



Bournemouth, Christchurch and Poole (BCP) JSNA Summary
Updated May 2021



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Purpose

This report summarises some of the current and future strategic health and wellbeing issues for Bournemouth, Christchurch and Poole (BCP) Local Authority.

It combines the evidence from key national and local data indicators, alongside insights from local stakeholders developed through topic panels and qualitative interviewing.

Links are available throughout to relevant JSNA content and further data resources. An overview of our local process is available at the end of this report.

The Current Picture – Data Insights

Data provides insight into the trends and patterns we are seeing in our local area. BCP has an estimated 395,300 residents. BCP has a higher proportion of 65+ than England (22% compared to 18%). There is also a higher student population in Bournemouth (12% of aged 18-24).

BCP populations' health is generally good compared to England. Current life expectancy at birth is 83.7 years for females and 80.5 years for men. Healthy life expectancy is better than the England rate for both sexes and this has generally been improving.

However, there are some areas where our populations health could be better. These are summarised in the following sections, looking at key indicators falling below England average, health inequalities and wider determinants of health.

[BCP Demographic Data](#)

[Locality population estimates](#)



Starting Well

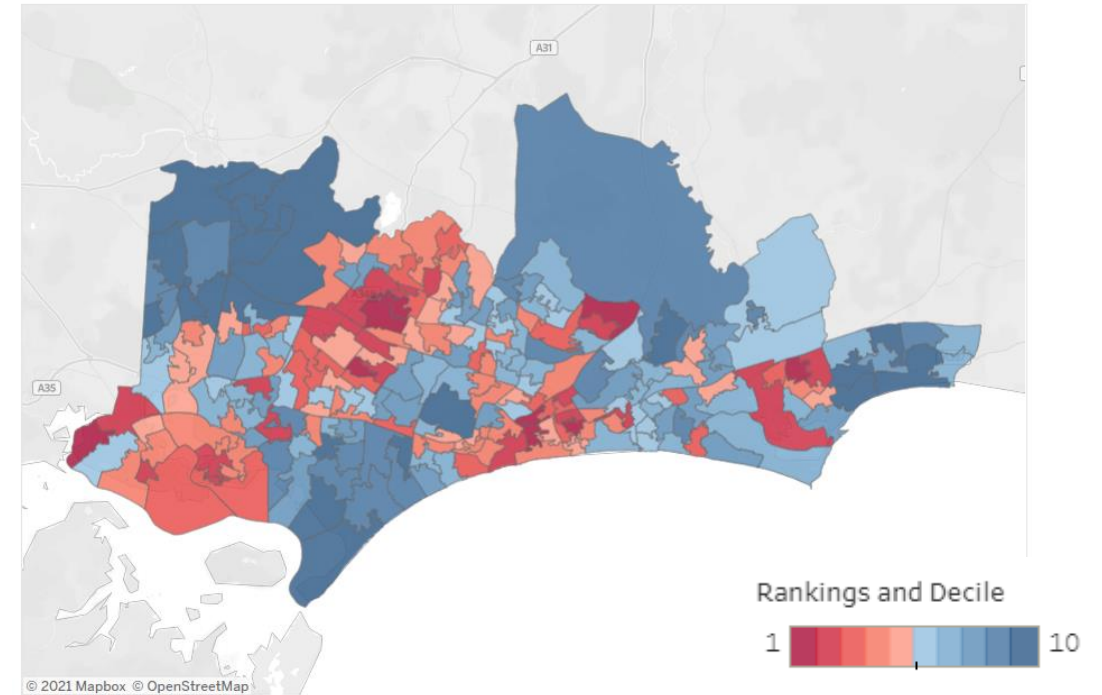
Having the best start in life is key to avoiding poor health outcomes and avoiding health inequalities in later life. BCP has 85,154 0-19 year olds and most thrive and experience good health. However, this is not the case for all children and there are some areas of concern;

Deprivation

There are several areas in BCP that experience higher levels of deprivation affecting children, these include;

- Turlin Moor, Poole
- Rossmore/Alderney, Poole
- Turbary Common, Wallisdown
- West Howe, Bournemouth
- Holdenhurst Road, Bournemouth
- East Cliff North, Bournemouth
- Boscombe Central, Bournemouth
- Townsend / Holdenhurst, Bournemouth
- Somerford West, Christchurch

Income Deprivation Affecting Children 2019, by decile

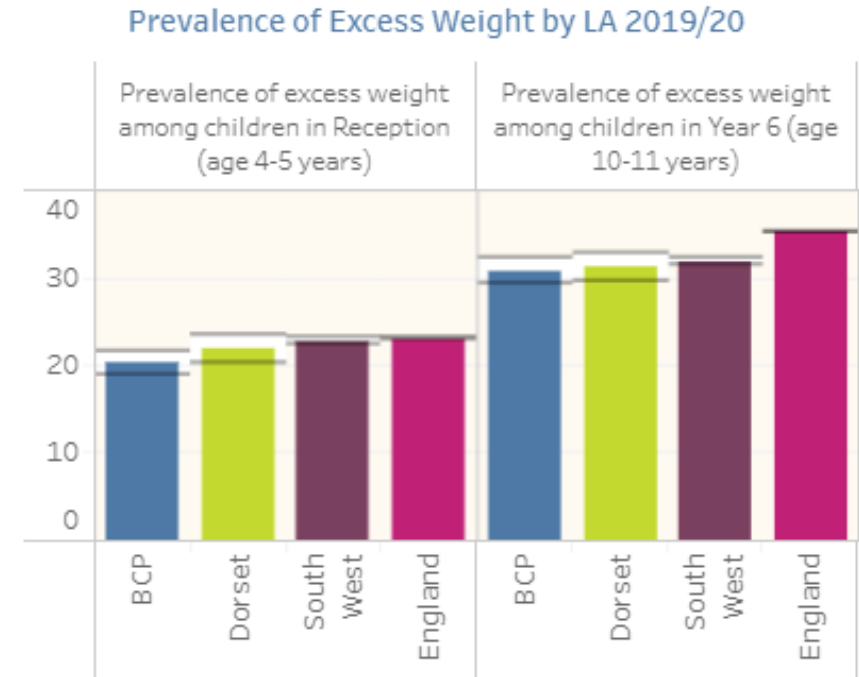


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Starting Well

Obesity

Childhood obesity is considered one of the most serious public health challenges of the 21st century. Obesity in childhood is associated with a higher chance of premature death and disease such as diabetes or cardiovascular diseases in adulthood. If BCP had a population of 100 children, 8 would be classified obese at 4-5 years and 18 at 10-11 years. Although our rates are lower than England, 31% of children aged 10-11 have excess weight. This varies by area and is highest in East Cliff (45%) and Kinson West (42%).



Emotional health and wellbeing

It is estimated that mental health problems affect about 1 in 10 children and young people. Experiencing mental health issues in childhood can result in lower educational attainment and risky health behaviours such as smoking and substance misuse. In BCP, hospital admissions as a result of self-harm have been increasing over the last few years – currently 814.8 admissions per 100,000, higher than the England rate (439.2 per 100,000).

Starting Well

Physical Health

Several indicators related to children and young people's [hospital admissions](#) are significantly worse than England rates;

- Hospital admissions for unintentional and deliberate injuries
- Hospital admissions due to substance misuse and for alcohol specific conditions
- Admissions for epilepsy in young people
- Emergency admissions

Special Educational Needs or Disability

A child or young person has special educational needs or disability (SEND) if they:

- have a learning difficulty or disability which makes it much harder for them to learn than other pupils of the same age
- they require special educational provision to be made for them

Children with SEND may need extra help or support, or special provision made for them to have the same opportunities or other children their age. In Dorset 17.7% of pupils have a statutory plan of SEN or are receiving SEN support. This compares to an average of 15.6% across England (2019/20). Nine percent of children in need have a disability, compared to 12.8% across England.

Living Well

Mental Health

Mental health is an area of both national and local concern. Depression and anxiety prevalence across Dorset has been increasing, with the [latest estimates](#) at 12.8% of adults, but it is expected that the COVID-19 pandemic may have had a further impact on mental health. Several indicators relating to mental health are worse than the national average in the BCP area;

- Emergency hospital admissions for self-harm (all ages) (331.3 per 100,000, England 192.6 per 100,000)
- Suicide rate (13.2 per 100,000, England 10.1 per 100,000)

Excess Weight and Obesity

Having excess weight or being obese has significant implications for both physical and mental health. It increases the risk of several diseases such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death. Obesity is a key public health issue - prevalence remains high and it has significant impact on health and social care costs, as well as economic and societal impacts.

The causes of obesity are complex, from lifestyle behaviours and eating choices through to wider issues such as the local environment and food availability. There is not a single effective intervention – a variety are needed to tackle the issue. Although the BCP area is not doing better or worse than national indicators, [60% of adults](#) were classified as overweight or obese which is of concern.

Living Well

Substance Misuse

Most people have low risk of harm from alcohol but people who drink more than the recommended amount and/or have complex needs may be at risk of misuse issues. [Local Analysis](#) estimated, of the population who drink alcohol, 23% were at medium risk and 1.5% high risk (dependent drinkers and those with complex issues). Locally, some misuse indicators are worse than national rates;

- Admissions for alcohol-related conditions (807 per 100,000 - increasing trend, England 664 per 100,000)
- Deaths from drug misuse (7.4 per 100,000, England 4.7 per 100,000)

Physical Activity

A key risk factor for death and poor health, a lack of physical activity is associated with 1 in 6 deaths in the UK and up to 40% of many long term and preventable conditions including type 2 diabetes and cardiovascular disease. For older adults, physical activity helps to maintain physical and cognitive abilities. [Latest estimates](#) suggest 30.6% (100,00 people) of adults (16+) in BCP Council area did less than 30 minutes activity per week.

Food Insecurity

Food insecurity is the inability to afford, or the uncertainty of access to, nutritionally adequate and safe foods that make up a healthy diet. [Local needs analysis](#) based on the Food Foundation research suggests 5,800 people in BCP are experiencing food poverty, and a further 101,000 are food insecure – people who can't afford to meet recommended guidelines for a health diet.

Ageing well

Morbidity (Illness or Injury)

Hip fractures, diabetes and cardiovascular disease (CVD) are important factors related to leading to, living with, or caused by poor health respectively. Understanding how they occur with the population can help us to plan to improve the quality of life for people of all ages and reduce preventable deaths.

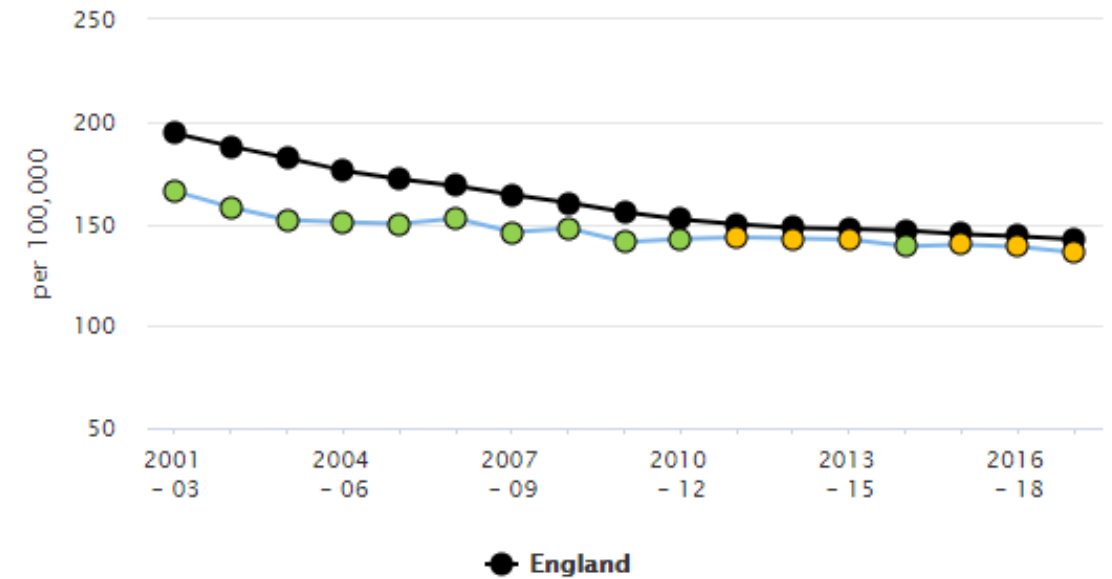
Cardiovascular disease (CVD)

The under 75 mortality rate for BCP (57.2 per 100,000) is better than the England rate (70.4 per 100,000) and has been improving.

Diabetes

Diabetes is an important health condition because of its impact on quality of life, and because it is a precursor of cardiovascular disease, one of the largest causes of preventable mortality. Diabetes Type II is largely preventable. Approximately 6% of patients aged 17+ in BCP have Diabetes.

BCP Under 75 mortality rate from preventable causes



Ageing Well

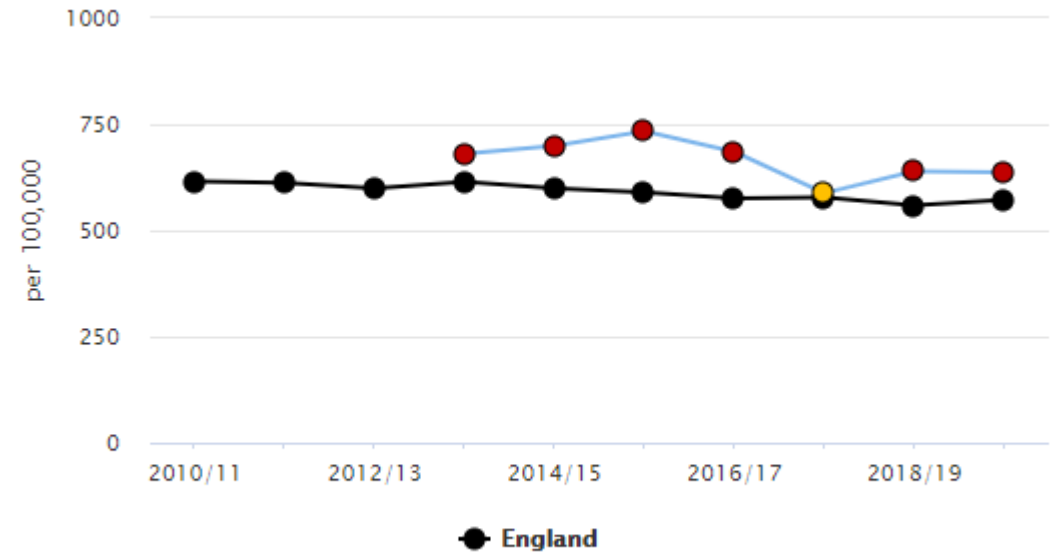
Hip Fractures and Frailty

Hip fractures are a debilitating condition that can leave people with reduced mobility, chronic pain and at risk of depression. Nationally, only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care.

The rate of hip fractures in BCP (637 per 100,000) is worse than the England average, and the second highest in the South West.

[Local workshops](#) highlighted the risk of de-conditioning and it's role in falls and frailty – as people spend time being inactive, their condition decreases, and frailty increases. This leads them to being at risk of falls, which further increases inactivity, continuing the cycle of deconditioning.

BCP Hip fractures in people aged 65 and over



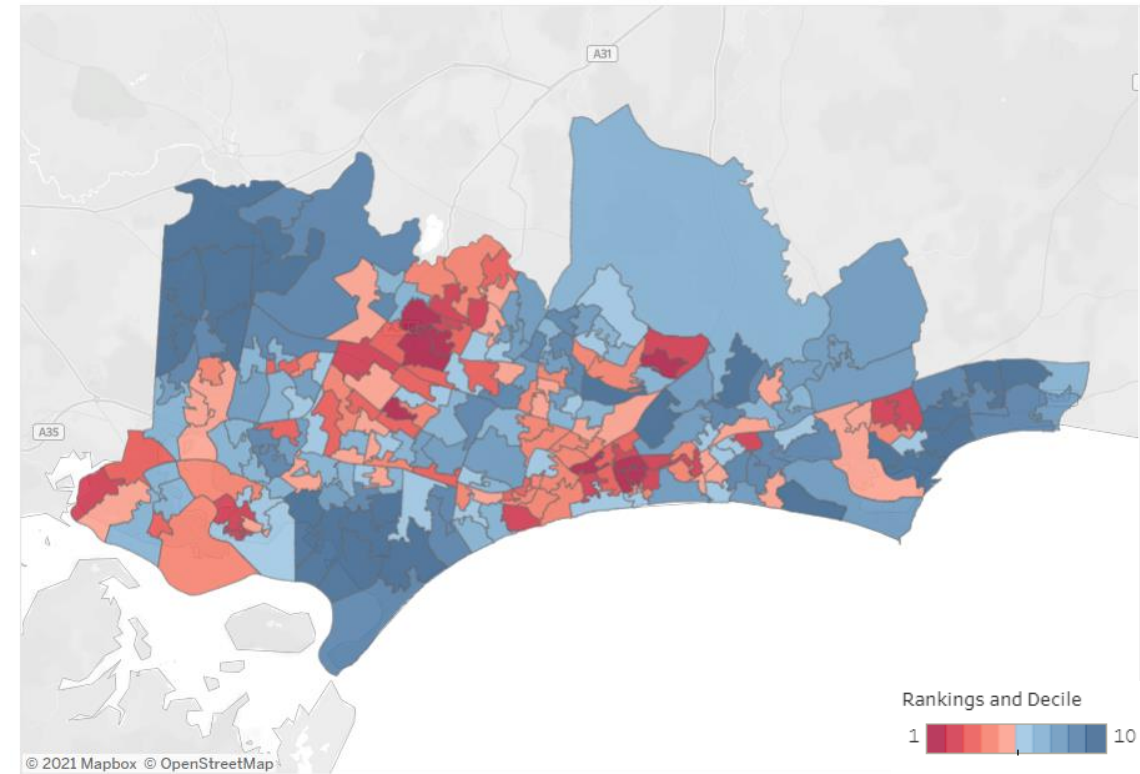
Healthy Places

Deprivation and Inequality

BCP has a mix of high and low deprivation areas. Some areas, such as Sandbanks, Canford Cliffs, Christchurch and Broadstone fall within the least deprived areas nationally. In contrast, there are communities experiencing some of the highest levels of deprivation in Turlin Moor, Alderney, Turbary Common and West Howe, Boscombe and Somerford.

Deprivation is strongly linked with many health outcomes, and we see inequalities in life expectancy across the BCP area – There is just under 10 years difference in life expectancy for females (West Highcliffe - 87.5 years and Boscombe West - 77.9 years).

Index of Multiple Deprivation 2019, by decile



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Healthy Places

- Greenspace accessibility

Spending time in greenspace has many benefits for our health and wellbeing, and close proximity of greenspace means we can build contact into our everyday lives. BCP and the surrounding area has many high quality outdoor spaces. However, [accessibility can be an issue](#), with 56% of residents living more than 300m safe walk from a publicly accessible greenspace. Socio-economic status, age and health can also influence ability to access nature.

- Housing

Living in cold, damp, overcrowded or insecure accommodation affects our health and wellbeing. Rates of fuel poverty have fallen recently in both Bournemouth and Poole. However the rate of homelessness has been increasing in Bournemouth particularly, now 3.8 per 1,000 and higher than England. Housing affordability is also an issue – in BCP the median house price to earnings ratio is 9.7 (7.8 England) and this is one of the highest rates in the South West.

- Vulnerability

Some groups in our communities are more at risk of disadvantage or exploitation. Particular issues include county lines, child sexual exploitation and practices such as Cuckooing.

BCP also has connections to armed forces and a population of veterans who can experience health and wellbeing issues. [National research](#) estimates that over a quarter of veterans live in the South West and South East.

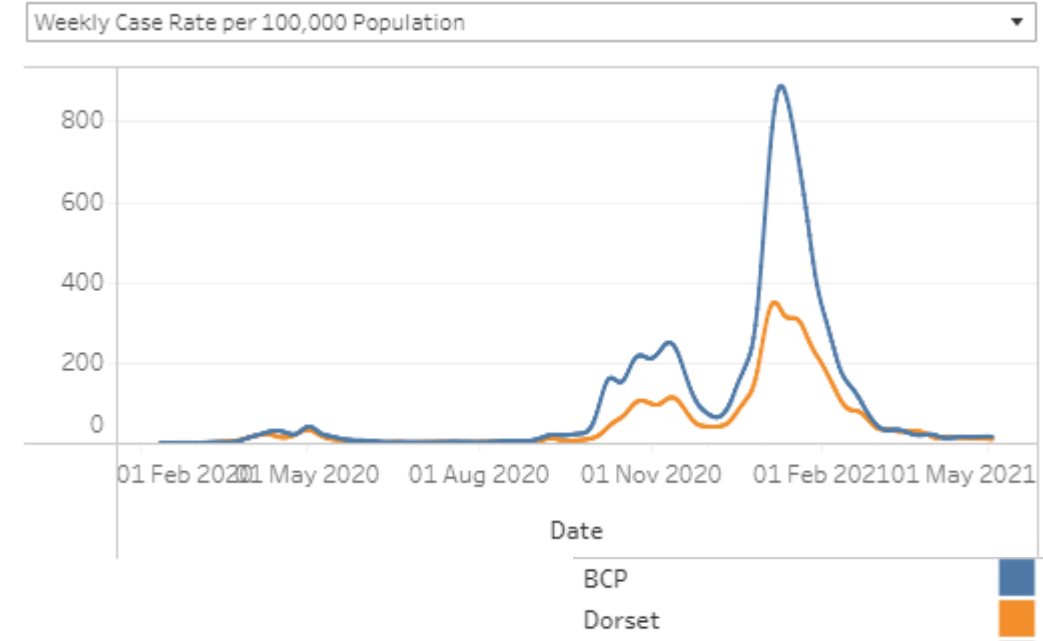
COVID-19 Impact and Recovery

COVID-19 is one of the biggest challenges for our health and care systems for generations. As of the end of May 2021, BCP has seen 25,497 people testing positive for COVID-19, with 2,879 admissions to hospital and sadly 861 deaths (within 28 days of a positive test).

In January 2021, during the second wave of the pandemic, weekly case rates in BCP peaked at 887.3 per 100,000 population, the highest in the South West.

Beyond the immediate impacts of the disease and system pressure are the wider long-term impacts on health and wellbeing, and the risk of further widening existing health inequalities

“Recovery is the process of rebuilding, restoring and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.”



PHE COVID-19 Recovery Framework Priorities

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

The current picture – System Insights

The following sections summarise common themes emerging from our local insights processes;

- Systems insights involve a panel of stakeholders working to develop a shared understanding of a topic or issue. Using a mapping approach we explore some of the key drivers and barriers that lead to outcomes and patterns that we see through data.
- People insights are a series of qualitative interviews with staff who work directly with communities. The interviews explore their perspectives on the needs and issues faced by the community they work with.



People & Society Issues

- **Behaviours and Norms**

Social and lifestyle norms are often key drivers in system challenges and identifying ways to shift or adapt to these could lead to long-term transformational change of outcomes. The ability to keep abreast of and respond to shifts in norms and societal behaviours is also a key challenge – such as developments in technology and patterns of technology use.

- **Mental Health**

Practitioners across many different services have a perception of rising presentations of low level mental health issues. Mental health is also a commonly identified driver involved in system challenges, increasing the complexity of supporting population need. [England data suggest](#) 1 in 4 people will experience a mental health problem each year, and 1 in 6 report a common mental health problem (like anxiety or depression) in any given week. Emerging research suggests the COVID-19 pandemic has had an additional impact on mental health.

- **Societal expectations**

A common driver of system pressure is societal perception of need and increasing demand for services. In addition, groups who might benefit from services and not always accessing or engaging.

- **Building Resilience**

Local insights highlighted that supporting resilience is important to help break ‘cycles of need’ and requirements for multiple services. Prevention and holistic support interventions are seen as key to developing skills and resilience.

Current Service Issues

- **Demand generated by wider determinants**

Issues were rarely described in isolation with practitioners frequently highlighting the complexity and inter-related nature of needs -“it’s never just the one thing”. Commonly experienced issues included low-level mental health, isolation, housing needs, substance misuse and finance issues.

- **Budgeting pressure**

Financial pressure is an issue highlighted across the system and is perceived to inhibit system transformation. System pressure is often described as resulting from the relationship of managing societal expectation and demand for services with budgeting and resource pressure.

- **Access to services**

Accessing services appropriate to an individual’s needs is perceived as increasingly difficult, due to thresholds and waiting times that are a response to pressures on services. This can lead to increased demand for multiple services as people’s needs grow more complex over time or staff supporting increasingly complex needs until support can be accessed.

Future Vision – Design Considerations

- **Personalised, holistic and resilience enhancing service delivery**

Community facing practitioners felt effective support needs a holistic approach that enables a person to build resilience rather than reliance on a service. Interventions such as community 'conduits', befrienders and building support networks were seen as key enablers to this type of support in communities.

- **Communication and engagement**

An emerging theme around communication highlights that communicating clearly with communities in ways that encourage engagement, collaboration and utilising community resources would support understanding of need, and societal expectation for services.

- **Effective collaboration**

Developing collaboration and strengthening inter-service relationships is often seen as an important tool to mitigate system demand. This includes partnership between organisations as well as community assets, volunteers and residents. Effective partnerships require both strategic level agreement, and trusting communicative relationships 'on the ground'.



Further Resources

- [Area Profile](#)
- [Ward Profiles](#)
- [Locality Profiles](#)
- [Community Vulnerability](#)
- [Children's data repository](#)
- [Greenspace accessibility](#)
- [JSNA Panel topics](#) – BCP relevant; Alcohol misuse, Armed Forces, End of Life Care, Falls Prevention, Food Insecurity, Physical Activity, SEND

The JSNA Approach

Dorset's JSNA is being used to support Dorset Council and Bournemouth, Christchurch and Poole (BCP) Health & Wellbeing Boards to identify key issues and develop their Joint Health and Wellbeing Strategies in response to these.

Routine data underpins our JSNA as it does in many other Local Authorities. In Dorset our aim though is to go one step further, to better understand local needs through combining 'stats with stories'.

We have developed insights based methods. One which will primarily support needs assessments (system insights) and another to develop our understanding of strategic issues and what might be done about them (people insights). This insights work complements the more traditional data driven approach.

<https://www.publichealthdorset.org.uk/jsna/joint-strategic-needs-assessment.aspx>