**1. PURPOSE OF REPORT**

To keep members informed regarding two areas of work relating to health provision for the North Northamptonshire area.

**2. INFORMATION**

1. **Health needs of the SUE’s.**

A key piece of work that has been commissioned by the Joint Delivery Unit, is to look at the health needs of the North Northamptonshire Sustainable Urban Extensions (SUEs). This study is to get a good understanding of where the new health agenda is going for non-acute care and how that will address the large growth that is taking place on the SUE’s.

This piece of work has been agreed with the Nene & Corby Clinical Commissioning Groups as part of an ongoing working relationship.

The study will involve what currently takes place and what provisions there are in the existing S106s and then examine what provision the new health needs are going forward. The potential output could indicate what the preferred options are for the SUEs.

This study will engage with all appropriate stakeholders in the provision of health service provision and involved in the delivery of the SUE’s to establish what needs to change to provide a much more progressive health service within the housing growth that is taking place.

This work was also one of the key milestones set down by DCLG relating to the second part of the funding. The study is being commissioned now. The appointed consultant will be in place at the end of October and the detailed engagement will take place during November and December. The intention is to report the findings to the January Joint Committee.

This study will also provide the ability to tie into the NHS “Healthy new towns programme”

1. **Healthy New Towns Programme**.

The second piece of work that has been taking place, is again working with the Clinical Commissioning Group on the NHS Healthy New Towns programme. Below are set out the objectives of the programme. The process is that a set of partners can bid to be part of the programme.

The bid has been registered and is being considered along with a number of others, but to how many other competing partnerships is unknown. If the NHS is interested in our bid, further discussions will take place and the partner authorities will be kept informed.

This programme will tie in well with the other study referred to above and the other strategic work the County are doing on the Health and Wellbeing agenda.

**Objectives of the programme**

The programme has three core objectives:

1. To develop new and more effective ways of shaping new towns, neighbourhoods and strong communities that promote health and wellbeing, prevent illness and keep people independent;
2. To show what is possible when we radically rethink how health and care services could be delivered, freed from the legacy constraints (i.e. existing services) that operate in other areas. This will support the New Models of Care programme by promoting understanding about how health and care services could be integrated to provide better outcomes at the same or lower cost;
3. To accomplish the first two objectives in a way that can be replicated elsewhere, making learning available to other national programmes as well as other local areas.

Of course these objectives require collaborative working to be achievable. So the NHS are inviting areas with future population growth and housing needs to work with them to develop these radical new approaches to shaping the built environment. This may include but won’t be limited to:

* Building healthier homes and environments that support independence at all stages of life. We would like to explore new ways of integrating housing, care and communities to keep people independent and in their own homes. For those who do need support, more innovative residential care facilities may be combined with flexible housing options and step-up or respite care.
* Tackling unhealthy environments by creating walkable neighbourhoods, delivering radically improved infrastructure for safe active travel and more accessible public transport, and by providing easy access to healthy and affordable food in the local area.
* Implementing a new ‘operating system’ for health and care that achieves “triple integration” between primary and secondary care, mental and physical health, and health and social care. This means developing a flexible health and care infrastructure that is linked to specialist care when needed, but also provides many more services in the home, in primary care and alongside other public services. This infrastructure would also provide a strong platform for people to manage their own health and care, together with their peers and the voluntary sector, by making the most of mobile and digital channels.
* Creating connected neighbourhoods, strong communities and inclusive public spaces that enable people of all ages and abilities from all backgrounds to mix. Examples include ‘dementia-friendly’ design or ensuring that public spaces include features such as public toilets or benches that can make the difference between people being able to get out and about and being confined to their homes.
* Designing healthy workplaces, schools and leisure facilities that make the most of opportunities to encourage physical activity, healthy eating and positive mental health and wellbeing.

The potential of this programme stretches beyond the health and care sector. Digitally-enabled ‘smart’ towns and neighbourhoods, supported by integrated and effective public services, are attractive places to live and work. They are also attractive to businesses and entrepreneurs, offering to encourage innovation and economic growth.

1. **POLICY IMPLICATIONS**

It is not considered that there are any conflicts with the draft core strategy from either of these pieces of work.

1. **FINANCIAL RESOURCE IMPLICATIONS**

There could be given the potential out puts from the study by way of available staff and or seconded staff time in working with partners and developers to potentially implement the new health agenda. This in turn relates to the future of the JDU going forward.

1. **HUMAN RESOURCE IMPLICATIONS**

This would relate to the future of the JDU and its staff capacity going forward.

**6. RECOMMENDATION**

The members are asked to note the report set out above.