Friday, Week 2.

Second week of 2019. This year still holds promise! I have only been in a grump once thus far... in a meeting. I was mad at myself, really, for going to a meeting when I didn't know why I was invited nor what value I could add, and I didn't add value, I just consumed oxygen. Don't be me. Although this doesn't happen very often any more, this one meeting slipped through... Grumpy with myself.

Transformation

I talked about our 3 years of transformation in my [Week 1](#) blog. This week I thought I'd talk about what, in addition to all that 'transforming' (hard work to be sure!) we are delivering. Mostly because a smart-arsed colleague thought that might be a good idea... Go figure, but happy to oblige.

We have three 'outcome' areas against which all of our outputs/deliverables aim to make a difference: (1) developing shared-understanding across our Integrated Care System, (2) delivering reliable data and robust evidence, and (3) creating compelling narrative.

Delivery

Here are a few of the big and/or innovative and/or interesting areas where we are delivering results (not comprehensive), and there is no space in this short blog to talk about all the business as usual but great stuff that goes on in data and system management behind the scenes and upon which so many others are dependent — including public health commissioning, drug and alcohol programme management, not to mention data and information sharing. And of course in line with the 'no programme' (see Week 1 blog), I won't talk about our many and varied client requests in this blog. Maybe sometime when levity is

called for!

Joint Strategic Needs Assessment: Redesigned from a systems insight perspective combining a top-down systems mapping approach and a bottom-up interviewing of public facing staff. Transformational. Signed off by our Health and Wellbeing Board, steering group structure now being sorted, 17 interviews conducted thus far, going online in the next couple weeks. Progress.

Population health modelling: Population Health Management (I so hate this label) is the new game in town and a requirement for progressing the development of our Integrated Care System. It is however largely focussed on data analytics used to provide clinicians with timely patient level risk data to move practice towards earlier more proactive interventions. A bigger aspiration, at least at the strategic level, is to ensure that the social conditions in which our population live can be taken directly into consideration when commissioning or restructuring health and care pathways. We have a first model that we'll be consulting with colleagues on over the next three months.

Intelligence capability building: We've delivered a number of workshops to colleagues on the value and structure of credible programme evaluation over the last two years and will continue this development for another year at least.

Pan-Dorset air quality monitoring network: Designed and installed. Took a lot longer than hoped, but well done EHOs from the Dorset Districts and Bournemouth and Poole! Real time monitors linked to our data warehouse and visualised using Tableau. Not public yet, but available to interested colleagues.

Programme evaluations: We are in year 3 of a 3 year evaluation of [Stepping into Nature](), which aims to improve the lives of older people and particularly people living with dementia and their carers. The team has delivered the [Evaluation Guide]() and analysis of interviews is well underway — looking forward to an interim report in 3 months or so… Planning of several more programme evaluations for things like 'healthy homes', 'the daily mile' and other programmes is underway.

[**Greenspace**]() **accessibility model:** In collaboration with some extraordinary colleagues at the [European Centre for Environment and Human Health](), at Exeter University, we have developed a [pan-Dorset spatial accessibility model for greenspace](). The first data products output from the model include (1) walking distance to the closest greenspace of any type from each postcode and (2) identification of postcodes that do not have a greenspace of at least half a hectare within 300 m, which is the WHO recommended level of access for urban

populations.

Healthy Urban Microbiome Initiative: Bournemouth is the first UK city to be included in this International Initiative to explore and understand the population level exposure to healthy environmental microbiomes found in biodiverse urban greenspaces. Fifteen greenspaces across the city have been sampled and results are currently being analysed.

Beyond Q4 and into 2019-2020

As we work toward the completion of this financial year, we begin a momentous 2019-2020 financial year by moving from a shared-service across Bournemouth Borough Council, Borough of Poole and the Dorset County Council to a shared service across two new councils: Bournemouth, Christchurch and Poole unitary council and a Dorset unitary council. This local government reform is critical to the future of health places across our two future councils — it has our full attention as we work with intelligence teams across the patch!

Joint Strategic Needs Assessment: continuing to grow and enable system-wide strategic insights through the twin adoption and use of Systems Thinking from the top-down and qualitative interviewing of public facing staff across the system

Intelligence capability building: ensuring that everyone in a position to employ a systems thinking approach to problem solving anywhere within the Integrated Care System that explores challenges in care pathway planning, commissioning, and other strategically important areas has the ability to access those skills.

Population health modelling: System modelling — we believe that population health modelling is our entry point into Population Health Management, because it provides a learning laboratory that allows us to look in more depth at how the social conditions in which our population lives will impact our health services utilisations and population health outcomes in the future.

Programme evaluation: having developed our capacity and begun to deliver programme evaluations, we are more convinced than ever that credible outcome based programme evaluation is the key to the preservation and growth of public health programmes.

Healthy Places Programme: work in this area on the settings or conditions in which people live, including their access to quality urban greenspace, air quality, healthy homes, will continue as we work to use the population health management paradigm to extend traditional health and care service planning to include 'health places futures planning'.

Food security and fresh look at socio-economic deprivation are on the cards for the coming year — new collaborations are currently being developed and we will be throwing everything we have at it... systems thinking, data analytics, simulation modelling, futuring.

This futures blog

This blog is about how we create 'healthy places' and what our possible 'futures' could be given current trends and momentum within society, the economic and political systems, and the environment. I use the plural 'futures' intentionally, because our future is not pre-determined (I hope), we can and should work towards the future we want. This blog aims to generate discussion (maybe even some debate) around 'Healthy places futures' in the hope that if we all put our minds to it, a collective vision may emerge, which would inform any strategy we might put in place to get us to our preferred future. We'll be leaning on heavily on futuring tools found on our Shaping Tomorrow hosted website: phd.shapingtomorrow.com.

The future is already here — it's just not very evenly distributed (William Gibson 1993).