety and fear of crime around the site.

Cross-analysis of data

To draw correlations between certain themes and data collected from our surveys, we cross-analysed the information we had collated in order to make connections between demographic information and health and wellbeing feedback.

Disabilities

Mental health rating



68% of those who identified as having a disability rated their mental health as acceptable or worse, compared with only 37% of those who did not have a disability who rated their mental health as acceptable or worse.

38% of those with a disability rated their mental health as poor or very poor compared to 11% of those who do not have a disability.

Physical health rating

Three-quarters of those (75%) with a disability rated their physical health as acceptable or lower. Of these 62%, of those with a disability rated their physical wellbeing as poor or very poor, compared with 17% of those with no disability.

This is despite the majority (70%) of those with a disability responding yes when asked if they took steps to prevent new or additional health conditions, a higher percentage than those who do not have a disability (63%).

Financial Status

When those with a disability were asked about their financial situation, 8% said they did not have enough money for basic necessities and often run out of money, which was slightly higher when compared the 6% of those with no disability who reported this.

A greater percentage (42%) of those with a disability had just enough for necessities and little else, compared with only 26% of those who did not have a disability and chose this answer.

Of those who identified as having a disability:

- **13%** also identified as having **autism**
- **17%** identified as having a **learning disability**
- **30%** also identified as **neurodivergent**
- **11%** felt they came from a **poorer area of Northamptonshire**.
- **9%** identified as **LGBTQ+**
- **11%** of those who had a disability were also from an **ethnic minority group**
- **23%** were between **55-64** and **21%** were between **65-74**, making up **44%** in total who were within the aging cohort of **55-74**.



Ethnic minorities

Mental health rating

We found that 31% of those who identified as being from an ethnic minority rated their mental health as acceptable or less, compared with a higher percentage (45%) of those not from a minority group answering acceptable or less.

21% of those from minorities groups rated their mental health as acceptable, with a higher proportion of non-minority (28%) choosing this rating.

8% of those from ethnic minority groups choose poor, compared with 14% of non-minorities choosing this answer.

Very poor was chosen by the same number of respondents (3%) from both ethnic and non-ethnic respondents.

Physical health

When looking into physical health, a higher percentage of those from ethnic minorities rated their physical health as good (46%) compared to 34% of those who were not from ethnic minorities. The same was seen in the very good results with 18% of those from minorities rating physical health as very good, but the difference between groups was less than those seen in the good response, with 12% of those from non-ethnic minorities choosing this answer.

A larger percentage of those from non-ethnic minorities rated their physical health as acceptable or down (53%) compared to 33% of those from ethnic minorities. This was seen in all the lower answers except in the very poor which saw small rise in the ethnic minority response (5%) compared to those from non-ethnic groups (4%)

Financial

Those from ethnic minorities also made up a higher percentage (33%) of those who stated that they had just enough for basic necessities, although the difference between those from a non-ethnic background who chose this answer was not large with 28%.



33% of those from an ethnic minority stated they had more than enough for basic necessities and a little to spare, with a slightly higher percentage (45%) of those not from an ethnic minority choosing this answer.

Of those who stated they had more than enough money to cover basic necessities and a lot to save or spend, those from an ethnic minority represented a larger proportion of those who chose this answer (18%) compared to non-ethnic respondents (13%).

Of those who identified as being from an ethnic minority:

- **15%** had a **disability**
- **3%** have a **learning disability**
- **3%** had **autism**
- **5%** were **neurodivergent**
- **10%** felt they lived in a **poorer area of Northamptonshire**
- **3%** identified as **LGBTQ+**

Neurodivergent

Neurodivergent means that someone's brain functions are different than someone who is neurotypical, meaning that individuals will process, learn and/or behave differently than what is considered to be "typical"- this includes individuals with conditions such as being autistic, ADHD, dyslexic, dyspraxia, those with dysgraphia, dyscalculia and Tourette's Syndrome⁷.

Mental health rating

14% of those who identified as neurodivergent rated their mental health as very poor. This was **seven** times higher than the number of non-neurodivergent/neurotypical participants who chose this answer (2%). The percentage of neurodivergent individuals who rated their mental health as poor (26%) was also over twice as high as those of neurotypical participants (11%). The percentage for those who chose acceptable was not as markedly different as for the lower ratings with 20% of neurodivergent and 26% of neurotypical participants who chose this answer. The differences between responses were seen in those who chose acceptable with more neurotypical individuals choosing this answer (41%) than neurodivergent individuals (29%). Over twice as

⁷ <https://nhsdorset.nhs.uk/neurodiversity/explore/>



many neurotypical people rated their mental health as very good (18%) compared with 6% of neurodivergent individuals.

We also found that 59% of participants who identified themselves as neurodivergent mentioned struggles accessing mental health services and access to GP along with mistrust in the healthcare system. With individuals stating:

"It's difficult to get appointments or support from GP surgeries, it's extremely hard to access mental health support and the waiting lists are too long or you get taken off and have to get referred."

"the funding system does not recognise pockets of deprivation so many hidden needs."

"Judgement and assumptions. Feel like I get brushed aside because of obesity despite me losing a stone since the start of the year. The answer will always be 'because you're obese', or 'hormonal' issues because I'm a woman. Just not worth the distress booking an appointment causes."

Physical health

The difference between neurodivergent (6%) and neurotypical people (4%) rating their physical health as very poor was close in percentage. Over twice as many neurodivergent individuals (43%) choose poor to rate their physical health compared with 18% of neurotypical respondents. 24% of neurotypical individuals choose acceptable to rate their physical health with a similar number (29%) of neurodivergent people making this choice. 28% of those who identified as neurotypical said their physical health was good, with only half as many neurodivergent people (17%) selecting this response. Of those who said their physical health was very good the rate for neurotypical people (18%) was almost three times as high as for neurodivergent individuals (6%).

69% of neurodivergent and 63% of neurotypical individuals said they took steps to prevent new or additional health concerns. The number of neurotypical individuals (13%) who said they did not take steps was almost 4 times higher than that for neurodivergent people (3%).



When rating their ability to manage their own health the results for those who chose acceptable, good or very good were very similar for neurodivergent and neurotypical individuals. For acceptable 23% of both groups choose this answer. 31% of neurodiverse and 34% of non neurodiverse choose good as their answer. For those who chose very good as a rating, 29% were neurodivergent and 31% neurotypical.

Financial

The percentage of individuals who choose each option to describe their financial situation was very similar for each option: 14% of both neurodivergent and neurotypical said they had more than enough money and a lot to spare, 43% of neurodiverse and 44% of non neurodiverse said they had more than enough and a little to spare. 28% of neurotypical and 31% of neurodiverse people said they had just enough for basics and little else. A third more neurodiverse individuals (9%) compared with 6% of neurotypical individuals said they did not have enough money for basics and sometimes ran out of money.

Of those who identified as being neurodivergent:

- **46%** had a **disability**
- **23%** had a **learning disability**
- **20%** had **autism**
- **14%** felt they lived in a **poorer area of Northamptonshire**
- **14%** identified as **LGBTQ+**
- **6%** were from an **ethnic minority**

Age range

Each question was analysed by age range and comparisons across the age ranges showed that:

Those in the 65–74 age range had the highest percentage of poor (20%) or very poor (8%) ratings for mental health, while those in the 55–64 range had the largest percentage (23%) rating their mental health as very good.

When rating their physical health those in the 75+ age bracket choose to rate their health as very poor (7%), but it should be noted that it was a small



percentage, with the highest proportion of people in this age range (50%) choosing to rate their physical well being as good. This was the same result as that seen in the 25–34 age bracket, 50% of whom also rated their physical wellbeing as good.

Those in the 65–74 age range who rated their physical wellbeing as poor (40%) was the highest score by quite a margin, the closest being the 29% of 75+ who also chose this rating.

When asked if they took steps to prevent new or additional health conditions the percentage totals rise steadily along the age ranges, with 32% of 18–25 year old rising to 86% of 75+ individuals choosing yes.

The age ranges with the highest proportion of those who rated their ability to manage their health and wellbeing as poor were the 35–44 (10%) and the 65–74 (16%) age ranges.

When asked about their financial situation 21% of both the 18–24 and the 35–44 age ranges said they had more than enough for basics and a lot to spend or save.

60% of those aged 65–74 said they more than enough for basic with a little to spend or save.

50% of the 75+ stated they had just enough for basic necessities and little else, with the next closest group being the 18–24 age range, but the proportion choosing this answer was quite a bit lower (37%).

The 35–44 age group had almost twice the amount of people reporting that they did not have enough money for basic necessities and sometimes or often ran out of money (13%). The next nearest group were the 24–34 with 8% choosing this answer.

Location

To better understand the correlations within the postcodes and the areas of deprivation, we utilised the Index of Multiple Deprivations (IMD) which is the official measure for assessing relative deprivation across small local areas in



England. It ranks these areas from the most deprived (rank 1) to the least deprived (rank 32,844), with the most deprived 10% (IMD1) falling between rank 1 and rank 3,284 and rank 2 being those within the 10%–20% most deprived falling between rank 3,285 to rank 6,568. The IMD provides an overall measure of deprivation by combining data from seven key domains, each weighted differently to reflect its importance:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Education, Skills, and Training Deprivation (13.5%)
- Health Deprivation and Disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

NN1, NN2, NN3, NN4, NN5 and NN8 have been identified to have more than 9% of participants in each locality. These postcodes have been identified as areas of deprivation in Northampton according to the IMD database⁸.

67% of participants from NN1 rated their mental health as good, 29% rated their physical health as good, 29% rated it to be acceptable and 25% to be poor. From NN2, 33% rated their mental health as very good, 29% as good and 29% to be acceptable, 52% rated their physical health as good and 38% to be acceptable. From NN3, 39% rated their mental health as acceptable and 36% rated it to be good while 32% rated their physical health as poor, 25% to be acceptable and 22% to be good. From NN4, 41% rated their mental health to be good and 38% to be acceptable. 28% rated their physical health to be good while 22% rated very good, acceptable and poor respectively. From NN5, 48% rated their mental health to be good while 39% rated their physical health to be good along with 25% to be acceptable. From NN8, 36% rated their mental health as good and acceptable respectively while 43% rated their physical health as good, and 18% rated it as poor.

⁸ <https://www.fscbiodiversity.uk/imd/>



Postcodes Districts	Number of postcodes that come under IMD level 1 deprivation	Number of postcodes that come under IMD level 2 deprivation
NN1	10	19
NN2	-	10
NN3	2	33
NN4	8	-
NN5	10	25
NN8	-	-

The table above describes the number of postcodes that fall within the top 6% of postcode districts included in IMD 1 and IMD 2 deprivation. It describes the level of deprivation in each of the postcode districts.

There is a clear link between deprivation and health, particularly when it comes to physical conditions. People in more deprived areas are more likely to suffer from multiple long-term health issues, with factors such as low income, limited education, and unemployment playing a major role. The strongest connections are seen in the health, income, education, and employment aspects of deprivation⁹.

⁹ <https://pubmed.ncbi.nlm.nih.gov/35508678/>



Environment

When comparing the top postcodes with what individuals liked about the local area, we found that people liked the following elements from their local area:

Postcodes	Likes
NN1	44% like parks & countryside, 24% like friends & family
NN2	55% like parks, countryside, 40% family & friends
NN3	67% like parks, countryside
NN4	53% like parks & nature 40% like family and friends being around
NN5	43% like parks & countryside 35% like family & friends being around,
NN8	32% like parks, countryside, nature and green spaces 18% like the access to cities, school & shops



Partner Response

Response from West Northamptonshire Council

The Make Your Voice Count report provides a good understanding of the health wellbeing of our local communities, from the community perspective. The findings align with other community insight that WNC and partners have gathered through a range of programme and highlights the importance of the building blocks for health – ensuring that the places we are born, grow, work and live enable us to live healthy lives. It also highlights the importance of community connections and mental wellbeing, alongside ensuring people have access to services which support people to live a healthy life. The findings will inform the delivery plan for West Northamptonshire’s Prevention Strategy.

The Integrated Care Board and North Northamptonshire Council were asked for responses, but none were received by the date of publication.



Acknowledgements

Healthwatch North and West Northamptonshire is grateful for the time and interest of those who chose to share their views and experiences of their own mental and physical wellbeing with us. We are grateful for our partnerships with Corby Bridge: The Substance Recovery Support Organisation, The Dementia Team and Support Group by Northamptonshire Carers, Age UK's Day Centre in Northamptonshire and the Permanent Traveller community within West Northamptonshire. All three organisations and the traveller community kindly donated their time for assistance in planning our research and allowed us access to their service users for Make Your Voice Count focus groups focused on the lived experience of those within Northamptonshire. Thank you for your support.

We would also like to thank the West and North Northamptonshire Councils for supporting our team with planning the survey questions for our project, ensuring our questions were aligned with the "Live Your Best Life" strategy. This project has given us the ability to better understand the experience of individuals within North and West Northamptonshire and has allowed us to better understand what individual need to continue to live their best lives.



About Healthwatch North and West Northamptonshire

Healthwatch North and West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and well-being and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required. Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch North and West Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchnorthamptonshire.co.uk

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North Northamptonshire
West Northamptonshire



About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch North and West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk





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