

Bournemouth and Poole

Health

&

Wellbeing

Strategy 2012-2016



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## INTRODUCTION

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This is the first Joint Health and Wellbeing Strategy for Bournemouth and Poole. It has been produced by the newly formed Bournemouth and Poole Health and Wellbeing Board which brings together local Councillors, Doctors and patient and public representatives to improve the health and wellbeing of local people.

This Strategy sets out the key priorities which the Board will pursue over the next three years. It is based on a detailed analysis of health needs in Bournemouth and Poole (the Joint Strategic Needs Analysis – JSNA) and also the assets which our local community offers to help promote good health. The Strategy has been drawn up in the light of input from many local organisations and staff teams who joined in the conversations that we held in Autumn 2012 on the Draft Framework, which helped us determine the top priorities for the Board to make a difference.

We expect to develop the Strategy over the coming years as goals are achieved and circumstances change but this will give a focus for the Board to ensure that we make real strides in improving health and wellbeing in Bournemouth and Poole.

**Councillor Nicola Greene**



**Councillor Peter Adams**

Joint Chairs

Bournemouth and Poole Health and Wellbeing Board

## OUR PURPOSE

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Our purpose is to improve health and wellbeing and reduce health inequalities for residents in Bournemouth and Poole. We will do this by focussing on three themes:

- Reducing Inequalities
- Promoting healthy lifestyles and preventing ill health
- Working together to deliver early intervention, high quality care and better value



## PRINCIPLES

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These are the principles which underpin our strategy:

- We recognise the enormous contribution that the local community makes to health and well-being in Bournemouth and Poole and we will build solutions that use and develop this asset
- We want to develop a sustainable health and care system based on early intervention and prevention
- We will focus on those actions where by working together we can make the biggest difference to those in the greatest need
- We will commission and deliver integrated services and interventions that are cost effective and are built on the best evidence of what the needs are and what works
- We will co-ordinate our actions with those of neighbouring local authority areas, particularly Dorset, where appropriate, but remain focused on delivering services in localities based on local needs
- We will be clear about who is responsible for delivering which programme and how we will monitor progress. We will specifically look for opportunities to improve the way we work together.

## HOW WE DEVELOPED THIS STRATEGY

The Health and Wellbeing board is committed to an inclusive approach to developing and implementing this Strategy. In May 2012, over 100 representatives of community and voluntary groups, service user, carer and patient groups, LINKs, local providers, local partnerships and local authorities attended an event to:

- Gain a better understanding of the role of the Bournemouth and Poole Health and Wellbeing Board
- Develop a shared understanding of the health and wellbeing challenges and opportunities for Bournemouth and Poole and the emerging priorities

Following this event and drawing on the JSNA, we prepared a draft Framework for the Strategy which set out proposed priorities, explaining why they were priorities, what was already working well, what we want to improve, how we would take this forward and key tasks for the Board. This Framework formed the basis for discussion with local groups and forums at over 30 meetings held throughout autumn 2012.

Key issues which emerged from these discussions included:

- The need for early intervention to prevent more intractable problems later
- The impact of poor housing, financial problems and social isolation on physical and mental health

- The need for better joint working between general practice, community health, social care and community services
- The need to focus on a manageable set of priorities which the Board can realistically achieve
- Recognising that other forums exist to drive some of the work forward and the Board should concentrate on those areas where it can make the biggest difference

Following these local discussions, the Board has drawn up a list of wider priorities, where we wish to see improvement. This is shown in Figure 1 on page 6. Section 2 of this strategy discusses the priorities within each theme; current work underway to address these priorities within Bournemouth and Poole and the major change programmes the Board will focus on over the next few years. These are shown in Figure 2 on page 15. In drawing up this short list of major change programmes, the Board has concentrated on those priorities where it is uniquely placed to add value and drive change. Key outcome measures which will help us monitor our progress are also shown. These have been drawn from national outcomes frameworks. Local measures will be developed as the programmes are progressed.



**FIGURE 1: OUR WIDER PRIORITIES**



## LOCAL HEALTH NEEDS

The Joint Strategic Needs Assessment provides a detailed analysis of our local community and its needs, It is a web-based resource, accessible from [www.bournemouth.gov.uk](http://www.bournemouth.gov.uk) and [www.poole.gov.uk](http://www.poole.gov.uk)

The JSNA summary highlights the following issues which have influenced the Health and Wellbeing Strategy:

### Demographic Change

- Bournemouth and Poole has a fast growing population totalling 331,100 in 2011. The population growth is driven by national and international migration, particularly to Bournemouth. In Bournemouth, in 2011, 15% of the population were born outside the UK. About 5% of the population in Bournemouth are short-term migrants.
- However, since 2007, there has been an increase in the birth rate and births now exceed deaths, reversing the previous trend.
- Bournemouth has a large student population with some of the health problems common in this age group.
- Poole is a popular retirement destination and has the highest percentage of people aged 65+ of any urban area in England.
- Although life expectancy in Poole is significantly longer for both men and women than the England average, in Bournemouth, life expectancy for women is around the England average and significantly lower than the England average for men.
- Nonetheless, life expectancy is increasing in both boroughs and an increase in the number of people with more than one long-term condition is expected.

### Inequalities in Health

- There is a continuing gap in life expectancy between the most and least deprived neighbourhoods. High housing costs, low wage rates, the impact of the economic downturn and changes in welfare benefits are likely to increase poverty levels. There is a need to shift resources to target causes of ill-health and premature death in these neighbourhoods.
- About a fifth of children in the area live in poverty. Evidence shows that investment in early intervention services for children aged 0-5 can improve outcomes for children living in poverty.

### Life-style Causes of Ill-health

- Obesity (partly driven by physical inactivity) is a concern across all population groups and is expected to increase, causing further ill-health, unless positive action is taken.
- The death rate from smoking related diseases is now significantly below the national average and there have been continuing falls in the number of deaths, under the age of 75, from heart disease, stroke and cancer. However there is still scope for improving life expectancy in the most deprived areas, by tackling the causes of heart disease, stroke and cancer.
- Alcohol misuse contributes to significant levels of poor physical and mental health, particularly in Bournemouth, where deaths related to alcohol are higher than the national average, significantly so for men. The conurbation has also seen a rising trend in the number of alcohol related hospital admissions.

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- One in four people will experience poor mental health during their lifetime. This is an important issue in Bournemouth and Poole. Many of the risk factors for poor mental health are linked with wider issues of health, such as housing, education, employment opportunities, income and social isolation. Admission rates for serious mental illness varies across the conurbation, with a number of hotspots in Bournemouth.

#### The need for integrated care

- Both boroughs, particularly Poole, have a higher than average number of older residents and the numbers are expected to increase significantly over the next five years. Concern has been expressed about older people who are socially isolated and lonely. Locally older people make much more use of hospital services compared to elsewhere in England.
- It is estimated that about 5,250 people in Bournemouth and Poole have dementia. This is expected to increase to 6,000 by 2020

- There is a significant risk that the prevalence of long-term physical and mental illness will increase among older people if lifestyle factors are not tackled. Pressures on budgets are likely to restrict resources for health and social care. It is important to continue to shift resources from acute and crisis care and continue the development of integrated community teams which deliver care in the community and take an holistic approach to the individual's needs
- There are also increasing numbers of children who have complex disabilities, both physical and mental and they too require integrated services which meet their individual needs and those of their families
- Approximately 10% of the population in Bournemouth and Poole provide unpaid care to someone who is ill, frail or disabled. Of these, about 20% do caring tasks for more than 50 hours per week.





## REDUCING INEQUALITIES

### Our wider priorities

- Early intervention and support for pre-school children to avoid ill-health and poor outcomes in later years
- Working with complex families
- Tackling poverty and worklessness
- Developing more affordable housing
- Tackling domestic abuse
- Tackling crime and anti-social behaviour
- Priority communities (Bourne Estate, West Howe & Boscombe)

### Current work to tackle these priorities

- The Early Years Improvement Strategy provides a framework for improving support for young children and a high proportion of early years settings have good or outstanding OFSTED ratings. There is consistent delivery of evidence based parenting programmes. The two Children's Trusts have a key role in overseeing these improvements.
- There are Troubled Families programmes being implemented in both boroughs, and good results are already being achieved.
- There are a range of approaches to tackling poverty and worklessness – including projects that support people to find and sustain employment, financial inclusion projects, active local Citizens Advice Bureaux, Coastal Credit Union and affordable warmth initiatives.
- Increasing the availability of affordable housing is a priority for both boroughs and there are a number of strategies which structure this work.

- The Bournemouth and Poole Domestic Abuse Strategic Group has produced a Domestic Abuse Strategy, which drives work to tackle domestic abuse and it in turn reports to the Community Safety Partnerships.
- Community Safety Partnerships in both Council areas co-ordinate a wide range of projects to tackle crime and anti-social behaviour.
- In Poole, the Bourne Estate Neighbourhood Management Project is co-ordinating a range of work with local people to improve life on the estate. This group reports to the Poole Partnership.
- The West Howe Regeneration Partnership and the Boscombe Regeneration Trust can also point to a number of achievements led by local people. These both report to the Bournemouth 2026 Partnership.

### Major Change Programmes

Our major programmes under this theme are:

- To develop a cross agency understanding of the causes of health inequalities and how to tackle them, initially focused on priority neighbourhoods.

A key responsibility for the Health & Wellbeing Board is to reduce health inequalities. This requires a shared understanding of local patterns of inequality and the factors that affect these patterns. In the first year the Board will focus on the lessons from existing partnership working in priority neighbourhoods. This should also facilitate the involvement of GP localities in this work.

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- Early intervention and support for pre-school children and their families to avoid ill-health and poor outcomes in later years

Evidence suggests that supporting families with pre-school children and developing the skills of parents and children is one of the most effective ways of improving health outcomes in childhood and later life and tackling health inequality.

From April 2013, responsibility for commissioning services for 0-5s will transfer to the NHS Commissioning Board and then in 2015 to local authorities. The Health & Wellbeing Board will have an important role to play in ensuring that commissioning arrangements are working effectively for young children and their families in this time of change.

#### How we will measure progress

- PHOF1.01 Children in poverty
- PHOF2.23 Self reported wellbeing
- PHOF4.03 Mortality from all causes considered preventable
- PHOF Differences in life expectancy and healthy life expectancy between communities



## PROMOTING HEALTHY LIFESTYLES AND PREVENTING ILL HEALTH

### Our wider priorities

- Developing a holistic approach to supporting lifestyle changes (stopping smoking, drug and alcohol misuse, eating more healthily and taking more exercise)
- Reducing the harm caused by drugs and alcohol
- Tackling isolation and improving mental wellbeing
- Health Protection

### Current work to tackle these priorities

- Most of the statutory services to date have focused on specific lifestyle changes such as Smokestop services. There is also a wide range of private and community run 'healthy living' activities in the area.
- Both Bournemouth and Poole are implementing Alcohol Harm Reduction Strategies, with clear action plans and these link into the two Drug and Alcohol Action Teams (DAATs).
- There is a multi-agency five year mental health commissioning strategy for Bournemouth, Poole and Dorset (One in Four). The pan-Dorset Joint Commissioning Partnership with its Reference Group is implementing the strategy through 5 major transformation programmes but it is recognised that the work on promoting mental wellbeing needs to involve wider partnerships.
- Health Protection is a major responsibility for Public Health and the Board will seek assurance that good arrangements are in place for health protection. This is a largely operational issue which falls primarily to the new joint Public Health Governance Board which is being established across Dorset, Poole and Bournemouth.

### Major Change Programmes

Our major programmes under this theme are:

- Developing a holistic approach to supporting lifestyle changes (stopping smoking, drug and alcohol misuse, eating more healthily and taking more exercise)

It is clear that lifestyle has a major impact on health outcomes and this is a core responsibility for the board. Although there is a wide range of different statutory, community and private services available to help people make lifestyle changes, these are disparate, access is often limited by price, lack co-ordination and are not widely monitored to look at the wider impact on health. Initial work has been undertaken to consider the establishment of a hub, which could guide people referred from the NHS Healthcheck programme for adults into the most appropriate activities to help them make life changes, and monitor the impact those activities are having. The Board will play a major role in driving this work across Bournemouth and Poole, building on the existing services and facilities that are available across the community.

- Tackling isolation and promoting mental wellbeing

One of the key concerns to emerge from the discussions on the Strategy Framework was about social isolation and the general mental wellbeing of local people. There are concerns that the climate of economic austerity and welfare reforms may increase the risk of poor mental health.

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There is a major strategy for improving mental health, particularly mental health services but steps to improve mental wellbeing require a far broader range of partners and the Health & Wellbeing Board is a strong place to lead this. This is an area where an asset based approach is particularly valuable, building on existing voluntary sector services and community networks.

Although the Board believes it would be confusing to take on a driving role for the wider strategies to reduce the harm caused by alcohol and drugs, it recognises that it needs to reach agreement with the two DAATs and the pan-Dorset Alcohol Misuse Strategy Group on how they will dovetail work programmes.

#### How we will measure progress

- PHOF1.16 Utilisation of open space for exercise/health reasons
- PHOF2.06 Excess weight in children
- PHOF2.14 Smoking prevalence (adults)
- PHOF2.17 Recorded diabetes
- PHOF2.22 Take-up of NHS Health Check Programme
- PHOF4.04 <75 mortality rate from CV
- PHOF4.05 <75 mortality rate from cancer
- PHOF4.06 <75 mortality rate from liver disease
- PHOF4.07 <75 mortality rate from respiratory diseases



## WORKING BETTER TOGETHER TO DELIVER EARLY INTERVENTION, HIGH QUALITY CARE AND BETTER VALUE

### Our wider priorities

- Improving services for children and young people with emotional and mental health problems
- Improving services for children and young people with emotional and mental health problems
- Working better together for children with special educational needs, disabilities and acute medical needs
- Working better together to provide integrated health and social care for people with long-term conditions, including dementia
- Working better together to improve mental health services
- Working together to improve services for adults with learning disabilities
- Supporting carers,
- Safeguarding children and vulnerable adults from abuse and harm

### Current work to tackle these priorities

- Dorset, Bournemouth and Poole Mental Health and Emotional Wellbeing Commissioning Group (Children and Young People) monitors the pan-Dorset Mental Health and Emotional Wellbeing Strategy and Implementation Plan
- There has been a Pan Dorset Aiming High for Disabled Children Forum but this is being replaced by a multi-agency joint commissioning forum

- Work is underway on the Joint Long Term Conditions Strategy and action plan (due date March 2013). This is being led by the Dorset Long Term conditions Clinical Commissioning Programme
- Work is underway on the Dementia Improvement Plan for Dorset, Bournemouth and Poole, which will build on a number of initiatives which are already in train to improve services
- The Joint commissioning Partnership with its Reference Group is implementing an agreed five year commissioning strategy for adult mental health services. There are 5 major transformation programmes underway
- The Big Plan, a Bournemouth and Poole strategy to improve services for people with a learning disability, has just been published
- The Bournemouth and Poole Safeguarding Adults Board revised its Multiagency Safeguarding Adults Policy and Procedure in 2011 and has a joint training and a joint communication strategy.
- The Local Safeguarding Children Board has produced pan Dorset Safeguarding policies, procedures and training programmes. It reports to and receives strong support from the Children's Trusts.
- Commissioners from the two boroughs and the CCG have worked with local voluntary organisations and the carers' consultation group to develop a local Carers' Charter and a wide range of practical initiatives to improve services and support to carers.

## Major change programmes

Our major programmes under this theme are:

- Working better together for children with special educational needs, disabilities and acute medical needs

There is concern about the lack of integrated processes for children with SEN and disabilities in Bournemouth and Poole, compared with other areas. A new statutory framework is being introduced in 2014 which will require major changes in the local patterns of working and this is a top priority for the Children's Trusts, which are looking to the HWB to provide a strategic framework across the conurbation.

- Working better together to provide integrated health and social care for people with long-term conditions, including dementia

Bournemouth and Poole have a large and rising frail elderly population. Discussions are underway about applying a Total Place approach to reviewing what services are needed and how these could be provided in an integrated way. This would build on work already in hand to improve services for people with long-term conditions and dementia.

## How we will measure progress

- CYPHOF 1 Mortality in children and young people
- CYPHOF 1 Educational attainment and progress for all children and young people with long-term conditions, disabilities, looked after and mental health problems
- PHOF2.24 Injuries due to falls in people aged 65<
- PHOF4.11 Emergency readmissions within 30 days of discharge from hospital
- NHS2 Health related quality of life for people with long-term conditions
- ASCOF1B Proportion of people who use social care services who have control over their daily life
- ASCOF3A Overall satisfaction of people who use services with their care and support
- ASCOF1D Carer-reported quality of life





**FIGURE 2: BOURNEMOUTH AND POOLE HEALTH AND WELLBEING BOARD**

**MAJOR CHANGE PROGRAMMES**

	<b>Reducing inequalities</b>	<b>Promoting healthy life styles and preventing ill health</b>	<b>Working together to deliver early intervention, high quality care and better value</b>
<b>MAJOR CHANGE PROGRAMMES PRIORITIES</b>	Developing a cross agency understanding on the causes of health inequalities and how to tackle them, initially through partnership work in priority neighbourhoods	Developing a holistic approach to supporting lifestyle changes (stopping smoking, drug and alcohol misuse, eating more healthily and taking more exercise)	Working better together for children with special educational needs, disabilities and acute medical needs
	Early intervention and support for preschool children and their families to avoid ill-health and poor outcomes in later years	Improving mental wellbeing	Working better together to provide integrated health and social care for people with long-term conditions, including dementia
<b>OTHER ACCOUNTABLE BODIES</b>	Neighbourhood Management Boards/ Trusts, CSPs and LSPS Children's Trusts	Public Health <i>board/committee</i> DAATs Alcohol Strategy Group	Children's Trust Boards Strategic Exec Commissioning Group for Children Clinical commissioning Programmes for Long-term conditions and mental health Learning disability Partnership Boards Local Safeguarding Boards for Children and Adults

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