



Bournemouth, Christchurch and Poole Council (BCP) JSNA Summary  
Updated July 2022



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# Purpose

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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 engagement sessions, 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.

# BCP Council – the place

BCP Council has an estimated 397,000 residents. 23% are children and young people (0-25) and 22% aged 65 and over.

BCP Council is an urban coastal region, the 10th largest Local Authority in England. Generally, residents experience good health and wellbeing. Life expectancy is better than average for both males (79.4 years) and females (79 years).

However, there is variation in how long residents experience good health.

Males have a healthy life expectancy of 64.9 years and females 65.2 years – meaning on average resident's experience approximately 14 years of poorer health. National deprivation data shows us that people living in more deprived areas experience poorer health much earlier – in their mid-50's therefore spending longer in poorer health and having care and support needs.

There are many contributors to poor health, and the following sections summarise some of issues of concern for BCP.

[BCP population data](#)

[Census 2021 First Release Briefing Paper](#)

# Health of our Population

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## Mental health and wellbeing

Mental health is an area of both national and local concern. Around 1 in 4 adults will experience a mental health issue of some kind each year, and 1 in 6 report experiencing a common mental health problem in any given week. It is estimated that mental health problems affect about 1 in 10 children and young people.

Depression and anxiety prevalence across Dorset has been increasing, alongside rates of referrals to psychological therapies (IAPT). Prevalence data suggests that, whilst better than average, 13% of adults are experiencing anxiety or depression, and 8% long-term mental health problems. In BCP the suicide rate for females is worse than the national rate – the rate for males is similar (pre-pandemic measure). Additionally, the rate of emergency hospital admissions and hospital stays for intentional self-harm are above the England rate

In addition to prevalence trends, the period of the COVID pandemic has been a difficult and stressful time for many, with research showing deteriorations in mental health and wellbeing around lockdowns and high prevalence points, followed by periods of improvement following restriction easing and reducing cases (although not seen in all studies). There was variation in impact on the population with some groups more likely to experience poor mental health including women, young adults, people with pre-existing conditions, loss of income or employment or living in more deprived areas.

[Pan-Dorset Health Needs Assessment of the Wellbeing and Mental Health of Children and Young People](#)

[Data on Common Mental Health Disorders for Dorset CCG](#)

[COVID-19 Mental health and wellbeing surveillance report](#)

# Health of our Population

## Health Inequalities

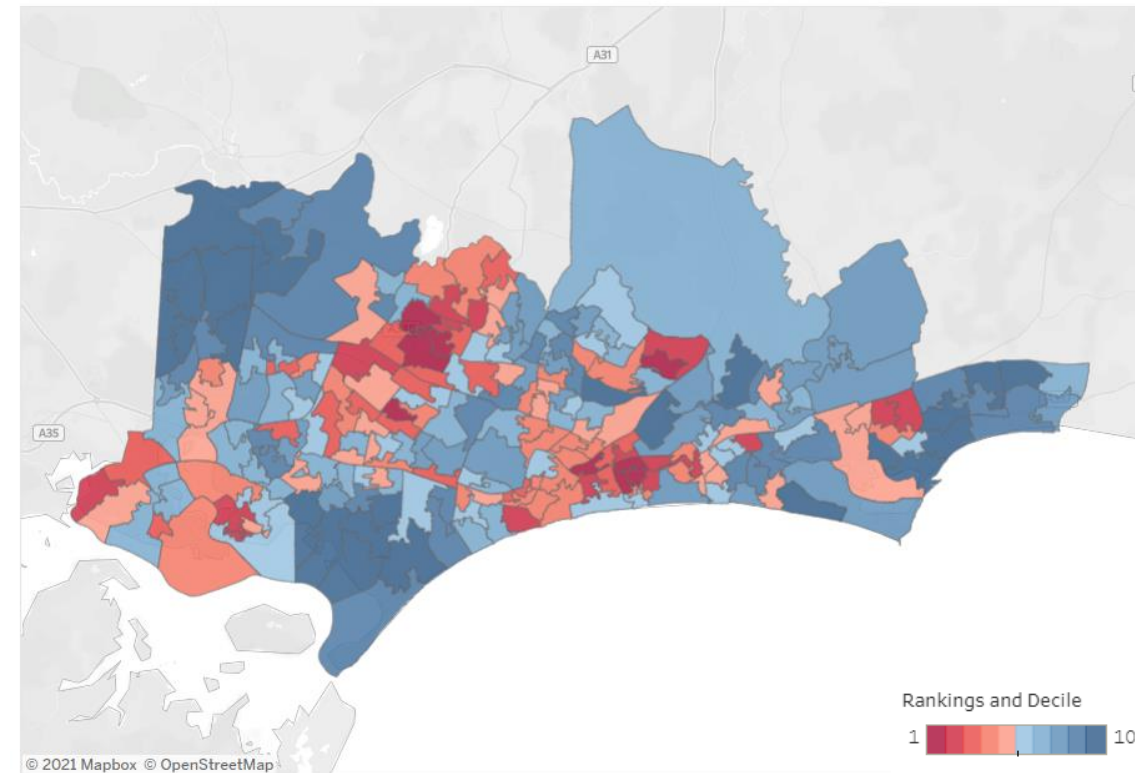
Health inequalities are defined as ‘avoidable, unfair, systematic differences in health status between different groups’. They also related to differences in care and opportunities to lead healthy lives.

### 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, 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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Last updated 18/02/2021

# Health of our Population

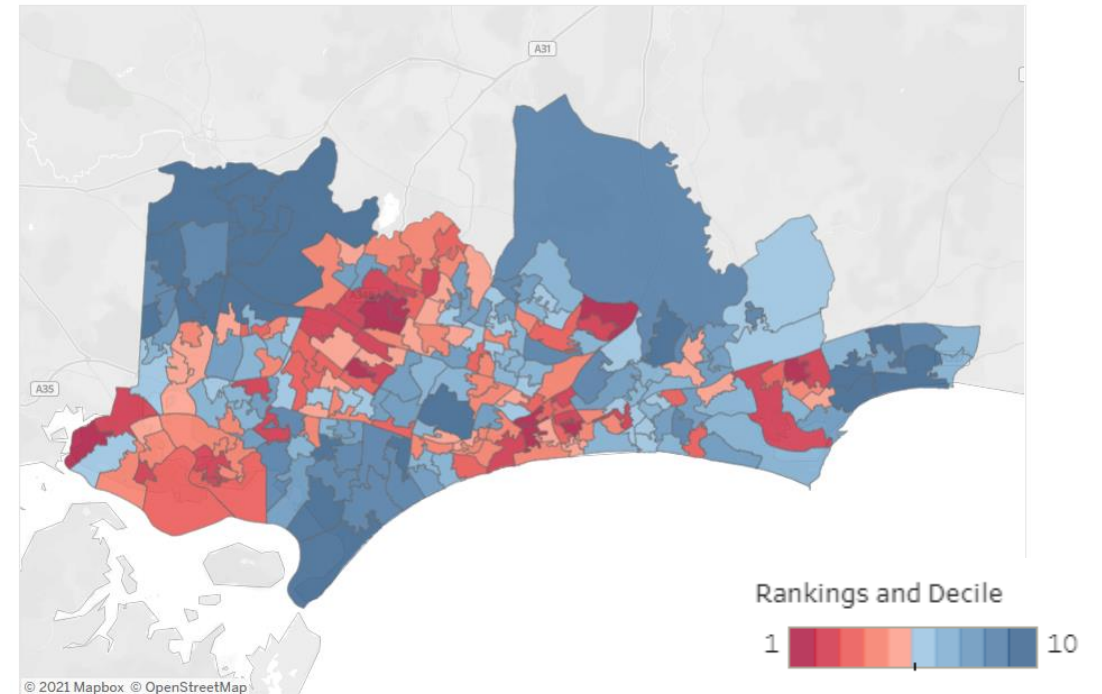
## Deprivation

There are several areas in BCP Council 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

There are numerous areas where inequalities are evident across people's lives and the environments they live in. More information on health inequalities can be found at [Understanding Health Inequalities in Dorset – Health Inequalities \(ourdorset.org.uk\)](https://ourdorset.org.uk)

Income Deprivation Affecting Children 2019, by decile



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# Health of our Population

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## **Digital Poverty**

In an ever growing digital world, there is concern about access to support for those who experiencing digital poverty. Digital poverty may be caused by a variety of reasons – this is not confined to older generations and digital literacy levels - lack of access to appropriate equipment and affordability is also a key factor.

The Digital Poverty Alliance reports that nationally 1 in 5 children home schooling during the pandemic did not have access to an appropriate device such as a laptop and 42% of young people are not adequately connected. Just over half of people who are offline can't afford a monthly broadband bill.

<https://digitalpovertyalliance.org/>

## **Loneliness and Social Isolation**

We can all feel lonely at times for many different reasons – from big changes in our life circumstances, because of social anxiety or health problems affecting our abilities to socialise. 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 affects 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.

[Mental health Foundation – Loneliness in young people](#)

[Age UK – Loneliness in later life](#)



# Health of our Population

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## Cost of Living

The 'cost of living crisis' refers to the fall in 'real' disposable incomes (adjusted for inflation and after taxes and benefits) that the UK has experienced since late 2021. In part, this has been caused by high inflation outstripping wage and benefit increases. While all people are affected by rising prices, the impact has been felt most by those with low incomes.

Features of the crisis so far include:

- Inflation at a 30 year high leading to substantial rises in living costs
- From April 2022 the energy price cap has increased by £693 from £1,277 to £1,971
- The energy price cap is set to increase again in October 2022
- Fall in real incomes, taking inflation into account, regular pay has fallen by 2.2% compared to 12 months ago
- National Insurance increased by 1.25 in April 2022
- Rises in petrol, food and rent prices
- Benefits uprated by 3.1% in April compared to the projected inflation increase of 7%
- Many residents have already experienced hardship from the Covid pandemic

BCP Council are working with partners to offer support to residents impacted by the cost of living crisis. You can read more about the available [BCP Support](#) and the government support on [GOV.UK](#).

# Health of our Population

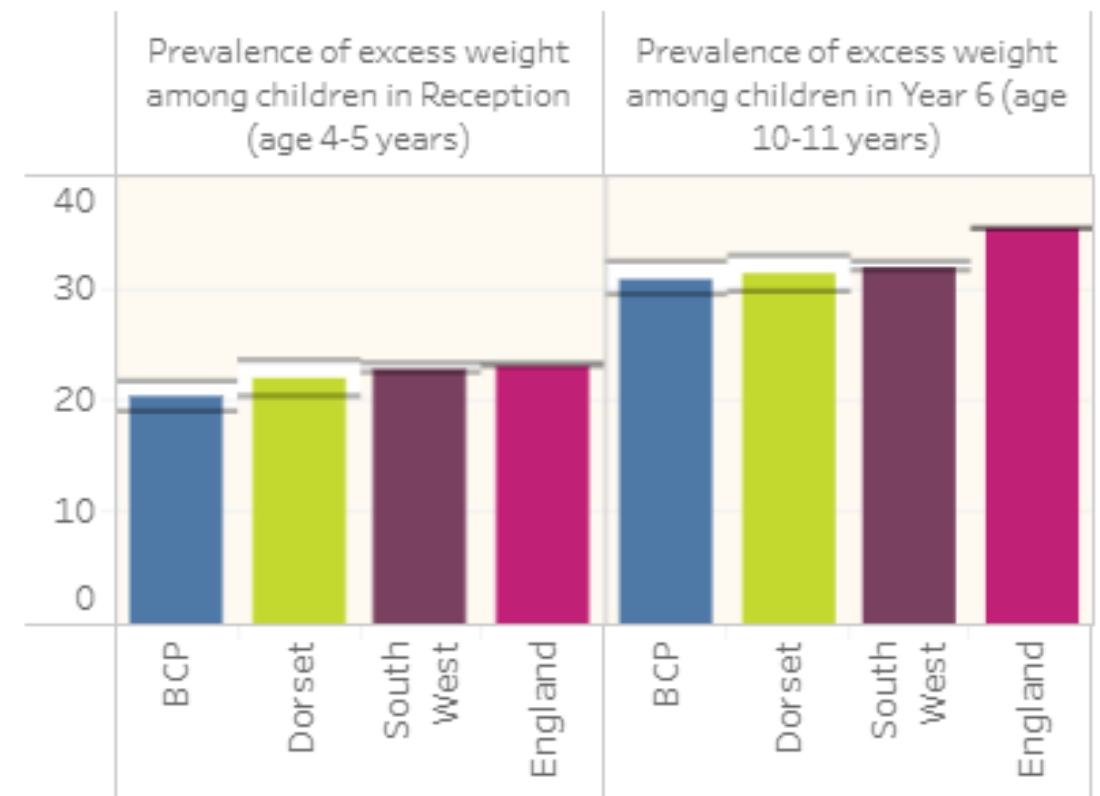
## Children's health and wellbeing

Having the best start in life is key to avoiding poor health outcomes and health inequalities in later life. Dorset has 74,765 0-19 year olds (20% of population) and most thrive and experience good health. However, this is not the case for all children and there are some areas of concern;

## Obesity

Childhood obesity is considered one of the most serious public health challenges of the 21<sup>st</sup> 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%).

Prevalence of Excess Weight by LA 2019/20



# Health of our Population

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## **Children's 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).

## **Special Educational Needs or Disability**

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.

[Local SEND information](#)

## **Children's 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

# Health of our Population

## Healthy lifestyles: Weight

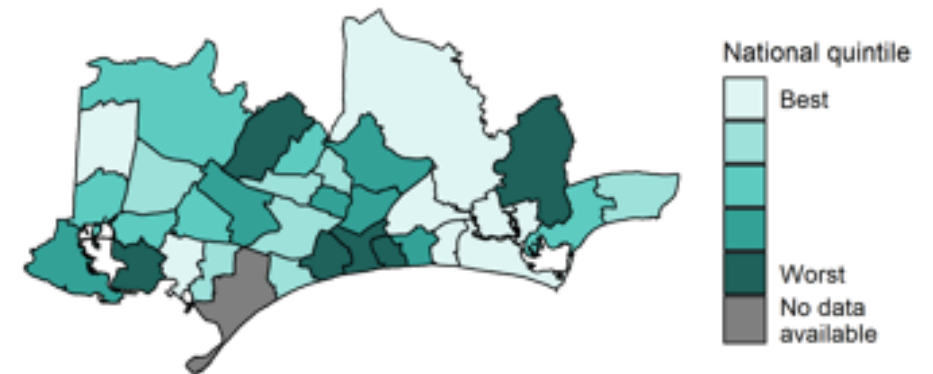
Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several conditions such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death. Obesity is a key public health issue – prevalence remains high and it has a 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.

The prevalence of excess weight and obesity in BCP is similar to England for adults and better than England for children. However, the percentage of the population affected is still of concern. In 2019/20 60% of adults were overweight or obese. Around 1 in 5 reception age children (20%) and 1 in 3 Year 6 children (31%) were overweight or living with obesity. In our most deprived areas 25% of Year 6 children were measured as obese, compared to 11% in our least deprived areas.

Prevalence of obesity, 2017/18 - 2019/20

Children in Year 6 (aged 10-11 years)



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# Health of our Population

## Healthy Lifestyles – Smoking

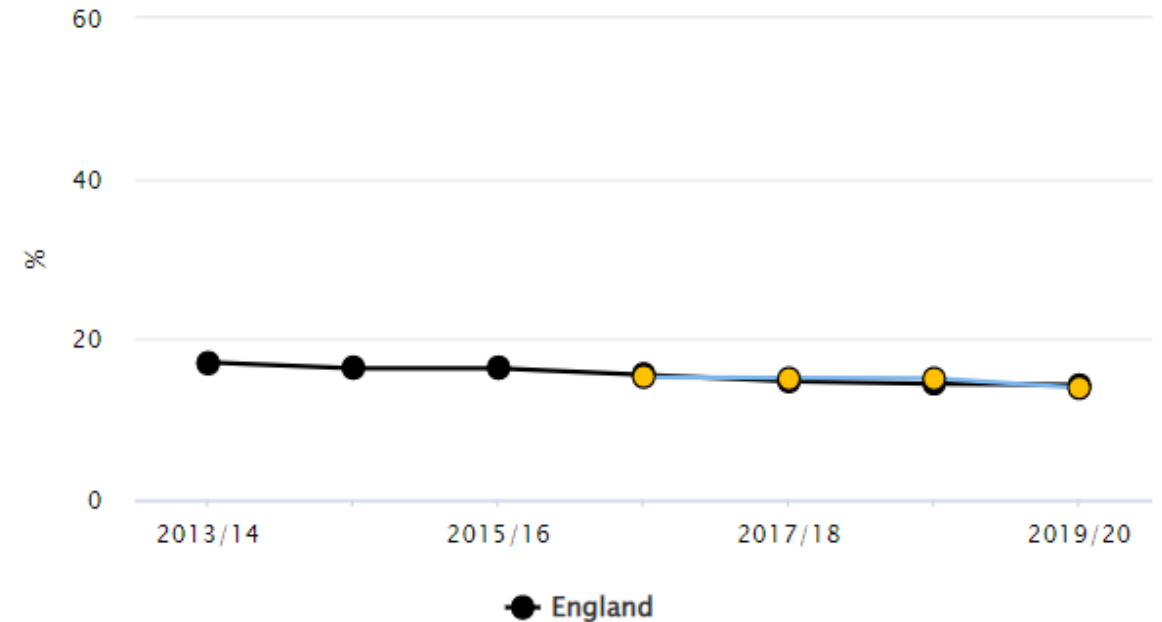
Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking is the leading preventable cause of illness and premature death, while smoking cessation at any time has considerable health benefits including for people with pre-existing smoking-related disease.

Smoking is not a lifestyle choice but a dependency requiring treatment, recognised in government's ambition to achieve a smoke-free society in England by 2030 (prevalence of 5% or less).

Smoking prevalence in adults (18+) in BCP Council is 8.5%, better than England (12.1%) and one of the lowest in the South West. A new definition (APS 2020), this is not comparable with previous years results which show a small decrease in the prevalence from 2016/17 to 2019/20.

Smoking attributed hospital admissions of 1,630 per 100,000 population, worse than England (1,398 per 100,000), with a recent decreasing trend.

Smoking prevalence in adults (18+) – current smokers (GPPS)



[Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](http://www.gov.uk)  
[Local Tobacco Control Profiles - OHID \(phe.org.uk\)](http://phe.org.uk)

# Health of our Population

## Healthy Lifestyles – Physical Inactivity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

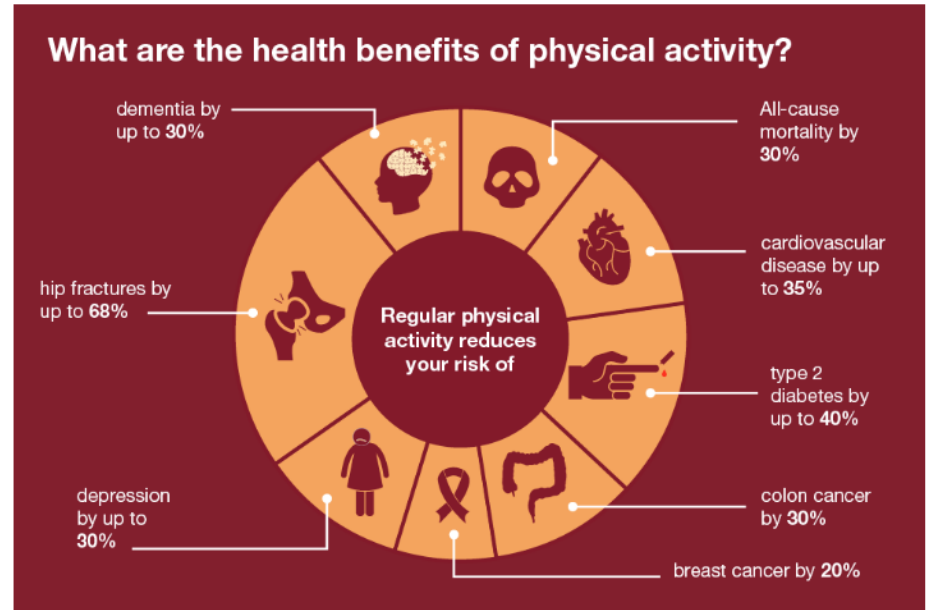
Guidelines recommend each week adults:

- do at least 150 minutes moderate intensity activity, 75 minutes' vigorous activity, or a mixture of both
- do strengthening activities on two days
- reducing extended periods of sitting

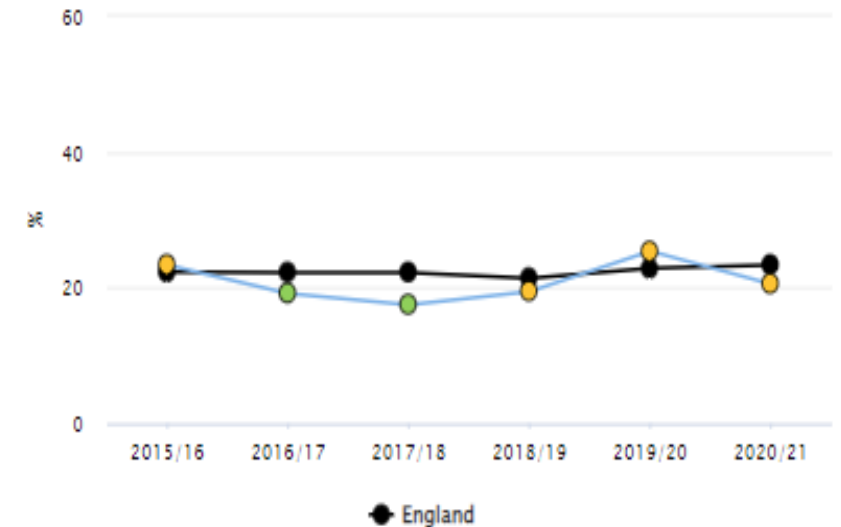
The percentage of physically inactive adults in BCP (20.5%) is similar to England (23.4%), and while this increased in 2019 the most recent trend is decreasing.

[Physical activity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Physical Activity - OHID \(phe.org.uk\)](https://phe.org.uk)



Percentage of physically inactive adults



# Health and Care Themes

## Substance Misuse

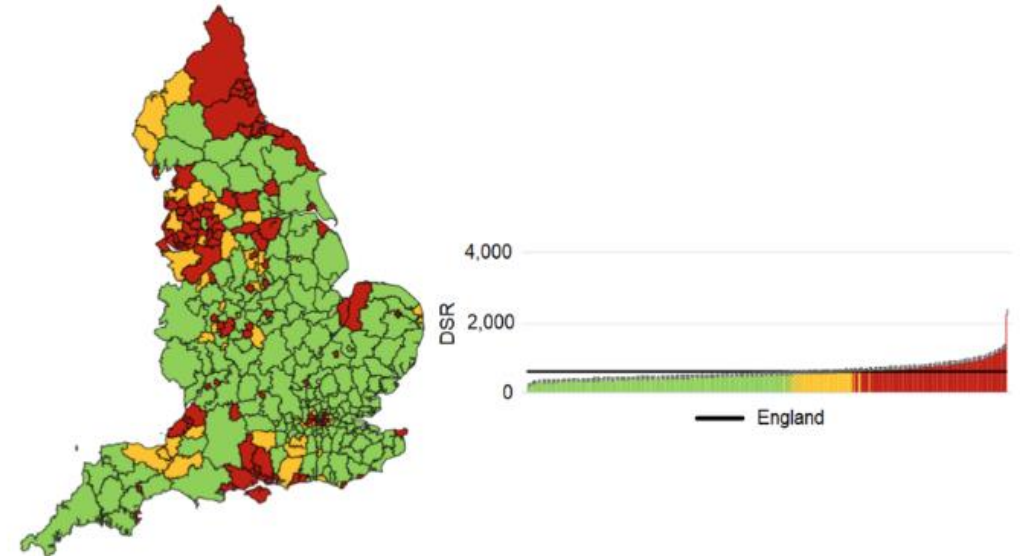
Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.

Alcohol use has health and social consequences borne by individuals, their families, and the wider community. Health inequalities linked to alcohol are closely related to deprivation, with the alcohol-specific admissions in the most deprived tenth of district and unitary authorities significantly higher than the least deprived.

The impact of the COVID-19 pandemic reducing general admission rates for the year 2020 to 2021 compared with previous years, is reflected in the alcohol-specific admissions between March and May 2020.

Admission episodes for alcohol-specific conditions for BCP 807 per 100,000 population, worse than England (587 per 100,000), with a recent increasing trend despite the reduction between March and May.

Age standardised alcohol-specific admission rates, district and unitary authorities in England, 2020 to 2021



The rate of alcohol-specific admissions in the most deprived tenth of district and unitary authorities (803 per 100,000) was significantly higher than the rate in the least deprived (418 per 100,000).

[Local Alcohol Profiles for England: short statistical commentary, February 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/local-alcohol-profiles-for-england-short-statistical-commentary-february-2022)

[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk/local-alcohol-profiles-for-england)

[Local Alcohol misuse analysis](#)

# Health and Care Themes

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## **Substance Misuse**

Misuse of drugs is a significant cause of premature mortality, has impacts on the users physical and mental health, as well impacting on the people around the user and wider society.

In England and Wales, there were 3,744 drug poisoning deaths in 2016 – the highest number since comparable statistics began to be collected in 1993. Sixty-nine percent of these deaths were related to drug misuse, and this was highest for people aged 40 to 49 years. Over half of deaths related to drug poisoning (54%) involved an opiate drug.

Locally, the rate of deaths from drug misuse in Bournemouth is higher than that of England. For younger people, the rate of hospital admissions for substance misuse aged 15-24, and the percentage of 15 year olds who have taken cannabis in the last month is significantly higher in Poole, compared to England.

[ONS Deaths related to drug poisoning](#)

<https://www.ndtms.net/>

## **Neurodiversity**

UK estimates suggest that around 1 in 10 people are neurodivergent – meaning that the brain works or interprets information differently to what is considered typical of the majority of the population. The historical view of conditions being labelled as ‘disorders’ or ‘divergence’ is beginning to shift and it is important to recognise the benefits in the ability to think differently. Neurodevelopmental conditions also vary in presentation and severity of needs – not all children or adults will have health or educational support needs.

Autism and ADHD are 2 conditions for which children and adults may need support and for which variation is seen in health outcomes. Both global and national research vary in the estimates of Autism and ADHD prevalence – although most confirm an increase over time. This may be due to a variety of factors such as increased awareness and improved identification and definition of need and increase provision for support. Locally increasing demand for services has also been seen such as for Education, Health and Care Plans for children and young people or increasing referrals for diagnosis and assessment of support needs.

[The national strategy for autistic children, young people and adults: 2021 to 2026 - GOV.UK \(www.gov.uk\)](#)



# Health and Care Themes

## Hip Fractures and Frailty

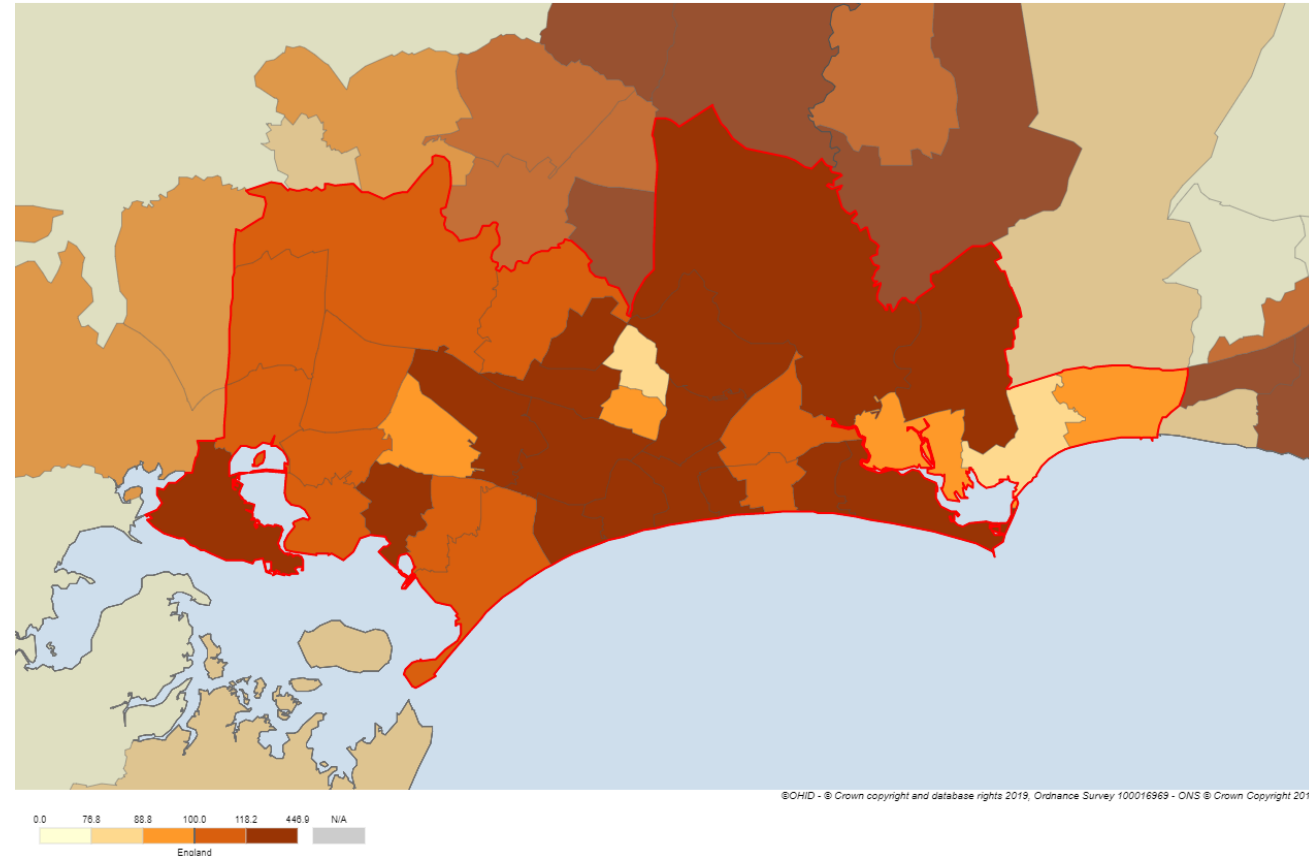
Hip fractures are a debilitating condition that can leave people with reduced mobility, chronic pain and at risk of depression. Nationally, only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care.

The rate of hip fractures in BCP (591 per 100,000) is worse than England and the highest in the South West - we also see variation as shown in the map.

[Local workshops](#) highlighted the risk of deconditioning and its 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 - Falls among older people](#)

Emergency hospital admissions for hip fracture in 65+ (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



# Health and Care Themes

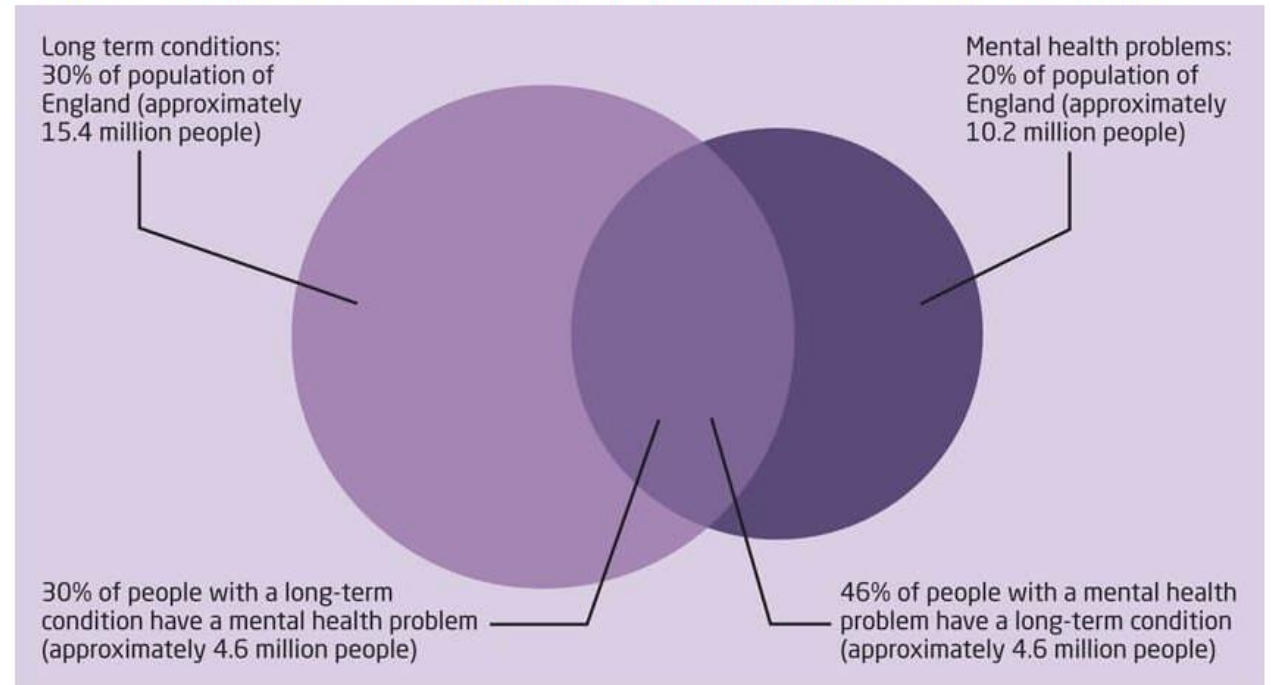
## Physical and Mental Health interlink

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) £3 billion each year.

## 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 Themes

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## **Workforce and service issues**

Recruitment, retention and having the workforce and provider market that is needed to deliver outcomes is a key challenge with research highlighting the challenges facing the health and social care workforces given the UK's ageing population - with increasing complexity of health and support needs. Health Foundation national analysis projects a shortfall in GP and general practice nurse posts, and that around 314,000 more full-time equivalent staff are needed in 2030/31 to deliver 2018/19 rates of care. [Health Foundation Analysis of NHS and Social Care Workforce](#)

Locally previous research with community-facing roles across our ICS system highlighted some of the current service issues and demands:

**Demand generated by wider determinants** – People frequently highlight the complexity and inter-related nature of needs – “it’s never just the one thing”. Commonly experienced issues included low-level mental health problems, isolation, housing needs, substance misuse and finance issues.

**Budgeting pressure** – Financial pressure is a commonly highlighted issue and is perceived to inhibit system transformation.

**Access to services** – Accessing appropriate services to a person’s needs is perceived as increasingly difficult due to thresholds and waiting times increasing as a response to pressure on services. This can lead to increased demand for multiple services as people’s needs grow more complex over time or staff are needing to support complex needs until support can be accessed from an appropriate service.

# Transformation opportunities



- **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 & service integration**

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’.

- **Data and Insights**

Both nationally and locally it is recognised that having robust data, insights and actionable narratives are seen as key to understanding our local picture, evaluating changes and the difference we are making to people’s lives. We have several strengths and assets in our local system through the development of DiiS, Dorset Care Record and intelligence support throughout our organisations.

Robustness of data underpins our knowledge of key topics such as health inequalities and there is scope for improvement in data recording – for example having adequate recording of demographic data (e.g. ethnicity, disability) and also the consistency of recording across systems and organisations.

# The JSNA Approach

Dorset's JSNA is being used to support Dorset Council and Bournemouth, Christchurch and Poole Council (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>

# Further Resources

- [Area Profile](#)
- [Ward Profiles](#)
- [Locality Profiles](#)
- [Community Vulnerability](#)
- [Children's data repository](#)
- [Greenspace accessibility](#)
- [JSNA Panel topics](#)
- [BCP Council research](#)