

Bournemouth, Christchurch and Poole Council (BCP) JSNA Summary

Updated November 2023



Purpose

In the BCP area people are generally healthier and live for longer than England overall. However, not everyone has the same experience. This report focuses on some of the current and future strategic health and wellbeing issues for Bournemouth, Christchurch and Poole (BCP) Local Authority.

It contains 3 sections

- **Thriving Communities** (Our population and wider determinants of health)
- **Healthy Lives** (Health conditions and behaviours, opportunities for prevention and early help)
- **Health and Care** (How services work together)

Evidence from key national and local data indicators, is combined with insights from local research and engagement and qualitative interviewing.

Links are available throughout to relevant content and further data resources. Thanks to business intelligence teams and partner organisations across our Integrated Care System for the research and insights referenced in this report.



Thriving Communities - Our Population

BCP is home to just over **400,000 people**. Over the last 10 years the population has grown by 5.6% (21,306 more people).

Around **87,000 residents are aged 65 and over**. This is a growth of 12% since 2011. BCP also has university, college and foreign language school connections which sees **inward migration to the area from young people**.

18%, around **70,000 people, identify as a minority ethnic group**, and this has increased by 60% since 2011. The largest minority ethnic group in the BCP area is 'Other white'.

15% of residents are **non-uk born** (61,949 people). The majority arrived in the UK in early adulthood (43%) or as children (29%).

BCP is home to both serving **military personnel** and veterans. Almost 16,000 residents aged 16+ have previously served in the UK armed forces.

In 2021, 8.8% of BCP residents reported providing **unpaid care**, a slight decrease from 11.3% in 2011. 2.5% of residents are providing 50 hours or more of unpaid care a week.

[Household and resident characteristics](#)

[Ethnicity – Key Statistics](#)

[International Migration](#)

[UK Armed Forces Veterans](#)



84% are satisfied with the local area and 87% feel they belong to their local community.
(BCP residents survey 2021)

The local natural environment is greatly valued by residents and used to help support and improve their health and wellbeing.
(100 Conversations)



Thriving Communities - Inequalities

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

In the BCP area people are generally healthier and live for longer than England overall. Latest life expectancy data shows women to live approximately 83.3 years and men 79.7 years.

However, we have a **social gradient in life expectancy** between the most and least deprived areas in BCP – 6.9 years for men and 6.4 years for women. Although COVID-19 had an impact in most recent years, **circulatory** related deaths, **cancer** and **respiratory disease** are the main contributors to this inequality gap.

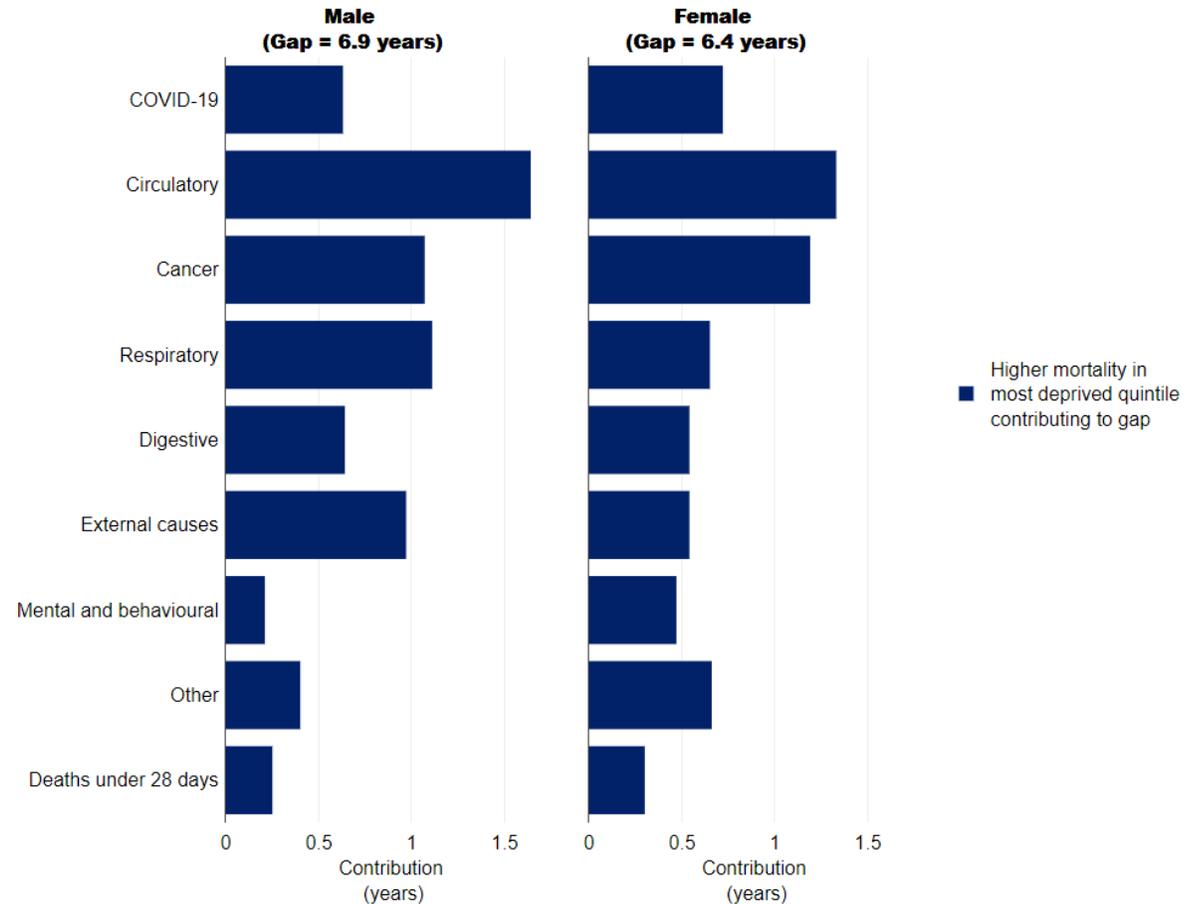
Healthy life expectancy is another important measure of health and inequality. **Men in BCP will spend around 15 years in poor health and females around 18 years.** We know from national data a social gradient is also seen in how long people will live with “good” health.

[An Overview of Health Inequalities in BCP](#)

[Dorset Health Inequalities Virtual Academy](#)

[OHID Segment Data Tool](#)

Breakdown of the life expectancy gap between the most and least deprived quintiles of Bournemouth, Christchurch and Poole by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019



Thriving Communities - Deprivation

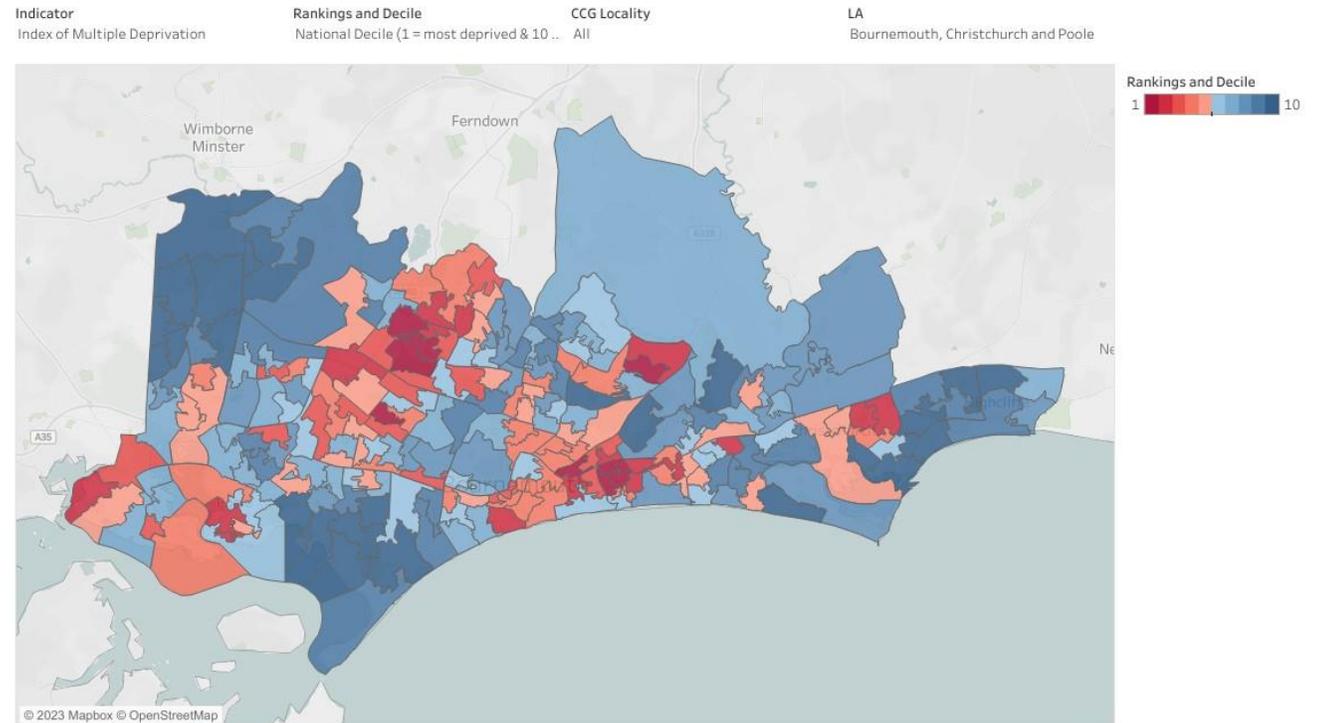
BCP Council has a **mix of high and low deprivation areas**. Some areas, such as Sandbanks, Canford Cliffs, Christchurch and Broadstone fall within the least deprived areas nationally.

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.

[Indices of deprivation](#)

Indices of Deprivation 2019 (IMD & Domains)



Created and maintained by the Public Health Dorset Intelligence Team
Last updated 12/11/2019

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[@publichealthdorset](https://www.facebook.com/publichealthdorset)



Thriving Communities – Economy & Cost of Living

In 2021/2, 4.6% of the working age population were unemployed. Unemployment has generally been declining nationally, with a slight increase in 2020/21 due to the impact of the pandemic.

In contrast, the economic inactivity rate has been increasing nationally since 2019/20 (currently 21.2%). In BCP, 18.6% of the working age population are economically inactive – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.

Although job claimant numbers have fallen significantly from their peak in May 2020 (affected by the Pandemic), numbers remain nearly 20% higher than pre-pandemic levels.

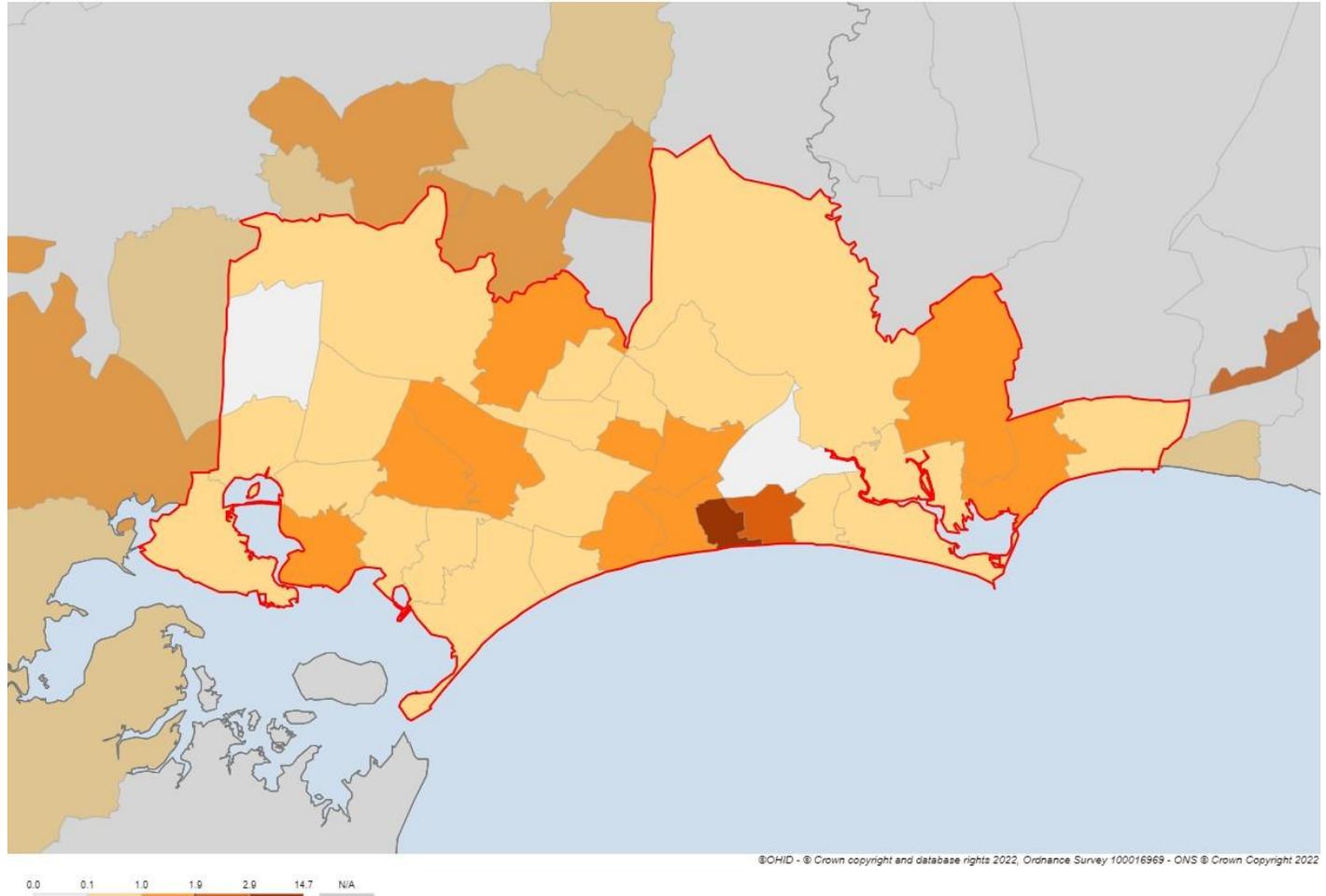
Data from Citizen’s Advice Services in BCP shows notable increase in clients aged 65+ seeking support for a variety of issues, such as requests for foodbank vouchers, issues with utilities or pension-age benefits. The financial pressures experienced during the cost-of-living crisis impacts on their lives and wellbeing.

[BCP Economic Data](#)

[An Overview of Health Inequalities in BCP](#)

[Impact of winter pressures in England](#)

Long term unemployment (Crude rate per 1,000) - Source: NOMIS Labour Market Statistics



Thriving Communities - Housing

There has been modest growth in the number of households in BCP, however the proportion **living in communal establishments** has increased significantly more than regionally and nationally (this includes communal accommodation like halls of residence, armed forces bases or care homes). BCP has a larger proportion of **single person** and other person households.

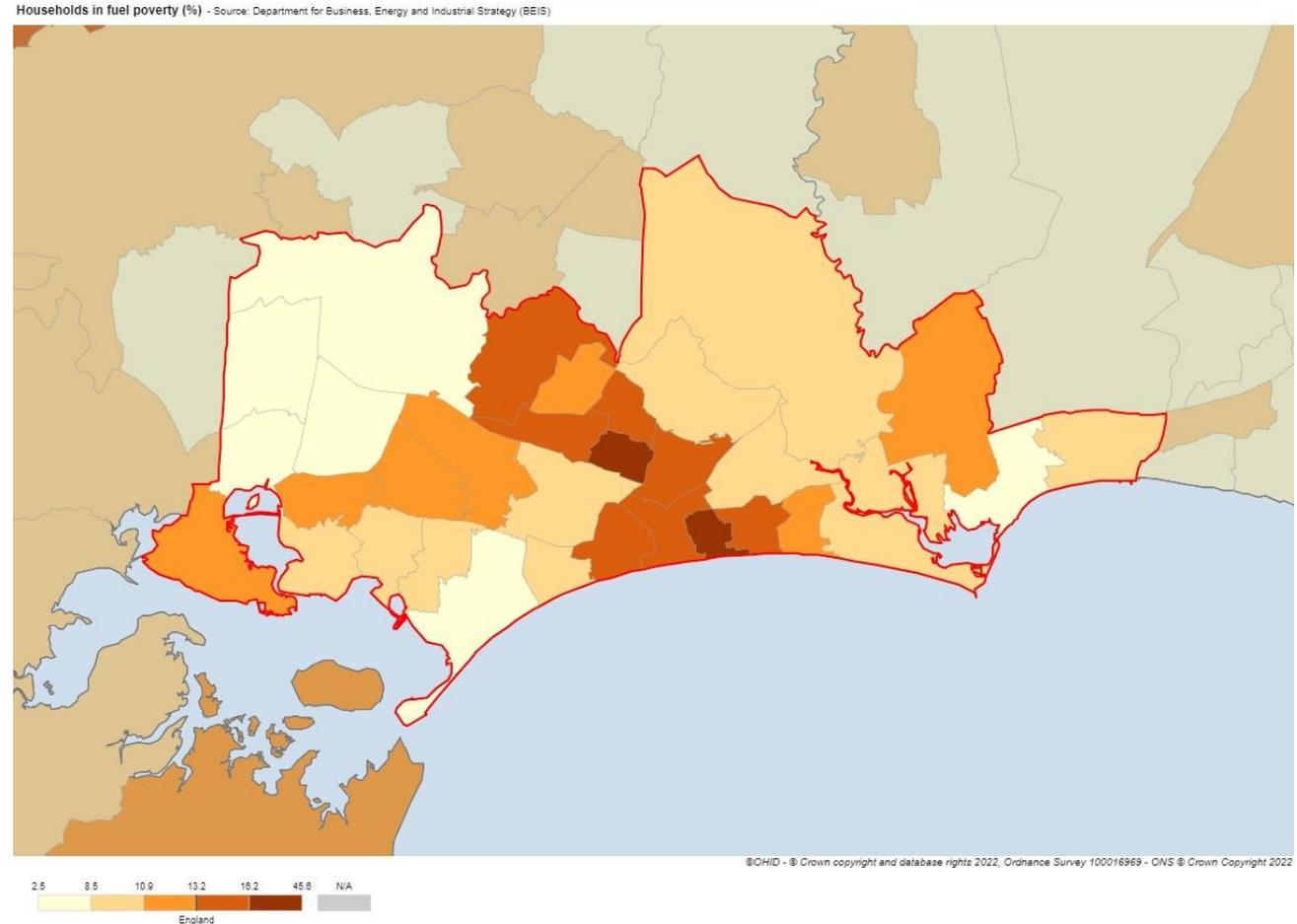
BCP's population is ageing, and projected household growth is largely driven by **an increase in older households**. Older households are more likely to live alone or in smaller households. Therefore, one person households show the biggest increase in BCP, by 10.3 thousand (17%) to 2043. The remainder of the household growth will be among multi-adult households.

Housing affordability is an issue in the area – BCP is in the 2nd worst quintile for England for affordability of home ownership.

Homelessness is associated with severe poverty and poor health outcomes. There is high demand for support in BCP - households being owed a homelessness reduction act duty is above the national average (12.6 per 1,000 in BCP, 11.7 per 1,000 in England). These are households who are homeless or threatened with homelessness. Around 2.4 in 1,000 households are in temporary accommodation.

[Census 2021 Household and Resident Characteristics](#)

[BCP Housing Dashboard](#)



Thriving Communities - Education, Skills and Learning

Disparities in child development are recognizable in the second year of life and have an impact by the time children enter school. In BCP the % of children achieving a good level of development at 2.5 years is above the England average. However, within the skills measured there are needs around **communication skills** and **personal social skills** which fall below the England average.

Average Attainment 8 Score – measures the achievement of pupils across 8 qualifications at the end of Key Stage 4. BCP – 52.1, England 48.7. One of the highest areas in the South West and also in comparison to CIPFA nearest neighbours. However, the average **attainment of Children in Care** is much lower – 18.9 – second worst quintile in England.

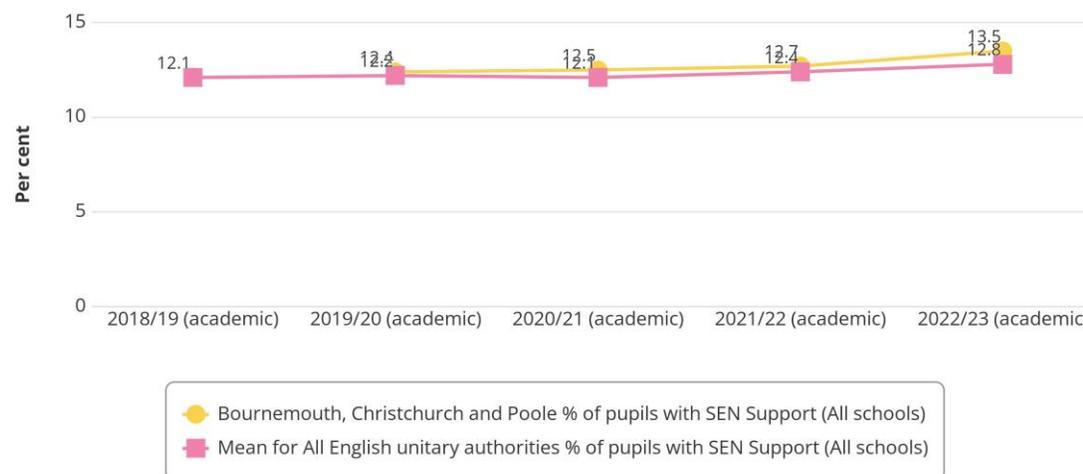
Pupil absence increased in the 2021/22 school year to 7.7% - previously this had been consistently around 4.7% for many years. This increase has also been observed nationally, and has continued in 22/23. The majority of absence in England was due to illness.

The proportion of NEET children in BCP is one of the lowest in the South West at 4% - better than the England average.

2023 annual data shows 7118 pupils attending BCP area mainstream and special schools are identified as having **Special Educational Needs (SEN)**; 49% are primary school age and 49% secondary school. 61% are male. Primary support needs identified are commonly speech language and communication, specific learning difficulty or social, emotional and mental health needs. 32% were persistently absent, similar to national. However, the suspension rate is higher than national (26.6% BCP compared to 18.6%).

3621 pupils have an **Education, Health and Care Plan (EHCP)**, of which 12% are open to Children's Social Care Services. 21% of pupils with an EHCP living within our most deprived areas.

% of pupils with SEN Support in all schools (from 2018/19 (academic) to 2022/23 (academic))



Source:

Metric ID: 2214, Department for Education, Special Educational Needs in England, Data updated: 23 Jun 2023

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Thriving Communities – Other Resources Available

[State of BCP Report](#)

[BCP Council Residents Survey](#)

[Thriving Places Index Scorecard for BCP](#)

[BCP Economic Overview](#)

[Monthly Economic Bulletin](#)

[BCP Ward Profiles](#)

[Greenspace Accessibility Model](#)

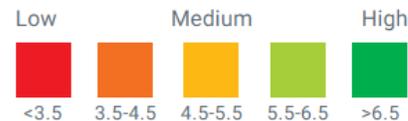
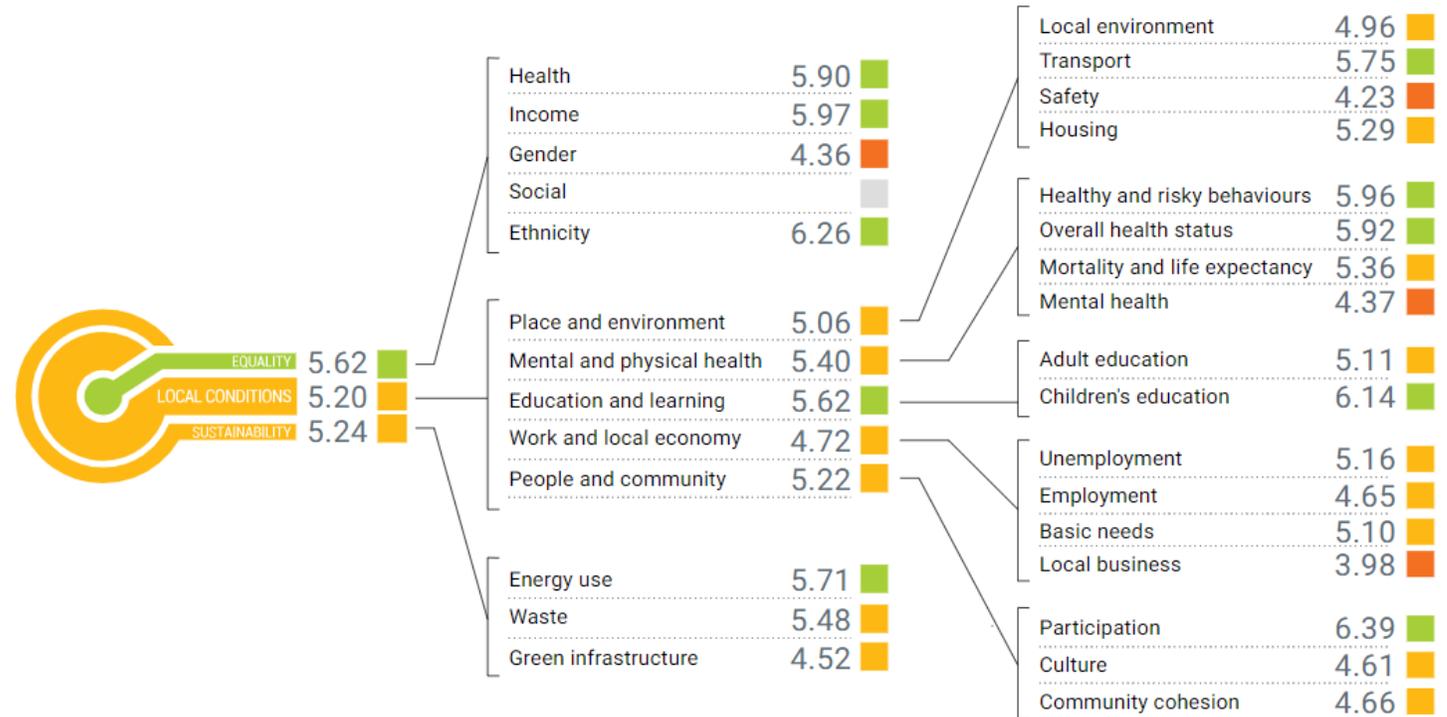
[Local Authority – Wider Determinants of Health](#)

[Rural Urban Classification Map](#)

[SEN and Disabilities report for BCP LGA Inform](#)

[Census data for BCP](#)

Bournemouth, Christchurch and Poole



Thriving Places Scorecard - 2022



Healthy Lives - Childhood Health

Comparing local indicators with England averages shows the health and wellbeing of our children and young people is mixed.

Babies born with a low birth weight is better than average. The percentage of babies being breastfed in BCP is also better than England – in Q4 22/23 54% of babies were being breastfed at 6-8 weeks. A&E attendances in under 5's is also better than average.

Levels of **childhood obesity** are better than England and have decreased in the most recent year - although around 1 in 5 Year 6 children are obese and we see variation across the Local Authority.

The **mental health and emotional wellbeing** of children is a priority – the rate of inpatient admissions for mental health conditions (143.2 per 100,000) and self-harm (706.9 per 100,000) are worse than England.

In terms of physical health;

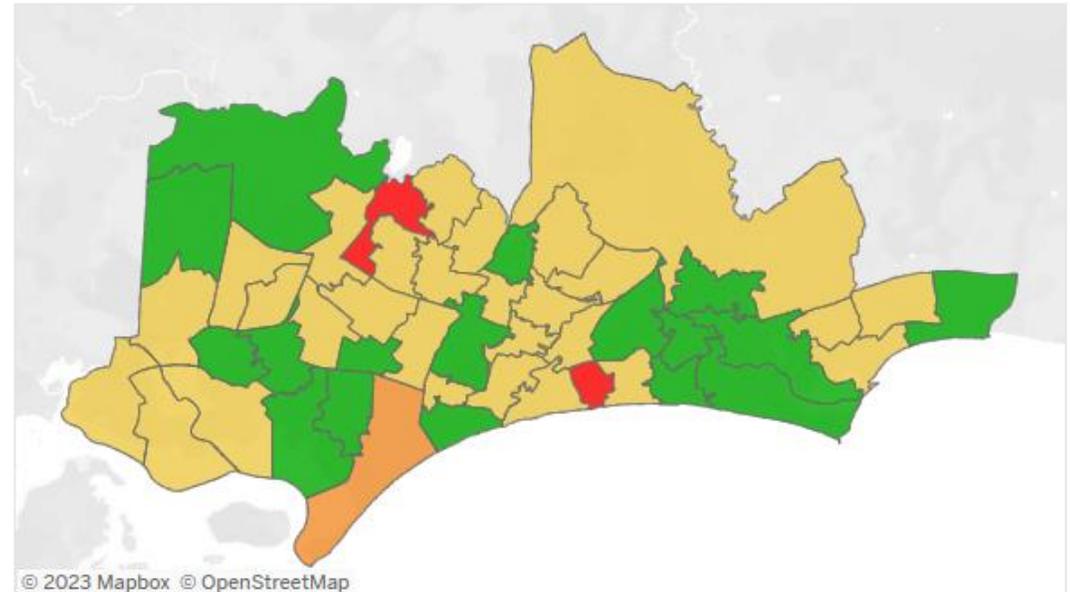
- **Children in care immunisations** worse than England – in 2022 39% of children in care were up-to-date with vaccinations.
- Admissions for **alcohol specific conditions** in under 18's and **substance mis-use** in 15-24 year olds is higher than England average
- Admissions for unintentional and deliberate **injuries** is higher than England for both 0-14 year olds and 15-24 year olds

[Child Health Profiles \(phe.org.uk\)](https://phe.org.uk)

[Children and Young People's Public Health Services](#)

[LGA Inform: Children's Health and Wellbeing in BCP](#)

Year 6: Prevalence of obesity (including severe obesity), 3-years data combined



© 2023 Mapbox © OpenStreetMap

Time period

2019/20 - 21/22

Indicator

Year 6: Prevalence of obesity (including severe obesity), 3-ye...

Compared to England (value or percentiles)

Green Better Yellow Similar
Orange Not compared * Red Worse

* Not Compared - this is where we have not been able to make comparisons to England or LA areas. This could be due to small sample size, disclosure control or data quality reasons.



Healthy Lives – Mental Health

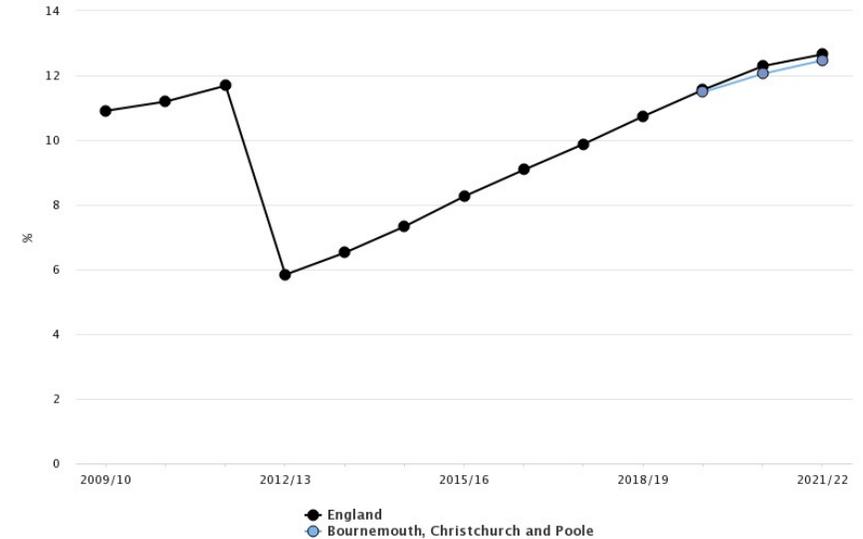
The [2014 survey of Mental Health and Wellbeing in England](#) found that 1 in 6 people aged 16+ had experienced symptoms of a **common mental health problem**, such as depression or anxiety, in the past week. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The prevalence of **depression** in adults is currently 12% in BCP – similar to England. This has been increasing, in line with national trends. In the most recent annual population survey, just under a quarter of adults had a high **anxiety** score. England saw a decrease from 2020/21 (likely impacted by the pandemic) whilst the proportion has increased in BCP.

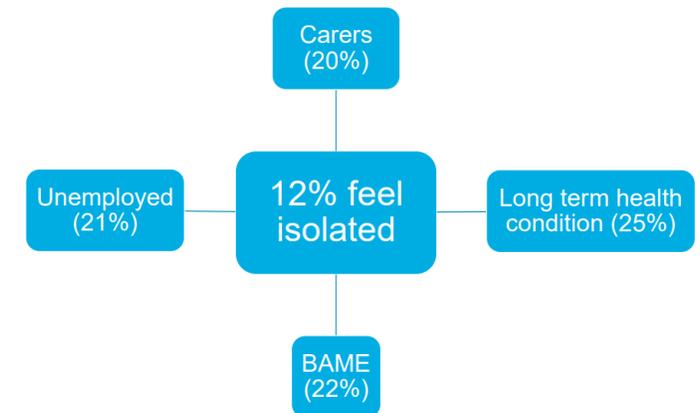
We can all feel lonely at times for many different reasons. **Social isolation** refers to availability of support networks and social contacts – we might be socially isolated but not feel lonely and vice versa. National research links loneliness and isolation to detrimental effects on our physical and mental wellbeing.

Although data tends to reflect the experiences of older people, loneliness and isolation can affect us at any age. Around 12% of residents said they **feel isolated** in the BCP resident survey – and this varied among different groups. 42.7% of **adult social care users** said they had as much **social contact** as they would like to.

Depression: QOF prevalence (18+ yrs) for Bournemouth, Christchurch and Poole



Social contact – who feels isolated?



Healthy Lives – Healthy Lifestyles

The percentage of **adults who are overweight or obese** in BCP is similar to England. However, at 63% of adults this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several conditions such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death.

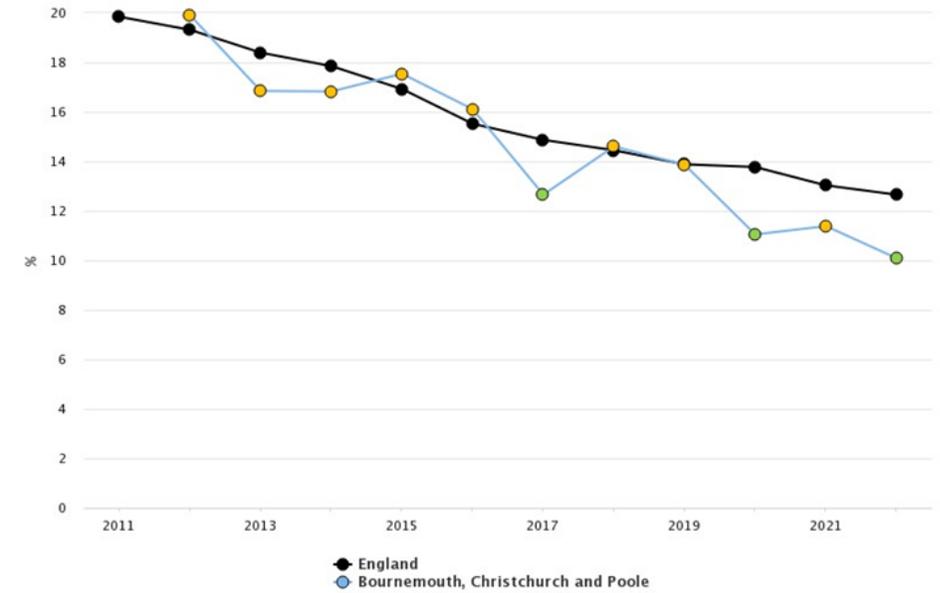
Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in BCP – currently 10.1%, better than England. Being a smoker at the time of delivering a baby has also continued to reduce locally (9.1%). However, prevalence is higher among adults in routine and manual occupations (15.9%) adults with a long-term mental health condition (21.4%) and adults admitted to treatment for substance misuse.

Twenty-two percent of adults in BCP are **physically inactive** – doing less than 30 minutes moderate intensity activity a week. The Active Dorset Active Lives Survey found whilst activity levels have improved since the pandemic, 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.

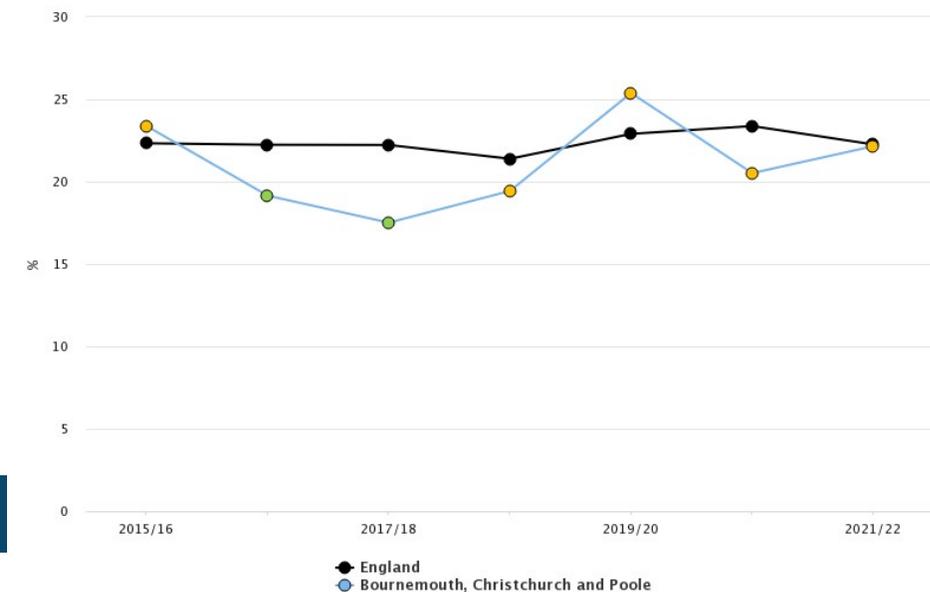
Admissions to hospital for **alcohol related conditions** are higher in BCP compared to England (890 per 100,000 BCP, 626 England). By age, admissions are higher in young people and adults up to the age of 64, while admissions in older age groups are similar to the England average.

Deaths from **drug misuse** are also higher than England (6.9 per 100,000 compared to 5.0 in England). Nationally the rate of drug poisoning deaths continues to increase and is elevated among those born in the 1970's ([Deaths related to drug poisoning in England and Wales](#) - [Office for National Statistics \(ons.gov.uk\)](#))

Smoking Prevalence in adults (18+) – current smokers (APS) for Bournemouth, Christchurch and Poole



Percentage of physically inactive adults for Bournemouth, Christchurch and Poole



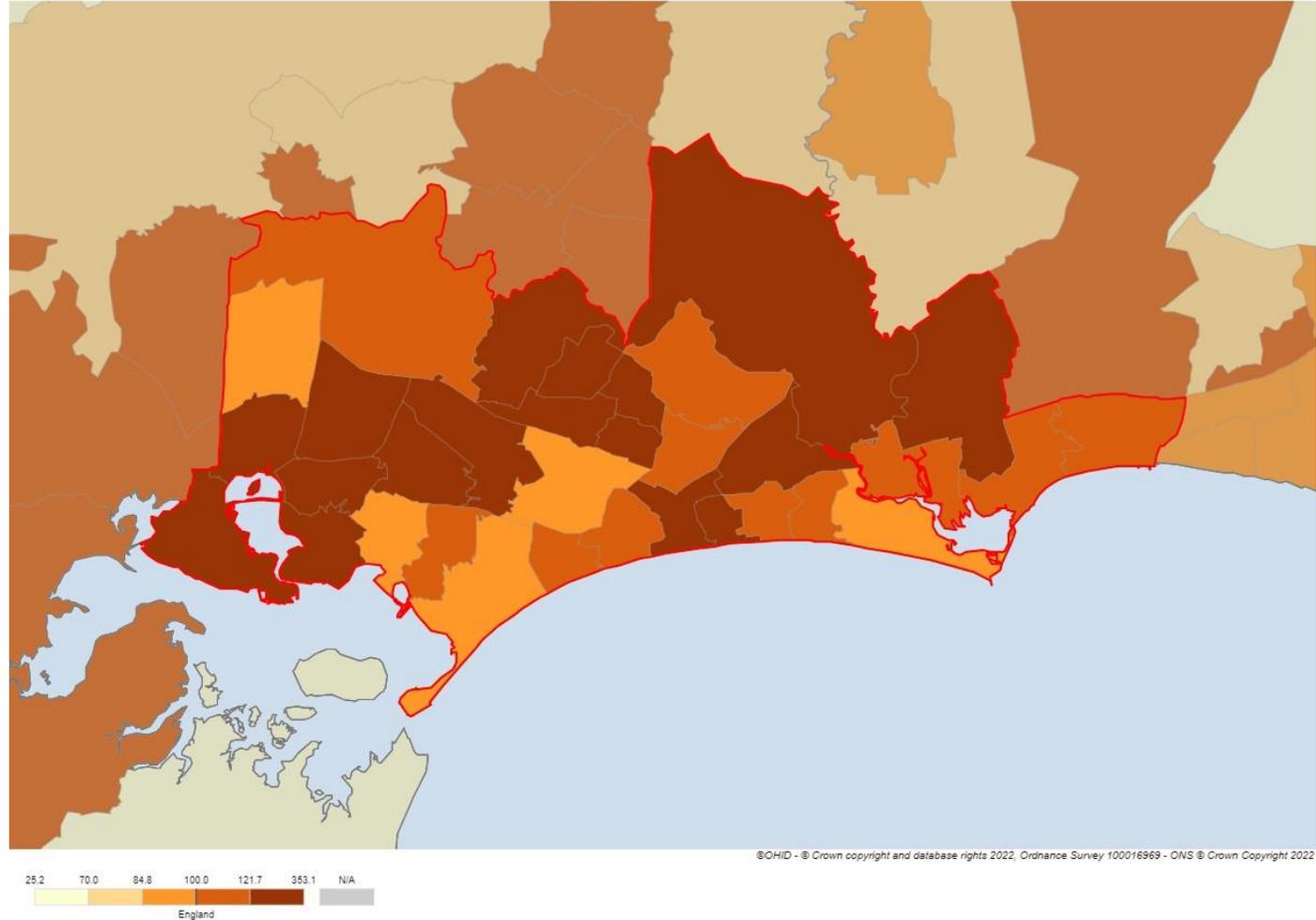
Healthy Lives – Major health conditions

Generally, our mortality rates are like England however it is important to consider **variation** by geography and in **deaths considered preventable**. We also compare poorly for some indicators relating to **emergency hospital admissions for conditions like hip fractures, COPD and heart disease** – suggesting there could be opportunities to encourage prevention, early help and support people to manage their health, especially when someone has **multiple long-term conditions**.

As of November 2023, almost 15% of registered patients in BCP have **hypertension** recorded – a population of nearly 65,000. Many of these patients have co-morbidities such as depression (22%), Diabetes (22%) and Chronic Kidney Disease (22%).

Type 2 diabetes is the most common type of diabetes, for which treatment often includes eating well and moving more. Anyone can develop type 2 diabetes, however living with overweight or obesity is one of the risk factors, along with ethnicity. Across registered adult patients in BCP 3.7% have a diagnosis of Diabetes (24,450 patients) and of these nearly 22,000 have Type-II. 47% have a **BMI of 30 or above** recorded, and 13% are **current smokers**. Prevalence of Type-II diabetes in adults varies with highest prevalence in Christchurch PCN (5.7%) and North Bournemouth (5%).

Emergency hospital admissions for coronary heart disease (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



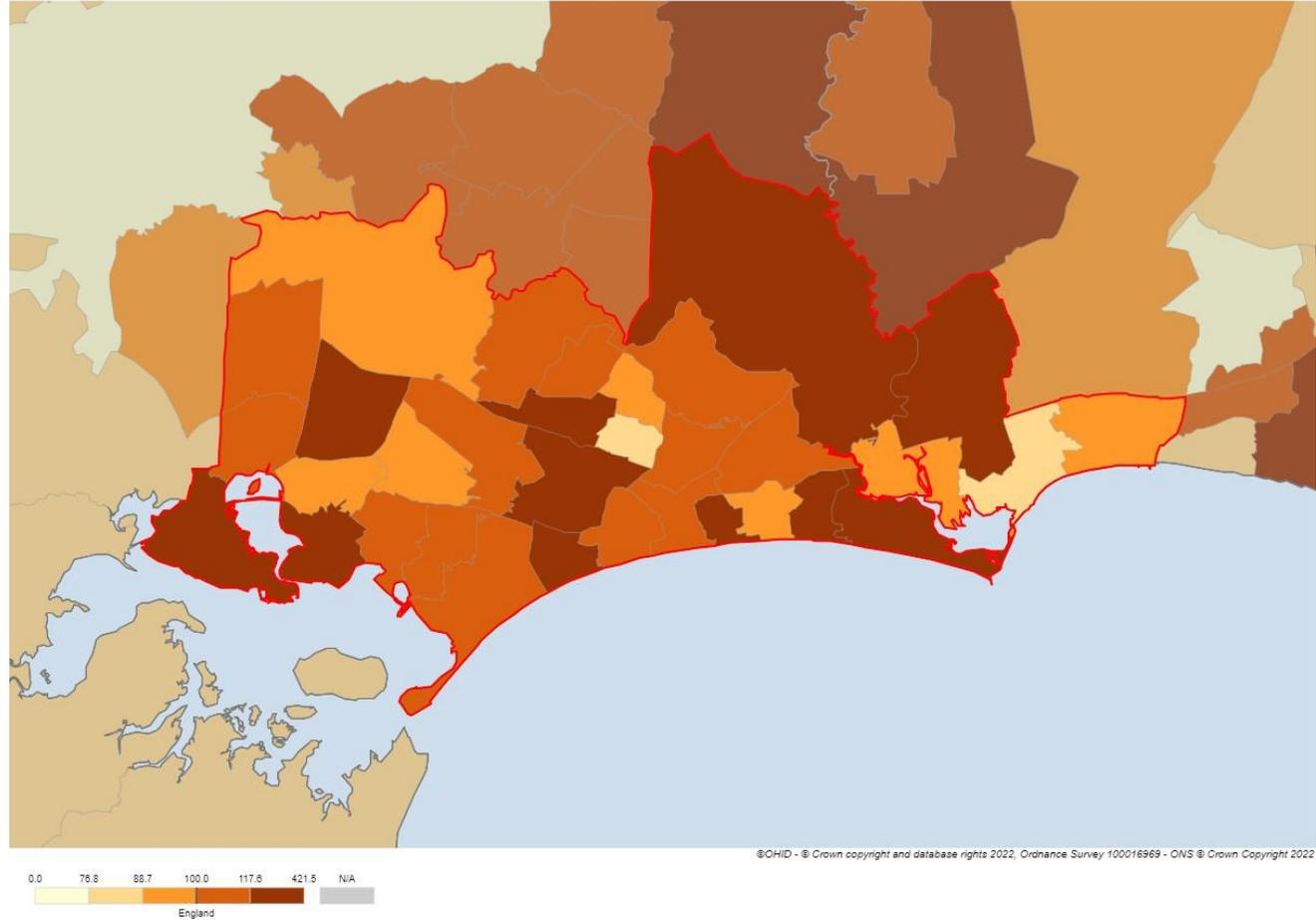
Healthy Lives – Major health conditions

In BCP 7.2% of the patient population are **frail**, and just over 40,000 of these people are classed as ‘mild’ on the frailty index. These patients experience symptoms that limit activities but are not dependent on others for daily help or might need help with transportation or heavy housework. As frailty progresses, they will need more support in and outside the home, so may benefit from support to maintain their mobility. 61% of people with mild frailty have **3 or more long-term conditions** such as respiratory illness or hypertension. Having health conditions, multiple medications and frailty may increase risk of falls.

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 ends up leaving their own home and moving to long-term care. BCP has one of the **highest rates of hip fractures** in the South West (578 per 100,000 aged 65+) and there is geographical variation as shown in the map.

In BCP, as of November 2023 almost 4,000 patients were on the **Dementia** register, 0.9% of Dorset patients. The population varies from 1.76% of the patients in our most deprived to 11.9% in our least deprived areas. This may be reflecting diagnosis rather than prevalence. It is estimated that 61% of over 65’s who may have dementia have a recorded diagnosis – below the target of 66.7%.

Emergency hospital admissions for hip fractures, persons aged 65 years and over (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



Healthy Lives - Other Resources Available

[Local Area Health Profile](#)

[Local Health data for small areas](#)

[Child Health Profiles \(phe.org.uk\)](#)

[Children and Young People's Public Health Services](#)

[Health Watch – Young People's views of mental health services](#)

[Active Lives Survey](#)

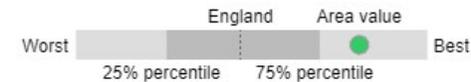
[A Movement for movement – Physical Activity Strategy](#)

[National Drug Treatment Monitoring Services](#)

Area: Bournemouth, Christchurch and Poole

● Significantly better / England ● Not significantly different ● Significantly worse / England

Indicators	Selection Value	England Value	England Worst	Spine chart	England Best
Older people living alone (%)	32.5	31.5	63.3		10.0
Overcrowded houses (%)	9.9	8.7	54.4		0.2
Emergency hospital admissions for all causes (SAR)	114.0	100.0	217.7		32.1
Emergency hospital admissions for coronary heart disease (SAR)	118.2	100.0	353.1		25.2
Emergency hospital admissions for stroke (SAR)	114.5	100.0	265.2		28.9
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	106.3	100.0	301.9		21.4
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	103.0	100.0	589.2		0.0
Emergency hospital admissions for hip fractures, persons aged 65 years and over (SAR)	111.7	100.0	421.5		0.0
Incidence of all cancer (SIR per 100)	101.9	100.0	170.3		39.1
Incidence of breast cancer (SIR per 100)	110.9	100.0	225.9		32.6
Emergency hospital admissions for intentional self harm (SAR)	174.9	100.0	586.6		0.0
Hospital admissions for alcohol attributable conditions, (Narrow definition) (SAR)	124.5	100.0	470.8		26.1
Hospital admissions for alcohol attributable conditions (Broad definition) (SAR)	115.8	100.0	478.1		34.5
Limiting long-term illness or disability (%)	19.0	17.6	40.8		2.2



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Health and Care – Working Better Together

Whilst the appreciation for NHS services was evident from participants of the [100 conversations](#) project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.

People felt that services need to **work together** in an integrated approach, **communicate** between each other to discuss patients' needs and adopt a **multi-disciplinary approach**.

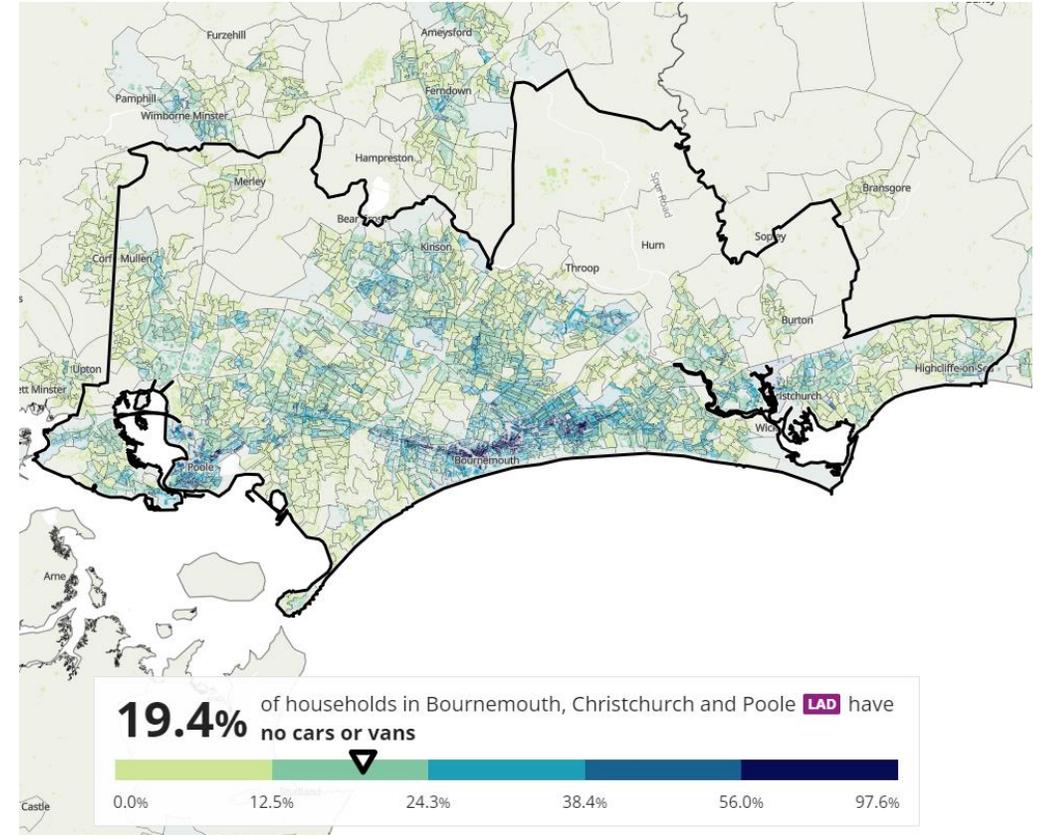
A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.

The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.

A number proposed that services and treatments could be in satellite hubs, community hospitals and through outreach clinics.

Appointment times should be person-centred and fit around the lives of patients. Similarly, issues can occur when multiple services do not **co-ordinate appointments**. We know from data that some of our population with health issues often have **multiple conditions** they are managing.

Office for National Statistics **census 2021**



© Ordnance Survey | © OpenStreetMap

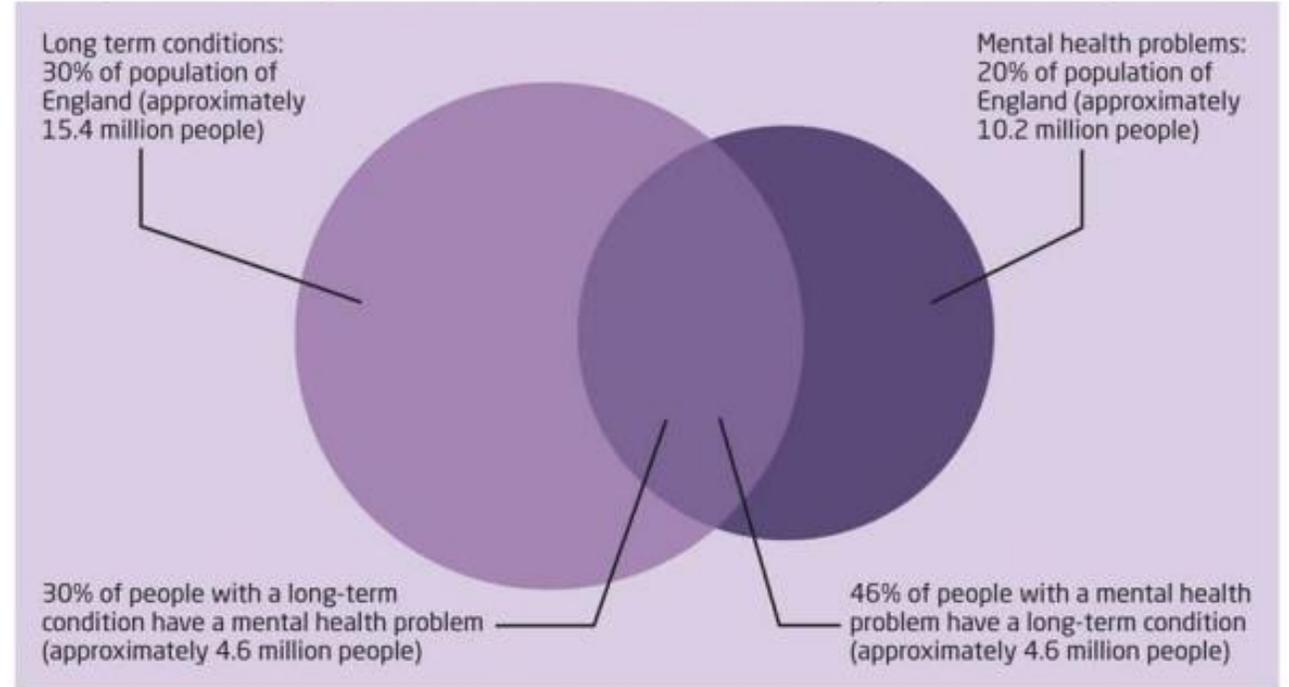


Health and Care – Working Better Together

It is known that physical health issues can increase the risk of experiencing poor mental health, and vice versa. The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.

Having a mental health issue can also seriously exacerbate physical illness – affecting people’s outcomes and cost to health and care services. People with **severe mental illness** also have higher rates of **physical illness and lower life expectancy**. It’s estimates that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year and medically unexplained physical symptoms (often having a basis in poor mental health).

Overlap between long-term conditions and mental health problems in England



Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*



Health and Care – Future Focus

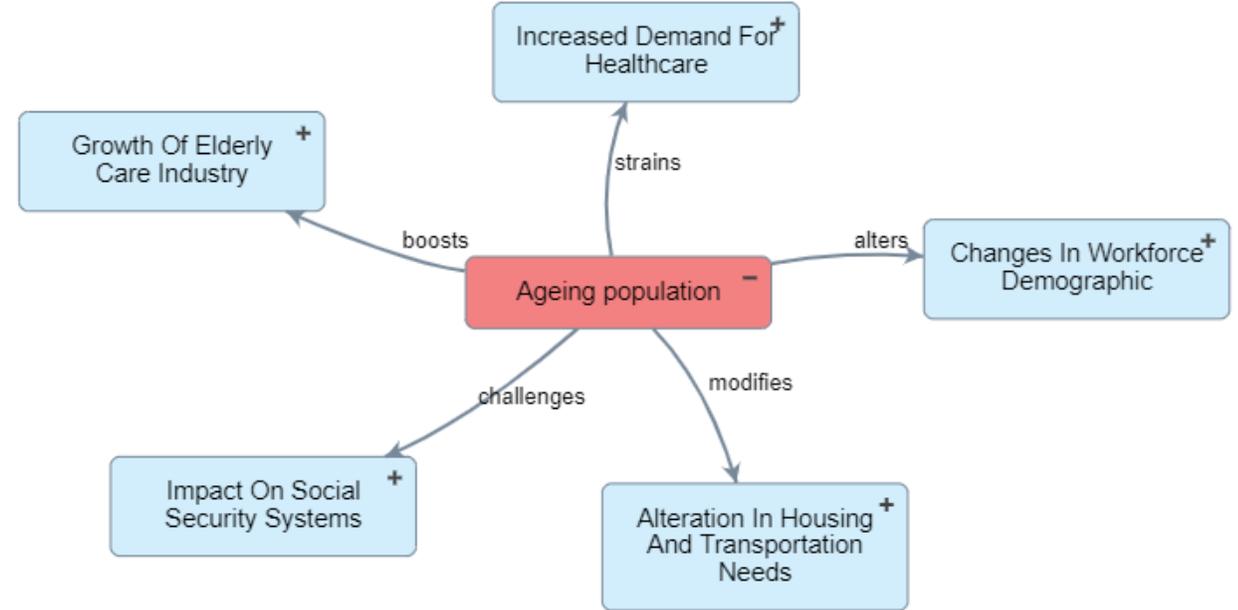
The 2023 Chief Medical Officer report focuses on **health in an ageing society**. This sets out some of the trends and health needs to consider for this population, including;

- **Maximise independence** and **minimising time spent in ill health** by reducing disease and adapting the environment
- Older people migrating away from cities who may not have **informal support networks** in their new home
- The importance of **primary and secondary prevention** to reduce co-morbidities and time spent in ill health
- Early identification of **frailty**
- **Rising mental health needs** in later life, and how these might present differently

In BCP our older population has grown by 12% over the last 10 years, currently **22% of residents are aged 65+**. This is predicted to continue to grow.

Other global and national trends to consider include

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing **mental health** issues and **health inequalities**



Health and Care – Other Resources

[Dorset Integrated Care Strategy – Working Better Together](#)

[NHS Dorset Joint Forward Plan](#)

[BCP Council Statistics](#)

[Director of Public Health Report 22/23](#)

[Children in Need and Care in BCP LGA Inform](#)

[LGA Inform Adult Social Care Reports](#)

[Dorset Health Protection Report 2022](#)

[Improving patient access to urgent and emergency care in Dorset](#)

[Chief Medical Officer Reports](#)

ICP Strategy Outcomes



Joined-up health and wellbeing, consider mental and physical health



Invest in and involve informal care and support



Care closer to home



Children's health, and best start in life



Inequality, or 'fairness' in access, outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions

